White House Office of National Drug Control Policy

Drug Policy Information Clearinghouse

HEROIN

Facts and Figures

February 1998
PK26

INTRODUCTION

This information packet includes excerpts from selected Federal government, or Federally-sponsored publications that contain information on heroin. 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 Institute on Drug Abuse, Research Report Series, Heroin: Abuse and Addiction, 1997.
National Household Survey on Drug Abuse 1996: Population Estimates
Preliminary Results from the 1996 National Household Survey on Drug Abuse
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
Pulse Check: National Trends in Drug Abuse, Summer 1997
Epidemiologic Trends in Drug Abuse, Volume I: Executive Summary, June 1996
Epidemiologic Trends in Drug Abuse, Advance Report, June 1997
Drug Abuse Warning Network, Annual Emergency Department Data, 1996
Drug Abuse Warning Network, Annual Medical Examiner Data, 1995
DEA Heroin Conference, Heroin: It Never Went Away, February 1997
1996 Drug Use Forecasting Annual Report on Adult and Juvenile Arrestees
Federal Drug Case Processing, 1982-91, With Preliminary Data for 1992
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
United States Sentencing Commission: 1996 Annual Report
Illegal Drug Price/Purity Report, United States: January 1993-December 1996
Federal-wide Drug Seizure System
The NNICC Report 1996, The Supply of Illicit Drugs to the United States
International Narcotics Control Strategy Report, March 1997
The Availability of Southwest Asian Heroin in the United States, May 1996
What America's Users Spend on Illegal Drugs, 1988-1993, Spring 1995
State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1994
State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 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 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

Heroin

First synthesized from morphine in 1874, heroin was not extensively used in medicine until the beginning of this century. Commercial production of the new pain remedy was first started in 1898. While it received widespread acceptance from the medical profession, physicians remained unaware of its potential for addiction for years. The first comprehensive control of heroin in the United States was established with the Harrison Narcotic Act of 1914.

Pure heroin is a white powder with a bitter taste. Most illicit heroin is a powder which may vary in color from white to dark brown because of impurities left from the manufacturing process or the presence of additives. Pure heroin is rarely sold on the street. A "bag"--slang for a single dosage unit of heroin--may contain 100 mg of powder, only a portion of which is heroin; the remainder could be sugars, starch, powdered milk, or quinine. Traditionally, the purity of heroin in a bag has ranged from 1 to 10 percent; more recently heroin purity has ranged from 1 to 98 percent, with a national average of 35 percent.

Another form of heroin known as "black tar" has also become increasingly available in the western United States. The color and consistency of black tar heroin result from the crude processing methods used to illicitly manufacture heroin in Mexico. Black tar heroin may be sticky like roofing tar or hard like coal, and its color may vary from dark brown to black. Black tar heroin is often sold on the street in its tar-like state at purities ranging from 20 to 80 percent. Black tar heroin is most frequently dissolved, diluted and injected.

The typical heroin user today consumes more heroin than a typicaluse did just a decade ago, which is not surprising given the higher purity currently available at the street level. Until recently, heroin in the United States almost exclusively was injected either intravenously, subcutaneously, (skin-popping), or intracuscularly. Injection is the most practical and efficient way to administer low-purity heroin. The availability of higher purity heroin has meant that users now can snort or smoke the narcotic. Evidence suggests that heroin snorting is widespread or increasing in those areas of the country where high purity heroin is available, generally in the northeastern United States. This method of administration may be more appealing to new users because it eliminates both the fear of acquiring syringe-borne diseases such as HIV/AIDS and hepatitis, and the historical stigma attached to intravenous heroin use.

U.S. Department of Justice
Drug Enforcement Administration

DEA

Controlled Substances
Uses and Effects

Drug::	**Heroin**
Classification::	Narcotic
CSA Schedule:	Schedule I
Trade or Other Names:	Diacetylmorphine; Horse; Smack
Medical Uses:	None in United States; Analgesic; Antitussive
Physical Dependence:	High
Psychological Dependence:	High
Tolerance:	Yes
Duration (hours):	3-6
Usual Method:	Injected; Sniffed; Smoked
Possible Effects:	Euphoria; Drowsiness; Respiratory depression; Constricted pupils; Nausea
Effects of Overdose:	Slow and shallow breathing; Clammy skin; Convulsions; Coma; Possible death
Withdrawal Syndrome:	Watery eyes; Runny nose; Yawning; Loss of appetite; Irritability; Tremors; Panic; Cramps; Nausea; Chills & sweating

National Institute on Drug Abuse
Research Report Series

Heroin: Abuse and Addiction

What is heroin?

Heroin is an illegal, highly addictive drug. It is both the most abused and the most rapidly acting of the opiates. Heroin is processed from morphine, a naturally occurring substance extracted from the seed pod of certain varieties of poppy plants. It is typically sold as a white or brownish powder or as the black sticky substance known on the streets as "black tar heroin." Although purer heroin is becoming more common, most street heroin is "cut" with other drugs or with substances such as sugar, starch, powdered milk, or quinine. Street heroin can also be cut with strychnine or other poisons. Because heroin abusers do not know the actual strength of the drug or its true contents, they are at risk of overdose or death. Heroin also poses special problems because of the transmission of HIV and other diseases that can occur from sharing needles or other injection equipment.

What is the scope of heroin use in the United States?

According to the 1996 National Household Survey on Drug Abuse, which may actually underestimate illicit opiate (heroin) use, an estimated 2.4 million people use heroin at some time in their lives, and nearly 216,000 of them reported using it within the month preceding the survey. The survey report estimates that there were 141,000 new heroin users in 1995, and that there has been an increasing trend in new heroin use since 1992. A large proportion of these recent new users were smoking, snorting, or sniffing heroin, and most were under age 26. Estimates of use for other age groups also increased, particularly among youths age 12 to 17: the incidence of first-time heroin use among this age group increased fourfold from the 1980s to 1995.

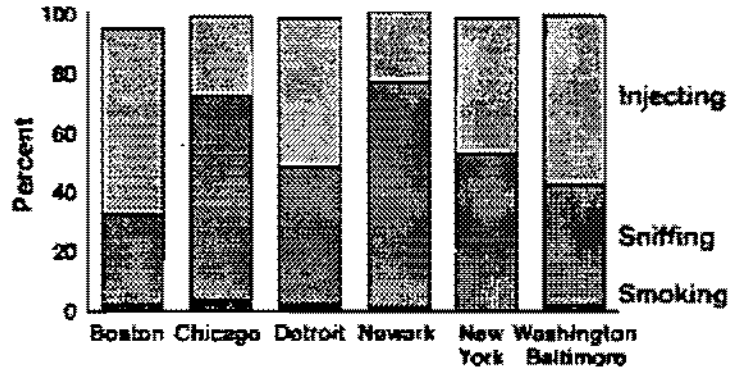
The 1996 Drug Abuse Warning Network (DAWN), which collects data on drug- related hospital emergency department (ED) episodes from 21 metropolitan areas, estimates that 14 percent of all drug-related ED episodes involved heroin. Even more alarming is the fact that between 1988 and 1994, heroin-related ED episodes increased by 64 percent (from 39,063 to 64,013).

NIDA's Community Epidemiology Work Group (CEWG), which provides information about the nature and patterns of drug use in 20 cities, reported in its December 1996 publication that heroin was the primary drug of abuse related to drug abuse treatment admissions in Newark, San Francisco, Los Angeles, and Boston, and it ranked a close second to cocaine in New York and Seattle.

How is heroin used?

Heroin is usually injected, sniffed/snorted, or smoked. Typically, a heroin abuser may inject up to four times a day. Intravenous injection provides the greatest intensity and most rapid onset of euphoria (7 to 8 seconds), while intramuscular injection produces a relatively slow onset of euphoria (5 to 8 minutes). When heroin is sniffed or smoked, peak effects are usually felt within 10 to 15 minutes. Although smoking and sniffing heroin do not produce a "rush" as quickly or as intensely as intravenous injection, NIDA researchers have confirmed that all three forms of heroin administration are addictive.

Route of Administration Among
Heroin Treatment Admissions in Selected Areas



Source: Community Epidemiology Work Group, NIDA, June 1996

Injection continues to be the predominant method of heroin use among addicted users seeking treatment; however, researchers have observed a shift in heroin use patterns, from injection to sniffing and smoking. In fact, sniffing/snorting heroin is now a widely reported means of taking heroin among users admitted for drug treatment in Newark, Chicago, New York, and Detroit.

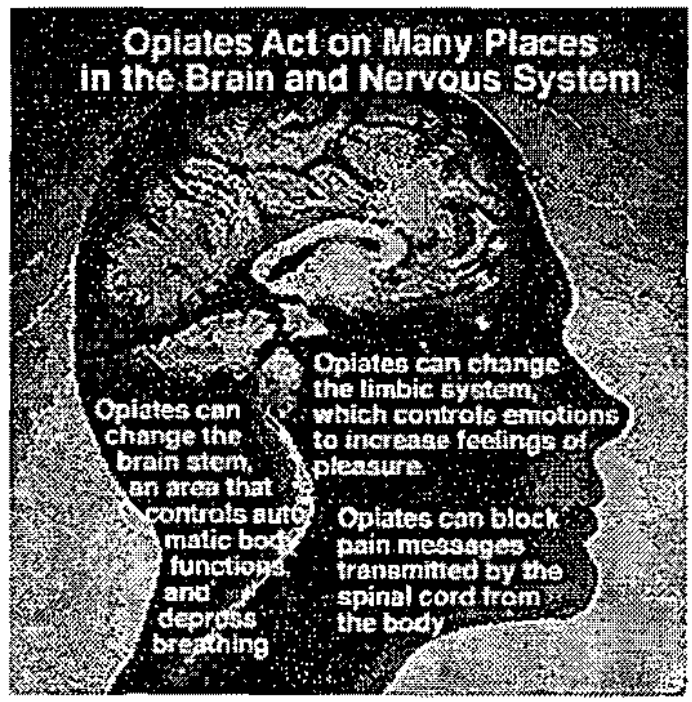
With the shift in heroin abuse patterns comes an even more diverse group of users. Older users (over 30) continue to be one of the largest user groups in most national data. However, several sources indicate an increase in new, young users across the country who are being lured by inexpensive, high-purity heroin that can be sniffed or smoked instead of injected. Heroin has also been appearing in more affluent communities.

National Institute on Drug Abuse
Research Report Series

Heroin: Abuse and Addiction

What are the immediate (short-term) effects of heroin use?

Soon after injection (or inhalation), heroin crosses the blood-brain barrier. In the brain, heroin is converted to morphine and binds rapidly to opioid receptors. Abusers typically report feeling a surge of pleasurable sensation, a "rush." The intensity of the rush is a function of how much drug is taken and how rapidly the drug enters the brain and binds to the natural opioid receptors. Heroin is particularly addictive because it enters the brain so rapidly. With heroin, the rush is usually accompanied by a warm flushing of the skin, dry mouth, and a heavy feeling in the extremities, which may be accompanied by nausea, vomiting, and severe itching.



After the initial effects, abusers usually will be drowsy for several hours. Mental function is clouded by heroin's effect on the central nervous system. Cardiac functions slow. Breathing is also severely slowed, sometimes to the point of death. Heroin overdose is a particular risk on the street, where the amount and purity of the drug cannot be accurately known.

What are the long-term effects of heroin use?

One of the most detrimental long-term effects of heroin is addiction itself. Addiction is a chronic, relapsing disease, characterized by compulsive drug seeking and use, and by neurochemical and molecular changes in the brain. Heroin also produces profound degrees of tolerance and physical dependence, which are also powerful motivating factors for compulsive use and abuse. As with abusers of any addictive drug, heroin abusers gradually spend more and more time and energy obtaining and using the drug. Once they are addicted, the heroin abusers' primary purpose in life becomes seeking and using drugs. The drugs literally change their brains.

Physical dependence develops with higher doses of the drug. With physical dependence, the body adapts to the presence of the drug and withdrawal symptoms occur if use is reduced abruptly. Withdrawal may occur within a few hours after the last time the drug is taken. Symptoms of withdrawal include restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey"), and leg movements. Major withdrawal symptoms peak between 24 and 48 hours after the last dose of heroin and subside after about a week. However, some people have shown persistent withdrawal signs for many months. Heroin withdrawal is never fatal to otherwise healthy adults, but it can cause death to the fetus of a pregnant addict.

At some point during continuous heroin use, a person can become addicted to the drug. Sometimes addicted individuals will endure many of the withdrawal symptoms to reduce their tolerance for the drug so that they can again experience the rush.

Physical dependence and the emergence of withdrawal symptoms were once believed to be the key features of heroin addiction. We now know this may not be the case entirely, since craving and relapse can occur weeks and months after withdrawal symptoms are long gone. We also know that patients with chronic pain who need opiates to function (sometimes over extended periods) have few if any problems leaving opiates after their pain is resolved by other means. This may be because the patient in pain is simply seeking relief of pain and not the rush sought by the addict.

Short- and Long-Term Effects of Heroin Use

Short-Term Effects	Long-Term Effects
"Rush"	Addiction
Depressed respiration	Infectious diseases, for example, HIV/AIDS and hepatitis B and C
Clouded mental functioning	Collapsed veins
Nausea and vomiting	Bacterial infections
Suppression of pain	Abscesses
Spontaneous abortion	Infection of heart lining and valves
	Arthritis and other rheumatologic problems

What are the medical complications of chronic heroin use?

Medical consequences of chronic heroin abuse include scarred and/or collapsed veins, bacterial infections of the blood vessels and heart valves, abscesses (boils) and other soft-tissue infections, and liver or kidney disease. Lung complications (including various types of pneumonia and tuberculosis) may result from the poor health condition of the abuser as well as from heroin's depressing effects on respiration. Many of the additives in street heroin may include substances that do not readily dissolve and result in clogging the blood vessels that lead to the lungs, liver, kidneys, or brain. This can cause infection or even death of small patches of cells in vital organs. Immune reactions to these or other contaminants can cause arthritis or other rheumatologic problems.

Of course, sharing of injection equipment or fluids can lead to some of the most severe consequences of heroin abuse - infections with hepatitis B and C, HIV, and a host of other blood-borne viruses, which drug abusers can then pass on to their sexual partners and children.

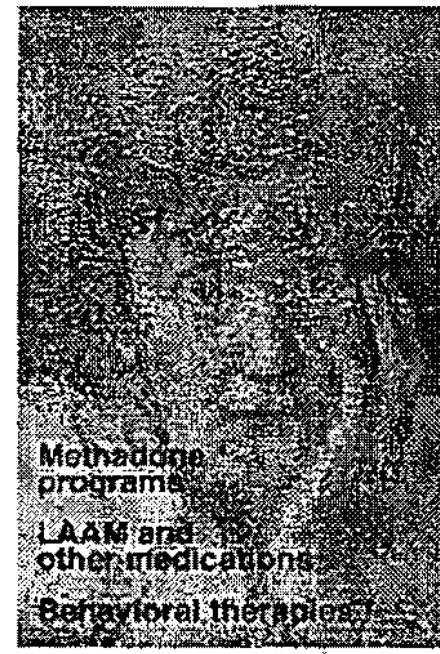
National Institute on Drug Abuse
Research Report Series

Heroin: Abuse and Addiction

What are the treatments for heroin addiction?

A variety of effective treatments are available for heroin addiction. Treatment tends to be more effective when heroin abuse is identified early. The treatments that follow vary depending on the individual, but methadone, a synthetic opiate that blocks the effects of heroin and eliminates withdrawal symptoms, has a proven record of success for people addicted to heroin. Other pharmaceutical approaches, like LAAM (levo-alpha-acetyl-methadol), and many behavioral therapies also are used for treating heroin addiction.

Treatments for Heroin Addiction



Detoxification

The primary objective of detoxification is to relieve withdrawal symptoms while patients adjust to a drug-free state. Not in itself a treatment for addiction, detoxification is a useful step only when it leads into long-term treatment that is either drug-free (residential or outpatient) or uses medications as part of the treatment. The best documented drug-free treatments are the therapeutic community residential programs lasting at least 3 to 6 months.

Methadone programs

Methadone treatment has been used effectively and safely to treat opioid addiction for more than 30 years. The programs use methadone as a substitute for heroin. Properly prescribed methadone is not intoxicating or sedating, and its effects do not interfere with ordinary activities such as driving a car. The medication is taken orally and it suppresses narcotic withdrawal for 24 to 36 hours. Patients are able to perceive pain and have emotional reactions. Most important, methadone relieves the craving associated with heroin addiction; craving is a major reason for relapse. Among methadone patients, it has been found that normal street doses of heroin are ineffective at producing euphoria, thus making the use of heroin more easily extinguishable.

Methadone's effects last for about 24 hours - four to six times as long as those of heroin - so people in treatment need to take it only once a day. Also, methadone is medically safe even when used continuously for 10 years or more. Combined with behavioral therapies or counseling and other supportive services, methadone enables patients to stop using heroin (and other opiates) and return to more stable and productive lives.

LAAM and other medications

LAAM, like methadone, is a synthetic opiate that can be used to treat heroin addiction. LAAM can block the effects of heroin for up to 72 hours with minimal side effects when taken orally. In 1993 the Food and Drug Administration approved the use of LAAM for treating patients addicted to heroin. Its long duration of action permits dosing just three times per week, thereby eliminating the need for daily dosing and take-home doses for weekends. LAAM will be increasingly available in clinics that already dispense methadone.

Naloxone and naltrexone are medications that also block the effects of morphine, heroin, and other opiates. As antagonists, they are especially useful as antidotes. Naltrexone has long-lasting effects, ranging from 1 to 3 days, depending on the dose. Naltrexone blocks the pleasurable effects of heroin and is useful in treating some highly motivated individuals. Naltrexone

has also been found to be successful in preventing relapse by former opiate addicts released from prison on probation.

Although not yet approved for the treatment of opioid addiction, buprenorphine is another medication being studied by NIDA as a treatment for heroin addiction. Buprenorphine is a particularly attractive treatment because it does not produce the same level of physical dependence as other opiate medications, such as methadone. Discontinuing buprenorphine is easier than stopping methadone treatment because there are fewer withdrawal symptoms. Several other medications with potential for treating heroin overdose or addiction are currently under investigation by NIDA.

Behavioral therapies

Although behavioral and pharmacologic treatments can be extremely useful when employed alone, science has taught us that integrating both types of treatments will ultimately be the most effective approach. There are many effective behavioral treatments available for heroin addiction. These can include residential and outpatient approaches. An important task is to match the best treatment approach to meet the particular needs of the patient. Moreover, several new behavioral therapies, such as contingency management therapy and cognitive-behavioral interventions, show particular promise as treatments for heroin addiction. Contingency management therapy uses a voucher-based system, where patients earn "points" based on negative drug tests, which they can exchange for items that encourage healthy living. Cognitive-behavioral interventions are designed to help modify the patient's thinking, expectancies, and behaviors and to increase skills in coping with various life stressors. Both behavioral and pharmacological treatments help to restore a degree of normalcy to brain function and behavior.

What are the opioid analogs and their dangers?

Drug analogs are chemical compounds that are similar to other drugs in their effects but differ slightly in their chemical structure. Some analogs are produced by pharmaceutical companies for legitimate medical reasons. Other analogs, sometimes referred to as "designer" drugs, can be produced in illegal laboratories and are often more dangerous and potent than the original drug. Two of the most commonly known opioid analogs are fentanyl and meperidine (marketed under the brand name Demerol, for example).

Fentanyl was introduced in 1968 by a Belgian pharmaceutical company as a synthetic narcotic to be used as an analgesic in surgical procedures because of its minimal effects on the heart. Fentanyl is particularly dangerous because it is 50 times more potent than heroin and can rapidly stop respiration. This is not a problem during surgical procedures because machines are used to help patients breathe. On the street, however, users have been found dead with the needle used to inject the drug still in their arms.

Table 18. Heroin Use by Age, Sex, Race, and Region for Total Population in 1996

	Ever Used		Used Past Year	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)				
AGE				
12-17	0.5	(0.3 - 0.8)	0.3	(0.1 - 0.6)
18-25	1.3	(0.9 - 2.0)	0.9	(0.6 - 1.6)
26-34	1.3	(1.0 - 1.7)	0.2	(0.1 - 0.4)
≥35	1.2	(0.8 - 1.7)	*	*
SEX				
Male	1.7	(1.3 - 2.2)	0.3	(0.2 - 0.5)
Female	0.6	(0.4 - 0.9)	0.1	(0.1 - 0.2)
RACE/ETHNICITY				
White	1.2	(0.9 - 1.6)	0.2	(0.1 - 0.3)
Black	1.4	(0.9 - 2.1)	0.2	(0.1 - 0.4)
Hispanic	0.9	(0.6 - 1.4)	0.2	(0.1 - 0.5)
REGION				
Northeast	1.5	(0.9 - 2.5)	0.2	(0.1 - 0.5)
North Central	1.1	(0.6 - 2.0)	0.2	(0.1 - 0.5)
South	0.9	(0.6 - 1.3)	0.3	(0.1 - 0.5)
West	1.3	(0.8 - 1.9)	0.1	(0.1 - 0.3)
TOTAL	1.1	(0.9 - 1.5)	0.2	(0.1 - 0.3)
POPULATION ESTIMATES (In Thousands)				
AGE				
12-17	103	(59 - 181)	60	(27 - 134)
18-25	365	(241 - 552)	262	(155 - 442)
26-34	464	(351 - 613)	86	(47 - 159)
≥35	1,511	(1,034 - 2,207)	*	*
SEX				
Male	1,731	(1,293 - 2,313)	309	(202 - 474)
Female	713	(493 - 1,029)	146	(86 - 247)
RACE				
White	1,898	(1,407 - 2,557)	346	(214 - 560)
Black	333	(224 - 494)	58	(32 - 106)
Hispanic	182	(116 - 285)	47	(23 - 95)
REGION				
Northeast	650	(393 - 1,072)	102	(50 - 208)
North Central	577	(319 - 1,038)	91	(31 - 262)
South	640	(424 - 964)	195	(108 - 353)
West	577	(383 - 867)	66	(28 - 155)
TOTAL	2,444	(1,896 - 3,147)	455	(311 - 665)

* 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 2.10 Trends in Percentage of Respondents Reporting Drug Use in the Past Year, by Age Group: 1994 and 1995

Drug	Age Group (Years)/Survey Year									
	12-17 Years		18-25 Years		26-34 Years		35+ Years		Total 12 and older	
	1994	1995	1994	1995	1994	1995	1994	1995	1994	1995
(Unweighted N)	(4,698)	(4,595)	(3,706)	(3,963)	(5,223)	(5,213)	(4,182)	(3,976)	(17,809)	(17,747)
Any Illicit Drug Use[1]	15.5	18.0 +	24.6	25.5	14.8	14.6	5.7	5.0	10.8	10.7
Marijuana/hashish	11.4	14.2 ++	21.8	21.8	11.5	11.8	4.1	3.4	8.5	8.4
Cocaine	1.1	1.7	3.6	4.3	3.5	3.1	0.9	0.8	1.7	1.7
Crack	0.4	0.6	1.0	1.1	1.3	0.9 +	0.3	0.2	0.6	0.5
Inhalants	4.0	4.6	3.0	3.2	0.9	0.5	0.1	0.2	1.1	1.1
Hallucinogens	2.7	4.6 ++	5.1	5.3	1.1	1.3	0.3	0.4	1.3	1.6
PCP	0.4	0.8 +	0.3	0.4	0.1	0.1	*	*	0.1	0.2
Heroin	0.2	0.6	0.1	0.3 +	0.3	0.2	0.1	0.1	0.1	0.2
Nonmedical use of any psychotherapeutic[2]	3.7	3.9	5.0	6.5 +	4.5	3.9	1.8	1.7	2.9	2.9
Stimulants	1.2	1.5	1.3	2.0	1.0	1.2	0.4	0.3	0.7	0.8
Sedatives	0.5	0.5	0.6	0.5	0.5	0.3	0.2	0.3	0.4	0.3
Tranquilizers	0.9	0.6	1.9	2.8 +	1.9	1.4	0.8	0.6	1.1	1.0
Analgesics	2.8	3.0	3.5	4.2	3.1	2.6	1.3	1.0	2.0	1.9
Any illicit drug other than marijuana[1]	8.2	9.7	11.2	12.5	7.8	6.8	2.7	2.6	5.3	5.4
Alcohol	36.2	35.1	78.5	76.5	78.8	77.0	68.2	65.0	66.9	65.4
Cigarettes	24.5	26.6	41.1	42.5	36.0	38.4	29.6	28.7	31.7	32.0
Smokeless Tobacco	6.5	6.0	10.1	8.8	6.8	6.2	2.7	2.9	4.8	4.6

* Low precision; no estimate reported

Note: Estimates here 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. See Appendix E for further discussion of adjustment procedures.

[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 have also 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.

\+ Difference between estimate and 1994 estimate is statistically significant at the .05 level.

++ Difference between estimate and 1994 estimate is statistically significant at the .01 level.

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1979-1995.

Table 2.11 Trends in Percentage of Respondents Reporting Drug Use in the Past Month, by Age Group: 1994 and 1995

	Age Group (Years)/Survey Year									
	12-17 Years		18-25 Years		26-34 Years		35+ Years		Total 12 and older	
Drug	1994	1995	1994	1995	1994	1995	1994	1995	1994	1995
(Unweighted N)	(4,698)	(4,595)	(3,706)	(3,963)	(5,223)	(5,213)	(4,182)	(3,976)	(17,809)	(17,747)
Any Illicit Drug Use[1]	8.2	10.9 ++	13.3	14.2	8.5	8.3	3.2	2.8	6.0	6.1
Marijuana/hashish	6.0	8.2 ++	12.1	12.0	6.9	6.7	2.3	1.8	4.8	4.7
Cocaine	0.3	0.8 +	1.2	1.3	1.3	1.2	0.4	0.4	0.7	0.7
Crack	0.1	0.2	0.3	0.3	0.6	0.3 +	0.2	0.2	0.2	0.2
Inhalants	1.6	2.1	0.8	0.7	0.4	0.3	0.1	0.1	0.4	0.4
Hallucinogens	1.1	1.7 +	1.8	2.3	0.4	0.3	0.1	0.3	0.5	0.7 +
PCP	0.1	0.1	*	*	*	*	*	*	*	*
Heroin	0.1	0.2	*	0.1	0.1	0.1	*	0.1	0.1	0.1
Nonmedical use of any psycholtherapeutic[2]	1.7	1.6	1.6	2.5 +	1.8	1.6	0.9	0.8	1.2	1.2
Stimulants	0.5	0.5	0.5	1.0	0.4	0.5	0.2	0.2	0.3	0.4
Sedatives	0.1	0.3	0.1	0.2	0.1	0.1	0.1	0.2	0.1	0.2
Tranquilizers	0.2	0.2	0.4	0.7	0.6	0.5	0.5	0.3	0.5	0.4
Analgesics	1.3	1.3	1.2	1.1	1.0	0.8	0.4	0.3	0.7	0.6
Any illicit drug other than marijuana[1]	3.7	4.9 +	4.4	5.7 +	3.4	2.9	1.3	1.5	2.3	2.6
Alcohol	21.6	21.1	63.1	61.3	65.3	63.0	54.1	52.6	53.9	52.2
"Binge" alcohol use[3]	8.3	7.9	33.8	29.9	24.0	24.0	11.8	11.8	16.5	15.8
Heavy alcohol use[3]	2.5	2.8	13.2	12.0	8.0	7.9	4.8	3.9	8.2	5.5
Cigarettes	18.9	20.2	34.6	35.3	32.4	34.7	27.9	27.2	28.6	28.8
Smokeless Tobacco	2.8	2.8	6.2	5.4	4.9	4.4	2.2	2.6	3.3	3.3

* Low precision; no estimate reported

Note: Estimates here 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 subequent NHSDAs. See Appendix E for further discussion of adjustment procedures.

Note: Estimates for "binge" and heavy alcohol use in this table differ from the corresponding estimates in Chapter 7 because of different treatment of missing values. In the present table, respondents who had a missing response to the item "In the past 30 days, on how many days did you have five or more drinks on the same occasion?" were excluded from the analysis. Conversely, in Chapter 7, those who had a missing response on this days of use item were essentially treated as non-binge or non-heavy users.

[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 psycholtherapeutic 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 have also 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 alchol 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 estimate and 1994 estimate is statistically significant at the .05 level.

++ Difference between estimate and 1994 estimate is statistically significant at the .01 level.

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1979-1995

Table 5.7 Percentage Reporting Heroin 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	**0.7**	**0.7**	**1.5**	**1.2**	**1.2**
Gender					
Male	0.7	0.7	1.9	2.2	**1.8**
Female	0.6	0.8	1.0	0.4	**0.6**
Race/Ethnicity[1]					
White	0.8	1.0	1.6	1.1	**1.1**
Black	*	0.3	0.8	3.3	**1.9**
Hispanic	0.4	0.2	1.3	0.7	**0.7**
Population Density					
Large metro	1.0	0.6	1.3	1.2	**1.1**
Small metro	0.6	1.2	1.5	1.3	**1.2**
Nonmetro	0.3	0.4	1.7	1.3	**1.1**
Region					
Northeast	0.3	1.0	1.3	1.6	**1.4**
North Central	1.4	0.8	0.7	1.1	**1.0**
South	0.4	0.9	1.4	1.5	**1.3**
West	0.5	0.4	2.4	0.7	**1.0**
Adult Education[2]					
Less than high school	N/A	1.2	2.6	0.7	**1.1**
High school graduate	N/A	1.1	1.0	1.2	**1.2**
Some college	N/A	0.3	2.2	1.7	**1.5**
College graduate	N/A	*	0.8	1.3	**1.1**
Current Employment[3]					
Full-time	N/A	0.7	1.1	1.5	**1.3**
Part-time	N/A	0.8	2.1	1.2	**1.2**
Unemployed	N/A	2.1	3.1	*	**4.0**
Other[4]	N/A	0.3	1.9	0.6	**0.7**

* 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)

traditional means—namely, by snorting or smoking, rather than by injecting it—has played a role in the rise in heroin use. More students now indicate using heroin in these ways than say that they have injected it.

The gradual increase in heroin use may be continuing in 1997 in the upper grades: while too small to be statistically significant, the changes are similar in size to the increases in earlier years. However, use in eighth-grade has leveled off and may even have declined.

"A positive note on heroin," adds Johnston, "is that more students over the past two years have been reporting its use as dangerous. This contrasts to an erosion in those beliefs through the first half of the nineties. A change in these attitudes usually is a precursor of a change in actual use—young people are less likely to use a drug they see as dangerous."

Alcohol. Alcohol use remains very high among American young people, but has not changed much in the past few years. (On some of the measures of alcohol use among 12th-graders, there appears to be some increase in 1997, but this is largely due to the fact that two large schools with unusually low drinking rates cycled out of the sample last year. Therefore, the investigators are treating it as a statistical artifact.)

"Insofar as there has been any change in alcohol use in the nineties," comments Johnston, "it has been in the form of a very gradual upward drift in the very low proportions who say that they have been drunk frequently (20 or more times in the prior 30 days)—these rates are 0.2 percent, 0.6 percent, and 2.0 percent in 1997 in grades 8, 10, and 12, respectively—or in the much larger proportions who indicated recent binge drinking." (Binge drinking is defined as having five or more drinks in a row on at least one occasion in the prior two weeks.) In 1997 some 15 percent, 25 percent, and 31 percent of eighth-, 10th-, and 12th-graders, respectively, indicated such binge drinking and these rates are slightly higher than they were in the early 1990s (Table 1c).

Consistent with these changes, the proportions of students seeing daily drinking and binge drinking as dangerous declined some in the 1990s, as did the proportions disapproving of such behaviors (Tables 7 and 9). However, in 1997 these attitudes began to firm up among the eighth-graders.

* * * * * * *

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	1.1	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	3.9	4.9	5.4	6.8	7.5	+0.7	+3.8sss
PCP[d]									
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)[d]									
8th Grade	—	—	—	—	—	3.4	3.2	-0.2	—
10th Grade	—	—	—	—	—	5.6	5.7	+0.1	—
12th Grade	—	—	—	—	—	6.1	6.9	+0.8	—
Cocaine									
8th Grade	2.3	2.9	2.9	3.6	4.2	4.5	4.4	-0.1	+2.1sss
10th Grade	4.1	3.3	3.6	4.3	5.0	6.5	7.1	+0.6	+3.0sss
12th Grade	7.8	6.1	6.1	5.9	6.0	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	1.8	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[e]									
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[f]									
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	1.8	1.8	2.1	+0.3	+1.2sss
Other Opiates[g]									
8th Grade	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—
12th Grade	6.6	6.1	6.4	6.6	7.2	8.2	9.7	+1.5ss	+3.1sss
Stimulants[h]									
8th Grade	10.5	10.6	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	15.7	15.3	15.3	16.5	+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	1.0	1.8	2.6	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	2.5	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	3.6	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	5.5	+0.6	+2.0sss	1.4	1.3	1.3	1.6	1.8	2.0	2.3	+0.3	+0.9ss
Crack																		
8th Grade	0.7	0.9	1.0	1.3	1.6	1.8	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	1.8	2.1	2.2	+0.1	+1.3sss	0.3	0.4	0.5	0.6	0.9	0.8	0.9	+0.1	+0.6sss
12th Grade	1.5	1.5	1.5	1.9	2.1	2.1	2.4	+0.3	+0.9sss	0.7	0.6	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	0.6	0.9	1.0	1.0	0.8	-0.2	+0.3s
10th Grade	2.1	1.7	1.8	2.4	3.0	3.5	4.1	+0.6	+2.0sss	0.6	0.6	0.7	1.0	1.4	1.3	1.6	+0.3	+1.0sss
12th Grade	3.2	2.8	2.9	3.0	3.4	4.2	5.0	+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	0.8	0.5	0.6	+0.1	+0.4sss
12th Grade	0.4	0.6	0.5	0.8	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	3.6	4.7	6.4	6.2	+0.8s	+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	6.5	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	9.5	10.2	11.9	12.4	12.1	-0.3	+3.9sss	3.3	3.6	4.3	4.6	5.3	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	0.6	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*	*15100*	*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	62.0	61.6	60.6	57.0	56.5	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	59.4	60.3	59.5	58.7	57.0	54.9	54.2	50.9	50.2	47.2	43.7	40.7	38.7	32.6	35.8	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	17.5	18.0	17.6	16.6	17.4	17.7	17.4	16.6	16.1	-0.5
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	7.5	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[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)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	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	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[b]	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.8	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	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,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[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,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	1.0	0.8	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[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[c,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	'96–'97 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17600*	*17700*	*16300*	*15900*	*16000*	*15200*	*16100*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	*14300*	*15400*	
Any Illicit Drug[a,b]	45.6	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	35.6	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	30.4	31.0	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	40.0	40.6	38.8	38.3	33.1	29.6	27.0	23.9	21.9	28.0	30.7	34.7	35.8	38.5	+2.7
Inhalants[c]	—	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[c,d]	—	—		—	8.9	7.9	6.1	6.5	5.2	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[c,e]	—				6.5	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[d]	—	—	—	—	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	5.5	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[c,f]	—	—	—	—	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	1.6	2.6	2.3	-0.3
MDMA (Ecstasy)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	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	5.5	+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[f]	—	—	—	—	—	—	—	—	—	—	—	—	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[f]	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	3.6	3.3	3.6	3.8	4.7	5.4	6.2	+0.8s
Stimulants[b,k]	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)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	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	7.6	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	6.6	5.4	3.8	2.8	2.1	1.6	1.3	1.3	0.7	0.5	0.6	0.2	0.8	0.7	1.1	1.0	-0.1
Tranquilizers[b]	10.6	10.3	10.8	9.9	9.8	8.7	8.0	7.0	6.9	6.1	6.1	5.8	5.5	4.6	3.8	3.5	3.6	2.8	3.5	3.7	4.4	4.6	4.7	+0.1
Alcohol[n]	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	75.0	—	—	—	—	—
																			72.7	73.0	73.7	72.5	74.8	+2.3s
Been Drunk[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	52.7	50.3	49.6	51.7	52.5	51.9	53.2	+1.3
Cigarettes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smokeless Tobacco[n]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Steroids[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	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	37.6	38.9	38.9	37.2	36.0	32.5	30.5	29.2	29.7	27.1	24.7	21.3	19.7	17.2	16.4	14.4	18.3	21.9	23.8	24.6	28.2	+1.6
Any Illicit Drug Other Than Marijuana[a,b]	15.4	13.9	15.2	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	16.5	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	2.5	2.8	2.6	2.3	2.7	2.4	2.3	2.5	2.7	3.2	2.6	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[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	2.5	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	4.5	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	4.8	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	+0.6*
PCP[c,f]	—	—	—	—	2.4	1.4	1.4	1.0	1.3	1.0	1.6	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)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	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,k]	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	+0.7a
Crystal Meth. (Ice)[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.6	0.8	0.5	0.8	0.7	1.1	1.1	0.8	-0.3
Sedatives[b,m]	5.4	4.6	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[k]	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	0.6	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[n]	68.2	68.3	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	50.8	52.7	+1.9
Been Drunk[c]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	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[c,o]	—	—	—	—	—	—	—	—	—	—	—	11.5	11.3	10.3	8.4	—	—	11.4	10.7	11.1	12.2	9.8	9.7	-0.1
Steroids[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	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[1,4]	—	—	—	—	*	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[4]	—	—	—	—	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)[1]	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	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[1,6]	0.5	0.4	0.5	0.5	0.6	0.7	1.2	0.7	0.8	0.5	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)[1]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.0
Sedatives[1,*]	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,*]	*	*	*	*	*	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[7]	5.7	5.6	6.1	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	2.5	—	—	—	—	—
																			3.4	2.9	3.5	3.7	3.9	+0.2
Been drunk daily[1]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	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	28.8	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[1,*]	—	—	—	—	—	—	—	—	—	—	—	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.

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"[a]																							
	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	40.6	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[b]	35.9	37.0	36.5	37.9	36.4	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[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	74.5	-1.3	—	—	—	—	—	—	—	—
Take LSD once or twice[c]	—	—	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[c]	—	—	68.3	65.8	64.4	63.6	64.1	+0.5	—	—	78.9	75.9	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[b]	62.8	61.2	57.2	54.4	50.8	51.0	49.9	-1.1	70.4	69.6	65.5	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[b]	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	76.6	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	53.6	57.1	53.2	55.4	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	75.6	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[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	11.6	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	36.6	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	48.6	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	69.6	67.8	65.6	68.2	68.7	+0.5
Use smokeless tobacco regularly	35.1	35.1	36.9	35.5	33.5	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*	*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.

[a]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	13.0	11.5	12.7	14.7	14.8	15.1	18.4	19.0	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	24.5	25.0	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	46.6	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	84.5	84.3	81.8	79.4	79.1	78.1	77.8	76.6	-1.2
Try PCP once or twice	—	—	—	—	—	—	—	—	—	—	—	—	56.6	58.8	56.6	55.2	51.7	54.8	50.8	51.5	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	31.3	32.1	32.8	33.0	35.7	34.0	33.5	47.9	51.2	54.9	59.4	59.4	56.8	57.8	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	88.5	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	56.0	54.0	-2.0
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	85.8	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	53.9	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	85.0	-0.8
Try heroin once or twice	60.1	58.9	55.8	52.9	50.4	52.1	52.9	51.1	50.8	49.8	47.3	45.8	53.6	54.0	53.8	55.4	55.2	50.9	50.7	52.8	50.9	52.5	56.7	+4.2s
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	74.8	73.8	75.5	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	87.5	88.0	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	36.4	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	36.3	32.6	31.3	31.4	28.8	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	66.8	66.0	-0.8
Try crystal meth. (ice) once or twice	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	61.6	61.9	67.5	68.3	64.4	65.3	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	28.1	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	71.0	72.2	69.9	67.0	67.7	68.5	68.3	67.2	69.4	69.8	70.5	70.2	70.5	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	5.0	4.6	6.2	6.0	6.0	6.3	9.1	8.0	8.2	7.6	5.9	7.3	6.7	-0.6
Take one or two drinks nearly every day	21.5	21.2	18.6	19.6	22.6	20.3	21.0	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	63.5	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	48.3	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	69.5	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	67.8	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*	*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, 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 1991	1992	1993	1994	1995	1996	1997	'96–'97 change	10th Grade 1991	1992	1993	1994	1995	1996	1997	'96–'97 change	12th Grade[b] 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	-1.6
Smoke marijuana occasionally	89.5	86.1	85.7	80.9	79.7	76.5	78.1	+1.6s	83.7	83.6	79.4	72.3	70.0	66.9	66.2	-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	81.6	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	86.9	82.5	81.1	79.0	80.5	+0.9
Take LSD regularly[d]	—	—	79.8	78.4	76.8	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	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[e]	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	92.6	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	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[e]	93.1	92.4	91.6	89.7	89.7	88.7	90.1	+1.4s	94.0	91.0	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]	—	—		—	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	45.5	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	+1.8	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	71.6	73.8	+2.2s	71.4	73.5	70.8	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	76.4	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*	*18507*	*18435*	*17439*	*17560*	*17998*	*18765*		*14750*	*14774*	*15334*	*15891*	*17016*	*15686*	*15627*		*2547*	*2645*	*2727*	*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	58.7	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	76.5	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	87.6	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	88.9	89.5	89.2	91.8	89.8	89.7	89.8	90.1	88.1	85.9	82.6	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	98.9	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	96.9	96.9	97.1	96.8	96.6	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	78.6	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	93.0	91.7	92.0	92.6	93.6	93.3	93.6	95.4	94.2	94.2	95.5	96.0	95.6	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	90.6	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	+0.5
Try one or two drinks of an alcoholic beverage (beer, wine, liquor)	21.6	18.2	15.6	15.6	15.8	16.0	17.2	18.2	18.4	17.4	20.3	20.9	21.4	22.6	27.3	29.4	29.8	33.0	30.1	28.4	27.3	28.5	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	72.8	74.2	76.0	76.6	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	91.6	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	55.6	55.5	58.8	56.6	59.6	60.4	62.4	62.0	65.3	66.5	66.9	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	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	90.6	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*	*2603*	*2799*	*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	36.1	39.8	41.0	38.3	-2.7ss	44.5	49.2	50.8	53.8	61.3	60.7	-0.6
PCP[b]	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	40.5	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[b]	19.8	19.0	18.3	20.3	20.0	20.6	+0.5	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	31.9	33.4	32.6	30.6	-2.0s	43.4	46.4	46.6	47.7	47.2	44.6	-2.6ss	58.8	61.5	62.0	62.8	59.4	59.8	+0.4
Crystal Meth. (Ice)[b]	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	28.8	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	38.0	38.8	38.3	38.8	38.1	35.6	-2.5ss	44.0	44.6	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	-1.8	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	46.5	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.
[b]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	85.6	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	30.5	28.5	31.4	33.3	38.3	40.7	39.5	44.6	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	33.9	33.9	0.0
PCP	—	—	—	—	—	—	—	—	—	—	—	—	22.8	24.9	28.9	27.7	27.8	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	38.6	+1.9
Cocaine	37.0	34.0	33.0	37.8	45.5	47.0	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	46.8	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	16.4	16.9	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	66.4	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	27.6	+0.7
Barbiturates	60.0	54.4	52.4	50.6	49.8	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	54.6	54.7	51.2	48.5	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*	*3374*	*3077*	*3271*	*3231*	*2806*	*2549*	*2476*	*2586*	*2670*	*2526*	*2552*	*2340*	*2517*	

NOTES: Level of significance of difference between the two most recent classes: * = .05, ** = .01, *** = .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										
	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	'94-'95 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[d]	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[i]	10.7	10.6	9.8	9.6	9.4	9.3	8.9	8.1	8.2	9.0	+0.8
Stimulants, Adjusted[j]	32.3	30.8	28.8	25.3	24.4	22.4	20.2	18.7	17.1	16.6	-0.5
"Ice"[h]	NA	NA	NA	NA	2.5	2.9	2.2	2.7	2.5	2.1	-0.4
Sedatives[i]	16.7	15.0	13.2	12.1	NA	NA	NA	NA	NA	NA	—
Barbiturates[i]	11.1	9.7	8.9	7.9	8.7	8.2	7.4	6.5	6.4	6.7	+0.3
Methaqualone[i]	13.1	11.6	9.7	8.7	NA	NA	NA	NA	NA	NA	—
Tranquilizers[i]	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[e]	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[c]	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[c]	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[c]	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	4.5	3.8	4.0	4.6	+0.6
PCP[c]	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[d]	3.2	3.1	3.1	2.5	1.6	1.2	1.4	1.3	1.1	1.1	-0.1
Other Cocaine[d]	NA	13.6	11.9	10.3	8.1	5.4	5.1	3.9	3.6	3.9	+0.3
MDMA ("Ecstasy")[e]	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[c]	3.1	3.1	2.7	2.8	2.7	2.5	2.5	2.2	2.5	3.0	+0.5
Stimulants, Adjusted[c]	10.6	8.7	7.3	5.8	5.2	4.3	4.1	4.0	4.5	4.6	+0.1
"Ice"[c]	NA	NA	NA	NA	0.4	0.3	0.4	0.8	0.9	1.2	+0.3
Sedatives[c]	3.0	2.5	2.1	1.8	NA	NA	NA	NA	NA	NA	—
Barbiturates[c]	2.2	2.1	1.8	1.7	1.9	1.8	1.6	1.9	1.8	2.1	+0.3
Methaqualone[c]	1.3	0.9	0.5	0.3	NA	NA	NA	NA	NA	NA	—
Tranquilizers[c]	5.4	5.1	4.2	3.7	3.7	3.5	3.4	3.1	2.9	3.4	+0.5
Alcohol[a]	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[c]	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[e]	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[l]	0.3	0.2	0.1	0.0	NA	NA	NA	NA	NA	NA	—
Tranquilizers[m]	1.8	1.6	1.4	1.2	1.1	0.9	1.0	1.0	0.8	1.1	+0.4s
Alcohol[n]	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.

Trends in Drug Use: Spring–Fall 1996

Part I: HEROIN

Most sources contacted for this *Pulse Check* report that the market for heroin is stable or growing. The majority of heroin abusers are within the traditional, older cohort of long-term users, and some former addicts have begun using again since high purity, low price heroin is available. However, some areas report that there are more new, young heroin users. These new users include college students and suburban kids, but the majority are inner city youth. Sources also report that double breasted dealing -- selling both heroin and cocaine -- continues in many areas. While heroin use is rising in many areas, both by long-term users and new users, treatment providers have not noticed a marked increase in heroin abusers seeking treatment.

Ethnographers and Epidemiologic Sources

Heroin use continues to be common in almost all of the areas contacted, and eight of the eleven sources contacted report an increase in young heroin users. These users may be college or suburban kids (as in Denver, Trenton, and Newark), or low-income inner city youth (as in Chicago, New York, Bridgeport, and Newark). In Denver, sources report "cafeteria use" of drugs on local campuses where students try a number of drugs, such as LSD, MDMA, cocaine, marijuana, and Ketamine, as well as heroin. In New York, heroin use is reportedly popular with middle class teens and young adults who are part of a "club scene" and experiment with a variety of drugs.

The bulk of the new, young users they see are "street kids," that is, they are from inner city areas, are sometimes runaways, and are often minority teens (as in Chicago and Denver). Typically, they feel that heroin use can be better "controlled" or that their behavior under its influence is less volatile than it would be if they were using crack. Some are former crack users, while others have never used crack.

While there has been an increase in new, young users, heroin users are primarily adults, many of whom are former long-term users tempted back into use by the lower price, higher purity heroin now available. In Miami, where heroin use is relatively uncommon but increasing gradually, sources report that "more of the old-time shooters are at least trying to get a taste of heroin again" as availability increases.

In sections of Manhattan, large, stable cohorts of users in their 30s and 40s continue to use heroin with little change in their long-established routines. Greater availability of better quality heroin may simply prompt them to "add a bag or two if they hear of good stuff somewhere" to their typical consumption, but it does not significantly escalate their use.

Source: *Pulse Check, National Trends in Drug Abuse*, Summer 1997.

As described in the last several *Pulse Checks*, snorting heroin is most common in areas of the country where high purity heroin (generally white heroin from Colombia or Southeast Asia) is available. These areas include the Northeast, the Mid-Atlantic region, and the Northwest. In contrast, in areas such as the Texas border and the West where lower purity Mexican brown and black tar heroin dominate the market, users are more likely to inject.

Contrary to the myth that snorting alone does not lead to addiction, many users establish addiction this way. After becoming habituated, these users switch to injection, which is a more efficient route of administration. Chicago, Newark and New York sources report a shift toward injection among heroin snorters, even in areas where high purity heroin is available. This could show that more users are becoming habituated, or that more users start out injecting when they initiate heroin use.

In these areas where there has been a shift toward injection, there appears to be less fear of HIV than there was a year or two ago. The Newark source states that most young users snort heroin, but more and more are trying it intravenously, and comments that "the idea of sharing needles and AIDS simply doesn't seem to bother them." This could indicate that new young users are not responding to public health messages about the risks of needle sharing. Alternatively, it could show that when heroin inhalers switch to injection, or switch back and forth between inhaling and injecting, they choose to ignore the extra risks associated with needle use. This trend has been reported in previous *Pulse Checks* in several areas, including Bridgeport, San Francisco, and Chicago.

Miami sources report that some heroin users, primarily those that experiment with a variety of drugs, are "skin-popping" heroin. Skin-popping -- injecting a drug under the skin or into soft tissue rather than directly into the bloodstream -- has long been associated with the early stages of injection drug use. Miami sources report that skin-popping is common among white, upper middle class, young adults in the Miami beach club scene.

In places as diverse as New York, Denver and the Texas border, sources report that dealers, primarily those who previously dealt only cocaine or crack, are now "double breasting," that is, selling both heroin and cocaine. As described in the last *Pulse Check*, heroin and cocaine markets have traditionally been distinct, with different dealers selling each drug. For example, the traditional heroin market consists of older users, selling to networks of friends and acquaintances.

In contrast, the new "crews," who in some cases are double breasting, consist primarily of young, entrepreneurial *non-users* who have developed more efficient distribution networks. One New York ethnographer reports a noticeable increase in the number of organized crews selling both heroin and cocaine on the street. The two drugs are sold in similar packages using similar bag markings, indicating a common supplier. He describes the crews as more efficient and better organized than traditional heroin distributors have ever been. Further, most crew members are *not* users themselves. These crews may be organized and supported as part of the marketing

Source: *Pulse Check, National Trends in Drug Abuse*, Summer 1997.

strategies of mid-level distributors. Notably, these young crews usually distribute Colombian heroin.

With crack use declining in many of the areas that report double-breasted dealing, new drug distribution networks, that may be made up of second generation dealers, have emerged. Sources in New York, Bridgeport, San Diego, and Newark note that heroin dealers are more frequently using beepers or pagers to conduct sales. This practice coincides with a decrease in open air or public street sales of heroin in favor of indoor sales or "home deliveries" reported in New York, Bridgeport and San Diego. While large sales of heroin and cocaine have always been delivered, small amounts of heroin have traditionally been sold on the street and/or through acquaintances. However, current beeper sales can involve fairly small quantities of heroin and cocaine distributed to a wide range of customers, not just wealthier customers who pay much more than the street price. For example, beeper sales are common in areas where heroin is part of the after hours club scene (e.g., Bridgeport and New York). This pattern of distribution -- a network of street sellers, using beepers to communicate and make delivery sales -- is reminiscent of the methods that crews of crack entrepreneurs developed in the 1980s.

Heroin is also available to young users from street dealers in traditional "copping areas" -- public areas where drugs are sold frequently -- and from other young users in the community or in school. The Trenton/Newark source points out that unlike crack suppliers, who typically do not use, these suppliers are most often older students or recent graduates who *are* users. This distinguishes these young dealers from the more organized heroin crews described above. They are familiar faces among the students and can establish themselves unobtrusively as suppliers for a number of other students.

The Trenton/Newark source points out that in his area, the two markets are still fairly separated: heroin users sell heroin and cocaine distributors sell cocaine powder and crack. If joint sales occur, it is more likely to be serendipitous than part of a marketing plan. This is more typical of the old style heroin markets.

Ethnographers in Bridgeport, Chicago, and New York report that the drug trade has become more violent in their areas. For example, while many cities are reporting a decrease in violent crime, Bridgeport reported a higher homicide rate in mid-1996 than was reported for the entire previous year. In one two-week period in September, the city suffered ten drug-related homicides, reportedly related to the heroin trade. Similarly, in Chicago and New York, competition for the lucrative drug market is fierce, as many different groups as well as "independents" vie for customers and territory.

White heroin from both Southeast Asia and Colombia dominates the Northeast markets, while Mexican brown and black tar heroin is more prevalent in the West and South. Chicago, whose market had traditionally been dominated by Mexican brown and black tar heroin, has witnessed more white heroin in some parts of the city. Sources report that white heroin has been moving westwards for about a year. Miami sources also report that there is more white heroin on

Source: *Pulse Check, National Trends in Drug Abuse*, Summer 1997.

the street. Since Miami is an important transshipment point, this heroin is probably the residual from larger shipments that have moved through the city on the way to other places.

In New York, one source notes that there are more "independent" dealers who are not connected to an established heroin selling network, but are typically associated with high purity heroin. These dealers are reportedly double-breasting, and are believed to be using odd adulterants (e.g., Dramamine, acetaminophen, scopolamine) to cut the drugs they sell. The increase in independent dealers, and more new dealers in general has led to more variety in purity at the street level, even within the same area. For example, a $10 bag that is 2-5 percent pure in one part of the city may be 25 percent pure in another part. These independent dealers could be former cocaine dealers who have developed relationships with mid-level distributors, and are trying their hand in dealing the high purity heroin that has recently emerged.

Prices remain fairly stable, though the purity of heroin sold on the street varies considerably. Street level purchases are generally in 1/8th-1/10th gram units that cost between $10 and $20. Units are sold as small bags, balloons, folded paper/foil or in a small capsule.

Law Enforcement Sources

Police sources in most of the areas surveyed report that heroin use is up or stable in their area. Only sources in Birmingham report that heroin is not widely available, and its use is relatively rare. Miami police describe use as stable, though its prevalence is still quite low compared to other drugs; they note, however, that several teenagers in the Orlando area recently overdosed on what appeared to be heroin. Most police sources report that the majority of users are still older, long-term addicts, though the appearance of the younger users described by ethnographic sources is also reported by police sources in New York, Miami and Boston.

Many police sources report that heroin users in their areas prefer to inject. Two areas (New York and Boston) report that snorting also is popular; this is consistent with the appearance of new, young users in these areas. Police sources report that cocaine and methamphetamine are also popular among heroin users.

In the Northwest, mid-level sales, particularly of larger quantities, are dominated by Mexican nationals. In the East and South, these mid-level dealers vary widely; they may be South American, Middle Eastern, Nigerian, or Russian. In Miami, Seattle, New York and Boston, police also note that more street level dealers are double-breasting (handling both heroin and cocaine).

Prices for heroin remain stable in most places ($10–$25/bag), though the purity or quality can vary considerably within an area. In Miami, purity can run from as high as 95 percent for large quantities seized in transport to lows of 2-5 percent on the street.

Source: *Pulse Check, National Trends in Drug Abuse*, Summer 1997.

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: *Pulse Check, National Trends in Drug Abuse*, Summer 1997.

Table 1
Ethnographers and Epidemiologists Report on Heroin

	City			
	Bridgeport, CN	**San Antonio/ El Paso, TX**	**San Diego, CA**	**New York, NY**
Use	up	up	stable	stable
Who's Using/ Change in Users	traditional older users and teens/ young adults; more teen users, more female users	Hispanics, gang members, older users; more women, more young users	males, 25-50 years old; more Hispanic users, more young users	traditional older users; more young users, more middle class users
Method of Use	snorting injecting	snorting injecting	injecting snorting	snorting injecting
Drugs in Combination	alcohol; cocaine; crack	cocaine		cocaine
Who's Selling	Young dealers, some selling through beepers.	Both young dealers and older, established dealers	Hispanic males	Crews selling both heroin and cocaine, beeper sales
Purchase Amount/Purity	$10/bag; high purity	$10/bag, $70-1/16 oz.; variable purity	$140 - $200/gram; 40% - 60% purity	$10/bag
Other/Comments	Some sales are through beepers, and deliveries are made to clubs, houses, and suburban areas. Many young users and sellers.		Methamphetamine is the number one problem.	Young users seem to think heroin is controllable compared to crack, and it is part of a battery of drugs used to "party." Better organized street sales.

Source: *Pulse Check, National Trends in Drug Abuse*, Summer 1997.

Table 1 (cont'd.)
Ethnographers and Epidemiologists Report on Heroin

	City			
	Denver, CO	**Miami, FL**	**Chicago, IL**	**Trenton/Newark, NJ**
Use	up	up	up	up
Who's Using/ Change in Users	young, some homeless, some college users; more use among people under 25	older users returning to use, middle class club goers	traditional older users plus young users (teens and 20s); more young users	25-40 years old, some increase in young users; more non-urban users
Method of Use	injecting	skin popping injecting	snorting injecting	snorting injecting
Drugs in Combination	cocaine crack			alcohol
Who's Selling	Mexican nationals and Hondurans at street level		Hispanic dealers for brown heroin; Nigerians for white heroin.	Older teens/young adults
Purchase Amount/Purity	$20/balloon; $30-$35 for 1/4 gram; 3% -15% purity	$10/bag $20/bag; 5% - 20% purity	high purity	$15/bag; good purity
Other/Comments	As compared to the past, more street dealers have both heroin and cocaine, though heroin is still easier to get. Methamphetamine available through white street level dealers.	More old-time shooters are getting a taste for heroin again. It is also being skin-popped in after hours clubs by white upper middle-class adult users.	Users are reporting difficulty getting into treatment and are fearful of medical cuts further limiting their options.	

Source: *Pulse Check, National Trends in Drug Abuse*, Summer 1997.

Table 1 (cont'd.)
Ethnographers and Epidemiologists Report on Heroin

	City		
	New York	**Austin, TX**	**Newark, DE**
Use	up	up (slightly)	up
Who's Using/ Change in Users	more young users	older users (30+), primarily Hispanic;	traditional older users and many teen users; more young users
Method of Use	injecting snorting smoking	injection	snorting injecting
Drugs in Combination	crack cocaine		cocaine
Who's Selling	more independent sellers evident		
Purchase Amount/Purity	$10/bag $100/bundle; declining purity	Black Tar: $2,300 - $6,000/oz.	Purity is good
Other/Comments	There are many more independent sellers who are cutting heroin with odd adulterants i.e., Dramamine, aspirin.	Increasing problems with illicit prescription drugs from Mexico. Also, increase in ER mentions for GHB, including one overdose death.	Heroin use was down a little over the summer, but is gradually rising again, particularly among young (teen) users. It is easily accessible to teens.

Source: *Pulse Check, National Trends in Drug Abuse*, Summer 1997.

Table 2
Law Enforcement Report on Heroin

	City		
	Birmingham, AL P.D.	**Seattle, WA P.D.**	**New York, NY P.D.**
Use	low	up	up
Who's Using/ Change in Users	very few users in area		old users and new young users; more young users
Method of Use		injection	snorting injecting
Drugs in Combination			cocaine
Who's Selling		Mexican traffickers handling all drugs	
Purchase Amount/Purity		$10 - $15/bag (Black Tar); 10% - 70% purity	$10/bag; variable purity
Other/Comments		This area is being "inundated by meth." from Mexico.	

Source: *Pulse Check, National Trends in Drug Abuse*, Summer 1997.

Table 2 (cont'd.)
Law Enforcement Report on Heroin

	City		
	Miami, FL P.D.	**Eugene, OR P.D.**	**Boston, MA P.D.**
Use	stable	stable	up
Who's Using/ Change in Users	primarily older users, but young users increasing; more younger users	older users, white males	wide variety of users, young users
Method of Use	injecting	injecting	snorting injecting
Drugs in Combination	cocaine	methamphetamines	cocaine
Who's Selling	More sales of heroin by crack dealers	Mexican Nationals, local street dealers	Middle Eastern and South American source sellers
Purchase Amount/Purity	$125K/kilo for Colombian; high purity in large quantities	$15/bag $60 - 1/2 gram; variable purity	$10/bag; high purity
Other/Comments			Sellers of both heroin and cocaine evident on the street.

Source: *Pulse Check, National Trends in Drug Abuse*, Summer 1997.

Table 3
Treatment Providers Report on Heroin Use Patterns

	Region			
	I: Northeast N = 13	II: Mid-Atlantic & South N = 15	III: Mid-West N = 13	IV: West/ Southwest N = 12
% clients with drug listed as primary drug of abuse	19	19	10	10
Change over last year				
increase	42%	40%	23%	17%
no change	50%	53%	69%	83%
decrease	8%	7%	8%	0%
% clients injecting	44	78	57	87
% clients inhaling/smoking	56	22	43	13
Other Drugs Abused (% clients who mention)				
cocaine	92%	53%	38%	33%
marijuana	15%	33%	38%	42%
alcohol	92%	60%	77%	67%
tranquilizers	15%	40%	15%	8%
amphetamines	8%	7%	0%	42%
other	8%	40%	23%	42%

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 3 (cont'd.)
Treatment Providers Report on Heroin Use Patterns

	Region			
	I: Northeast N = 13	II: Mid-Atlantic & South N = 15	III: Mid-West N = 13	IV: West/ Southwest N = 13
Average by Age				
under 20	7%	7%	5%	2%
21-30	32%	22%	24%	25%
31+	61%	71 %	71%	73%
Average by Race/Ethnicity				
African-American	38%	38%	52%	12%
White	41%	57%	41%	60%
Hispanic & Other	21%	5%	7%	28%
Average by Sex				
Male	69%	69%	75%	73%
Female	31%	31%	25%	27%
Prior Treatment				
Yes	73%	69%	76%	81%
No	27%	31%	24%	19%

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.

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

have been steadily increasing since 1991, reaching a record rate in 1995 (26.3 per 1 million population). Similarly, in Detroit, heroin/morphine detections have been steadily increasing for several years, with a 34-percent increase between 1994 and 1995 (to 203 cases). Opiate-related deaths have also been increasing for several years in Minneapolis/St. Paul, with another substantial increase between 1994 and 1995 (from 19 to 30).

In Miami, heroin-induced deaths increased 63 percent between 1994 and 1995 (to 39 cases). During the same period, positive heroin/morphine toxicology reports in Philadelphia increased both in number (from 262 to 318) and as a percentage of all reports (from 42 percent to 50 percent). Likewise, in Phoenix, morphine-related deaths increased 40 percent between 1994 and 1995 (to 73) and appeared to be increasing again in 1996 (21 in the first 2 months). In St. Louis, after declining between 1993 and 1994, heroin-related deaths increased sharply in 1995 (from 8 to 23 cases). And, in Seattle, between 1994 and 1995, heroin-related deaths increased in number (from 89 to 131 cases), in rate per 100,000 population (from 5.7 to 8.2), and as a proportion of all drug-related deaths (from 56 percent to 72 percent). Numbers of deaths were not available for Los Angeles, but the proportion of deaths attributed to opiates increased slightly between 1994 and 1995—that proportion, however, is still only 2 percent.

Recent Declines and Stable Trends

Only one city had a reported decline between 1994 and 1995: San Diego, where heroin/morphine detections declined slightly, both numerically (from 120 to 116) and as a percentage of accidental overdose deaths (from 63 percent to 53 percent). Heroin detections remained stable during that time in Honolulu (40 cases in each year); and, in San Francisco County, following an increase between FY 1992 and 1994, heroin ME mentions appear to have leveled off during FY 1995 (figures were not reported).

Earlier Data

Between 1992 and 1993, heroin/morphine ME mentions increased both in Dallas and San Antonio; in 1994, however, they declined in Dallas (from 60 to 46) and remained stable in San Antonio (at 30). In New Jersey, in 1994, heroin was found in 17 percent of toxicologic tests in autopsy cases, higher than cocaine findings for the same year, as well as remarkably higher than previous heroin findings (figures were not reported).

EMERGENCY DEPARTMENT DATA

Heroin was the top-ranking illicit drug ED mention in Newark and San Francisco, accounting for 39 percent and 21 percent, respectively, of those cities' total ED mentions in the first half of 1995; it also accounted for large proportions of ED mentions in New York City (17 percent), Seattle (13 percent), Chicago (11 percent), and Philadelphia (10 percent). The proportions in nearly all the CEWG cities remained relatively unchanged from those of the same period 1 year earlier, despite the rate increases discussed below.

San Francisco and Newark also had, by far, the highest estimated rates of heroin ED mentions per 100,000 population during that time; they were followed by New York City and Seattle (exhibit 16).

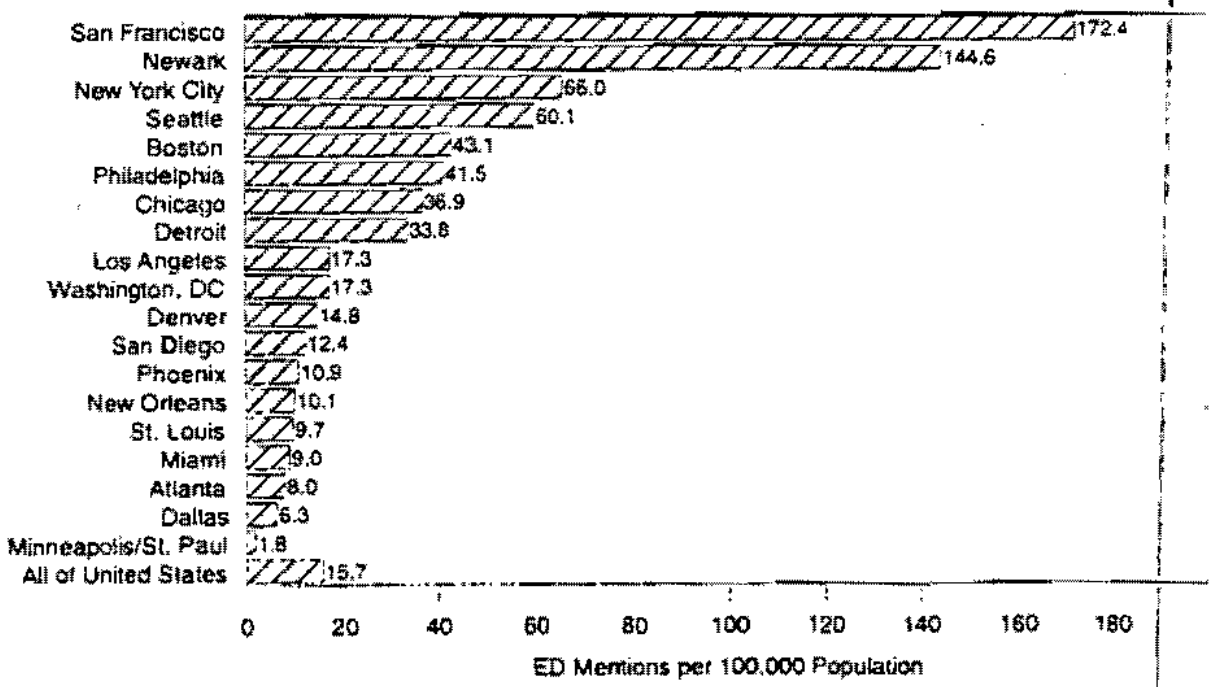
In comparing first-half data for 1994 and 1995, mentions apparently increased in 14 cities, were stable in 2 (Minneapolis/St. Paul and New York City), and declined in 3 (Chicago, Phoenix, and San Diego). Of the 14 increases, 9 met statistical standards of precision ($p<0.05$): Philadelphia (93 percent), San Francisco (83 percent), Boston (72 percent), New Orleans (47 percent), Dallas (44 percent), Miami (33 percent), Washington, DC (33 percent), Newark (22 percent), and Seattle (17 percent). Only in Philadelphia, however, did the percentage of heroin mentions relative to total ED mentions show a correspondingly notable increase (3.4 percentage points).

Exhibits 17 and 18 chart the latest 6 years of first-semester ED rates per 100,000 population in several selected cities. They delineate three types of changes: the recent sharp increases in Philadelphia, San Francisco, and Boston; the earlier 1992–93 increases in several cities, such as Newark; and the more gradual but steady increases over the years in Miami and Chicago (despite the recent decline in Chicago, which was not statistically significant).

TREATMENT DATA

Heroin is the top-ranking primary drug of abuse (excluding alcohol-only, but

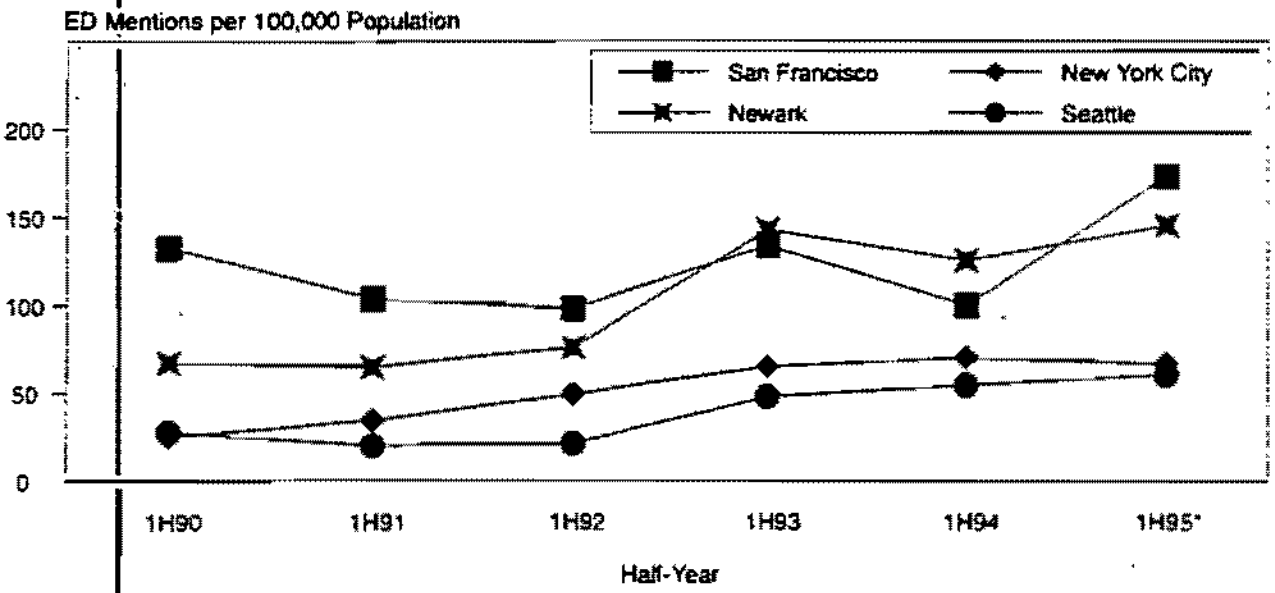
Exhibit 16. Estimated rate of heroin/morphine ED mentions per 100,000 population by metropolitan area, first half of 1995*



*Preliminary estimates

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

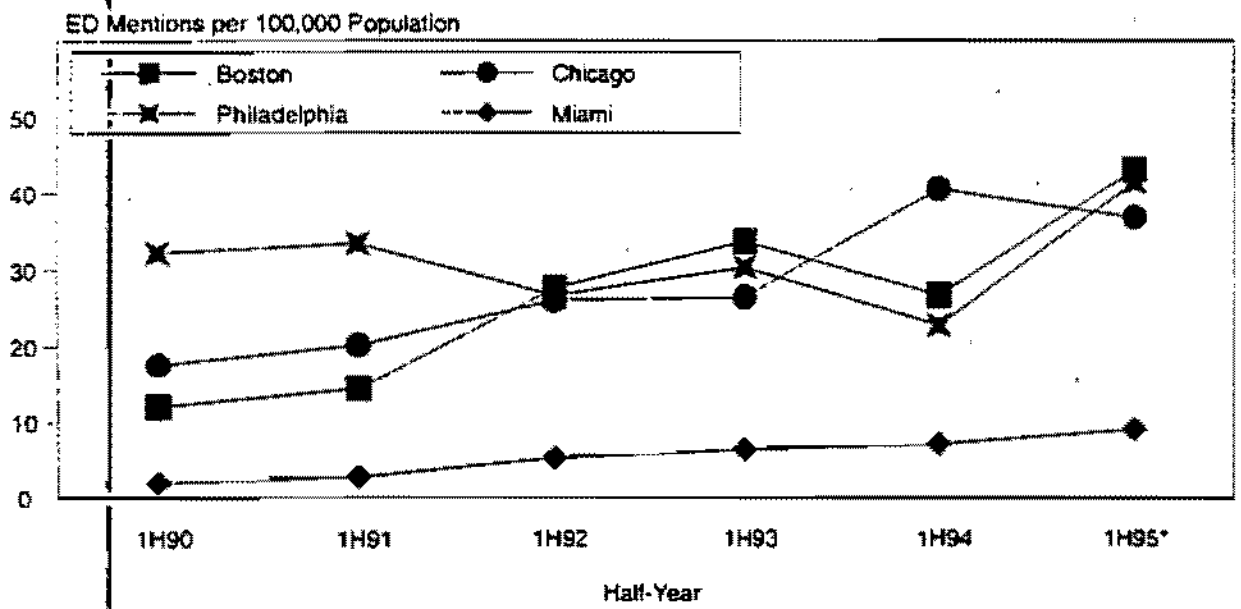
Exhibit 17. First-half-year trends in heroin/morphine ED mentions per 100,000 population in four top-ranking cities, first half of 1990–first half of 1995*



*Preliminary estimates

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

Exhibit 18. First-half-year trends in heroin/morphine 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

including alcohol-in-combination) among treatment admissions in seven areas: Newark, Los Angeles, San Francisco, New York City, Boston, the Washington-Baltimore CMSA, and Seattle (exhibit 19). Since the previous reporting periods, the proportions of heroin admissions have increased in eight of the areas where trend data were available: Boston, Denver, Detroit, Newark, St. Louis, Seattle (although part of this change may be due to a recent increase in methadone treatment capacity), Texas, and Baltimore. The proportions were stable in four areas (although the numbers have increased): Chicago, Minneapolis/St. Paul, New York City, and San Francisco. And they declined slightly in four areas: Los Angeles, New Orleans, San Diego, and Washington, DC. While trend analysis is not possible in Miami because of reporting system changes, the number of heroin admissions is recognized as sharply above those reported in previous years.

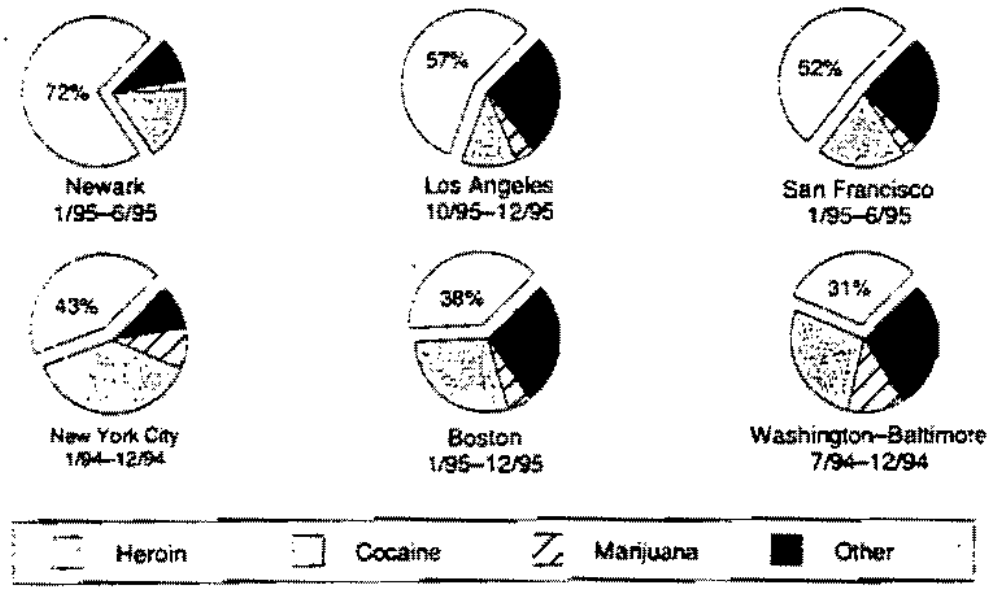
USE PATTERNS

Route of Administration

Boston: "Fear of HIV infection, as well as greatly increased purity, make snorting a common route of administration for new users. Smoking of heroin free base among youth has been reported by some treatment and outreach providers."

Atlanta: "While the old-time users continue to inject..., more recently initiated users are more likely to snort or smoke heroin and use it to cope with the negative side effects of crack use. Among the latter, an increasing number of users are shifting to injecting heroin, as they no longer get the desired effect from snorting or smoking the drug."

Exhibit 19. Heroin as a proportion of primary drugs of abuse among treatment admissions (excluding alcohol-only) in six CEWG cities



San Francisco: "Prevalence of use—especially by smoking—increased, particularly among young people. Use by snorting, generally using eyedropper (Visine) bottles, remains common among blacks."

San Antonio: "...gang members use heroin nose drops ('shabanging') and look down on injectors."

Dallas: "...youth are reportedly cooking brownies containing heroin..."

Intranasal use was involved in several of the 1994 and 1995 heroin-induced deaths in Miami. Among treatment admissions, it is now the majority choice in Newark, Chicago, and New York City, and it accounts for substantial proportions in the Washington-Baltimore CMSA, Detroit, and Boston (exhibit 20). In Newark, intranasal use supplanted injecting as the most frequent method of using heroin in the early 1980s, due to the AIDS epidemic among injectors and the increasing purity of heroin. Now Newark has the highest percentage of intranasal users among heroin admissions in all reporting areas, and that percentage is even higher among first-time admissions (more than 80 percent)—illustrating the dramatic change in inner-city drug abuse patterns as cocaine prevalence appears to stabilize. Similarly, in New York City, intranasal use has been increasing since 1988, while injecting has declined; injecting, however, remains prevalent. In other eastern cities, such as Philadelphia, injection remains the primary route of administration, but it continues to decline. In some eastern cities, such as Atlanta, concern continues that younger snorters may shift to injecting should purity decline or tolerance increase. In the Midwest, the proportion of intranasal users has been increasing sharply in Minneapolis/St. Paul. In Detroit, however, the proportions of injectors, inhalers, and smokers have remained stable. Injecting remains the primary method in New Orleans, but younger users (age 18–25) prefer intranasal use.

Exhibit 20. Route of administration among heroin treatment admissions, by percentages, in reporting CEWG areas

Area	Smoking	Sniffing	Injecting
Atlanta	3	14	66
Boston	2	31	62
Chicago	4	68	27
Denver	3	2	90
Detroit	2	47	49
Los Angeles	5	3	91
Miami	1	28	70
Minneapolis/ St. Paul	4	23	73
Newark	1	76	23
New York City[1]	--	53	45
Philadelphia	1	27	69
St. Louis	--	--	100
San Diego	3	3	93
San Francisco	8	5	88
Seattle	2	1	95
Texas	1	4	92
Washington-Baltimore	2	41	56

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

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

In the West, smoking (typically "on foil") is increasing among young people in San Francisco. While injecting remains the preferred route for the majority of

admissions in that city, smoking and inhalation have been a steadily increasing minority choice. Similarly, in Los Angeles, while the vast majority of heroin admissions continue to inject, the proportion of smokers has been increasing slightly but steadily since 1993. In Denver, too, injection remains the most common method of use, but treatment and law enforcement sources increasingly report seeing smoking, snorting, and eating. Even black tar in that city is being snorted by being crushed up finely. In San Diego, however, nearly all admissions inject the drug. In Texas, nearly 3 percent of opiate admissions use the oral route of administration: they include black tar "gummers," opium eaters, and users of heroin nose drops.

As is the case with cocaine, mode of heroin administration is often correlated with demographic characteristics. For example, in Newark, the proportion of snorters is higher among female admissions than among males and among African-Americans than among whites or Hispanics; in New York City, intranasal users are more likely than injectors to be female, to be younger by 2 or 3 years, and to be Hispanic or African-American; and, similarly, in the Washington-Baltimore CMSA, intranasal users are more likely than injectors to be African-American, to be younger, and more evenly distributed between men and women.

Multisubstance Use

Most of the 1995 heroin-induced deaths in Miami were polydrug overdoses involving cocaine, alcohol, flunitrazepam (Rohypnol), or other drugs. In Seattle, the increase in heroin-related deaths was not likely due to any increase in speedball-associated deaths; rather, it corresponded to an increase in alcohol-associated deaths—raising questions about alcohol's causal role (if any) in the heroin increase.

> ***Miami:** "Starting in 1994, as cocaine dealers introduced heroin sales, ...snorting of heroin has spread to cocaine abusers. Thus, cocaine use appears to be a significant risk factor for initiating heroin use."*

> ***New York City:** "One street researcher reports an interesting practice called 'criss-crossing' [or]...'speedballs—nose style.'"*

Criss-crossing, practiced in New York City, involves placing a straw in each nostril, sniffing separate lines of heroin and cocaine, and crossing straws when halfway through. In Miami, heroin use has also been reported among those who use the "club drugs" (described in the section on *Depressants*). Younger users in San Francisco reportedly mix heroin and "speed."

DEMOGRAPHICS

Age

> ***Denver:** "References were repeatedly made connecting the new heroin users to the Seattle 'grunge' music scene.... Connections are frequently made around espresso and juice bars."*

> ***Philadelphia:** "The focus group reported new users entering the prevalence pool. New users are likely to be white, male, and between the ages of 14 and 18 or 19. Evidence of teenagers who generally use heroin intranasally also comes from outreach workers."*

***Miami:** "The latest data measuring incidence of heroin consequences are now confirming previous anecdotal reports of the drug's abuse spreading to newer and younger populations."*

***Houston:** "...there do not seem to be any new users, although there continue to be unconfirmed rumors that heroin use is emerging among the 'yuppies.'"*

Miami's mortality and ED demographic data reflect a younger cohort of heroin users than in previous periods. For example, 9 of the 39 heroin decedents were in their twenties. In St. Louis, however, most heroin deaths involved older, experienced users and may have resulted from fluctuating purity levels. Similarly, in San Diego, about half (48 percent) of the decedents were age 40 or older.

In heroin ED demographics, the 26–34 age group still accounts for the highest rates of mentions per 100,000 population in every city (exhibit 21). Increased rates ($p<0.05$) in various cities for that group, as well as for the 35+ group, when comparing first-semester data for 1994 and 1995, confirm the presence of an aging cohort of injectors. However, the growing presence of a younger cohort—generally males who are more likely to inhale the drug—is similarly evidenced by increased rates for the younger 18–25 group in six cities (Boston, Denver, New York City, Philadelphia, San Francisco, and Washington, DC). The Denver and New York City increases are the most noteworthy because they were not paralleled by corresponding increases in either of the two older age groups. The other four cities, however, showed increases across all three age groups. By contrast, in

Exhibit 21. Rate of heroin/morphine ED mentions per 100,000 population by age group and area, January–June 1995*

City	12–17	18–25	26–34	35+
Atlanta	...	3.4	20.6	9.1
Boston	...	24.7	157.9	38.7
Chicago	...	30.1	124.6	32.5
Dallas	...	4.4	13.6	7.6
Denver	...	11.0	25.9	18.4
Detroit	...	6.7	60.8	50.3
Los Angeles	...	7.2	48.7	22.3
Miami	...	7.3	25.6	8.9
Minneapolis/ St. Paul	...	...	4.9	1.9
Newark	...	141.2	586.3	101.9
New Orleans	...	11.0	19.9	11.7
New York City	1.6	24.2	155.7	82.5
Philadelphia	...	34.5	131.2	39.5
Phoenix	...	7.3	32.8	11.6
St. Louis	...	4.6	23.0	11.7
San Diego	...	2.8	49.8	16.2
San Francisco	15.6	85.4	325.4	207.4
Seattle	7.3	33.0	140.1	68.3
Washington, DC	...	7.1	33.6	22.9

NOTE: "..." Denotes estimate does 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

Chicago and Seattle, rates declined for the 18–25 age group.

Newark, by far, again had the highest ED rates per 100,000 population for the 18–25 age group, accounting for 12 percent of the Nation's heroin ED mentions in this age category (exhibit 22). The second highest rates occurred in San Francisco, followed by Philadelphia and Seattle.

The primary heroin treatment population seems slightly older than the heroin ED patients, with the 35+ group accounting for the largest proportion in all areas except for Newark and St. Louis, where the 26–34 age group is largest (exhibit 23). The younger 18–25 age group, however, accounts for 10 percent or more of the primary heroin admissions in 11 of the 17 reporting areas, with the highest proportions reported in Minneapolis/St. Paul and Newark.

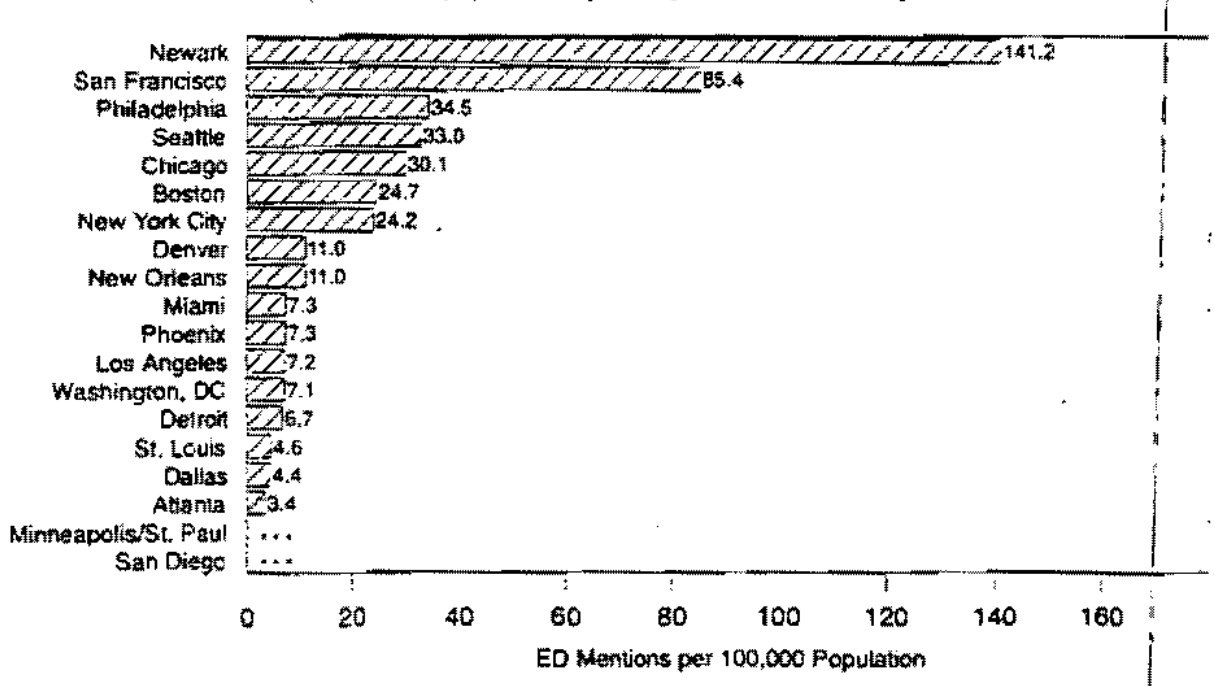
Other treatment demographics offer further evidence of a large cohort of older and aging addicts. For example, primary heroin clients are generally slightly older than clients admitted for other primary drug problems, as reported in Boston and Newark. And, in Dallas, the average age of treatment admissions has risen (to 37).

Arrestee urinalysis data (discussed below) do not yet reflect an increasing number of young heroin initiates.

Gender

Males predominate in heroin mortality figures in all areas where such data are available: Miami (79 percent),

Exhibit 22. Estimated rate of heroin/morphine ED mentions among 18–25-year-olds per 100,000 population by metropolitan area, January–June 1995*



*Preliminary estimates

NOTE: "..." denotes estimate does not meet standard of precision or is less than 10.

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

Exhibit 23. Percentage of primary heroin admissions in reporting CEWG areas by age group

Area	18–25	26–34	35+
Atlanta	11	20	68
Boston	13	39	48
Chicago	17	36	47
Denver	10	24	65
Detroit	3	16	82
Los Angeles	4	29	69
Miami	9	23	67
Minneapolis/ St. Paul	21	35	39
Newark	18	42	40
New York City[a,b]	7	41	51
Philadelphia	12	32	57
St. Louis	13	70	17
San Diego	10	30	59
San Francisco	8	25	67
Seattle	9	24	67
Texas	10	27	63
Washington-Baltimore	18	39	42

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

[a]Age groups differ: 25 or under, 26–35, and 36+.

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

Philadelphia, San Diego (82 percent), and Seattle (82 percent—versus 64 percent of nonheroin deaths). In Chicago, however, four of the seven overdose deaths linked with "wicked" involved females.

Males also outnumber females as a percentage of heroin ED mentions in all the CEWG cities in DAWN (exhibit 24). The gender gap is widest in New Orleans and narrowest in Minneapolis/St. Paul. In general, the heroin problem is even more male dominated than cocaine: the male–female ratios for heroin are higher than those for cocaine in 12 of the cities; they are similar to the cocaine ratios in 6 (Chicago, Detroit, St. Louis, San Diego, San Francisco, and Seattle); and, in Minneapolis/St. Paul, the heroin ratio is slightly lower than that for cocaine.

Between 1994 and 1995, first-semester heroin ED rates per 100,000 population increased ($p < 0.05$) for males in nine cities and for females in eight cities. In Miami and New Orleans, the rates for males increased without a corresponding increase for females; conversely, in Minneapolis/St. Paul and St. Louis, rates for females increased without a corresponding increase for males.

Like the mortality and ED figures, primary heroin treatment figures are male dominated, with males accounting for the majority in all reporting areas (exhibit 25).

The gender gap is widest in St. Louis and narrowest in Seattle. In Texas, the proportion of males has declined recently, partially because the data set has recently lost the predominantly male criminal justice clients.

As with ED mentions, the male–female treatment ratios for heroin are generally higher than those for cocaine; however, the two drugs have similar ratios in Atlanta, Detroit, and Seattle, and the heroin ratios are lower than those for cocaine in Minneapolis/St. Paul and New Orleans.

Exhibit 24. Proportions of heroin/morphine ED mentions by gender and area and male–female ratios, January–June 1995*

City	Males	Females	Ratio
Atlanta	78	22	3.5
Boston	66	31	2.1
Chicago	63	36	1.8
Dallas	70	30	2.3
Denver	67	31	2.2
Detroit	68	31	2.2
Los Angeles	74	25	3.0
Miami	80	21	3.8
Minneapolis/St. Paul	56	44	1.3
Newark	64	35	1.8
New Orleans	79	20	4.0
New York City	76	23	3.3
Philadelphia	78	22	3.5
Phoenix	78	20	3.9
St. Louis	64	32	2.0
San Diego	60	39	1.5
San Francisco	67	33	2.0
Seattle	64	36	1.8
Washington, DC	68	31	2.2

NOTE: 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 25. Proportions of primary heroin admissions by gender and male–female ratios in reporting CEWG areas

Area	Males	Females	Ratio
Atlanta	66	34	1.9
Boston	69	31	2.2
Chicago	64	36	1.8
Denver	67	33	2.0
Detroit	62	38	1.6
Los Angeles	71	29	2.4
Miami	74	26	2.8
Minneapolis/ St. Paul	59	41	1.4
Newark	57	43	1.3
New Orleans	67	33	2.0
New York City*	70	30	2.3
Philadelphia	75	25	3.0
St. Louis	76	24	3.2
San Diego	65	35	1.9
San Francisco	66	34	1.9
Seattle	53	48	1.1
Texas	69	31	2.2
Washington-Baltimore	57	43	1.3

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

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

Race/Ethnicity

Decedents were predominantly white in areas reporting heroin mortality: Seattle (80 percent); Miami (67 percent); and San Diego (57 percent).

Heroin ED patients, however, were more racially diverse (exhibit 26). In the first half of 1995, whites were the largest racial/ethnic group in 9 of the 19 CEWG cities in DAWN, African-Americans were the largest group in 8 of the cities, and Hispanics were the largest group in Los Angeles. The proportion of African-Americans increased in Los Angeles, and, in San Francisco, the proportion of whites has been decreasing since 1991.

Among primary heroin treatment admissions, whites comprised the largest group in eight areas; African-Americans were the largest group in another eight; and Hispanics were the largest group in three (Los Angeles, New York City, and Texas) (exhibit 27). The heroin proportions for Hispanics were generally higher among treatment admissions than among ED mentions. In some cities, such as Boston, the proportion of Hispanics was higher among primary heroin users than among admissions for other primary drug problems. African-Americans and Hispanics were overrepresented in San Diego heroin treatment demographics. In Los Angeles, the proportion of whites increased, while that for African-Americans decreased.

LAW ENFORCEMENT DATA

Arrestee Data

Opiate use among adult male arrestees remains confined to a small number of DUF sites. Only five CEWG sites in the DUF program reported rates of 10 percent or higher: Chicago (with the highest rate of 22 percent), Manhattan, Philadelphia, St. Louis, and San Antonio. Among female arrestees, opiate rates ranged from 2 to 19 percent. The most striking change was reported in Manhattan, where the rate fell 11 points to 19 percent. Seven other CEWG sites (Detroit, Los Angeles, Philadelphia, Phoenix, San Antonio, San Diego, and Washington, DC) reported rates of 10 percent or higher.

The DUF data do not yet reflect an increasing number of heroin initiates. The youngest male arrestees (age 15-20) were less likely than their older counterparts to test positive for opiates. Only in Chicago, Houston, Manhattan, New Orleans, Philadelphia, and St. Louis did at least 5 percent of these arrestees test positive for opiates. The largest increases for this group between 1994 and 1995 were recorded in St. Louis and Houston, but small sample sizes diminish the significance of these increases. On the other hand, Chicago's opiate rate dropped to 5 percent (from 12 percent in 1994), and levels in other cities fluctuated only slightly. Among the youngest female arrestees, opiate use continued at generally low levels and most sites reported only minor fluctuations. Manhattan experienced a sharp decline (from 29 percent to 5 percent).

Very much like cocaine arrests, heroin arrests in New York City peaked in 1989 and then declined for a few years; however, they increased sharply between 1993 and 1994 and continued to increase in 1995. In Honolulu, too, heroin cases increased sharply between 1994 and 1995. In Boston, however, the proportion of heroin arrests (21 percent of all drug arrests) remained level between 1994 and the first half of 1995—but this figure is still well above the all-time low of 13 percent in 1992. In Seattle, the number of filings and convictions remained relatively stable between 1994 and 1995.

Availability

Lower priced, higher quality heroin remains widely available in eastern cities, with supplies coming from Colombia, Southeast Asia (SEA), and Southwest Asia (SWA) (exhibit 28). In Atlanta, heroin availability has recently spread to several communities beyond the two where it has been available throughout the crack

Exhibit 26. Proportions of heroin/morphine ED mentions by race/ethnicity and area, January–June 1995*

City	African-Americans	Whites	Hispanics
Atlanta	61	18	...
Boston	11	63	12
Chicago	59	16	10
Dallas	28	60	13
Denver	...	20	6
Detroit	67	28	...
Los Angeles	21	31	42
Miami	33	55	12
Minneapolis/ St. Paul	23	70	...
Newark	57	26	7
New Orleans	62	33	...
New York City	38	20	26
Philadelphia	26	63	9
Phoenix	15	53	26
St. Louis	62	32	...
San Diego	9	46	25
San Francisco	21	39	9
Seattle	13	53	3
Washington, DC	63	33	...

NOTES: (1) "..." denotes estimate does not meet standard of precision or is less than 10. (2) 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 27. Proportions of primary heroin admissions by race/ethnicity in reporting CEWG areas

Area	African-Americans	Whites	Hispanics
Atlanta	49	48	<1
Boston	20	54	22
Chicago	82	11	6
Denver	10	56	30
Detroit	74	24	2
Los Angeles	14	40	41
Miami	33	45	31
Minneapolis/ St. Paul	28	63	2
Newark	69	7	23
New Orleans	55	45	--
New York City*	30	25	43
Philadelphia	42	38	19
St. Louis	65	35	--
San Diego	7	54	34
San Francisco	23	59	14
Seattle	23	68	5
Texas	14	35	50
Washington-Baltimore	74	26	<1

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

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

epidemic. Availability of South American heroin has increased in Miami, and a law enforcement survey reveals that the availability of "smokable heroin" has risen 67 percent in large communities across Florida between 1994 and 1995.

> ***Chicago: "Field reports indicate the distribution of brown heroin is limited to one specific South Side neighborhood...[it] is sought after only by those who prefer...injection."***

Similar supplies are available in some, but not all, midwestern and central U.S. cities. In Detroit, for example, nearly all available heroin remains white; Colombia has become the primary source, although SEA, SWA, and Mexican are also available. White heroin is also the most available and commonly used form in Chicago, for both injectors and snorters; and there, too, brown heroin and black tar are also available. Similarly, in Minneapolis, where availability has increased at the street level, white powder is the most prevalent form, with diphenhydramine, procaine, and caffeine used as cutting agents. In St. Paul, however, black tar is more common. Mexican brown and black tar heroin also predominate in St. Louis, where a steady supply has been available. Most heroin in New Orleans is SEA, but South American heroin has recently increased in availability.

> ***Seattle: "Ethnographic and community reports indicate that 'brown powder' (said possibly to be from Puerto Rico) and Southeast Asian heroin are occasionally encountered, but the latter is said to remain north of the Canadian border..."***

Lower quality heroin from Mexico still predominates in most western areas. Black tar is the most available form in Denver, Seattle, Phoenix (where availability has stabilized at a high level), and San Diego. Both black tar and Mexican brown are common in Los Angeles and Texas, although Mexican brown is currently scarce in north Texas; and both black tar and powder heroin are available in San Francisco. The bulk of the imports to Hawaii are also Mexican black tar, but China white is available.

Price and Purity

Heroin contaminants are reported in several areas. Scopolamine (sometimes known as "polo")—combined with dextromethorphan, quinine, or in some cities with heroin or even cocaine—has been sold as heroin. In New York, the term "polo" refers to the entire drug combination; in Philadelphia, such combinations have been dubbed "homicide" and "super buick." "Wicked," the brand of heroin linked with the outbreak of overdose episodes in Chicago, is purportedly cut with strychnine, according to unconfirmed reports. Other Chicago brands associated with those episodes include "raw hide," "raw fusion," "tootsie roll," "big foot," "sledge hammer," and "graveyard." Strychnine is also a possible heroin contaminant in Honolulu. In San Francisco, contaminated black tar heroin, injected intramuscularly, has been involved in recent surges of cases of necrotizing fasciitis and "wound botulism."

Street prices are stable in New York City, where South American heroin has consistently been of higher purity than

Exhibit 28(1). Heroin prices and purity in CEWG areas

Area	Type[a]	Pure Milligram[b]		Gram[c]		Ounce[c]	
		% Purity	Price	% Purity	Price	% Purity	Price
Atlanta	SEA	50.2	$1.90	–	–	27.4	$6,000–$9,000
	Colombian			–	$180–$200	–	$3,600–$5,000
Boston	SEA/ Colombian	61.9	$0.82	–	–	50–90	$3,000–$7,000[d]
Chicago		28.0	$1.12	–	–	–	–
Denver		16.3	$2.17	–	–	–	–
Detroit		28.5	$1.67	–	–	–	–
Honolulu	Mexican black tar	–	–	–	$220–$500[d]	–	$6,500–$10,000
	China white	–	–	–		–	–
Los Angeles	Mexican black tar	27.8	$0.62	70–80	$80	70–80	$2,500
	Mexican brown			–	–	40	$1,500
Miami		12.9	$1.00	–	–	–	–
Minneapolis/ St. Paul	White powder/ Mexican black tar	–	–	–	$500–$600[d]	–	$5,000–$6,000[d]
Newark		64.7	$0.43	–	–	–	–
New Orleans		27.5	$2.19	–	–	–	–
New York City		69.4	$0.36	–	–	–	–
Philadelphia		70.9	$0.44	–	–	–	–
Phoenix	Mexican	44.7	$0.72	–	–	–	$1,900–$2,500
St. Louis	Mexican	8.5	$3.30	–	$250–$600	–	$2,800–$5,000
San Diego	Black tar	51.0	$0.32	40–60	$70–$80	–	–

[a]SEA denotes Southeast Asian; SWA, Southwest Asian; and SA, South American.
[b]SOURCE: DEA Domestic Monitor Program, Intelligence Division, Domestic Unit, 1995
Type of heroin not specified
[c]SOURCE: CEWG city reports, June 1996
[d]Includes both types of heroin

Exhibit 28(2). Heroin prices and purity in CEWG areas

Area	Type[a]	Pure Milligram[b]		Gram[c]		Ounce[c]	
		% Purity	Price	% Purity	Price	% Purity	Price
San Francisco	Powder/ black tar	35	$0.83	"improving"[d]	$60[d]	–	–
Seattle		27.9	$0.97	–	–	–	–
Texas	Mexican	16.0 (Houston)	$1.36 (Houston)	"mid-range"	$200–$250	45–90	$2,300–$6,300
	Colombian			–	–	2–3	$5,500–$6,500
Washington, DC		25.7	$1.43	–	–	–	–

[a]SEA denotes Southeast Asian; SWA, Southwest Asian; and SA, South American.
[b]SOURCE: DEA Domestic Monitor Program, Intelligence Division, Domestic Unit, 1995. Type of heroin not specified
[c]SOURCE: CEWG city reports, June 1996
[d]Includes both types of heroin

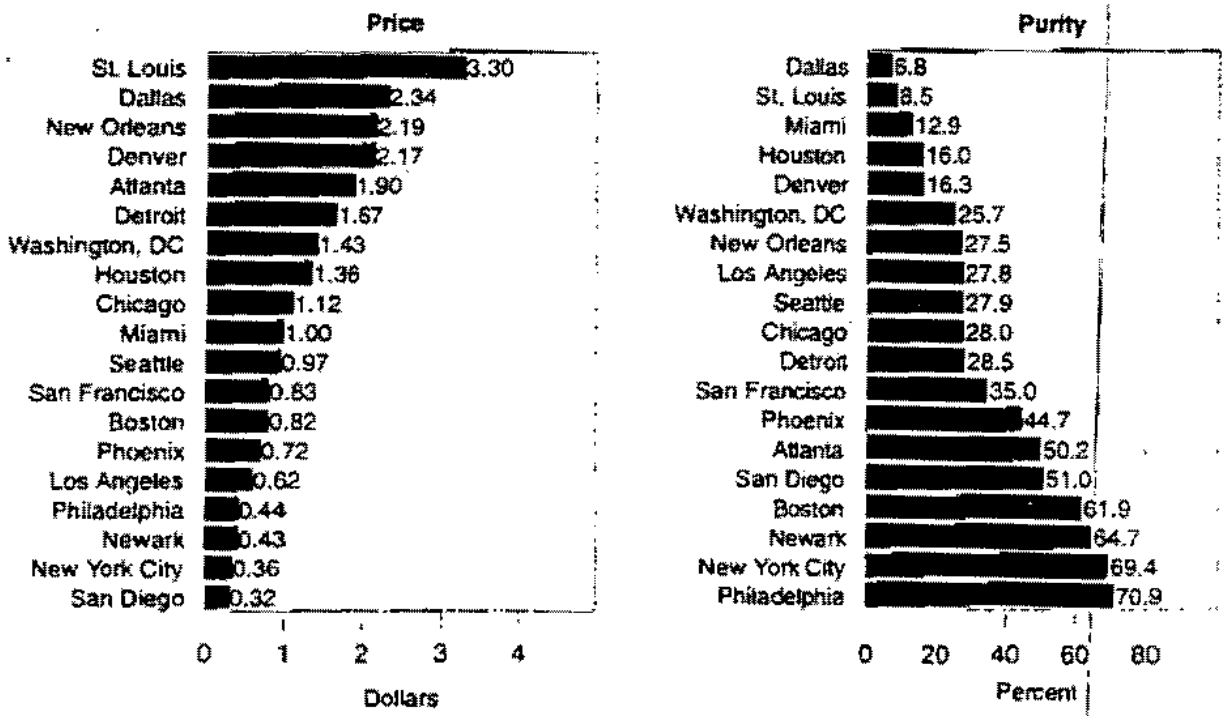
heroin from other source areas; larger quantity prices, however, are sometimes cheaper for individuals known in a neighborhood than for outsiders. Ounce prices are stable in Boston, but pound prices have declined from the previous half year and the price per pure milligram has been declining since 1993. In Atlanta, purity of SEA has decreased drastically between 1994 and 1995. By contrast, in Miami, South American heroin purity has been increasing since 1992, and prices per milligram pure have correspondingly decreased. The DEA also reports high purity and low prices in San Juan, Puerto Rico—a major transit point for Colombian heroin entering south Florida.

Users' perception of heroin quality often differs according to route of administration. In New York City, for example, some addicts inject three or four bags at a time because they claim heroin quality is poor—despite DEA Domestic Monitor Program (DMP) reports of high purities (exhibit 29). Similarly, in Chicago, injectors describe heroin quality as poor, while snorters perceive heroin from the same sources to be higher in quality—possibly because snorters, who are younger, have not developed the same degree of tolerance to opiates. In fact, however, following more than a decade with one of the lowest heroin purity levels of any major metropolitan area, Chicago has had steadily increasing heroin purity in the first half of the 1990s.

Similarly, in Detroit, purity has also been increasing steadily throughout the first half of the decade; street prices there have been stable over the last several years. Prices were also stable in Minneapolis/St. Paul and New Orleans. In St. Louis, however, price has decreased over the past 6 months while quality has increased.

San Francisco: "Observers concur that local heroin is of high quality and easy to get."

Exhibit 29. Average heroin price and purity per milligram in CEWG cities, 1995



SOURCE: DEA Domestic Monitor Program, Intelligence Division, Domestic Unit

In the West, the ounce price of Mexican brown heroin has decreased sharply in Los Angeles, and gram and ounce prices have dropped in Denver. In San Francisco, DMP street buys have been declining in price and increasing in purity. Prices remained stable in Phoenix and San Diego, and purity has remained relatively stable in Seattle for the last 3 or 4 years.

Seizures

Seizures of heroin entering south Florida and Arizona have increased sharply. The majority of the Florida seizures involve heroin more than 95 percent pure, while most of the Arizona seizures involve brown heroin. Seizures have also increased substantially in Minneapolis/St. Paul. In Boston, heroin seizures run at about half the rate of cocaine seizures.

Trafficking and Distribution

Colombian criminal organizations began distributing potent heroin in the United States in 1990, entering through south Florida, often via bodypackers. They obtain heroin—which yields far greater profits per kilogram than does cocaine—by trading cocaine to Asian, European, and Caribbean organized crime groups; they also cultivate poppies and produce heroin in Colombia. Most of the heroin is destined for northern cities; however, spillage reaches the local street market; moreover, because of competition from traditional big-city crime groups in the Northeast, the Colombian and Caribbean dealers may be expanding to the south Florida market as well as into the smaller northeastern cities. New Florida heroin

trafficking organizations in 1995 include Russian, Eastern European, and Asian groups.

SEA heroin is transshipped through Texas with little spillage, mostly by West Africans; SWA, which is also transshipped through Texas, is trafficked by persons from the Middle East; and Colombian heroin, destined primarily for the Northeast, is smuggled in loads of cocaine across the border by Hispanics. Trafficking routes from the border at El Paso go through New Mexico, Colorado, Kansas, and north to Illinois, where Chicago is a secondary hub for distribution in the northern States; from the west Texas border area, black tar is smuggled northward to small towns in Texas and New Mexico and then into Colorado, Nevada, and Kansas.

In several cities, such as Miami and Atlanta, cocaine dealers also sell heroin, acting as an additional vector for increasing heroin consequences by introducing their cocaine customers to heroin.

> ***New York: "Field workers report that young Dominicans appear to be taking over locations that had previously been controlled by blacks and Puerto Ricans."***

Dominicans, who in the past dominated New York City's cocaine trade, are now becoming more prominent in heroin distribution. In Atlanta, Nigerians remain responsible for a large portion of distribution, but their couriers include all ethnic groups. Many ethnic groups, principally from South and Central America and Asia, are also involved intrafficking in Boston. Providence and New York City are Boston's main domestic sources.

In the Midwest, trafficking and dealing escalated in Minneapolis/St. Paul in 1995, with new players arriving from eastern U.S. cities who distributed large quantities quickly; most gang-related heroin activity typically involved gangs that also sold cocaine. In New Orleans, African-American males in their twenties are emerging as distributors. In St. Louis and other smaller urban areas, heroin is sold not by large distribution networks but by many small entrepreneurs, with few layers between the main supplier and the user. Distribution in St. Louis is increasingly conducted via cellular phones and runners, decreasing the necessity of having a house for users. The St. Louis supply comes from small towns in Texas and Arizona—a shift from the past, when suppliers were primarily from Los Angeles. New Orleans' source cities are New York City and Los Angeles. In Detroit, bodypacking by airline passengers and mailed packages are common methods of transport.

Distribution in Denver is multinational, with Hondurans, Guatemalans, Nicaraguans, and Mexicans involved in heroin wars. In Texas, Hispanic and African-American groups dominate the trade of Mexican heroin. Mexicans continue to be Phoenix's major traffickers of black tar; however, Cuban nationals have recently been arrested selling quantities of heroin. Mexican nationals also continue to import heroin into Hawaii.

male arrestees testing positive for cocaine in 8 of the 14 CEWG areas included in the DUF system. Relatively large decreases were reported in Philadelphia (51 to 40%), and St. Louis (51 to 43%). Decreases also occurred in the percentages of women who tested positive for cocaine in 8 of the 12 CEWG areas where DUF tests female arrestees. The largest decreases for women were in New Orleans (37 to 26%) and Dallas (36 to 44%). Of note is the finding that—despite reductions—cocaine positive rates were generally higher for female than for male arrestees. Cocaine positives among female arrestees were particularly high in Philadelphia (69%), Manhattan (69%), St. Louis (55%), and Denver (53%). The average cocaine positive rate among white women (77.5%) in the total DUF sample exceeded that for African-American women (61.5%).

Heroin

Increases in indicators of heroin use in 1995 and 1996 were reported in 17 of the 21 CEWG areas. The CEWG data also show changes in administration of the drug. Fewer heroin abusers were injecting and more were snorting or smoking the drug. In Newark, snorting supplanted injecting as the most frequent method of administering heroin. Over three-fourths (78%) of primary heroin abusers entering treatment in Newark in 1996 snorted heroin; only 21% injected. Similarly, in New York City, injecting among heroin (primary drug) treatment admissions declined from 71% in 1988 to 42% in 1995. In Baltimore, treatment admissions for heroin snorting more than doubled between 1992 and 1995. Intranasal use in Boston increased from 26% in 1994 to 32% in 1996. Smoking heroin has became more popular in Denver, San Francisco, and St. Louis.

Another mode of heroin use was reported in several cities: dissolving heroin, putting it into a syringe or nasal spray or a dropper, and squirting it into the nostrils. This mixture is called "shabang" in New York, "calditos" (little soup) in San Diego, and "agua de chango" in Laredo and San Antonio, Texas.

Source: CEWG, *Epidemiologic Trends in Drug Abuse, Advance Report*, June 1997.

The increase in noninjection was associated with increased purity of heroin and an increase in the number of younger heroin users. Philadelphia had the highest average purity (63%) among the CEWG cities included in the DEA Domestic Monitoring Program. In Chicago, where the quality of heroin has steadily increased in recent years, heroin snorting has become more popular among young adults. Increases in heroin purity were also reported in Baltimore, Miami, Newark, New York City, Philadelphia, and San Francisco. Street bags of heroin are selling at $5–$15 in most CEWG cities.

From 1994 to 1995, total DAWN data show an increase of almost 19% in ED heroin-related mentions. The CEWG areas with the largest increases included Philadelphia (63%), Dallas (29%), Seattle (24%), and Boston (21%). ED heroin mentions in New York City nearly tripled between 1990 and 1995.

DUF data also show little change in the percentages of adult arrestees testing positive for heroin from 1995 to 1996. Positive test rates among female arrestees were highest in Manhattan (27%), Detroit (18%), and Philadelphia (16%), and among male arrestees in Chicago (20%), Manhattan (17%), and Philadelphia (11%).

Marijuana

Multiple sources of data (including national and local surveys) show that marijuana use continued to increase in 1995 and 1996, nationally and in almost every CEWG area. Based on indicator data, increases in marijuana use were reported in 18 of the 21 CEWG areas. Nationally, the delta-9-tetrahydrocannabinol (THC) potency of commercial-grade marijuana increased from 3.51% in the last half of 1995 to 5.01% in 1996, according to the Intelligence Division of the Drug Enforcement Administration. Also, in recent years, there have been increases in the numbers of marijuana abusers treated in hospital EDs and in drug abuse treatment programs. From 1994 to 1995, marijuana ED mentions

Source: CEWG, *Epidemiologic Trends in Drug Abuse, Advance Report*, June 1997.

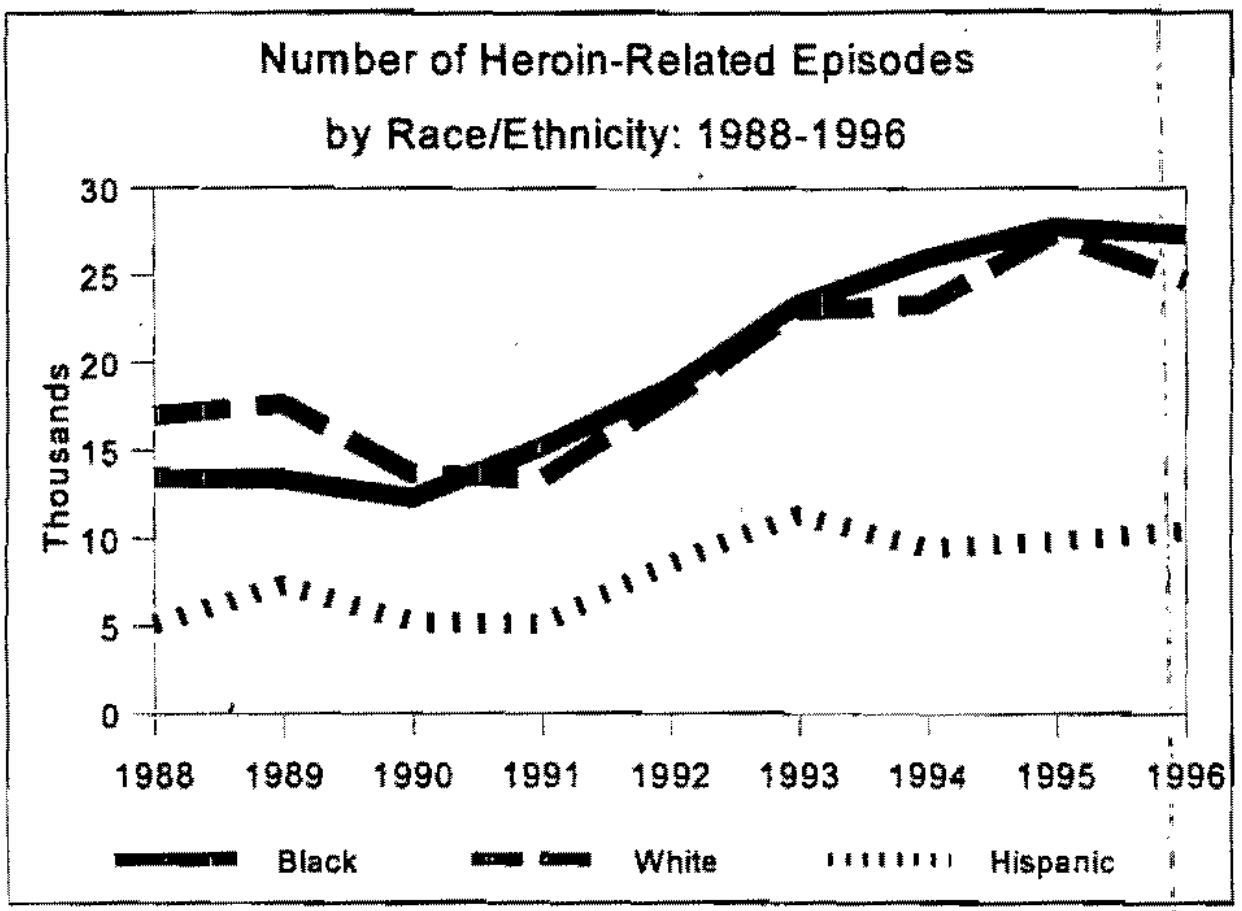
ANNUAL TRENDS IN HEROIN-RELATED EPISODES

This section presents data from the DAWN survey on the estimated number of heroin-related emergency department episodes.

- Fourteen percent of all drug-related episodes were heroin-related in 1996. Heroin is often used in combination with other drugs. From 1990 through 1996, the number of heroin-related episodes doubled (from 33,900 to 70,500) as did the rate per 100,000 population (from 15 in 1990 to 30 in 1996). Although the number of heroin-related emergency department episodes increased between 1994 and 1995, there was no change between 1995 and 1996 (64,000 in 1994, 72,200 in 1995, and 70,500 in 1996).

- Between the first half of 1996 and the last half of 1996, heroin-related visits increased by 15 percent (from 32,800 to 37,600). Increases were also seen among those age 35 and older (13%), males (15%), and whites (21%).

- In 1996, 57 percent of heroin-related episodes occurred among persons aged 35 years and over. Since 1990, heroin-related episodes have almost tripled for this age group (from 15,900 in 1990 to 40,000 in 1996).



Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Year-End Preliminary Estimates from the 1996 Drug Abuse Warning Network*, November 1997.

- In 1996, 39 percent of heroin-related episodes occurred among blacks, 35 percent among whites, and 15 percent among Hispanics. Between 1994 and 1996, there were no statistically significant increases or decreases by race/ethnicity.

- In 1996, 67 percent of heroin-related episodes occurred among men. Since 1990, the number of heroin-related episodes has increased by 107 percent for men (from 22,900 to 47,400) and 110 percent for women (from 10,700 to 22,500).

- The most frequently recorded reasons for an emergency department visit among heroin-related episodes in 1996, were "seeking detoxification" (18,200), "chronic effects" (17,200), and "overdose" (14,300).

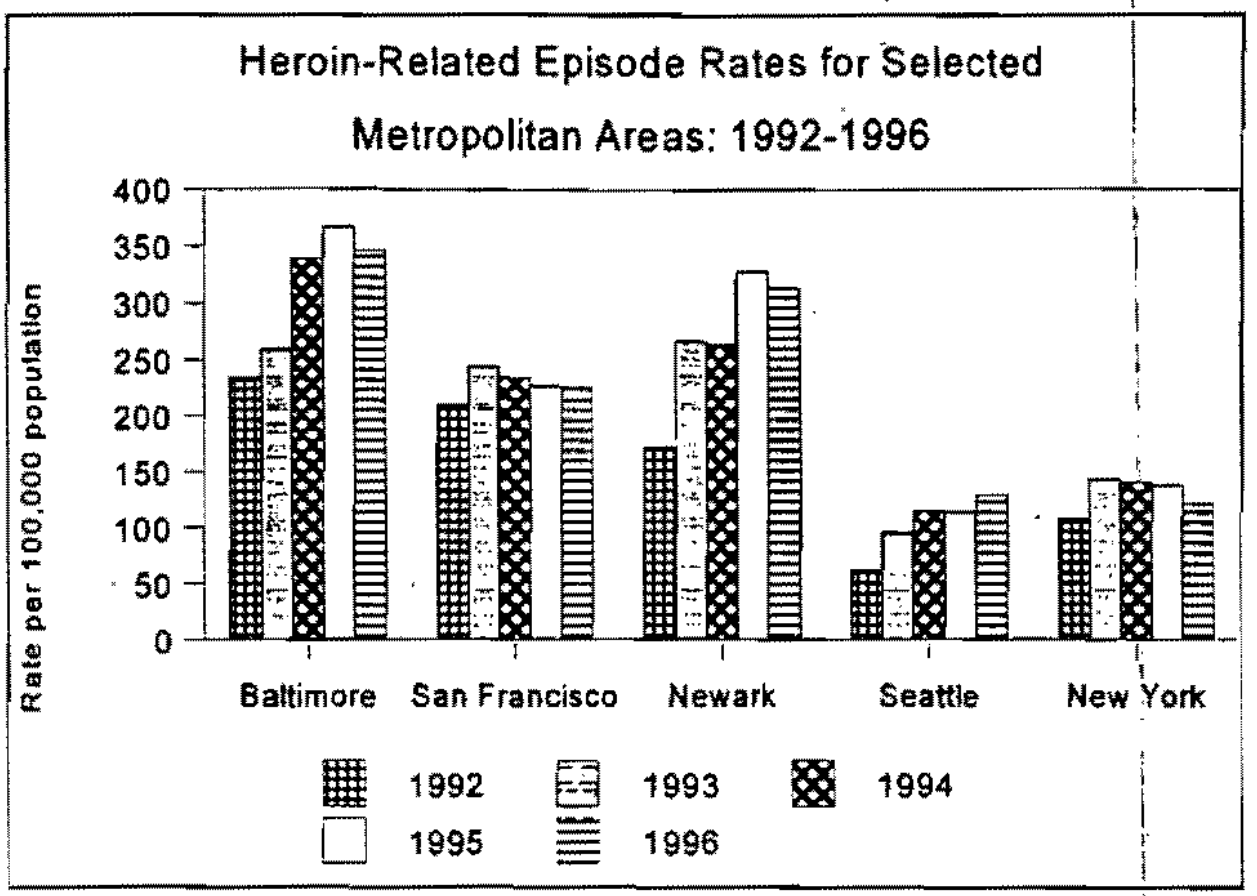
- Among heroin-related episodes, "dependence" was the most commonly reported motive for drug use (54,600 or 78%) in 1996. Since 1994, the number of persons siting "recreational use" as the motive for drug use has increased by 45 percent (from 4,200 to 6,000).

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Year-End Preliminary Estimates from the 1996 Drug Abuse Warning Network*, November 1997.

Heroin

- Eight of the 21 metropolitan areas had statistically significant increases in the estimated number of heroin-related emergency department episodes between 1994 and 1996. The percent increases in these areas were: 48 percent in Detroit (from 2,100 to 3,100), 22 percent in Newark (from 4,500 to 5,500), 47 percent in Philadelphia (from 2,400 to 3,600), 29 percent in Phoenix (from 500 to 600), and 18 percent in Washington, D.C. (from 1,300 to 1,500). Statistically significant increases were also found in Dallas, Miami, and New Orleans; however, the number of heroin-related episodes reported for each city was relatively small.

- Only one statistically significant decrease in heroin-related episodes was found in Denver where the number of episodes decreased by 27 percent (from 500 to 400).



- The chart presented above shows the trends in the rates of heroin-related episodes per 100,000 population for the five cities with the highest rates in 1996: Baltimore (346), Newark (313), San Francisco (224), Seattle (128), and New York (120).

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Year-End Preliminary Estimates from the 1996 Drug Abuse Warning Network*, November 1997.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT HEROIN/MORPHINE MENTIONS, BY METROPOLITAN AREA BY HALF YEAR,
1ST HALF 1991 - 2ND HALF 1996

CATEGORY: HEROIN/MORPHINE

	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														
TOTAL U.S.	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 +
ATLANTA	59	98	118	114	106	144	197	260	236	209	254	200	0.000 -	0.772 -
BALTIMORE	1,517	2,375	2,376	2,730	2,515	3,204	3,394	4,116	4,221	4,000	3,816	4,029	0.173 +	0.867 +
BOSTON(NECMA)	496	669	960	1,101	1,185	1,134	945	1,582	1,514	1,307	1,178	1,289	0.415 +	0.930 -
BUFFALO	80	75	82	90	92	188	140	215	162	254	204	200	0.830 -	0.304 -
CHICAGO	1,108	1,154	1,440	1,518	1,480	2,101	2,283	2,505	2,324	2,528	2,359	3,741	0.004 +	0.120 +
DALLAS	110	124	135	141	145	151	108	128	161	140	190	189	0.976 -	0.019 +
DENVER	61	48	61	62	97	179	219	276	239	383	184	177	0.703 -	0.000 -
DETROIT	846	982	867	976	1,118	1,262	1,130	975	1,365	1,057	1,585	1,532	0.896 -	0.107 +
LOS ANGELES-LB	823	851	1,204	1,741	1,852	1,872	1,464	1,485	1,421	1,676	1,621	1,478	0.292 -	0.136 -
MIAMI-HIALEAH	50	96	92	89	114	138	129	135	181	159	158	231	0.003 +	0.001 +
MINNEAPOLIS-SP	36	40	42	52	61	76	41	37	43	56	45	70	0.208 +	0.518 +
NEW ORLEANS	96	127	88	65	57	83	83	114	110	174	141	181	0.000 +	0.456 +
NEW YORK	2,684	3,335	3,879	4,503	5,131	6,220	5,561	5,624	5,442	5,605	5,000	4,837	0.176 -	0.006 -
NEWARK	1,072	1,256	1,276	1,592	2,422	2,104	2,137	2,361	2,695	2,989	2,970	2,522	0.480 -	0.374 -
PHILADELPHIA	1,474	950	1,182	1,182	1,362	1,116	1,029	1,411	1,811	1,948	1,789	1,809	0.944 +	0.700 -
PHOENIX	139	209	171	153	251	236	246	236	226	261	274	350	0.000 +	0.000 +
ST LOUIS-MO-IL	83	94	84	119	133	82	216	192	214	196	254	253	0.988 -	0.029 +
SAN DIEGO	366	408	475	547	408	434	368	327	301	382	462	419	0.436 -	0.002 +
SAN FRANCISCO	1,531	1,608	1,470	1,661	2,019	1,675	1,514	2,040	1,656	1,817	1,698	1,793	0.166 +	0.845 -
SEATTLE	358	431	385	714	873	854	995	1,098	976	1,119	1,223	1,182	0.881 -	0.792 +
WASHINGTON DC	708	772	698	813	803	611	505	755	663	638	672	820	0.000 +	0.000 +
Z-NAT PANEL	3,596	2,906	4,354	6,602	8,540	8,607	7,332	8,105	10,149	9,221	6,741	10,342	0.014 +	0.531 +

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@ IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.
NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.
SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 97 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT HEROIN/MORPHINE MENTIONS, BY METROPOLITAN AREA BY YEAR, 1989 - 1996

CATEGORY: HEROIN/MORPHINE

	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										
TOTAL U.S.	41,656	33,884	35,898	48,003	63,232	64,013	72,229	70,463	0.669 -	0.094 +
ATLANTA	73	74	157	232	250	456	446	455	0.843 +	0.986 -
BALTIMORE	1,089	1,667	3,092	5,106	5,719	7,510	8,220	7,845	0.097 -	0.121 +
BOSTON(NECMA)	1,145	931	1,165	2,061	2,319	2,527	2,821	2,467	0.268 -	0.858 -
BUFFALO	96	106	155	172	279	355	416	404	0.883 -	0.534 +
CHICAGO	2,124	2,039	2,262	2,958	3,581	4,787	4,852	6,100	0.303 +	0.272 +
DALLAS	313	317	234	276	297	237	301	379	0.001 +	0.000 +
DENVER	190	134	109	123	276	495	622	361	0.000 -	0.049 -
DETROIT	1,963	1,552	1,828	1,843	2,380	2,106	2,422	3,117	0.094 +	0.036 +
LOS ANGELES-LB	3,780	2,403	1,674	2,944	3,724	2,949	3,097	3,099	0.994 +	0.553 +
MIAMI-HIALEAH	56	55	145	181	251	264	339	389	0.007 +	0.000 +
MINNEAPOLIS-SP	102	92	76	94	138	78	99	115	0.470 +	0.077 +
NEW ORLEANS	369	259	223	152	140	197	283	322	0.003 +	0.000 +
NEW YORK	5,438	3,810	6,019	8,382	11,351	11,185	11,048	9,837	0.004 -	0.108 -
NEWARK	1,978	2,054	2,328	2,868	4,526	4,498	5,684	5,492	0.550 -	0.000 +
PHILADELPHIA	3,350	2,653	2,424	2,364	2,478	2,440	3,759	3,598	0.745 -	0.013 +
PHOENIX	445	353	348	324	487	483	488	624	0.000 +	0.000 +
ST LOUIS-MO-IL	118	105	177	204	215	408	409	507	0.077 +	0.124 +
SAN DIEGO	600	756	773	1,022	842	695	682	881	0.003 +	0.168 +
SAN FRANCISCO	3,805	3,954	3,140	3,131	3,694	3,555	3,474	3,491	0.929 +	0.390 -
SEATTLE	895	616	789	1,100	1,727	2,092	2,095	2,405	0.137 +	0.210 +
WASHINGTON DC	1,761	1,334	1,480	1,512	1,414	1,261	1,301	1,492	0.001 +	0.003 +
Z-NAT PANEL	11,968	8,618	6,502	10,956	17,146	15,437	19,369	17,083	0.546 -	0.629 +

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

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT HEROIN/MORPHINE MENTIONS, BY AGE, SEX, RACE/ETHNICITY, HOSPITAL LOCATION, DRUG USE MOTIVE, AND REASON FOR EMERGENCY DEPARTMENT VISIT: 1ST HALF 1991 - 2ND HALF 1996

CATEGORY: HEROIN/MORPHINE

	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@
DOMAIN														
TOTAL U.S.***	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 +
AGE 6-34	8,895	9,550	10,043	12,459	14,580	14,926	13,928	16,569	16,292	16,082	14,032	16,344	0.058 +	0.832 +
AGE 12-17	67	...	107	125	137	143	...	265	142	270	214	313	0.324 +	0.639 +
AGE 18-25	2,269	2,435	2,688	3,172	3,807	4,212	3,794	4,576	4,085	4,576	3,855	4,883	0.078 +	0.697 +
AGE 26-34	6,559	7,000	7,246	9,162	10,633	10,569	9,890	11,728	12,066	11,235	9,961	11,148	0.212 +	0.885 -
AGE 35+	8,371	8,939	11,332	14,044	16,128	17,485	16,058	17,301	19,776	19,980	18,739	21,243	0.007 +	0.299 +
MALE	11,210	12,428	15,455	19,326	21,633	23,040	20,358	23,642	25,128	25,137	22,002	25,396	0.009 +	0.856 +
FEMALE	5,884	6,067	5,798	7,034	8,942	9,217	9,407	10,108	10,418	10,660	10,476	11,982	0.064 +	0.198 +
WHITE	6,931	6,436	7,578	10,348	11,349	11,679	10,773	12,610	14,028	13,417	11,189	13,488	0.026 +	0.956 +
BLACK	7,105	8,070	8,882	9,718	11,265	12,082	12,615	13,374	13,802	14,012	13,134	14,198	0.249 +	0.829 +
HISPANIC	2,096	3,023	3,643	4,875	5,478	5,849	4,396	5,056	4,626	5,301	4,686	5,799	0.170 +	0.607 +
OTHER RACE	86	92	88	206	...	206	120	162	227	151	...	190	...	0.021 +
RACE UNK.	1,073	986	1,246	1,418	2,177	2,654	2,132	2,774	3,428	3,237	3,522	3,968	0.176 +	0.004 +
CENTRAL CITY	10,462	12,259	13,493	15,881	16,825	19,003	18,092	20,552	20,486	21,094	20,422	22,254	0.023 +	0.245 +
OUTSIDE CEN. CITY	3,233	3,442	3,591	4,082	5,364	4,807	4,612	5,320	5,475	5,804	5,656	5,048	0.346 -	0.190 -
NATIONAL PANEL	3,596	2,906	4,354	6,602	8,540	8,607	7,332	8,105	10,149	9,221	6,741	10,342	0.014 +	0.531 +
RECREATIONAL USE	1,178	1,625	1,639	2,147	2,995	2,342	1,649	2,505	2,208	3,207	2,508	3,522	0.081 +	0.644 +
DEPENDENCE	13,636	14,585	16,229	20,042	23,144	24,767	23,966	26,540	28,942	27,481	26,103	28,526	0.107 +	0.630 +
SUICIDE	591	569	627	936	942	1,173	1,069	1,213	1,168	1,456	1,092	1,660	0.004 +	0.484 +
OTHER/UNK MOTIVE	1,885	1,828	2,942	3,441	3,681	4,187	3,353	3,719	3,793	3,975	3,117	3,935	0.011 +	0.915 -
UNEXPECTED REACT.	1,892	1,890	2,221	2,998	3,364	3,485	2,652	3,655	3,118	3,220	2,979	3,402	0.260 +	0.456 +
OVERDOSE	3,068	4,041	5,194	7,032	7,872	8,685	6,281	7,470	7,225	9,062	6,386	7,893	0.008 +	0.083 -
CHRONIC EFFECTS	4,887	5,872	6,128	7,182	7,179	7,102	7,830	8,701	9,387	8,762	8,734	8,513	0.637 -	0.659 -
SEEKING DETOX.	4,307	3,675	4,058	5,146	7,579	6,817	7,374	7,457	8,664	8,006	8,395	9,801	0.257 +	0.187 +
WITHDRAWAL	1,624	1,508	1,380	2,155	2,339	3,220	3,353	3,580	4,358	3,992	3,562	3,880	0.299 +	0.812 -
OTHER/UNK REASON	1,512	1,621	2,456	2,053	2,431	3,160	2,546	3,113	3,358	3,077	2,762	4,154	0.000 +	0.000 +

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*** TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.
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SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR, 97 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT HEROIN/MORPHINE MENTIONS, BY AGE, SEX, RACE/ETHNICITY, HOSPITAL LOCATION, DRUG USE MOTIVE, AND REASON FOR EMERGENCY DEPARTMENT VISIT: 1989 - 1996

CATEGORY: HEROIN/MORPHINE

	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993	TOTAL 1994	TOTAL 1995*	TOTAL 1996*	P-VAL 1995, 1996@	P-VAL 1994, 1996@
DOMAIN										
TOTAL U.S.***	41,656	33,884	35,898	48,003	63,232	64,013	72,229	70,463	0.669 -	0.094 +
AGE 6-34	22,519	17,967	18,445	22,502	29,506	30,497	32,375	30,376	0.382 -	0.954 -
AGE 12-17	168	182	182	232	280	507	412	526	0.367 +	0.910 +
AGE 18-25	5,094	4,654	4,704	5,860	8,019	8,370	8,661	8,738	0.944 +	0.735 +
AGE 26-34	17,251	13,127	13,559	16,409	21,203	21,618	23,301	21,109	0.130 -	0.686 -
AGE 35+	18,949	15,850	17,310	25,376	33,613	33,359	39,757	39,982	0.920 +	0.004 +
MALE	28,397	22,867	23,638	34,781	44,672	44,000	50,265	47,398	0.343 -	0.180 +
FEMALE	12,827	10,691	11,951	12,832	18,159	19,515	21,078	22,458	0.347 +	0.068 +
WHITE	17,644	13,667	13,367	17,926	23,027	23,383	27,444	24,677	0.256 -	0.509 +
BLACK	13,338	12,313	15,175	18,600	23,347	25,989	27,814	27,332	0.808 -	0.351 +
HISPANIC	7,307	5,195	5,118	8,519	11,327	9,452	9,927	10,485	0.702 +	0.497 +
OTHER RACE	168	143	178	294	699	282	378	479	0.528 +	0.190 +
RACE UNK.	3,199	2,566	2,060	2,665	4,831	4,906	6,665	7,490	0.032 +	0.000 +
CENTRAL CITY	20,675	18,384	22,721	29,374	35,828	38,644	41,581	42,676	0.450 +	0.012 +
OUTSIDE CEN. CITY	9,013	6,882	6,675	7,673	10,170	9,932	11,279	10,704	0.357 -	0.212 +
NATIONAL PANEL	11,968	8,618	6,502	10,956	17,146	15,437	19,369	17,083	0.546 -	0.629 +
RECREATIONAL USE	4,178	3,061	2,803	3,786	5,337	4,154	5,416	6,030	0.424 +	0.001 +
DEPENDENCE	31,710	26,017	28,222	36,271	47,911	50,505	56,422	54,629	0.667 -	0.277 +
SUICIDE	1,121	1,164	1,160	1,563	2,115	2,282	2,624	2,752	0.693 +	0.138 +
OTHER/UNK MOTIVE	4,646	3,642	3,713	6,384	7,869	7,071	7,767	7,052	0.285 -	0.973 -
UNEXPECTED REACT.	4,288	3,738	3,781	5,219	6,848	6,306	6,338	6,381	0.929 +	0.857 +
OVERDOSE	10,384	7,885	7,110	12,226	16,557	13,752	16,286	14,280	0.051 -	0.589 +
CHRONIC EFFECTS	9,984	8,635	10,759	13,310	14,280	16,532	18,149	17,247	0.378 -	0.589 +
SEEKING DETOX.	8,033	6,648	7,982	9,204	14,396	14,831	16,669	18,196	0.564 +	0.134 +
WITHDRAWAL	5,489	3,667	3,133	3,535	5,559	6,933	8,350	7,442	0.349 -	0.475 +
OTHER/UNK REASON	3,476	3,311	3,133	4,509	5,591	5,659	6,435	6,917	0.227 +	0.002 +

... ESTIMATE DOES NOT MEET STANDARD OF PRECISION OR IS LESS THAN 10.
* ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.
*** TOTAL INCLUDES PATIENTS WHOSE SEX OR AGE WAS UNKNOWN.
@ IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.
NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.
SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 97 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT HEROIN/MORPHINE MENTIONS.PER 100,000 POPULATION, BY METROPOLITAN AREA BY HALF YEAR, 1ST HALF 1991 - 2ND HALF 1996

CATEGORY: HEROIN/MORPHINE

	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*
CATEGORY												
TOTAL U.S.	7.7	8.3	9.5	11.7	13.5	14.1	13.1	14.7	15.6	15.5	14.8	15.9
ATLANTA	2.3	3.8	4.6	4.4	4.1	5.5	7.5	9.8	8.9	7.8	9.5	7.4
BALTIMORE	70.4	109.7	109.1	124.7	114.2	144.7	153.4	184.9	188.8	177.9	168.8	177.1
BOSTON(NECMA)	14.4	19.3	27.6	31.5	33.7	32.1	26.7	44.5	42.4	36.5	32.7	35.5
BUFFALO	9.1	8.5	9.2	10.1	10.2	20.8	15.5	23.6	17.7	27.6	22.1	21.5
CHICAGO	20.2	21.0	26.0	27.3	26.4	37.3	40.6	44.3	40.9	44.3	41.1	64.8
DALLAS	4.8	5.4	5.9	6.1	6.2	6.5	4.6	5.4	6.8	3.9	8.0	7.9
DENVER	4.2	3.3	4.1	4.2	6.5	11.9	14.6	18.2	15.7	25.0	12.0	11.4
DETROIT	21.4	24.7	21.7	24.2	27.6	31.0	27.8	23.8	33.2	25.5	38.1	36.6
LOS ANGELES-LB	10.4	10.7	15.1	21.7	22.9	23.1	18.1	18.2	17.4	20.4	19.6	17.8
MIAMI-HIALEAH	2.8	5.4	5.2	5.0	6.3	7.6	7.1	7.4	9.9	8.7	8.6	12.4
MINNEAPOLIS-SP	1.6	1.8	1.9	2.3	2.7	3.3	1.8	1.6	1.9	2.4	1.9	3.0
NEW ORLEANS	8.6	11.3	7.8	5.7	5.0	7.2	7.2	9.9	9.5	14.9	12.0	15.3
NEW YORK	34.5	42.6	49.3	56.9	64.5	77.8	69.6	70.0	67.4	69.0	61.3	58.9
NEWARK	64.4	75.1	75.8	94.1	142.3	122.9	124.9	137.1	155.7	171.7	169.7	163.1
PHILADELPHIA	33.5	21.5	26.6	26.4	30.3	24.7	22.8	31.0	39.7	42.4	38.8	38.9
PHOENIX	7.3	10.9	8.9	7.9	12.9	12.1	12.6	12.0	11.5	13.2	13.8	17.5
ST LOUIS-MO-IL	3.8	4.2	3.8	5.3	5.9	3.6	9.5	8.4	9.3	8.5	11.0	10.8
SAN DIEGO	16.3	18.1	21.0	24.1	17.9	18.9	16.1	14.2	13.0	16.5	19.8	17.9
SAN FRANCISCO	103.4	108.0	98.1	110.3	133.3	110.0	99.5	133.3	107.7	117.5	109.3	114.6
SEATTLE	20.0	24.0	21.3	39.2	47.7	46.4	54.1	59.3	52.5	59.9	65.1	62.5
WASHINGTON DC	19.9	21.6	19.4	22.5	22.1	16.7	13.8	20.5	17.9	17.2	18.0	21.8
Z-WAT PANEL	2.2	1.8	2.7	4.0	5.2	5.2	4.4	4.9	6.1	5.5	4.0	6.1

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NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.
SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 97 FILES.

ESTIMATED RATE OF EMERGENCY DEPARTMENT HEROIN/MORPHINE MENTIONS PER 100,000 POPULATION, BY METROPOLITAN AREA BY YEAR, 1989 - 1996

CATEGORY: HEROIN/MORPHINE

	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993	TOTAL 1994	TOTAL 1995*	TOTAL 1996*
CATEGORY								
TOTAL U.S.	19.0	15.3	16.0	21.2	27.6	27.8	31.0	29.9
ATLANTA	2.9	2.9	6.1	9.0	9.5	17.3	16.8	16.9
BALTIMORE	51.6	78.0	180.2	233.8	259.1	338.4	366.6	346.0
BOSTON(NECMA)	33.8	27.2	33.7	59.0	65.8	71.3	78.9	68.3
BUFFALO	11.1	12.1	17.5	19.3	30.9	39.1	45.4	43.6
CHICAGO	38.7	37.5	41.2	53.3	63.8	84.9	85.2	105.9
DALLAS	14.1	14.0	10.2	11.9	12.7	10.1	12.7	15.9
DENVER	13.1	9.2	7.4	8.3	18.4	32.8	40.8	23.4
DETROIT	50.3	39.5	46.0	45.9	58.6	51.6	58.7	74.7
LOS ANGELES-LB	49.0	30.6	21.1	36.7	46.0	36.3	37.8	37.4
MIAMI-HIALEAH	3.3	3.2	8.2	10.2	13.9	14.6	18.5	21.0
MINNEAPOLIS-SP	4.7	4.2	3.4	4.2	6.1	3.4	4.3	5.0
NEW ORLEANS	32.5	23.4	19.9	13.4	12.2	17.1	24.3	27.4
NEW YORK	70.6	49.3	77.1	106.3	142.4	139.5	136.4	120.2
NEWARK	118.4	124.5	139.6	170.0	265.2	262.0	327.4	312.7
PHILADELPHIA	76.5	60.7	54.9	53.0	55.0	53.8	82.1	77.7
PHOENIX	24.2	18.7	18.2	16.8	25.0	24.7	24.7	31.2
ST LOUIS-MO-IL	5.4	4.8	8.0	9.1	9.5	17.9	17.8	21.8
SAN DIEGO	27.7	34.0	34.4	45.1	36.8	30.3	29.4	37.7
SAN FRANCISCO	261.4	269.2	211.4	208.4	243.2	232.9	225.3	223.9
SEATTLE	52.1	34.7	44.0	60.6	94.1	113.4	112.4	127.6
WASHINGTON DC	51.3	37.7	41.4	41.9	38.7	34.4	35.1	39.8
2-WAY PANEL	7.6	5.4	4.0	6.7	10.4	9.3	11.5	10.1

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NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.
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	Thioridazine	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: Office of Applied Studies, SAMHSA, *Drug Abuse Warning Network, Annual Medical Examiner Data 1995*, 1997.

Table 2.06c - Drugs mentioned most frequently by medical examiners in 1995 according to age of decedent

(Drugs with fewer than 10 mentions are excluded)

Rank	Drug name	Number of mentions	Percent of total episodes
Decedents 6 to 17 years old			
1	Marijuana/Hashish	32	32.00
2	Heroin/Morphine [1]	20	20.00
3	Cocaine	20	20.00
4	Alcohol-in-combination	13	13.00
Decedents 18 to 25 years old			
1	Cocaine	342	41.55
2	Heroin/Morphine [1]	327	39.73
3	Alcohol-in-combination	300	36.45
4	Marijuana/Hashish	177	21.51
5	Codeine	76	9.23
6	Methamphetamine/Speed	67	8.14
7	PCP/PCP Combinations	50	6.08
8	Diphenhydramine	43	5.22
9	Amphetamine	39	4.74
10	Diazepam	31	3.77
11	Acetaminophen	26	3.16
12	Lidocaine	16	1.94
13	Amitriptyline	16	1.94
14	Quinine	14	1.70
15	Alprazolam	14	1.70
Decedents 26 to 34 years old			
1	Cocaine	1,156	52.79
2	Heroin/Morphine [1]	1,036	47.31
3	Alcohol-in-combination	937	42.79
4	Codeine	252	11.51
5	Marijuana/Hashish	190	8.68
6	Methamphetamine/Speed	149	6.80
7	Diazepam	148	6.76
8	Diphenhydramine	95	4.34
9	Methadone	92	4.20
10	Amphetamine	87	3.97
11	Amitriptyline	75	3.42
12	PCP/PCP Combinations	68	3.11
13	Quinine	66	3.01
14	Lidocaine	63	2.88
15	Acetaminophen	61	2.79
Decedents 35 years of age and older			
1	Heroin/Morphine [1]	2,779	45.85
2	Cocaine	2,665	43.97
3	Alcohol-in-combination	2,349	38.76
4	Codeine	821	13.55
5	Diazepam	476	7.89
6	Methadone	392	6.47
7	Amitriptyline	367	6.06
8	Marijuana/Hashish	322	5.31
9	Diphenhydramine	309	5.10
10	D-Propoxyphene	296	4.88
11	Acetaminophen	272	4.49
12	Methamphetamine/Speed	258	4.26
13	Nortriptyline	252	4.16
14	Quinine	168	2.77
15	Amphetamine	149	2.46

NOTE: Percentages are based on total raw medical examiner drug abuse case counts of 100 decedents 6 to 17 years old, 823 decedents 18 to 25 years old, 2,190 decedents 26 to 34 years old, and 6,061 decedents aged 35 years and older.

[1] Includes opiates not specified as to type.

See general footnotes at end of table.

Source: Office of Applied Studies, SAMHSA, *Drug Abuse Warning Network, Annual Medical Examiner Data 1995*, 1997.

MEDICAL EXAMINER DATA

Table 2.06d - Drugs mentioned most frequently by medical examiners in 1995 according to race/ethnicity of decedent

(Drugs with fewer than 10 mentions are excluded)

Rank	Drug name	Number of mentions	Percent of total episodes
White decedents			
1	Heroin/Morphine [1]	2,383	44.33
2	Alcohol-in-combination	2,066	38.43
3	Cocaine	1,763	32.79
4	Codeine	748	13.91
5	Diazepam	544	10.12
6	Marijuana/Hashish	430	8.00
7	Methamphetamine/Speed	375	6.98
8	Amitriptyline	338	6.29
9	Diphenhydramine	330	6.14
10	D-Propoxyphene	310	5.77
11	Acetaminophen	290	5.39
12	Methadone	270	5.02
13	Nortriptyline	237	4.41
14	Amphetamine	213	3.96
15	Unspec Benzodiazepine	143	2.66
Black decedents			
1	Cocaine	1,782	69.64
2	Heroin/Morphine [1]	1,120	43.77
3	Alcohol-in-combination	954	37.28
4	Codeine	256	10.00
5	Marijuana/Hashish	183	7.15
6	Quinine	142	5.55
7	Methadone	139	5.43
8	Lidocaine	96	3.75
9	Diphenhydramine	81	3.17
10	Diazepam	80	3.13
11	PCP/PCP Combinations	78	3.05
12	Amitriptyline	76	2.97
13	Acetaminophen	55	2.15
14	Nortriptyline	55	2.15
15	Doxepin	32	1.25
Hispanic decedents			
1	Heroin/Morphine [1]	607	55.89
2	Cocaine	598	55.06
3	Alcohol-in-combination	524	48.25
4	Codeine	140	12.89
5	Marijuana/Hashish	82	7.55
6	Methadone	80	7.37
7	Methamphetamine/Speed	75	6.91
8	Amphetamine	48	4.42
9	Amitriptyline	43	3.96
10	PCP/PCP Combinations	41	3.78
11	Lidocaine	39	3.59
12	Diphenhydramine	31	2.85
13	Diazepam	25	2.30
14	Nortriptyline	25	2.30
15	D-Propoxyphene	17	1.57

NOTE: Percentages are based on total raw medical examiner drug abuse case counts of 5,376 white decedents, 2,559 black decedents, and 1,086 Hispanic decedents.

[1] Includes opiates not specified as to type.

See general footnotes at end of table.

Source: Office of Applied Studies, SAMHSA, *Drug Abuse Warning Network, Annual Medical Examiner Data 1995*, 1997.

MEDICAL EXAMINER DATA

Table 2.06e - Drugs mentioned most frequently by medical examiners in 1995 according to gender of decedent

(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
Male decedents				**Female decedents**			
1	Heroin/Morphine [1]	3,485	49.75	1	Cocaine	837	38.64
2	Cocaine	3,346	47.77	2	Heroin/Morphine [1]	675	31.16
3	Alcohol-in-combination	2,957	42.21	3	Alcohol-in-combination	641	29.59
4	Codeine	909	12.98	4	Codeine	245	11.31
5	Marijuana/Hashish	617	8.81	5	Amitriptyline	210	9.70
6	Diazepam	478	6.82	6	Diazepam	178	8.22
7	Methamphetamine/Speed	394	5.62	7	Diphenhydramine	171	7.89
8	Methadone	336	4.80	8	Methadone	158	7.29
9	Diphenhydramine	285	4.07	9	Nortriptyline	149	6.88
10	Amitriptyline	249	3.55	10	Acetaminophen	145	6.83
11	Amphetamine	226	3.23	11	D-Propoxyphene	142	6.56
12	D-Propoxyphene	222	3.17	12	Marijuana/Hashish	101	4.66
13	Quinine	220	3.14	13	Methamphetamine/Speed	94	4.34
14	Acetaminophen	215	3.07	14	Fluoxetine	69	3.19
15	Lidocaine	175	2.50	15	Doxepin	67	3.09

[1] Includes opiates not specified as to type.

NOTES: Percentages are based on raw medical examiner drug abuse case counts of 7,005 male decedents and 2,166 female decedents.

In using this table the reader should be aware that individual drugs are frequently mentioned in combination with other drugs and that the population at risk of an adverse consequence relating to the abuse of any particular drug is unknown, i.e., the number of people abusing a particular substance, either alone or in any combination, is unknown. Thus the relative frequency of mentions of any drug pertains only to the DAWN system and not to the larger population at risk.

The drug categories represented in this table are more detailed than those in other tables in this report. Specifically, codeine combination drugs and individual inhalants are listed separately in this table but are grouped in aggregate categories in the main tables of this report. Diphenylhydantoin sodium is listed as hydantoin. Also the benzodiazepine category includes benzodiazepines other than alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flurazepam, lorazepam, nitrazepam, oxazepam, prazepam, triazolam, and temazepam.

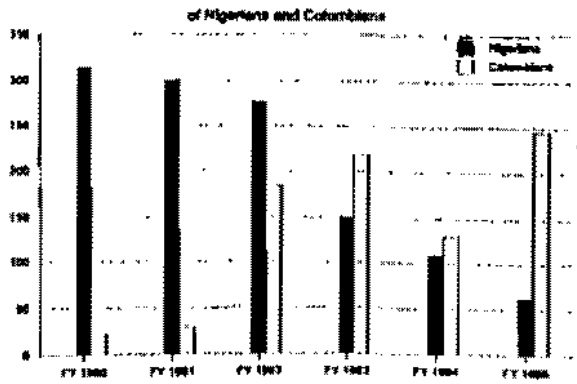
Within the context of the DAWN drug classification scheme, some specific drugs, e.g., certain combination drugs, are not grouped together at the roughly generic level reflected in most of the tables in this report. Some of these "ungrouped" drugs were reported frequently enough to meet the criteria for inclusion in this table but are not shown. These drugs, however, are included in the other tables in this report under the categories of "other/unspecified" drugs within therapeutic classes or under "all other drugs," as appropriate.

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

Drug Enforcement Administration
FY 1995 Annual Statistical Report

Executive Summary

DEA Domestic Arrests of Foreign Nationals In Heroin Investigations



During FY 1995, 10% of the individuals arrested in DEA domestic heroin investigations were Colombian nationals.

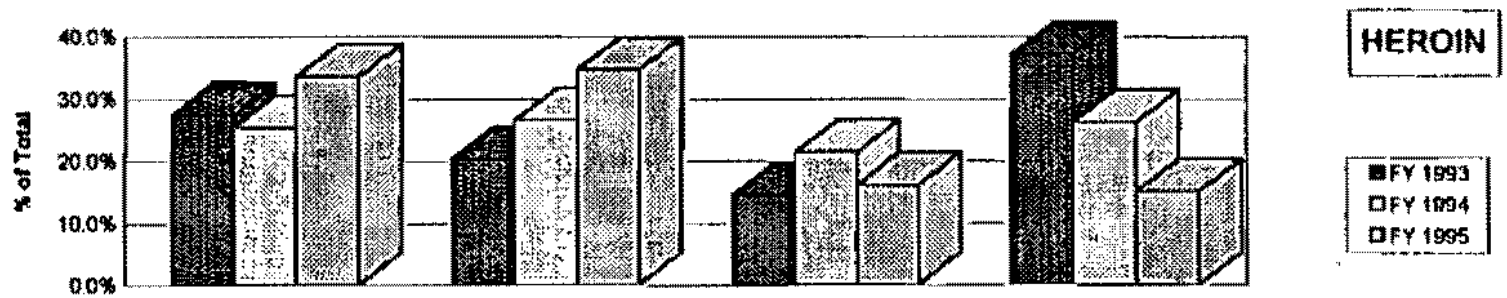
Arrests of foreign nationals by DEA have been an almost constant one-quarter of total domestic arrests in each of the last six fiscal years. When viewed by specific country of citizenship, however, there are several exceptions to that stable trend. For example, since FY 1993, arrests of Nigerians for heroin trafficking have decreased significantly. Also, while arrests of Colombians have been a constant five percent of total domestic arrests for the past six years, the number arrested in heroin cases increased almost tenfold during that time period.

The decrease in arrests of Nigerians in heroin cases noted since FY 1993 reflects the increasing sophistication of these trafficking groups. Nigerian trafficking groups smuggle heroin from Southeast Asia and, to a lesser extent, Southwest Asia into the United States, and primarily use couriers who travel aboard commercial airlines. They have developed various methods of evading law enforcement airport interdiction teams: by using couriers of different nationalities and races, by varying ports of both embarcation and arrival, and by using a series of couriers for individual heroin shipments. The increase in arrests of Colombians in heroin cases reflects the significant increase in heroin trafficking from South America, specifically Colombia. South American heroin is typically transported into the United States by couriers who travel via commercial airlines into Miami and New York international airports. While Colombian trafficking groups have been attempting to evade law enforcement airport interdiction teams, primarily by traveling through countries in Central America and the Caribbean, they have not yet employed the evasion techniques used by the Nigerian trafficking groups.

Source: US Department of Justice, Drug Enforcement Administration, *FY 1995 Annual Statistical Report*, January 1996

DRUG ENFORCEMENT ADMINISTRATION
DOMESTIC HEROIN SEIZURE SIZE DISTRIBUTION

HEROIN	FY 1993			FY 1994			FY 1995		
SEIZURE SIZE	NO OF SEIZURES	TOTAL AMOUNT (KGS)	% OF TOTAL	NO OF SEIZURES	TOTAL AMOUNT (KGS)	% OF TOTAL	NO OF SEIZURES	TOTAL AMOUNT (KGS)	% OF TOTAL
ABOVE 10 KG	6	252.8	37.1%	4	112.7	26.2%	3	76.6	15.1%
KG-3 TO 9	20	99.4	14.6%	17	92.7	21.5%	19	82.1	16.2%
KG-1 TO 2	91	139.2	20.4%	73	114.5	26.6%	109	175.1	34.7%
GMS-500 TO 999	159	116.9	17.1%	100	70.5	16.3%	155	115.2	22.8%
GMS-100 TO 499	236	67.0	9.8%	133	35.3	8.2%	189	50.6	10.0%
BELOW 99 GMS	228	4.5	0.6%	213	4.2	0.9%	270	4.5	0.8%
TOTAL	740	680.1	100.0%	540	430.1	100.0%	745	504.2	100.0%



Seizure Size	< 1 KG	1-2 KG	3-9 KG	> 10 KG
FY 1993	27.5%	20.4%	14.6%	37.1%
FY 1994	25.4%	26.6%	21.5%	26.2%
FY 1995	33.6%	34.7%	16.2%	15.1%

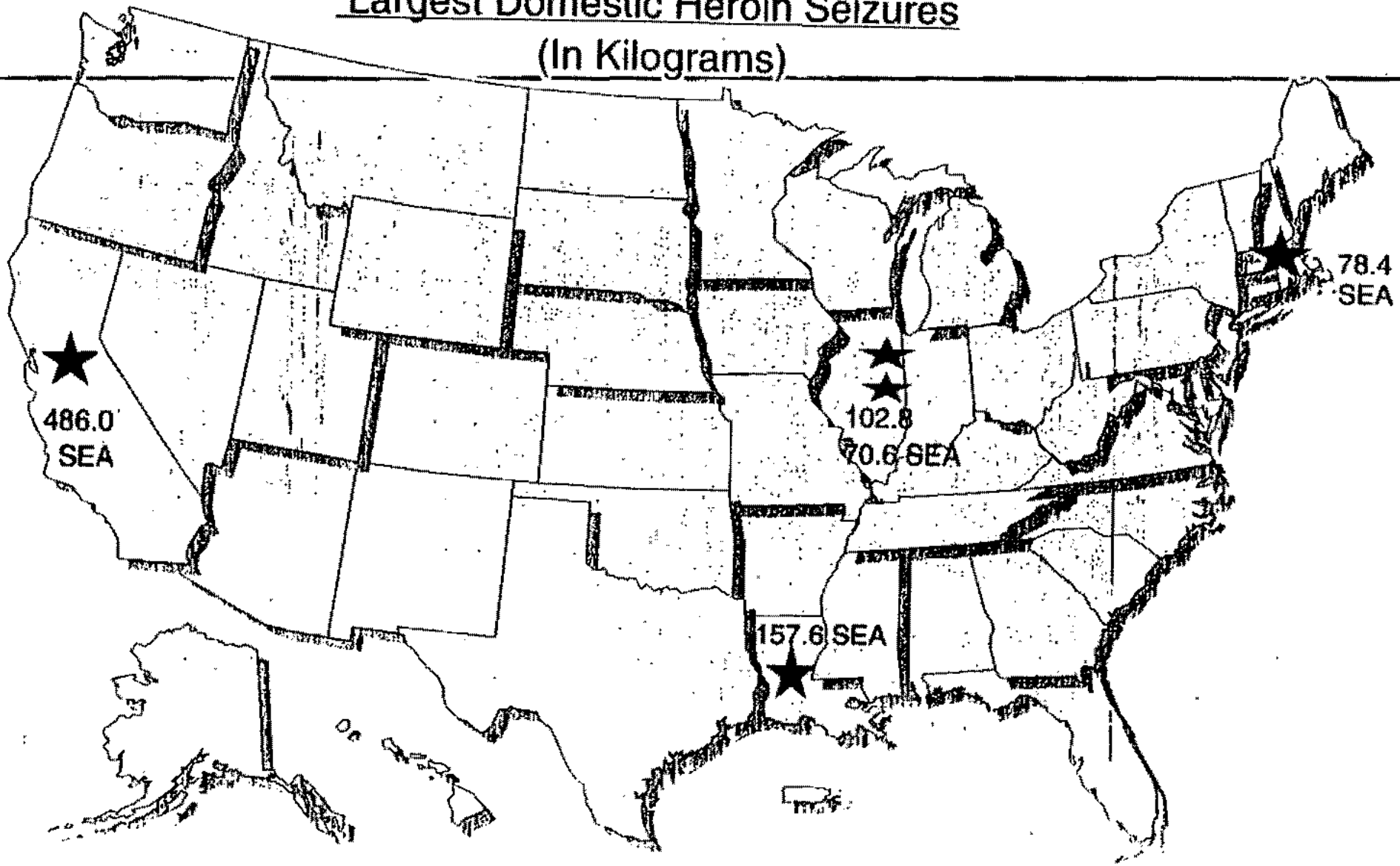
SOURCE: STRIDE

Source: US Department of Justice, Drug Enforcement Administration, *FY 1995 Annual Statistical Report*, January 1996

Drug Enforcement Administration

Largest Domestic Heroin Seizures

(In Kilograms)



DATE	LOCATION	LBS	AVG. POTENCY
05-20-91	OAKLAND, CA	1,071	87.0%
08-23-93	ST. ROSE, LA	347	72.9%
05-25-88	CHICAGO, IL	226	1.2%
08-31-88	BOSTON, MA	172	88.0%
02-10-88	CHICAGO, IL	155	85.4%

Source: US Department of Justice, Drug Enforcement Administration, *FY 1995 Annual Statistical Report*, January 1996

DRUG ENFORCEMENT ADMINISTRATION
DOMESTIC RECORD HEROIN REMOVALS
FY 1995

NUMBER	DATE	LOCATION	KGS.	LBS.	PURITY %
1	APR 10, 1995	TACOMA, WASHINGTON	55.4	122	82.0
2	JUN 20, 1995	BANGKOK, THAILAND	10.7	23	90.0
3	OCT 18, 1994	JOHANNESBURG, S. AFRICA	10.4	22	86.0
4	NOV 30, 1994 *	MIAMI, FLORIDA	7.1	15	--
5	JAN 11, 1995	BALTIMORE, MARYLAND	6.4	14	78.0

FY 1988 - FY 1995

NUMBER	DATE	LOCATION	KGS.	LBS.	PURITY %
1	MAY 20, 1991	OAKLAND, CALIFORNIA	486.0	1,071	87.0
2	AUG 23, 1993	SAINT ROSE, LOUISIANA	157.6	347	72.9
3	MAY 25, 1988	CHICAGO, ILLINOIS	102.8	226	1.2
4	AUG 31, 1988	BOSTON, MASSACHUSETTS	78.4	172	88.0
5	FEB 10, 1988	CHICAGO, ILLINOIS	70.6	155	85.4
6	DEC 14, 1987	N.Y. - J.F.K. INTL AIRPORT	70.0	154	89.9
7	JUL 09, 1994	SEATTLE, WASHINGTON	67.0	147	77.0
8	DEC 21, 1989	LONG BEACH, CALIFORNIA	55.7	122	77.0
9	APR 10, 1995	TACOMA, WASHINGTON	55.4	122	82.0
10	OCT 26, 1989	CHICAGO, ILLINOIS	44.8	98	83.0

SOURCES: STRIDE (NET WEIGHT)
*INFORMATION ONLY DEA-7 (GROSS WEIGHT)
NOTE: ALL SEIZURES WERE MADE IN DEA DOMESTIC CASES

Source: US Department of Justice, Drug Enforcement Administration, *FY 1995 Annual Statistical Report*, January 1996.

HEROIN MONITORING AND ENFORCEMENT PROGRAMS

Heroin Signature Program

Patrick O'Dea, Intelligence Research Specialist
Strategic Intelligence Section
Drug Enforcement Administration

How the HSP Works

The primary objective of the Heroin Signature Program (HSP) is to enhance DEA's ability to estimate what percentage of the heroin seized in the United States originates from each of the four major source areas, i.e., Mexico, South America, Southeast Asia, and Southwest Asia. The program relies upon laboratory analysis of heroin samples seized throughout the country to identify and quantify chemical characteristics and constituents associated with heroin from each of the major source areas. Each year, through the HSP, DEA performs an in-depth chemical analysis of from 600 to 900 samples taken from heroin seizures and purchases made in the United States. The samples selected for signature analysis include all DEA seizures at U.S. points of entry and other seizures/purchases selected at random from DEA, Federal Bureau of Investigation, and U.S. Customs Service investigations. As a result of signature analysis, DEA chemists are able to associate the heroin sample with a heroin manufacturing process unique to a particular geographic source area. The proportion of heroin associated with each geographic area is measured in terms of the net weight of heroin seized from each geographic source area. During 1995, for example, more than 860 samples from heroin seizures underwent signature analysis at DEA's Special Testing and Research Laboratory.

The origins of heroin seized in the United States and the proportion from each source area are tracked annually through the HSP. Because the HSP results are based on seizure data, fluctuations from year to year in the proportion from each source area may reflect shifting drug law enforcement priorities and significant seizures, as well as changing trafficking patterns. In addition, large seizures of heroin from one source area may boost that source area's representation in the HSP; for that reason, the HSP results are not representative of the actual amount of heroin available in the United States from each source area. Therefore, it must be stressed that no single indicator should be used to draw definitive conclusions.

1995 HSP Results

According to the 1995 HSP results, (the latest year for which data are available) South America, for the first time ever, was the predominant source area for heroin seized in the United States, accounting for 62 percent of the total net weight of heroin analyzed in the HSP. Southeast Asian heroin accounted for 17 percent. Southwest Asian heroin accounted for 16 percent, and Mexican heroin accounted for 5 percent.

South American Heroin

Since the development of a South American signature in July 1993, the proportion of heroin seized from this source area has doubled each year--from 15 percent in 1993, to 32 percent in 1994, and to 62 percent in 1995. The high proportion of South American heroin seized in 1995 reflects both the smuggling tactics of Colombian traffickers and the high success rate of airport interdiction programs in New York City and Miami. These programs target drug couriers attempting to pass through the most significant U.S. entry points used by Colombian trafficking organizations. Colombian traffickers send hundreds of heroin couriers aboard commercial airlines into New York City's JFK International Airport and Miami's International Airport. (Reporting indicates that a substantial proportion of the South American heroin seized at Miami's International Airport is destined for distribution in the northeastern United States.) Although each courier carries an average of slightly less than 1 kilogram, the amount of heroin seized is significant because of the number of couriers sent to the United States. In fact, the number of samples of South American heroin seized at U.S. airports was nearly half of all of the samples analyzed in the HSP in 1995, causing the representation of South American heroin in the HSP to double from the previous year.

Southeast Asian Heroin

Southeast Asian heroin representation in the HSP is typically at its highest in years when multihundred kilogram quantities of the drug are seized domestically. In 1991, for example, when Southeast Asian heroin represented 88 percent of the heroin seized in the United States, a 486-kilogram shipment of Southeast Asian heroin was confiscated in California. In 1992, there were no bulk seizures of Southeast Asian heroin domestically and the proportion of Southeast Asian heroin seized dropped to 58 percent. In 1993, the increase in the proportion of Southeast Asian heroin to 68 percent was attributable to a 170-kilogram seizure in New Orleans.

Source: U.S. Department of Justice, Drug Enforcement Administration, *Heroin: It Never Went Away, the National Heroin Conference, February 1997.*

In 1994, while several bulk seizures of Southeast Asian heroin were made abroad, there were no domestic seizures more than 100 kilograms. As a result, the proportion of Southeast Asian heroin decreased to 57 percent during that year. In 1995, several factors caused the representation of Southeast Asian heroin to decline significantly. These included the large number of seizures of South American heroin, the large single seizure of Southwest Asian heroin, and the fact that the largest domestic seizure of Southeast Asian heroin analyzed in the HSP in 1995 weighed only 13 kilograms.

Southwest Asian Heroin

The single seizure of approximately 70 kilograms of Southwest Asian heroin in December 1995 caused the representation of Southwest Asian heroin in the HSP to rise to 16 percent. Excluding this seizure, the representation was approximately 6 percent, unchanged from the previous year. While Southwest Asian heroin continues to be smuggled into the United States, its distribution appears to be limited to ethnic communities in a handful of cities, including Chicago, Detroit, Los Angeles, and New York City. Most Southwest Asian heroin traffickers sell heroin on the European market, which is easily accessible to them, rather than in the United States. Southwest Asian heroin, which is generally lower in purity than Southeast Asian and South American heroin, would be particularly difficult to market in the Northeastern United States, where retail purity is at or near record-high levels.

Mexican Heroin

Mexico is the predominant source area for heroin available throughout the western half of the United States. However, Mexican heroin representation in the HSP has been inordinately low over the past seven years. This is due to the relatively low number and weight of seizures of Mexican heroin made domestically. The average weight of Mexican heroin seizures analyzed in the HSP was approximately 300 grams, less than half the average weight of seizures from any other source area. This is a reflection of the smuggling patterns employed by traffickers of Mexican heroin. Mexico's extended land border with the United States affords Mexican heroin traffickers an advantage over other trafficking organizations. These traffickers minimize the risk of losing significant amounts to U.S. drug law enforcement authorities by stockpiling multi-kilogram quantities of heroin in Mexico and then smuggling smaller amounts across the border as transactions in the United States are arranged.

Purity

The purity of heroin exhibits sampled in the HSP is consistent with other indicators of domestic heroin purity. South American heroin purity is the highest among all source areas, with an average purity of more than 80 percent. This reflects the aggressive marketing tactics employed by Colombian heroin traffickers in an effort to gain a share of the lucrative heroin market in northeastern U.S. cities. In these areas, South American heroin must compete with high-purity Southeast Asian heroin, which averaged close to 70 percent in the HSP. Southwest Asian and Mexican heroin samples consistently lag behind in purity, averaging 59 percent and 43 percent, respectively, in the HSP.

Conclusion

Caution should be used when assessing the domestic heroin situation based solely upon an analysis of the HSP results. The program is limited to the analysis of heroin seizures and these seizures make up only a small portion of the total volume of heroin entering the United States. The drug is smuggled into the country in relatively small amounts, oftentimes by highly sophisticated trafficking organizations, thereby hindering interdiction efforts. Conversely, use of unsophisticated smuggling techniques generally results in higher success for interdiction efforts. For example, the predominance of heroin from South America in the HSP is not a surprising development, given the fact that every heroin seizure at a domestic airport is included in the program, and that this is the primary method used to smuggle South American heroin into the United States. The 1995 HSP results show clearly that South American heroin is transported in relatively small amounts by a large number of couriers and that airport interdiction teams are very effective in interdicting these couriers. Perhaps, most importantly, the HSP indicates that traffickers are continuing to increase the amount of South American heroin being smuggled into the northeastern United States. From all indications, this trend is expected to continue and represents yet another shift in the heroin trade.

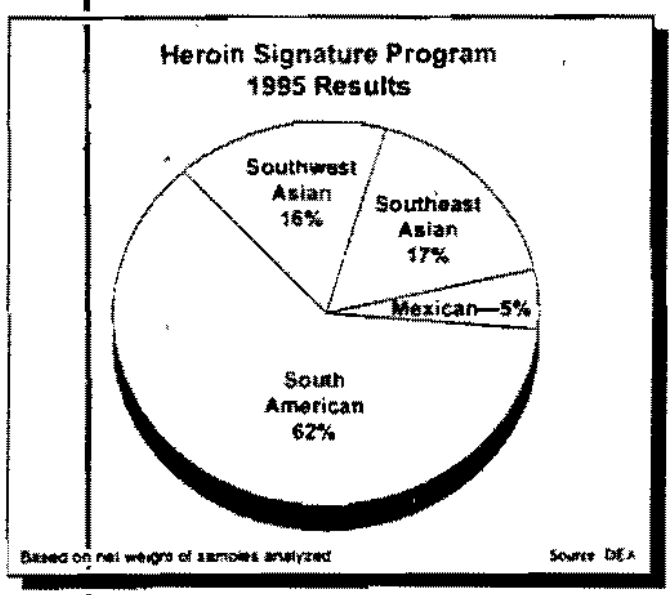
The HSP results showing the dramatic rise in the representation of South American heroin is tracked by investigative intelligence indicating that availability of South American heroin in the eastern United States has increased sharply. State and local law enforcement agencies likewise report the increased presence of South American heroin. Prior to 1995, Southeast Asia was the predominant source area for nearly a decade for

Source: U.S. Department of Justice, Drug Enforcement Administration, *Heroin: It Never Went Away, the National Heroin Conference, February 1997.*

heroin seized in the United States. Most of the world's supply of heroin is produced in Southeast Asia and the primary smugglers of this heroin are among the most sophisticated criminal organizations in the world--capable of delivering nearly 500 kilograms of heroin to the United States in a single shipment. Therefore, absent any indication that these traffickers have ceased trafficking operations, the fact that no such significant seizure was made during 1995 is troubling. However, law enforcement efforts and other developments in Southeast Asia may have disrupted the flow of Southeast Asian heroin to the United States.

All available information sources indicate that the primary market for Southwest Asian heroin is in Europe. However, the HSP shows that heroin from this source area is shipped to the United States, occasionally in large quantities. However, single shipments of Southwest Asian heroin tend to obscure the fact that there have been very few seizures of Southwest Asian heroin over the past several years.

Other intelligence indicators show that Mexico is the predominant source area for heroin sold throughout the western United States. The low representation of Mexican heroin in the HSP most likely is due to the smuggling methods employed by Mexican heroin traffickers which are difficult to interdict.



Domestic Monitor Program

Patrick O'Dea, Intelligence Research Specialist
Strategic Intelligence Section
Drug Enforcement Administration

The Domestic Monitor Program (DMP) is a Special Field Intelligence Program designed to monitor retail-level heroin trends, including price, purity, and source of origin within the United States. The program measures purity level and current price of retail drugs sold in a specific area. Together with the Heroin Signature Program (HSP), the DMP is utilized to supplement the information developed through investigations of drug production and seizure data in the formulation of a comprehensive assessment of heroin trafficking trends.

How the DMP Works

The DMP is a retail-level heroin purchase program designed to provide data on the purity, price, and origin of heroin available in the major metropolitan areas of the United States. Each quarter, the Intelligence Division's Special Field Intelligence Program provides funding for the undercover purchases of retail-level heroin in 22 metropolitan cities. Currently, the participating cities are: Atlanta, Baltimore, Boston, Chicago, Dallas, Denver, Detroit, Houston, Los Angeles, Miami, Newark, New Orleans, New York, Orlando, Philadelphia, Phoenix, San Diego, San Francisco, San Juan, Seattle, St. Louis, and Washington, D.C. Ten purchases are made in each city in each quarter, with the exception of New York City, where 20 purchases are made per quarter, totaling approximately 800 purchases each year. These purchases are made in different neighborhoods of each city and are spread out chronologically throughout the year in order to obtain objective results regarding the retail-level heroin situation. Each heroin purchase subsequently undergoes chemical analysis to determine the purity, and, if possible, the geographic source area of the heroin.

In addition to providing information allowing law enforcement and intelligence officials to identify trends in the retail-level heroin situation in the United States, the DMP also can be used as an effective training tool, as well as a method to develop additional Cooperating Sources (CSs). Moreover, the DMP can be used to advance investigations by developing intelligence about the heroin being distributed by a targeted organization. The DMP can be a valuable mechanism for introducing CSs and undercover agents as buyers to these organizations. The DMP has also proved valuable in tracking dangerous and/or unusual adulterants and diluents in retail-level heroin, such as scopolamine.

Source: U.S. Department of Justice, Drug Enforcement Administration, *Heroin: It Never Went Away, the National Heroin Conference, February 1997.*

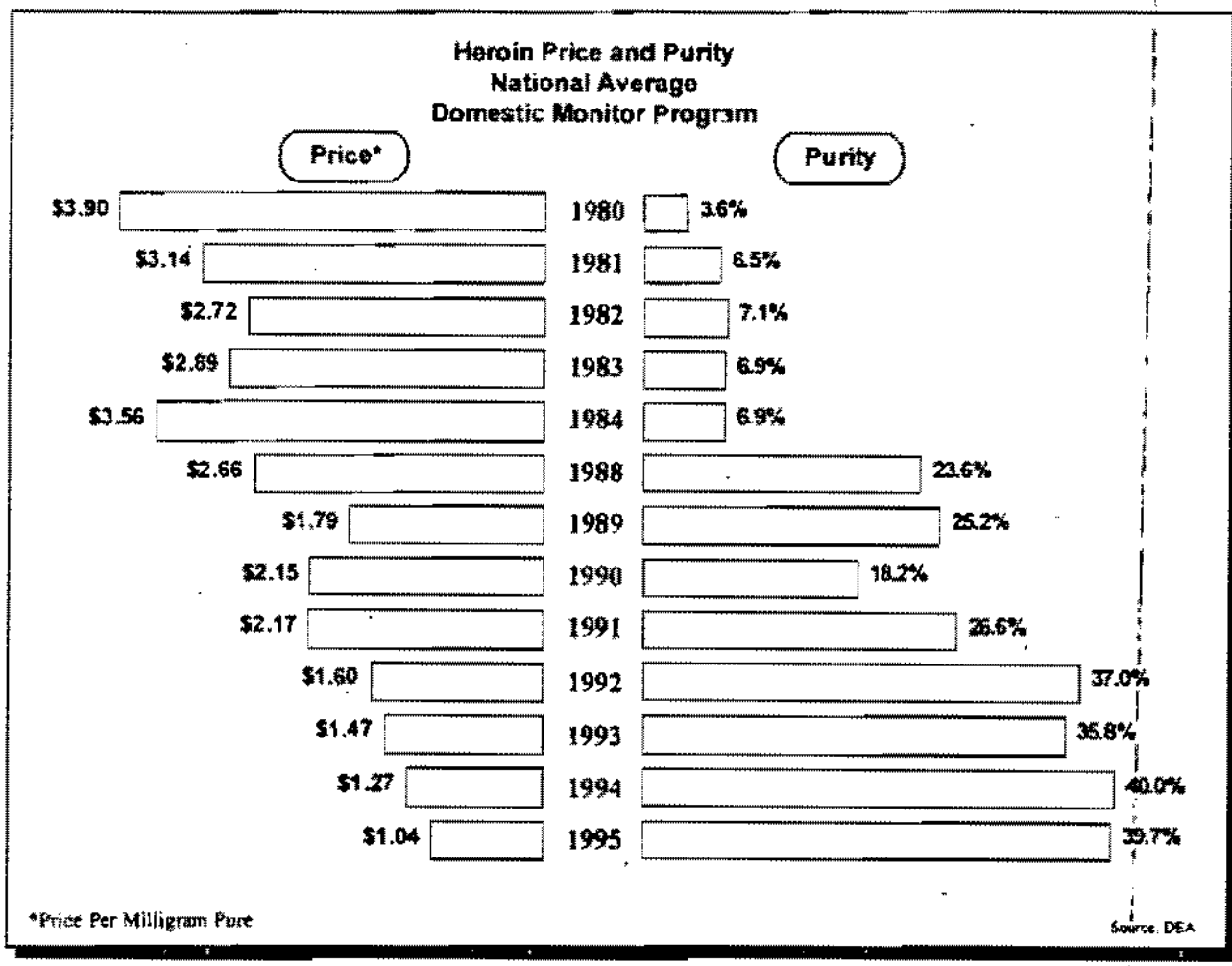
DMP Results: 1990 - 1995

According to the DMP, the average retail-level purity of heroin has increased dramatically nationwide, more than doubling between 1990 and 1995. The retail-level purity of heroin purchased under the auspices of the DMP averaged approximately 40 percent during 1994 and 1995, a dramatic increase from the average purity level of 7 percent reported in 1984. Purity at the street level is generally highest in the Northeast, where a large percentage of the nation's user population lives. This increase in purity is directly attributable to the influx of high-purity heroin, not only from Southeast Asia, but increasingly from South America as well. Nationwide, the purity levels of Southeast Asian and South American heroin rank highest at both the wholesale level and the retail level. The decrease in the price per milligram pure of heroin measured by the DMP is the direct result of the increase in purity. While the standard purchase price at the retail level has remained constant over the past two decades--roughly $10 or $20 per bag of heroin, the amount of pure heroin in each bag has increased approximately ten-fold.

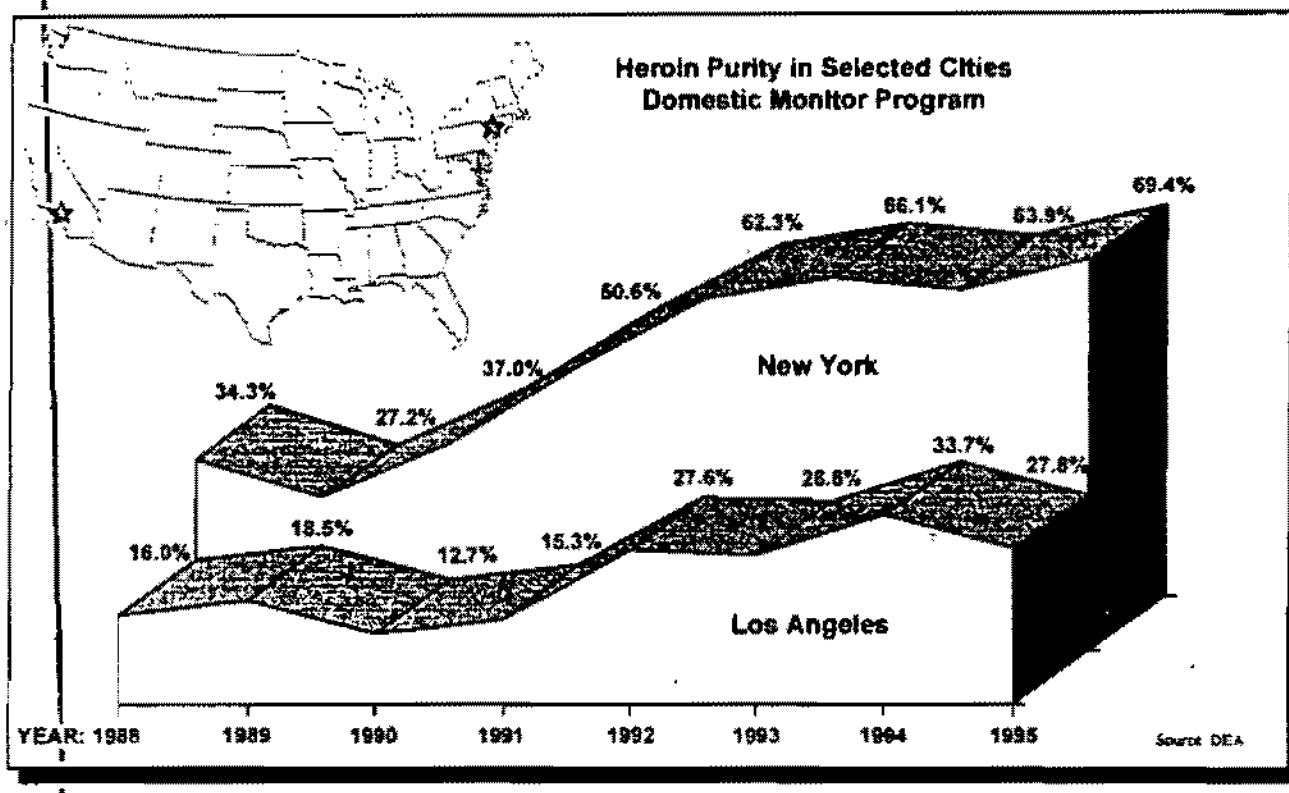
Conclusion

Since its inception in 1979, the DMP has proven to be a valuable indicator for detecting trends in retail level heroin. For example, in the early to mid-1980s, the DMP documented the increasing availability of Southeast Asian heroin at the retail level in a number of U.S. cities. More recently, data from the DMP have revealed significant increases in the amount of South American heroin available at the retail level, particularly in the metropolitan areas of the northeastern United States. In both instances, the DMP data, when combined with investigative intelligence and other indicators, provided DEA managers with information essential in determining how to most efficiently allocate DEA resources, as well as for formulating and establishing an overall heroin strategy.

DEA is not the only agency that depends on the DMP for heroin trend information. Other federal agencies involved in the anti-drug effort, and many state and local law enforcement agencies, look to DEA for this information.



Source: U.S. Department of Justice, Drug Enforcement Administration, *Heroin: It Never Went Away, the National Heroin Conference February 199*



Heroin Brand Name Program

Ava Cooper-Davis, Group Supervisor
New York Field Division, Group D-52
Drug Enforcement Administration

The New York Field Division has been monitoring the distribution of heroin in the metropolitan New York area and the proclivity of many organizations to identify their particular brand of heroin by stamping a brand name on the glassine envelopes containing the heroin. The utilization of a brand name allows the organization to package its product in a manner clearly designed to facilitate market loyalty and discourage competitors from infringing on their customers.

Virtually all retail-level heroin sold in New York City is done by organizations that utilize this brand name concept. By developing a loyal customer base, the organization can increase its market share and ensure greater profits. Examples of common brand names found on the streets of New York City are being found in upstate communities as well, highlighting the scope of the current heroin problem affecting New York and the rest of the country.

Representatives from the New York Field Division presented verbal and graphic illustrations to conference attendees outlining the various forms of brand names currently being utilized in New York.

A general discussion was held concerning the targeting of these heroin organizations and their operations both in the New York City area and in upstate New York. As with any investigation, the success of these operations is directly related to cooperative, investigative tactics involving federal, state and local law enforcement agencies.

Two recent investigations, one involving the Albany Resident Office of DEA and the Amsterdam, New York Police Department, and the other a joint investigation by DEA, New York State Police, Broome County Sheriffs Department, Binghamton Police Department, and the Johnson City Police Department, produced outstanding results. In both cases, the cooperative effort led to numerous arrests of heroin dealers who were operating both in the metropolitan downstate area and upstate communities as well. The same brand name heroin was being sold in both areas.

Understanding the marketing techniques used by heroin distribution organizations can be a useful tool in conducting criminal investigations.

Source: U.S. Department of Justice, Drug Enforcement Administration, *Heroin: It Never Went Away, the National Heroin Conference*, February 1997.

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.

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.

In the majority of sites, overall drug use increased, and in all but two sites (New Orleans and San Antonio), the rate was more than 50 percent. Even with cocaine use slowing down in many sites, the decrease was offset by increased use of marijuana, amphetamines, and, to a lesser degree, opiates.

Drug Use Among the Youngest Female Arrestees

- Decreases in cocaine use for the youngest female arrestees were less dramatic than in the previous year.

While several sites reported sharp declines in cocaine positives consistent with the previous year (percentages in Birmingham, Dallas, and Denver decreased by 12 to 16 points), percentages increased in 10 sites. The most notable increases in cocaine test positive percentages among the youngest females were in St. Louis (17 points), Ft. Lauderdale (8 points), and Portland and Washington, D.C. (6 points). Again, because of small numbers of respondents in these categories the percentage changes should be interpreted cautiously.

- Female arrestees under age 21 had the highest percentage of marijuana positives among adult females.

In every site, marijuana positives among the youngest female arrestees were more than 20 percent, with dramatic increases over 1995 in a few sites. In St. Louis, the rate for this population went from 26 to 50 percent, in Portland from 15 to 30 percent, in Cleveland from 18 to 47 percent, in Birmingham from 18 to 43 percent, and in Atlanta from 10 to 49 percent.

Use of Opiates:

- Prevalence of opiate use varied considerably across sites for the youngest female arrestees.

Although nine sites showed rates of less than 1 percent for opiate use among this group, in some sites high rates were found even among the youngest female arrestees. In Manhattan, Philadelphia, and Portland, the numbers were at 15 percent or greater. In each of these sites, the percentage represented an increase over 1995.

Drug Use Among Male Juvenile Arrestees/Detainees

Interviews and urine tests were conducted with 4,145 boys in 12 sites in 1996.

- Marijuana use rose sharply and cocaine use was up slightly among male juveniles.

Drug use among boys was greater in every site but one (in San Diego rates held steady), with increases of 10 or more percentage points in 8 out of 12 sites. The increase was due mainly to marijuana use. The median marijuana test positive rate for boys was 52 percent in 1996, compared to 41 percent in 1995. Cocaine use, typically low among juvenile males, has fluctuated in recent years and in 1996 took a slight upturn, increasing in the majority of sites. Sites with the highest rates of cocaine use were Cleveland, Los Angeles, Phoenix, and San Antonio, ranging from 10 to 13 percent prevalence. Use of opiates among male juveniles remained very low overall.

Drug Use and School Attendance:

- Overall, cocaine use was much higher for boys out of school than for boys in school, a consistent finding for several years.

Marijuana use rates for boys out of school continued to be higher than for boys in school; however, in three sites (Denver, Los Angeles, and Phoenix), the rates were within 3 percentage points of each other.

The median prevalence rate for marijuana use by boys out of school (61 percent) was lower by 3 points than the median use rate for 15- to 20-year-old male arrestees—the adult group with the highest rates of marijuana use. The median marijuana use rate for boys in school was 48 percent.

Other Drug Use

Use of Methamphetamine:

- While methamphetamine use continued to be detected mainly in Western U.S. DUF sites, test positive rates fell significantly from 1995 levels.

The eight cities (San Diego, Phoenix, San Jose, Portland, Omaha, Los Angeles, Denver, and Dallas) that were cited in the *1995 Drug Use Forecasting Annual Report on Adult and Juvenile Arrestees* as having the highest methamphetamine test positive rates among adult arrestees all reported substantial declines in 1996. In San Diego, adult methamphetamine test positives declined from 37.1 to 29.9 percent; in Phoenix from 21.9 to 12.2 percent; in Portland from 18.7 to 12.4 percent; in San Jose from 18.5 to 14.8 percent; in Omaha from 8.1 to 4.3 percent; in Los Angeles from 7.5 to 7.0 percent; in Denver from 3.8 to 2.2 percent; and in Dallas from 2.7 to 1.3 percent. Only in San Antonio did the percentage of methamphetamine detections increase over 1995, from 1.5 percent to 2.1 percent.

- In keeping with trends of recent years, adult females showed greater methamphetamine use than males.

Females continued to lead males in terms of methamphetamine test positive percentages by 2 to 10 percentage points in most of the Western sites. Only in Denver did a larger fraction of males test positive for methamphetamine than females. The gap between females and males increased between 1995 and 1996 in five Western sites, and declined in three. Far greater numbers of females were arrested on prostitution charges than males, and drug test positive rates were often the highest in this charge category. However, even when female and male methamphetamine use was compared across similar charge categories, females were detected as methamphetamine users more frequently than males.

Defendants convicted

Table 7a. Number of Federal defendants convicted, by offense, 1985-92

Most serious offense of conviction	Number of offenders convicted								
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992	Percent change 1985-92
All offenses	40,924	43,920	44,519	43,552	46,805	47,494	48,946	51,936	27 %
Drug offenses	10,289	11,989	13,428	13,376	15,804	16,310	17,349	18,698	82 %
Drug distribution	7,449	9,163	10,109	10,444	12,530	13,410	14,273	15,133	103
Continuing criminal enterprise	131	111	123	117	144	82	105	105	-20
Importation	841	957	872	815	1,051	1,199	1,484	1,930	129
Manufacture	81	105	119	185	303	318	324	409	349
Possession and other	1,777	1,653	2,205	1,815	1,776	1,301	1,163	1,121	-37
Non-drug offenses									
Violent offenses	2,226	2,192	2,242	2,140	2,182	2,331	2,513	2,919	31 %
Fraudulent property offenses	8,958	10,520	10,443	9,583	9,919	10,127	9,473	10,253	14
Other property offenses	4,316	4,026	3,906	3,854	3,636	3,466	3,705	3,964	-8
Regulatory offenses	2,167	2,010	1,847	1,966	2,032	2,054	2,337	2,179	1
Other public order offenses	12,965	13,183	12,653	12,633	13,232	13,204	13,569	13,922	7

Table 7b. Number of Federal drug defendants convicted, by type of drug, 1985-92

Most serious offense of conviction	Number of offenders convicted								
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992	Percent change 1985-92
All drug offenses	10,289	11,989	13,428	13,376	15,804	16,310	17,349	18,698	82 %
Heroin or cocaine	5,568	7,421	7,817	8,490	10,351	10,897	11,133	11,309	103
Marijuana	3,275	3,159	4,137	3,587	4,117	4,087	4,688	4,948	51
Other *	1,446	1,409	1,474	1,299	1,336	1,326	1,528	2,441	69

* Includes both offenses involving controlled substances other than heroin, cocaine, or marijuana and offenses involving unknown or various combinations of substances.

Table 7c. Percent of Federal defendants convicted, by offense, 1985-92

Most serious offense charged	Percent of defendants convicted							
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992
All offenses	80 %	81 %	81 %	80 %	81 %	81 %	81 %	84 %
Drug offenses	82 %	84 %	85 %	83 %	83 %	84 %	84 %	86 %
Drug distribution	84	86	85	84	84	84	85	86
Continuing criminal enterprise	75	91	95	95	92	90	87	82
Importation	79	80	76	78	81	84	84	89
Manufacture	81	74	85	79	84	86	80	84
Possession and other	72	71	80	76	74	76	72	76
Non-drug offenses								
Violent offenses	83 %	82 %	83 %	83 %	82 %	83 %	82 %	86 %
Fraudulent property offenses	85	86	86	85	87	88	87	89
Other property offenses	78	80	80	80	79	77	76	80
Regulatory offenses	78	76	74	74	78	81	79	81
Other public order offenses	78	76	76	75	76	74	76	80

Table 7d. Percent of Federal drug defendants convicted, by type of drug, 1985-92

Most serious offense charged	Percent of defendants convicted							
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992
All drug offenses	82 %	84 %	85 %	83 %	83 %	84 %	84 %	86 %
Heroin or cocaine	84	86	86	84	85	85	80	83
Marijuana	77	76	82	80	79	81	85	86
Other *	82	84	85	82	83	82	83	87

* Includes both offenses involving controlled substances other than heroin, cocaine, or marijuana and offenses involving unknown or various combinations of substances.

ource: U.S. Department of Justice, Bureau of Justice Statistics, *Federal Drug Case Processing, 1982-91, With Preliminary Data for 1992*, March 994.

Table 10a. Number of convicted Federal offenders sentenced to incarceration, by offense, 1985-92

Most serious offense of conviction	Number of offenders incarcerated								Percent change
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992	1985-92
All offenses	20,605	23,058	23,579	23,450	27,377	28,659	30,555	33,622	63 %
Drug offenses	7,774	9,272	10,196	10,599	13,310	14,091	15,012	16,401	111
Drug distribution	6,106	7,599	8,658	9,231	11,486	12,190	12,862	13,792	126
Continuing criminal enterprise	119	109	121	115	135	80	98	101	-15
Importation	706	797	710	687	931	1,086	1,305	1,735	146
Manufacture	78	83	95	164	284	283	293	358	359
Possession and other	763	684	612	402	474	452	454	415	-46
Non-drug offenses									
Violent offenses	1,807	1,813	1,837	1,733	1,892	2,032	2,260	2,618	45 %
Fraudulent property offenses	3,696	4,416	4,610	4,182	4,401	4,484	4,542	5,039	36
Other property offenses	1,916	1,875	1,624	1,541	1,574	1,421	1,491	1,518	-21
Regulatory offenses	661	688	601	640	747	799	894	856	30
Other public order offenses	4,749	4,994	4,711	4,755	5,453	5,850	6,366	7,169	51

Table 10b. Number of convicted Federal offenders sentenced to incarceration, by type of drug, 1985-92

Most serious offense charged	Number of offenders incarcerated								Percent change
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992	1985-92
All drug offenses	7,774	9,272	10,196	10,599	13,310	14,091	15,012	16,401	111 %
Heroin or cocaine	4,455	6,037	6,490	7,369	9,336	9,874	10,099	10,390	133
Marijuana	2,179	2,144	2,548	2,253	2,880	3,128	3,683	3,984	83
Other *	1,140	1,091	1,158	977	1,094	1,089	1,230	2,027	78

* Includes both offenses involving controlled substances other than heroin, cocaine, or marijuana and offenses involving unknown or various combinations of substances.

Table 10c. Percent of convicted Federal offenders sentenced to incarceration, by offense, 1985-92

Most serious offense of conviction	Percent of offenders incarcerated							
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992
All offenses	50 %	53 %	53 %	54 %	58 %	60 %	62 %	65 %
Drug offenses	76 %	77 %	76 %	79 %	84 %	86 %	87 %	88 %
Drug distribution	82	83	88	88	92	91	90	91
Continuing criminal enterprise	91	96	96	96	94	96	93	96
Importation	84	83	81	84	89	91	89	90
Manufacture	86	79	80	89	94	89	90	88
Possession and other	43	42	28	22	27	35	39	37
Non-drug offenses								
Violent offenses	81 %	83 %	82 %	81 %	87 %	87 %	90 %	90 %
Fraudulent property offenses	41	42	44	44	44	44	48	49
Other property offenses	44	47	42	40	43	41	40	38
Regulatory offenses	31	34	33	33	37	39	38	39
Other public order offenses	37	38	37	39	41	44	47	52

Table 10d. Percent of convicted Federal drug offenders sentenced to incarceration, by type of drug, 1985-92

Most serious offense of conviction	Percent of offenders incarcerated							
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992
All drug offenses	76 %	77 %	78 %	79 %	84 %	86 %	87 %	88 %
Heroin or cocaine	80	81	83	87	90	91	91	92
Marijuana	67	68	62	63	70	77	79	81
Other *	79	77	79	75	82	82	80	83

* Includes both offenses involving controlled substances other than heroin, cocaine, or marijuana and offenses involving unknown or various combinations of substances.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Federal Drug Case Processing, 1982-91, With Preliminary Data for 1992*, March 1994.

Length of imposed sentence

Table 11a. Average length of incarceration sentences (months), by offense, 1985-92

Most serious offense of conviction	Average length of imposed sentence							
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992
All offenses	51 mo	53 mo	55 mo	55 mo	55 mo	57 mo	62 mo	62 mo
Drug offenses	58 mo	62 mo	68 mo	71 mo	75 mo	81 mo	86 mo	82 mo
Drug distribution	59	63	67	73	76	83	87	86
Continuing criminal enterprise	167	204	217	207	232	243	238	189
Importation	55	53	58	56	73	73	78	62
Manufacture	74	83	84	82	94	88	85	75
Possession and other	34	41	48	14	8	15	22	22
Non-drug offenses								
Violent offenses	135 mo	132 mo	126 mo	111 mo	91 mo	89 mo	91 mo	89 mo
Fraudulent property offens	31	33	31	31	26	22	20	19
Other property offenses	37	38	36	33	26	22	25	22
Regulatory offenses	38	47	42	30	24	27	27	35
Other public order offense	29	31	32	31	26	28	39	49

Table 11b. Average length of incarceration sentences (months), by type of drug, 1985-92

Most serious offense of conviction	Average length of imposed sentence							
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992
All drug offenses	58 mo	62 mo	68 mo	71 mo	75 mo	81 mo	86 mo	82 mo
Heroin or cocaine	62	64	72	77	80	89	96	96
Marijuana	46	49	50	47	50	48	51	46
Other *	66	75	80	80	96	97	100	85

* Includes both offenses involving controlled substances other than heroin, cocaine, or marijuana and offenses involving unknown or various combinations of substances.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Federal Drug Case Processing, 1982-91, With Preliminary Data for 1992*, March 1994.

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.

Prior drug use by jail inmates

About 79% 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, 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.

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

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

Prior sentence	All inmates	Most serious current offense: 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	38.6	45.9	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	16.5	17.7
3-5	22.8	19.6	20.8	24.3	26.2
6-10	10.7	7.6	10.2	11.5	14.1
11 or more	6.3	4.4	3.6	8.2	8.7
Number of jail inmates	363,443	84,311	81,818	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.

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%	50.8%	43.9%	46.1%	29.7%	32.9%	27.0%	29.6%
Major drug	55.4%	46.2%	37.4%	30.5%	27.7%	18.8%	17.3%	11.0%	18.2%	12.1%
Cocaine or crack	50.4	38.0	30.7	17.6	23.6	11.6	14.2	6.4	13.7	5.5
Heroin	18.2	22.4	11.4	18.0	7.0	7.9	8.1	5.8	4.6	5.6
LSD	19.6	22.3	6.3	8.5	1.6	3.0	.2	.9	.4	1.3
PCP	13.9	15.6	4.6	6.3	1.7	2.0	.5	1.2	1.3	1.9
Methadone	4.6	6.9	1.8	3.1	.6	.8	.2	.4	.5	.6
Other drug	71.9%	74.5%	49.8%	57.8%	31.3%	41.9%	15.9%	28.2%	12.0%	22.8%
Marijuana	70.7	73.0	47.8	55.0	28.1	38.6	16.8	25.6	8.1	16.8
Amphetamines	22.1	32.6	12.1	18.6	5.4	8.4	3.2	5.1	2.2	4.2
Barbiturates	17.2	27.8	7.2	13.9	3.3	5.8	1.4	2.8	.8	2.9
Methaqualone	14.7	23.0	4.2	8.8	.6	3.6	.2	1.5	.3	1.7
"Tuinal blues"*	11.0	10.0	5.4	5.6	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.

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.

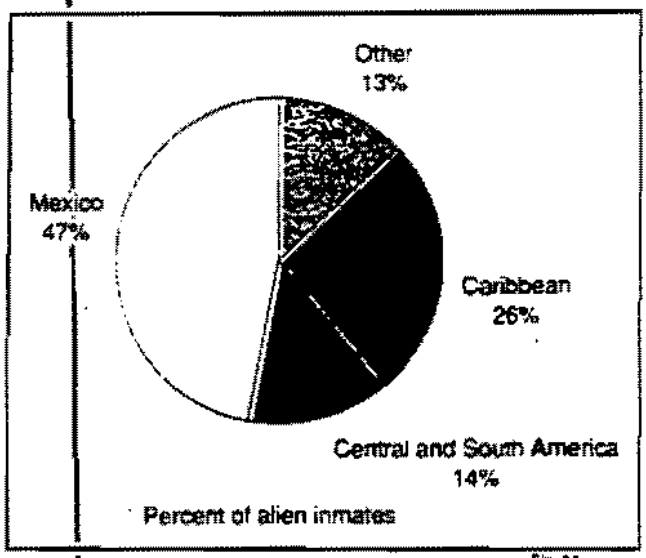


Fig. 11

• 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 57% 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.

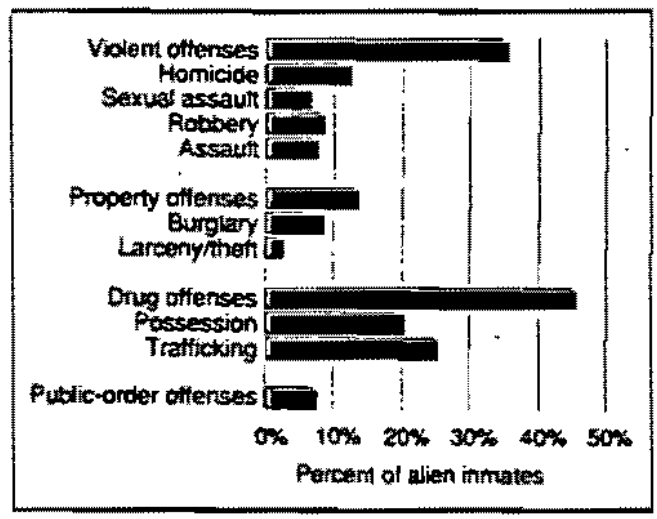


Fig. 13

 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. 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

	Percent of inmates using drugs			
	In the month before the offense		At the time of the offense	
Type of drug	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

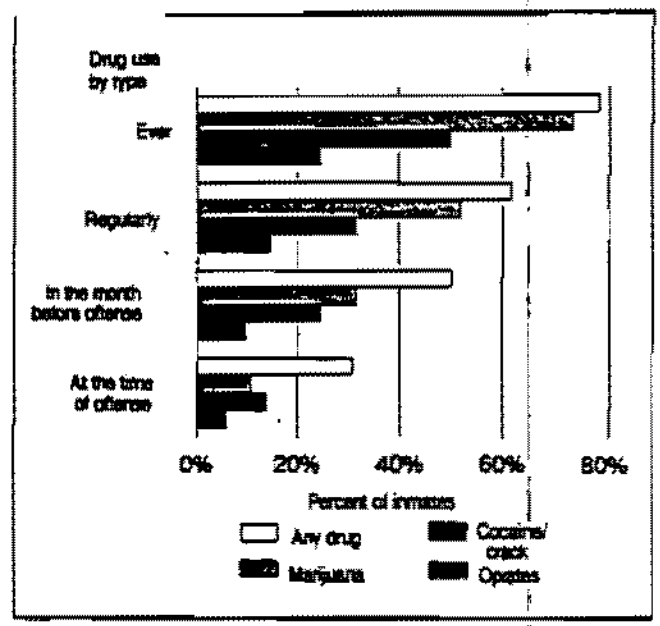


Fig. 47

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.

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	6.6

Fig. 54

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 (6.6%) 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. 55

- 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%	64.6%	14.6%	35.0%	43.2%	54.7%
Homicide	1.9	23.4	1.9	9.5	3.8	10.3
Sexual assault	.8	18.1	.5	6.2	.7	9.4
Robbery	4.5	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	1.6	2.9	5.6	1.6	4.7
Drug offenses	68.7%	21.6%	57.2%	24.5%	31.1%	15.7%
Possession	17.0	6.5	13.1	9.2	6.1	5.5
Trafficking	50.0	14.6	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	8,769	207,500

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	52.6	73.6	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	16.6	29.7	8.3	16.6	3.9	7.4	1.8	2.9
Hallucinogens	14.6	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	2,980	40	940	16,528	1,580	77,690	6,015	100,000	3,026,330
Trafficking	2,436	300	2,770	2,358	40	970	12,515	1,500	82,990	4,420	136,080	3,353,580
Possession	965	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	550	8,090	106	20	470	3,832	1,000	97,650	2,321	200,000	4,587,060
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	1,960	2,513	30	890	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	93,460
Hispanic inmates												
Total[b]	1,314	170	1,060	348	250	2,980	7,257	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	1,880	...	...	...	2,071	3,000	61,490	864	79,000	3,131,660

... 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 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	85.2%
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	92.9

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	32.6%
Barbiturates	225,855	.8	472	34.1
Cocaine	379,970	3.1	712	60.0
Heroin	253,281	1.2	454	38.3
LSD	137,362	.6	275	9.8
Marijuana/hashish	396,993	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	24.3
Other	83,608	1.4	162	60.5
Federal facilities				
Amphetamines	51,874	.2%	55	30.9%
Barbiturates	51,274	.1	54	33.3
Cocaine	55,393	.4	59	59.3
Heroin	45,496	.4	51	31.4
LSD	40,297	.0*	45	4.4
Marijuana/hashish	53,809	1.1%	57	77.2%
Methadone	43,338	.0*	48	6.3
Methamphetamines	49,191	.1	54	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	237,785	1.3	403	39.2
LSD	97,065	.8	230	10.9
Marijuana/hashish	343,184	6.3%	707	79.9%
Methadone	107,387	.8	256	8.0
Methamphetamines	127,109	2.0	273	20.9
Unspecified drug	85,590	1.0	193	26.4
Other	70,768	1.8	148	57.7

Note: Data are for 51 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 8 in 10 facilities testing.

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

Tests had positive outcomes for 8.9% 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	138,121	1.1%	.6%	.4%	5.0%
Barbiturates	125,162	1.0	.6	.3	4.0
Cocaine	233,800	1.4	1.0	1.5	6.0
Heroin	172,284	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*	7.6
Unspecified drug	65,818	1.1	.5	.2	4.8
Other	82,569	1.8	1.2	0	13.6
State community-based					
Amphetamines	66,951	1.0%	.8%	1.4%	.2%
Barbiturates	48,419	.8	.6	1.3	.2
Cocaine	93,777	8.9	9.4	8.9	4.8
Heroin	65,501	2.2	2.4	2.0	0
LSD	26,001	.3	.3	.0*	0
Marijuana/hashish	72,221	8.1%	7.7%	8.6%	6.4%
Methadone	30,580	.2	.2	.0*	0
Methamphetamines	35,036	1.1	1.0	1.2	.2
Unspecified drug	18,772	.7	1.1	.0*	1.5
Other	16,339	.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	1.9	1.0	.5	5.0	.6
Medium	1.2	1.7	1.4	6.6	4.2
Minimum	.5	1.4	.6	4.6	.5
Average daily population					
1-499 inmates	.6	1.4	1.0	6.1	2.4
500-999	.5	.9	.6	4.4	.1
1,000-2,499	.9	1.5	.6	6.9	4.7
2,500 or more	3.8	2.7	3.3	4.6	3.1

Note: Data are from 794 State confinement facilities and 62 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, 0.8% 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	1.0	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	5.8	5.1
Alcohol/drug treatment confinement	1.6	3.0	1.6	7.6	1.2
Youthful offenders	.1	1.5	.5	2.1	0
Work release/pre-release	1.0	7.0	1.8	6.9	1.0
Returned to custody	2.7	3.5	2.9	9.1	6.2
Other	.6	4.3	.6	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%	4.6%	.5%
Body cavity search and clothing exchange	17,444	.5	1.2	.1	2.8	0
Body cavity search	41,497	.3	.5	.3	5.1	.1
Clothing exchange	88,430	.9	1.5	1.4	6.3	.7
Verbal questioning and patdown	23,321	5.6	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	28.4	0
Visitors						
All types	55,414	1.8%	.8%	.7%	3.8%	.5%
Body cavity and belongings searches	23,835	6.0	2.6	2.9	4.4	12.0
Body cavity search	4,067	.0*	.2	.1	2.1	0
Belongings search	193,121	.7	1.6	1.0	6.7	2.9
Verbal questioning and patdown	2,890	0	1.5	.2	6.0	0
Patdown	4,899	.2	.4	.2	9.9	0
Verbal questioning	8,757	.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%	.8%	5.4%	.9%
Verbal questioning and patdown	60,065	1.0	1.2	.6	5.5	.5
Questioning	42,529	.4	.5	1.1	5.3	6.6
Patdown	62,209	.3	1.2	.6	6.6	.0*
Other	60,704	.8	2.1	1.3	5.9	4.8
No reported interdiction activity	44,363	3.1	2.8	2.2	6.6	6.6

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.

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

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[1] Of the 42,136 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[2]	TOTAL	MALE Number	MALE Percent	FEMALE Number	FEMALE 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[3]	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

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[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 Number	U.S. Citizen Percent	Non-U.S. Citizen Number	Non-U.S. Citizen 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 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	74	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	1,742,434.0	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, 6,522 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

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 35

ROLE ADJUSTMENT OF DRUG DEFENDANT BY DRUG TYPE[1]
(October 1, 1995, through September 30, 1996)

		No Role Adjustment		Mitigating Role Adjustment		Aggravating Role Adjustment	
DRUG TYPE	TOTAL	Number	Percent	Number	Percent	Number	Percent
TOTAL	15,799	11,232	71.1	3,184	20.2	1,383	8.8
Powder Cocaine	4,057	2,733	67.4	943	23.2	381	9.4
Crack Cocaine	4,337	3,446	79.5	439	10.1	452	10.4
Heroin	1,555	995	64.0	454	29.2	106	6.8
Marijuana	3,918	2,564	65.4	1,063	27.1	291	7.4
Methamphetamine[2]	1,511	1,138	75.3	246	16.3	127	8.4
LSD	88	79	89.8	8	9.1	1	1.1
Other	333	277	83.2	31	9.3	25	41.5

[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, 1,369 cases were excluded due to incomplete guideline application information and two due to missing 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 36

ACCEPTANCE OF RESPONSIBILITY OF DRUG DEFENDANT BY DRUG TYPE[1]
(October 1, 1995, through September 30, 1996)

		No Acceptance Adjustment		2-level Adjustment		3-level Adjustment	
DRUG TYPE	TOTAL	Number	Percent	Number	Percent	Number	Percent
TOTAL	15,799	2,290	14.5	1,715	10.9	11,794	74.7
Powder Cocaine	4,057	613	15.1	355	8.8	3,089	76.1
Crack Cocaine	4,337	845	19.5	287	6.6	3,205	73.9
Heroin	1,555	146	9.4	141	9.1	1,268	81.5
Marijuana	3,918	398	10.2	683	17.4	2,837	72.4
Methamphetamine[2]	1,511	236	15.6	127	8.4	1,148	76.0
LSD	88	2	2.3	12	13.6	74	84.1
Other	333	50	15.0	110	33.0	173	52.0

[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, 1,369 cases were excluded due to incomplete guideline application information and two due to missing 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 38

DRUG MANDATORY MINIMUM STATUS OF DRUG DEFENDANTS BY DRUG TYPE[1]
(October 1, 1995, through September 30, 1996)

DRUG TYPE	TOTAL	No Drug Mandatory Minimum[2]		Five-Year Drug Mandatory Minimum		Ten-Year Drug Mandatory Minimum[3]	
		Number	Percent	Number	Percent	Number	Percent
TOTAL	**17,165**	**5,842**	**34.0**	**4,958**	**28.9**	**6,365**	**37.1**
Powder Cocaine	**4,471**	1,126	25.2	1,426	31.9	1919	42.9
Crack Cocaine	**4,602**	925	20.1	1,034	22.5	2643	57.4
Heroin	**1,766**	589	33.4	676	38.3	501	28.4
Marijuana	**4,249**	2,440	57.4	1,398	32.9	411	9.7
Methamphetamine[4]	**1,623**	438	27.0	370	22.8	815	50.2
LSD	**93**	19	20.4	37	39.8	37	39.8
Other	**361**	305	84.5	17	4.7	39	10.8

[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, one case was excluded due to missing mandatory minimum information and four due to missing drug type.

[2]Includes 122 cases that had a 12-month or less drug mandatory minimum.

[3]Includes cases that had a ten-year or greater drug mandatory minimum.

[4]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 40

DEPARTURE STATUS OF DRUG DEFENDANTS BY DRUG TYPE[1]
(October 1, 1995, through September 30, 1996)

		Sentenced Within Guideline Range		Substantial Assistance Departure		Other Downward Departure		Upward Departure	
DRUG TYPE	TOTAL	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	16,735	10,038	60.0	5,125	30.6	1,523	9.1	49	0.3
Powder Cocaine	4,320	2,623	60.7	1,372	31.8	317	7.3	8	0.2
Crack Cocaine	4,529	2,725	60.2	1,556	34.4	239	5.3	9	0.2
Heroin	1,697	1,072	63.2	433	25.5	186	11.0	6	0.4
Marijuana	4,147	2,453	59.2	1,055	25.4	620	15.0	19	0.5
Methamphetamine[2]	1,597	895	56.0	570	35.7	125	7.8	7	0.4
LSD	90	41	45.6	39	43.3	10	11.1	0	0.0
Other	355	229	64.5	100	28.2	26	7.3	0	0.0

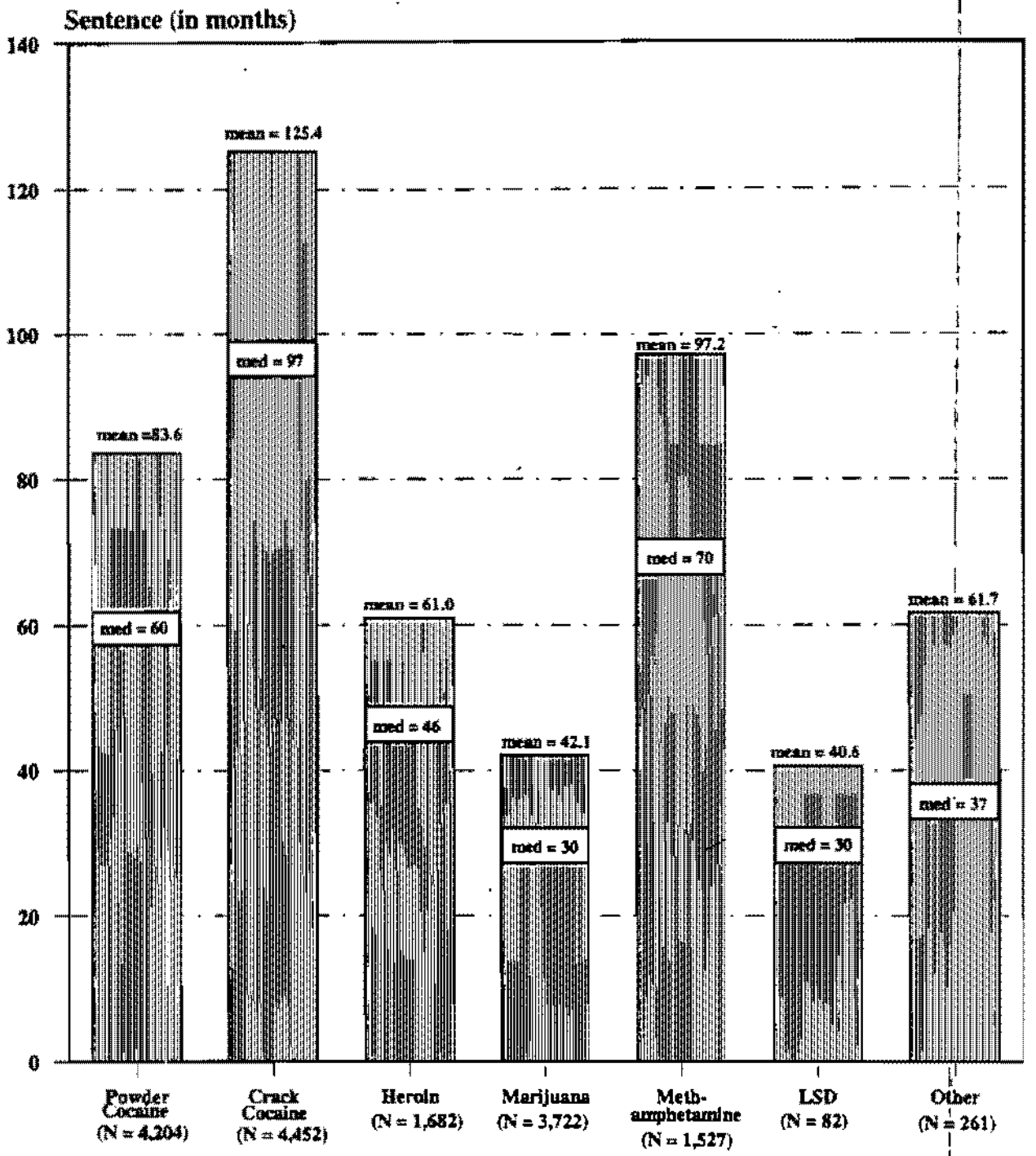
[1]Of the 42,436 cases, 17,267 were sentenced under USSG Chapter Two, Part D (drugs). Of these, 17,170 were sentenced under §§2D1.1 (Drug Trafficking), 2D1.2 (Protected Locations), 2D1.5 (Continuing Criminal Enterprise), 2D1.8 (Rent/Manage Drug Establishment), or 2D2.1 (Simple Possession). Additionally, 431 cases were excluded due to missing departure information and four due to missing 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.

Figure I

AVERAGE LENGTH OF IMPRISONMENT BY DRUG TYPE[1]
(October 1, 1995, through September 30, 1996)

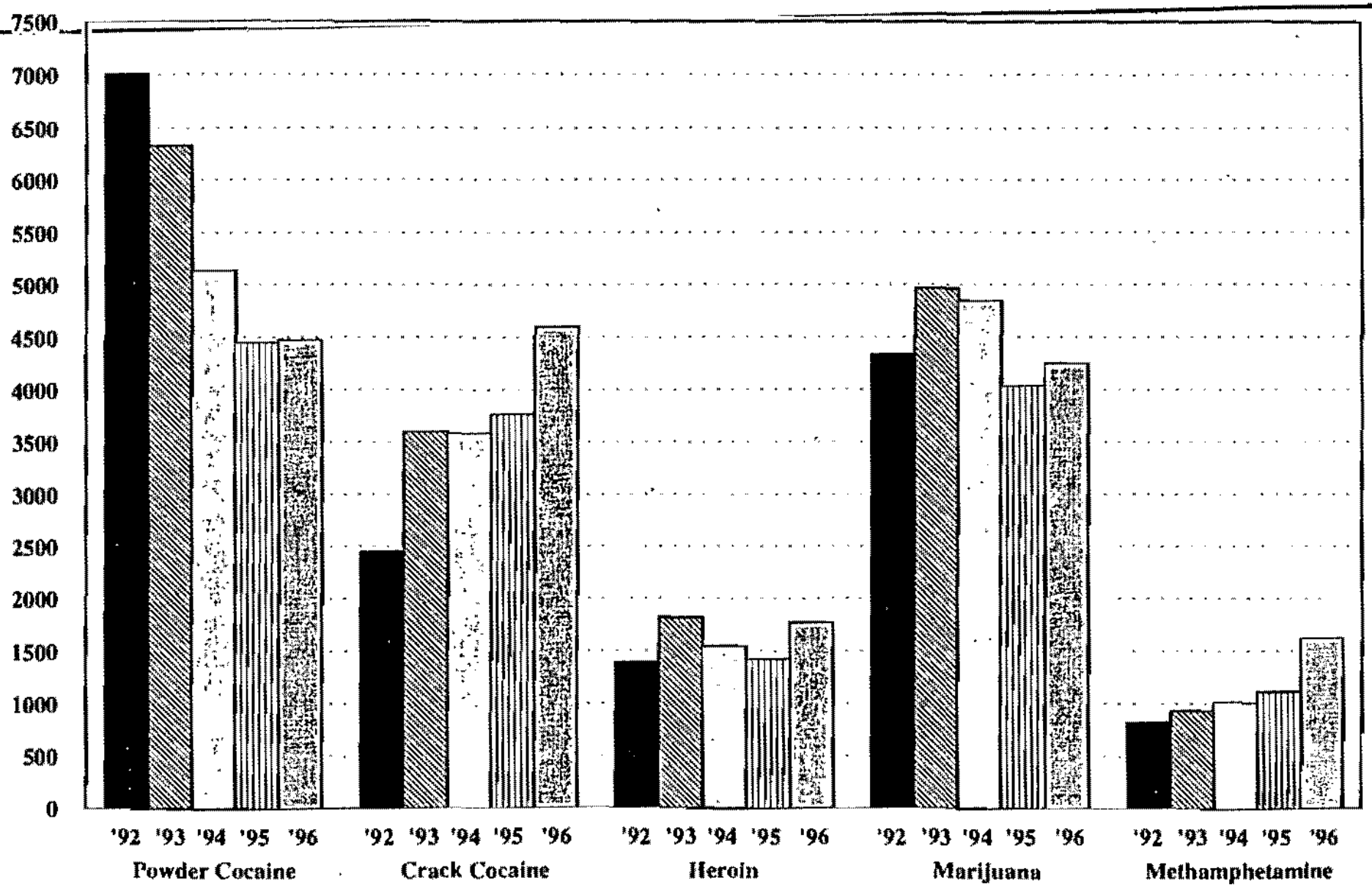


[1] Of the 42,436 cases, 17,267 were sentenced under USSG Chapter Two, Part D (drugs). Of these, 17,170 sentenced under Part D guidelines other than §§2D1.1, 2D1.2, 2D1.5, 2D1.8, or 2D2.1 are depicted in this figure. Additionally, 1,109 cases with zero months prison ordered were excluded. Of the remaining 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)

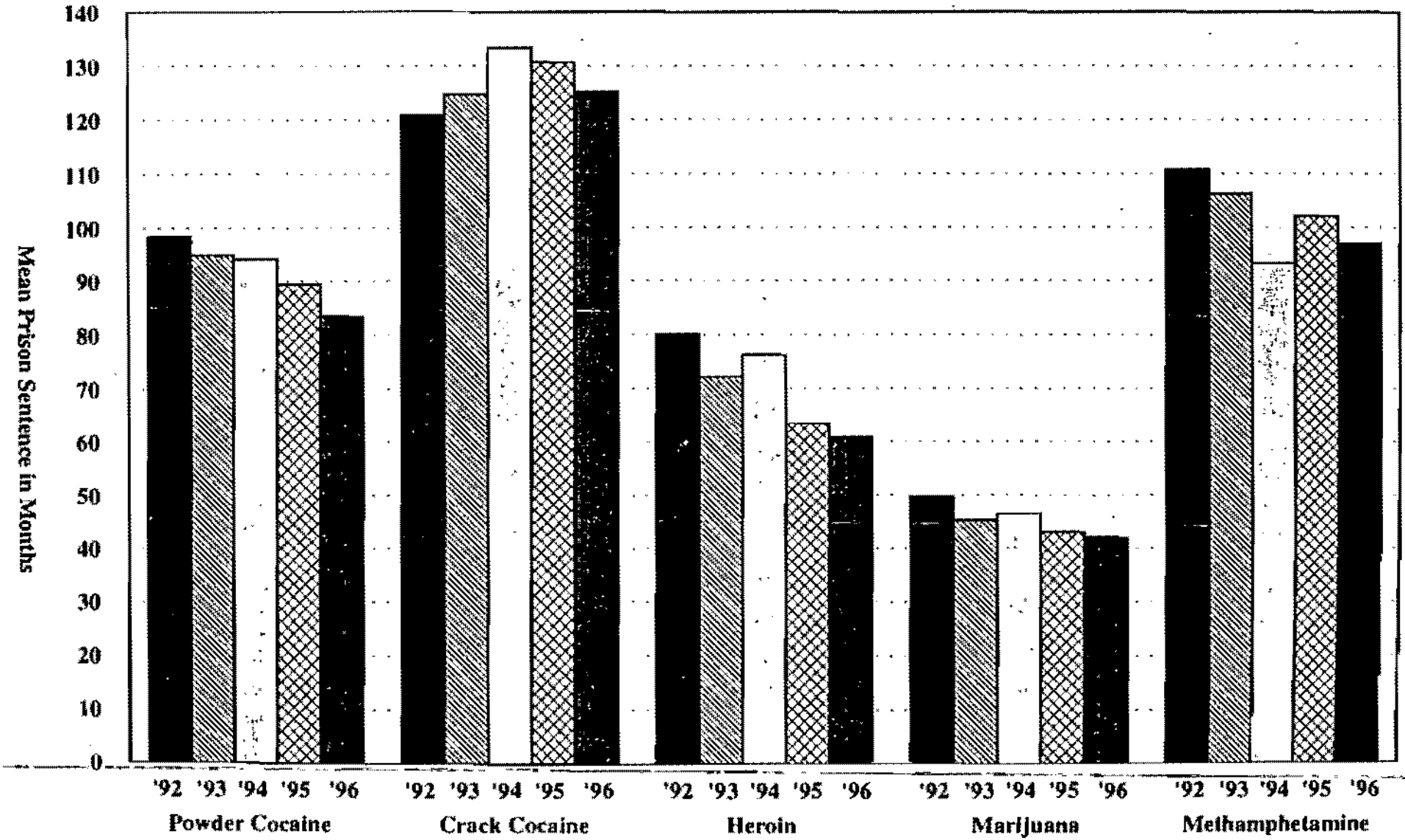


[1]Only cases sentenced under §§2D1.1 (Drug Trafficking), 2D1.2 (Protected Locations), 2D1.5 (Continuing Criminal Enterprise), 2D1.8 (Rent/Manage Drug Establishment), or 2D2.1 (Simple Possession) are depicted in this figure. Additional cases were excluded due to missing information on drug type.

SOURCE: U.S. Sentencing Commission, 1992-1996 Datafiles, MONFY92-MONFY96.

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.

HEROIN

HEROIN: Annual Price Data National Range (dollars)					
Quantity	Source	1993	1994	1995	1996
Kilogram	Mexican (MEX)	50,000-175,000	50,000-175,000	50,000-175,000	45,000-175,000
	South American (SA)	NA	85,000-180,000	80,000-185,000	85,000-185,000
	Southeast Asian (SEA)	150,000-250,000	100,000-260,000	70,000-260,000	95,000-210,000
	Southwest Asian (SWA)	70,000-200,000	75,000-200,000	70,000-260,000	80,000-260,000
Ounce	Powder	1,000-13,000	900-13,000	800-18,000	1,500-10,000
	Black Tar		750-12,000	700-12,000	600-11,000
Gram	Powder	90-600	70-500	70-800	75-600
	Black Tar	50-600	50-500	80-500	60-600

HEROIN Annual Purity Data National Average (percent)								
Quantity	1993		1994		1995		1996	
	Purchases	Seizures	Purchases	Seizures	Purchases	Seizures	Purchases	Seizures
Kilogram	86	73	86	80	71	83	51	71
Ounce	66	68	63	62	62	69	52	57
Gram	58	59	58	52	59	59	52	52

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

HEROIN: Quarterly Price Data
National Range
(dollars)

Quantity	Source	1st Quarter 1996	2nd Quarter 1996	3rd Quarter 1996	4th Quarter 1996
Kilogram	Mexican (MEX)	80,000 - 175,000	50,000 - 175,000	50,000 - 175,000	45,000 - 175,000
	South American (SA)	85,000 - 185,000	85,000 - 150,000	85,000 - 180,000	85,000 - 180,000
	Southeast Asian (SEA)	100,000 -210,000	95,000 - 210,000	95,000 - 210,000	95,000 - 210,000
	Southwest Asian (SWA)	80,000 - 260,000	85,000 - 210,000	85,000 - 210,000	80,000 - 210,000
Ounce	Powder	1,500 - 10,000	1,500 - 10,000	1,500 - 10,000	1,500 - 10,000
	Black Tar	600 - 11,000	600 - 11,000	700 - 11,000	700 - 11,000
Gram	Powder	75 - 600	90 - 600	90 - 600	90 - 600
	Black Tar	80 - 500	60 - 500	60 - 600	70 - 600

HEROIN: Quarterly Purity Data
National Average
(percent)

Quantity	1st Quarter 1996		2nd Quarter 1996		3rd Quarter 1996		4th Quarter 1996	
	Purchases	Seizures	Purchases	Seizures	Purchases	Seizures	Purchases	Seizures
Kilogram	NA	69	51	68	NA	73	NA	73
Ounce	40	55	42	56	59	61	59	60
Gram	52	53	47	48	52	53	58	52

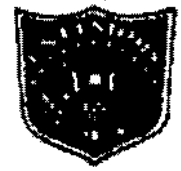
Source: U.S. Department of Justice, Drug Enforcement Administration, *Illegal Drug Price/Purity Report, United States: January 1993-December 1996*. June 1997.

HEROIN: Quarterly Price Data
National Range
(dollars)

Quantity	Source	1st Quarter 1997	2nd Quarter 1997	3rd Quarter 1997	4th Quarter 1997
Kilogram	Mexican (MEX)	50,000 - 175,000			
	South American (SA)	85,000 - 180,000			
	Southeast Asian (SEA)	120,000-200,000			
	Southwest Asian (SWA)	85,000 - 200,000			
Ounce	Powder	1,500 - 10,000			
	Black Tar	700 - 11,000			
Gram	Powder	90 - 600			
	Black Tar	60 - 600			

Source: 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



Federal-wide Drug Seizure System

	FY 1994	FY 1995	FY 1996
HEROIN	1,309.6 KGS. (2,887.2 LBS.)	1,164.5 KGS. (2,567.3 LBS.)	1,532.3 KGS. (3,378.1 LBS.)
COCAINE	140,484.0 KGS. (309,709.1 LBS.)	106,186.4 KGS. (234,097.1 LBS.)	115,301.0 KGS. (254,191.0 LBS.)
CANNABIS	473,127.4 KGS. (1,043,049.9 LBS.)	607,331.8 KGS. (1,338,915.1 LBS.)	663,589.3 KGS. (1,462,939.6 LBS.)
Marijuana	472,390.3 KGS. (1,041,424.9 LBS.)	592,807.7 KGS. (1,306,895.4 LBS.)	648,612.5 KGS. (1,429,921.8 LBS.)
Hashish	737.1 KGS. (1,625.0 LBS.)	14,524.1 KGS. (32,019.6 LBS.)	14,976.8 KGS. (33,017.8 LBS.)

The Federal-wide Drug Seizure System (FDSS) contains information about drug seizures made within the jurisdiction of the United States by the Drug Enforcement Administration, Federal Bureau of Investigation, U. S. Customs Service, and U. S. Border Patrol, as well as maritime seizures made by the U. S. Coast Guard. Drug seizures made by other Federal Agencies are included in the FDSS data base when custody of the drug evidence was transferred to one of the four agencies identified above. Hence, FDSS statistics reflect the combined Federal drug seizure effort.

Note: Additional information on drugs seized since October 1993 by the U. S. Border Patrol are now included in FDSS. This addition accounts for the noticeable increase in cocaine and marijuana totals, which are no longer strictly comparable to prior years' totals.

10/03/97

OPIATES

DEVELOPMENTS IN THE UNITED STATES

Availability, Price, and Purity

In the United States, heroin remained readily available to addicts in all major metropolitan areas throughout 1996. Stable wholesale prices per kilogram and high retail-level purities indicated increasing supplies—a development consistent with nationwide trends over the past several years.

Analysis of price, purity, and seizure data, and other intelligence and abuse indicators revealed that there were two general, but distinct, heroin markets within the United States, roughly divided geographically by the Mississippi River.

In the East, high-purity white powdered heroin—from South America, Southeast Asia, and Southwest Asia—was the predominant form of heroin available. Ethnic Chinese and West African traffickers smuggled high-purity heroin from Southeast Asia (Burma, Laos, and Thailand) for distribution in the northeastern United States and along the East Coast.

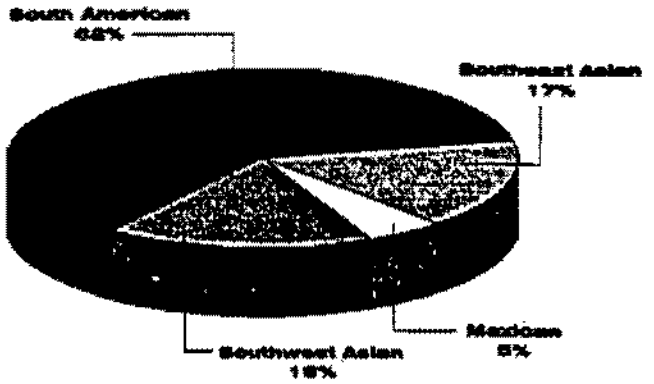
Data obtained from DEA's Domestic Monitor Program (DMP)* confirmed that South American heroin was widely available in the northeastern United States. In fact, in the first 6 months of 1996, at least 90 percent of all identifiable DMP heroin purchases made in Boston, Newark, New York City, and Philadelphia were of South American origin. The DMP also showed the geographic distribution of South American heroin to other areas, such as San Juan, Puerto Rico; Atlanta, Georgia; Baltimore, Maryland; Miami, Florida; and New Orleans, Louisiana.

DEA's Heroin Signature Program (HSP)** for 1995 revealed that 62 percent of the heroin seized was from South America, 17 percent from Southeast Asia, 16

* The DMP is a retail-level heroin purchase program designed to provide Federal, State, and local authorities with intelligence relating to heroin purity, price, adulterants, and availability by geographic source areas (signature analysis).

** The DEA HSP is conducted at the DEA Special Testing and Research Laboratory and involves the analysis of domestic heroin seizures and purchases. Through this program, heroin samples undergo chemical analysis and are classified according to the process by which they were manufactured. Each heroin source area has a unique production process or "signature," which is used to determine the origin of the sample. Samples are analyzed from a randomly selected number of domestic seizures and from all seizures made at U.S. ports of entry. There were approximately 900 heroin samples analyzed in 1996.

Heroin Seizures in the U.S. by Source Area



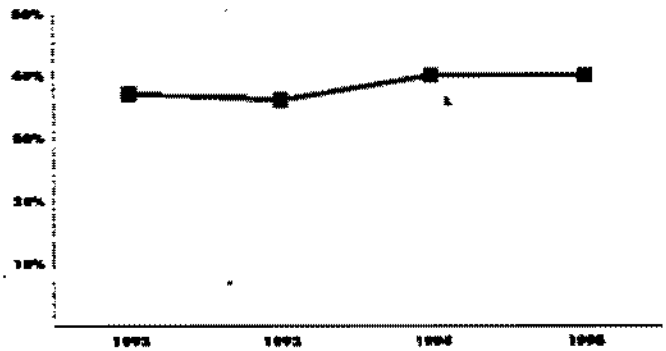
Source: Heroin Signature Program

Heroin Prices (dollars)

Southeast Asian	95,000-210,000	1996 (Jan-Jun)
Southwest Asian	80,000-260,000	
South American	85,000-185,000	
Mexican	50,000-250,000	
Southeast Asian	150,000-250,000	1995
Southwest Asian	70,000-200,000	
South American	---	
Mexican	50,000-250,00	
Southeast Asian	150,000-250,000	1994
Southwest Asian	70,000-200,000	
South American	---	
Mexican	50,000-250,00	
Southeast Asian	150,000-250,000	1993
Southwest Asian	70,000-200,000	
South American	---	
Mexican	50,000-250,00	

Source: Illegal Drug Price/Purity Report, DEA

Retail Level Heroin Purity



Source: Domestic Monitor Program

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

percent from Southwest Asia, and 5 percent from Mexico.* The high percentage of South American heroin was due, in large part, to numerous seizures from couriers transporting small quantities of South American heroin into Miami and New York, combined with the absence of large seizures from Southeast Asia, the predominant source area for heroin seized in the United States in recent years. The HSP is not a direct measure of U.S. market share by heroin source of origin.

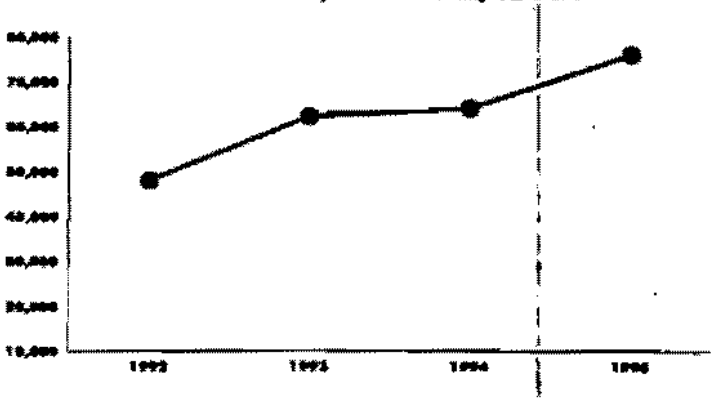
In the West, by contrast, "black tar" and, to a lesser extent, brown powder heroin from Mexico were predominant. (Black tar heroin is so named because it resembles roofing tar or coal in appearance. Black tar has this unique consistency because Mexican processors skip chemical treatment and filtering steps in the production process; steps that enable processors in other source areas to produce a white powdered form of heroin.)

Kilogram prices for heroin ranged widely, reflecting several variables, including buyer-seller relationships, quantities purchased, frequency of purchase, purity, and transportation costs. Nationally, in the first half of 1996, Southeast Asian (SEA) heroin ranged in price from $95,000 to $210,000 per kilogram. South American heroin sold for between $85,000 and $185,000. Southwest Asian (SWA) heroin ranged from $80,000 to $260,000. Wholesale-level prices for Mexican heroin at the bottom end of the range were the lowest of any type, selling for as low as $50,000; the high for Mexican heroin was $250,000.

At the street or retail level, purity is related directly to availability. Heroin purity is tracked by DEA's DMP. These purchases are made on a quarterly basis in 22 major metropolitan areas of the United States. Preliminary analysis of DMP data showed that the nationwide average purity for retail-level heroin for the first 9 months of 1996 was 35.9 percent, lower than the 1995 average of 39.7 percent, yet much higher than the single-digit average purity of a decade ago.

The rise in average purity corresponded directly to an increased availability of high-purity South American heroin and, to a lesser extent, increases in the purity of Mexican heroin. In much of 1995 and the first 9 months of 1996, the purity of South American samples obtained through the DMP were higher than that from any other source, averaging 56.4 percent and 50.3 percent, respectively. SEA heroin averaged 44.6 percent pure in 1995 and 35.1 percent in the first 9 months of 1996. Mexican heroin purity averaged 24.7 percent in 1995 and 30.4 percent in the first 9 months of 1996. The purity of SWA heroin also was high, averaging 35.3 percent in 1995 and 30.9 percent in the first 9 months of 1996.

Heroin-related Hospital ER Episodes



Source: Drug Abuse Warning Network

Routes of Heroin Administration (percentage)

ROUTE	1989	1990	1991	1992	1993	1994	1995
Inject	93.0	72.1	71.6	70.6	60.3	58.6	77.4
Snort	4.3	5.4	7.7	8.3	10.2	12	18.4

Source: Drug Abuse Warning Network

Abuse

An estimated 600,000 hard-core drug addicts use heroin as their principal drug of abuse. Various drug supply and demand indicators, including seizure statistics and observations by drug law enforcement officials and treatment specialists, show that heroin use in the United States continues to increase. Use has increased not only among existing heroin addicts, but also among users of other drugs of abuse, particularly crack cocaine users, who consume heroin to enhance the euphoric effects of crack and to ameliorate the depressive effects associated with crack withdrawal. Despite the increase in heroin abuse, however, there is no evidence of a heroin epidemic.

Heroin-related emergency room admissions, as reported by DAWN, increased during 1995, the most recent year for which information is available. The data showed sharp increases in combined heroin and cocaine use, which resulted in addicts seeking treatment. The annual number of heroin-related emergency room mentions increased from 42,000 in 1989 to 76,000 in 1995, an 80-percent increase. The main reasons given for seeking treatment were overdose and the need to detoxify.

* HSP results are not necessarily representative of the actual amount of heroin available in the United States from each source area. Because HSP results are based on seizure data, fluctuations from year to year in source area percentages may reflect shifting drug law enforcement priorities, as well as changing trafficking patterns. In addition, large seizures from one source area may boost that source area's representation in the HSP.

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

Injection continued to be the predominant method of heroin administration used by patients admitted to emergency rooms nationwide. However, the percentage of patients indicating injection as their primary means of administration decreased from 93.0 percent in 1989 to 77.4 percent in 1995. Meanwhile, the proportion of patients snorting heroin increased from 4.3 percent in 1989 to 18.4 percent in 1995. This trend toward increased intranasal use was due primarily to the wider availability of high-purity SEA and, more recently, South American heroin.

TRAFFICKING TO THE UNITED STATES

From South America

The availability of South American heroin, produced almost exclusively in Colombia, has increased in the United States since 1993. South American heroin presented a potentially serious threat to the United States primarily because of the extensive trafficking resources controlled by Colombian cocaine mafias. Although undercover negotiations and seizures suggested that Colombian traffickers were unable to supply multikilogram quantities of heroin on a regular basis, reporting indicated that these traffickers increased their efforts to supply multikilogram quantities at source and transit country locations for delivery to the U.S. market. Some analysts speculate that as the cocaine mafias recognize the potential of developing Colombian heroin production and distribution, they likely will attempt to exert greater influence and control. It would be relatively easy to convert cocaine trafficking networks to accommodate heroin smuggling. Nonetheless, heroin smuggling currently remains under the control of independent Colombian traffickers, rather than the cocaine mafias.

South American heroin was smuggled principally into the U.S. East Coast by couriers aboard commercial airliners. Traffickers employed numerous couriers, each generally carrying 1 to 2 kilograms per trip. Quantities of under 1 kilogram were smuggled into the United States by "swallowers" who ingested latex-wrapped heroin pellets. Larger quantities were smuggled into the United States concealed in luggage. These smuggling methods made Colombian smuggling networks highly susceptible to U.S. interdiction efforts, and may account for the high proportion of annual heroin seizures in the United States that have originated in South America. In 1995, for example, 62 percent of U.S. heroin seizures were from South America. In 1996, both DEA and the USCS continued to arrest numerous couriers transporting small quantities of South American heroin.

Miami and New York were the primary entry points for South American heroin couriers. While most couriers arrived on direct flights from Colombia, couriers increasingly have transited airports in the neighboring countries of Ecuador and Venezuela, as well as in Central America and Mexico. For example, in March 1996, Ecuadorian authorities at the international airport in Quito seized 6.2 kilograms of South American heroin discovered in two false-sided suitcases. In another example, evidence indicated a Colombian heroin smuggler moved several kilograms of product per month through Costa Rica to the United States. Couriers traveling through Mexico flew to Mexican cities and then crossed the U.S. border on foot before boarding U.S. domestic flights for New York City.

Colombian heroin traffickers have established distribution outlets in the United States. While the principal U.S. market for Colombian heroin was in the northeastern metropolitan areas, Colombian heroin traffickers expanded distribution throughout the U.S. East Coast, carving a growing niche for their product. High purity was essential to establishing a clientele and maintaining user loyalty in the fiercely competitive U.S. heroin market. In Boston, Newark, New York City, and Philadelphia, street-level purity for heroin from other regions averaged over 60 percent. Consequently, Colombian traffickers smuggled heroin that was 80 to 99 percent pure.

As previously mentioned, data obtained from DEA's DMP confirmed that South American heroin was widely available in the northeastern United States.

Colombian traffickers used a variety of tactics to establish mid- and retail-level outlets for their heroin. They offered free samples to potential distributors; they offered to front ounce and multiounce quantities to first-time buyers; and they insisted that some established cocaine distributors purchase and sell heroin as a condition of doing business. Finally, Colombian traffickers undersold competitors in some cities in an effort to win over customers. This was most evident at the mid- and retail-level in cities where South American heroin was most available, such as New York City. Ounce and gram prices in New York City for South American heroin were well below those for SEA heroin.

From Southeast Asia

Large Southeast Asia-based heroin trafficking organizations, often controlled by ethnic Chinese criminal groups, organized the transportation of high-purity heroin from Southeast Asia to the United States. Distribution within the United States, principally in the Northeast and along the East Coast, was controlled

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

largely by independent United States-based ethnic Chinese traffickers with links to these international organizations.

SEA heroin shipments destined for U.S. and other international markets reportedly were transshipped through a variety of countries, including Hong Kong, Japan, Malaysia, the Philippines, Singapore, Taiwan, and South Korea. Traffickers, using commercial cargo that originated in source countries, frequently attempted to disguise the origin of the cargo by first transshipping containers through third countries or by falsifying container documentation. For example, some shipments were transported to the northeastern United States by way of Canada.

Most large heroin shipments seized in recent years ultimately were destined for New York City, the largest heroin importation and distribution center in the United States. Since 1986, roughly half of the heroin seizures made by DEA and the USCS nationwide have occurred in the New York City metropolitan area. In addition to New York City, other U.S. cities in the Northeast, including Boston and Philadelphia, were used as entry points. Additionally, traffickers used West Coast cities, such as Los Angeles, San Francisco, and Seattle, as entry points for heroin shipments destined for the Northeast.

Ethnic Chinese groups are among the most sophisticated traffickers in the world, capable of delivering multihundred-kilogram shipments to the United States concealed within commercial cargo. Traffickers also use couriers as well as mail and package delivery services to smuggle multigram to multikilogram quantities of heroin. In 1996, the largest domestic seizures of SEA heroin were made from couriers. In July, USCS inspectors at New York's JFK International Airport discovered 12.6 kilograms of heroin in wooden wall plaques belonging to a British national who arrived from London. This was followed by a seizure in September of 12.5 kilograms of heroin discovered in wood carvings belonging to a British national who arrived on a flight from France en route to New York City. In both cases, the heroin originated in Southeast Asia.

From Mexico

Mexican black tar and brown powder heroin were smuggled into and distributed throughout the western United States by polydrug trafficking groups operating from Mexico. The extensive U.S.-Mexican land border provided numerous entry points for smuggling operations. Smuggling methods included concealment in motor vehicles, public transportation vehicles, internal and external body carry, and commercial package express services. Females were used more frequently than males as couriers for transporting heroin and money across the border.

Traffickers took advantage of easy access to the border, and stored large quantities of heroin in Mexico, where the perceived risk of discovery and seizure was low. When a transaction was arranged, the contracted amount, usually 1 to 2 kilograms, was smuggled into the United States, frequently by illegal immigrants and migrant farm workers. By keeping quantities small, traffickers hoped to minimize the risk of losing a significant quantity of heroin in a single seizure. Even large polydrug Mexican organizations, capable of smuggling multiton quantities of cocaine and marijuana, limited smuggling of Mexican heroin into the United States to kilogram and smaller amounts. Nevertheless, during 1996, there were several significant, multikilogram-quantity seizures of Mexican heroin at the border and within the United States, in stark contrast to the smaller quantities typically seized in previous years. For example, in June the USCS seized approximately 20 kilograms of black tar heroin discovered in hidden compartments within a vehicle crossing the border at the San Ysidro port of entry. And in August the USCS at San Ysidro seized 19.3 kilograms of black tar heroin discovered during a routine inspection in a false compartment under the floor of a vehicle.

Other significant seizures in 1996 included 22 kilograms seized in Del Rio, Texas, in January; 8.5 kilograms seized at the Columbus, New Mexico, port of entry in March; and 13.6 kilograms seized in San Jose, California, in July.

Aside from these cases, the size of Mexican heroin shipments smuggled across the Southwest border generally remained small. Nevertheless, trafficking organizations were capable of regularly smuggling significant quantities of heroin into the United States. For example, a criminal organization based in Chicago allegedly smuggled 150 to 200 kilograms of black tar heroin on a monthly basis from Durango, Mexico, to El Paso, Eagle Pass, and Laredo, Texas.

Once heroin was smuggled into the United States, transportation was arranged to metropolitan areas in the western and southwestern States with sizeable populations of Mexican immigrants. Heroin also was transported to primary markets in Chicago, Denver, and St. Louis. Mexican heroin distributors within the United States are generally Mexican immigrants, primarily from the States of Durango, Michoacan, Nuevo Leon, and Sinaloa. Mexican organizations controlled distribution at the wholesale level, while local Hispanic gangs often managed street sales. Mexican black tar heroin usually was sold by the piece or Mexican ounce, which weighs 25 grams.

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

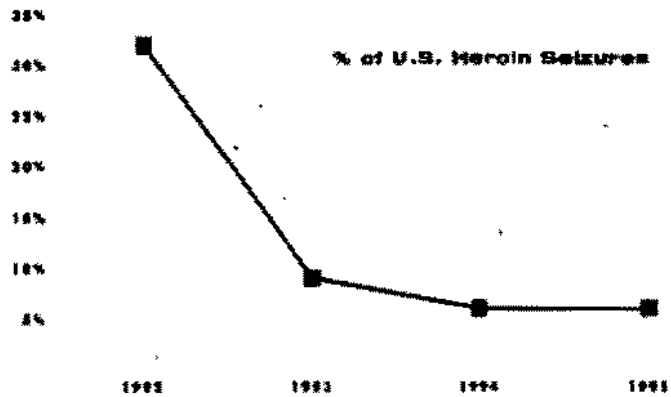
From Southwest Asia

Limited quantities of SWA heroin from Afghanistan, Iran, Pakistan, and Turkey, were available in the Northeast, the Midwest, and, to a lesser extent, on the West Coast. Importation and distribution of SWA heroin was much less centralized than that for SEA heroin, both geographically and in regard to trafficking groups. A number of ethnic groups from Southwest Asia and the Middle East, including Afghans, Greeks, Iranians, Israelis, Lebanese, Pakistanis, and Turks were active in smuggling to the United States and in distribution. Most SWA heroin trafficking groups in the United States were highly cohesive and difficult to penetrate because they were based on ethnic, familial, religious, and tribal relationships. The traffickers and wholesale distributors generally were cautious, rarely conducting business with persons not of Southwest Asian or Middle Eastern ethnicity. Due to this ethnic aspect to the heroin trade, importation and distribution of SWA heroin was more prevalent in areas with large populations of Southwest Asian origin. Examples included the Northeast, particularly New York City; Mid-Atlantic cities, such as Baltimore and Washington, DC; certain West Coast cities, such as Los Angeles, San Diego, and San Francisco; and some midwestern cities, including Chicago and Detroit.

The United States was a secondary target for Southwest Asia's largest heroin trafficking organizations that generally considered Europe their primary market. Most of these organizations stored heroin supplies in secure European locations and only sent shipments to the United States after a buyer had been identified and partial payment received. By contrast, smaller independent SWA heroin traffickers, attracted by the higher price for SWA heroin in the United States versus Europe, sought to maximize profits on the smaller quantities in which they dealt by smuggling heroin directly to the United States. In addition to routes stretching through Europe and directly from Southwest Asia, traffickers exploited Africa and Canada as transshipment points for SWA heroin destined for the United States.

Traffickers avoided bulk shipments to the United States, instead smuggling quantities ranging from 1 to 20 kilograms, although larger amounts were smuggled on occasion. Transportation methods used included commercial cargo or couriers on commercial airlines. During 1996, there were two significant seizures of SWA heroin within the United States: one of 50 kilograms in Miami and the other of 55 kilograms in Spokane, Washington. In addition to the relatively large size of these two shipments, the purity of the heroin in both cases exceeded 80 percent, unusually high for this

Seizures of Southwest Asian Heroin



Source: Heroin Signature Program

source area. More typical was the September seizure by authorities in the New York City area of 4 kilograms of SWA heroin from an individual with connections to an India-based smuggling organization.

Smuggling by Nigerians

Nigerian heroin trafficking organizations continued to use couriers to smuggle heroin to the United States aboard commercial airlines, as they have for the past decade. Nigerian heroin trafficking organizations were among the largest trafficking groups involved in the importation of SEA heroin into the United States. Typically, couriers controlled by Nigerian traffickers entered the United States at airports with connections to several international locations. Couriers used body-carry techniques and ingestion to conceal heroin, smuggling between 1 and 10 kilograms per trip.

Over the past 10 years, Nigerian drug trafficking organizations have posed an increasingly sophisticated threat to the United States. Their use of couriers of diverse nationalities, backgrounds, genders, and ages, as well as their continuous altering of courier routes and methods of concealment serves as evidence of their adaptability. Nigerian-controlled couriers have varied the routes as circumstances have demanded. For example, until the U.S. Government suspended direct flights between Nigeria and the United States in August 1993, Nigerian-controlled heroin couriers smuggled heroin into New York's JFK International Airport on direct commercial flights from Nigeria. Traffickers adapted to the suspension of flights by flying into JFK from neighboring West African countries, such as Ghana and Senegal. Nigerian traffickers also increasingly used South Africa as a transit point by taking advantage of direct flights between South Africa and Miami International Airport, and indirect flights between South Africa and JFK. In addition to JFK and the Miami airport, Nigerian-controlled heroin couriers expanded their routes to include entry points on the

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

U.S. West Coast and the Southwest border, as well as Puerto Rico and the U.S. Virgin Islands. Hawaii also has been used, as demonstrated in January 1996, when USCS officials at Honolulu airport discovered 700 grams of heroin on the person of a Nigerian woman who had arrived from Vietnam by way of Taiwan.

Wholesale distribution in the United States usually was handled by Nigerian traffickers who had established themselves in the United States. Typically, Nigerian traffickers left distribution at the retail level to street dealers such as members of African-American street gangs or Jamaican posses. Nigerian traffickers were most active in U.S. cities and areas with well-established Nigerian populations, such as Atlanta, the Baltimore-Washington metropolitan area, Dallas, Houston, New York, Newark, and Chicago. [Chicago is the hub of heroin trafficking activity by Nigerian groups in the United States.] Nigerian traffickers supplied between 70 and 90 percent of the SEA heroin available in Chicago. Operation GLOBAL SEA, a joint USCS-Federal Bureau of Investigation (FBI)-DEA investigation initiated in June 1996, targeted a Nigerian heroin trafficking organization that successfully transported several hundred kilograms of SEA heroin from Bangkok, Thailand, to Chicago between 1993 and 1996. In October 1996, this investigation culminated in the arrests of 24 individuals in Chicago, Detroit, New York City, and Bangkok, and the seizure of 2 kilograms of heroin and $200,000 in currency. Operation GLOBAL SEA also led to the seizure of an additional 72 kilograms of heroin by authorities in France, Mexico, and the Netherlands.

GLOBAL DEVELOPMENTS

Heroin is refined from illicit opium. Burma, Afghanistan, and Laos remained the three largest producers of illicit opium in the world in 1996 with Pakistan, Colombia, Mexico, and Thailand producing lesser amounts. Heroin is supplied to the United States from four source areas: Southeast Asia (principally Burma), South America (Colombia), Mexico, and Southwest Asia/Middle East (Afghanistan, Turkey, Pakistan, and Lebanon).

Maximum potential worldwide opium production in 1996 amounted to 4,285 metric tons, an increase from 4,165 metric tons in 1995. The amount of heroin and morphine base seized outside the United States, meanwhile, amounted to some 23 metric tons. According to preliminary figures gathered by the Federal-wide Drug Seizure System, U.S. Federal authorities seized 1.5 metric tons of heroin in Fiscal Year 1996. Approximately 1.2 metric tons were seized in Fiscal Year 1995.

Southeast Asia

Illicit opium production and, by extension, heroin conversion activity, continued at record levels through 1996. On the periphery of the traditional opium source areas in Burma, Laos, and Thailand, illicit opium production continued in Vietnam and probably to a lesser extent in China. China was not included in worldwide assessments in 1996, and only a partial estimate was completed for Vietnam, due to a lack of reliable estimates for opium poppy cultivation within their borders. Cultivation was believed to be relatively modest, although it had the potential to expand to meet any increase in worldwide heroin demand.

Burma was the world's largest producer of illicit opium and heroin in 1996. Most cultivation was located in eastern Burma's Shan State in remote mountainous areas controlled by armed ethnic groups. Other areas of cultivation were located in the States of Kachin and Kayah. An estimated 163,100 hectares of opium poppy were under cultivation, with an estimated opium yield of 2,560 metric tons. This was an increase from 1995, when the opium yield from an estimated 154,000 hectares of cultivation was placed at 2,340 metric tons. Indeed, in 1996, traffickers reportedly encouraged an increase in cultivation by organizing growers, purchasing fertilizer for crops, and paying advances. This expanded cultivation more than made up for the 2,000 hectares the Burmese Government claimed to have eradicated in 1996.

Heroin refineries were located primarily in the Shan State near the China border, as well as on Burma's borders with Laos and Thailand. Traditionally, this area has been controlled by ethnic groups, such as the United Wa State Army (UWSA), the Kokang Chinese, and the Shan United Army (SUA), rather than by the Burmese Government. Cease-fire agreements reached between the Burmese Government and the various ethnic insurgent groups in the region since 1989 have had little effect on trafficking activity. Rather, these agreements have encouraged such activity by granting a large amount of local autonomy to the groups that are engaged in trafficking in the region. For example, the UWSA, with which the Burmese Government reached an accord in 1989, operated their own heroin refineries near the Thai-Burmese border and permitted independent traffickers to operate refineries farther north in exchange for "taxes" for "protective services."

Heroin production and trafficking continued in 1996. Essential chemicals, including acetic anhydride, were smuggled into the region primarily from China and India. Heroin, on the other hand, was transported out of the region to international markets along a variety of routes across the Chinese and Thai borders and, to a

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

Worldwide Illicit Opium Poppy Cultivation (hectares)

	Cultivated	Erad.	Net
1996			
Afghanistan	37,950	-	37,950
India	3,100	-	3,100
Iran	-	-	-
Pakistan	3,400	-	3,400
Total SW Asia	44,450	-	44,450
Burma	163,100	-	163,100
China	-		-
Laos	22,250	-	22,250
Thailand	2,170	-	2,170
Total SE Asia	190,520	-	190,520
Colombia	6,300	-	6,300
Lebanon	90	-	90
Guatemala	0	-	0
Mexico	13,000	7,900	5,100
Vietnam	3,150	0	3,150
Total Other	22,540	7,900	14,640
Total	257,510	7,900	249,610
1995			
Afghanistan	38,740	-	38,740
India	4,750	-	4,750
Iran	-	-	-
Pakistan	6,950	-	6,950
Total SW Asia	50,440	-	50,440
Burma	154,070	-	154,070
China	1,275	-	1,275
Laos	19,650	-	19,650
Thailand	1,750	-	1,750
Total SE Asia	176,745	-	176,745
Colombia	6,540	-	6,540
Lebanon	150	-	150
Guatemala	125	86	39
Mexico	13,500	8,450	5,050
Vietnam	-	-	-
Total Other	20,315	8,536	11,779
Total	247,500	8,536	238,964
1994			
Afghanistan	29,180	0	29,180
India	5,500	0	5,500
Iran	-	-	-
Pakistan	464	463	1
Total SW Asia	35,144	463	34,681
Burma	149,945	3,345	146,600
China	1,965	0	1,965
Laos	18,520	0	18,520
Thailand	2,110	0	2,110
Total SE Asia	172,540	3,345	169,195
Colombia	24,676	4,676	20,000
Lebanon	-	-	-
Guatemala	200	150	50
Mexico	12,415	6,620	5,795
Vietnam	-	-	-
Total Other	37,291	11,446	25,845
Total	244,975	15,254	229,721

	Cultivated	Erad.	Net
1993			
Afghanistan	21,080	0	21,080
India	4,400	0	4,400
Iran	-	-	-
Pakistan	0	856	0
Total SW Asia	25,480	856	25,480
Burma	166,404	604	165,800
China	-	-	-
Laos	26,040	0	26,040
Thailand	2,880	0	2,880
Total SE Asia	195,324	604	194,720
Colombia	29,821	9,821	20,000
Lebanon	440	0	440
Guatemala	864	426	438
Mexico	11,780	7,820	3,960
Vietnam	-	-	-
Total Other	42,905	18,067	24,838
Total	263,709	19,527	245,038
1992			
Afghanistan	19,470	0	19,470
India	-	-	-
Iran	na	na	na
Pakistan	9,147	977	8,170
Total SW Asia	28,617	977	27,640
Burma	154,915	1,215	153,700
China	-	-	-
Laos	25,610	0	25,610
Thailand	3,630	1,580	2,050
Total SE Asia	184,155	2,795	181,360
Colombia	32,715	12,715	20,000
Lebanon	na	0	na
Guatemala	1,200	470	730
Mexico	10,170	6,860	3,310
Vietnam	-	-	-
Total Other	44,085	20,045	24,040
Total	256,857	23,817	233,040
1991			
Afghanistan	17,190	0	17,190
India	-	-	-
Iran	na	na	na
Pakistan	8,645	440	8,205
Total SW Asia	25,835	440	25,395
Burma	161,012	1,012	160,000
China	-	-	-
Laos	29,625	0	29,625
Thailand	4,200	1,300	3,000
Total SE Asia	194,837	2,312	192,625
Colombia	2,316	1,156	1,160
Lebanon	3,400	0	3,400
Guatemala	1,721	576	1,145
Mexico	10,310	6,545	3,765
Vietnam	-	-	-
Total Other	17,747	8,277	8,310
Total	238,419	10,939	226,330

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

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

January. Two other traffickers, arrested in 1994 as part of Operation TIGER TRAP also were extradited to the United States in 1996.

Laos maintained its position as the third largest opium producer in the world, and the second largest in Southeast Asia. Opium poppy cultivation in Laos actually increased in 1996, rising to 25,500 hectares compared to 19,650 hectares in 1995. Consequently, potential opium production in Laos increased from 180 metric tons in 1995 to 200 metric tons in 1996. The increase in opium poppy cultivation was centered in traditional growing areas in the nation's 10 northernmost provinces. The increase in cultivation has been attributed to favorable weather conditions, as well as to an increase in opium prices at a time when Lao income was being banered by rising inflation.

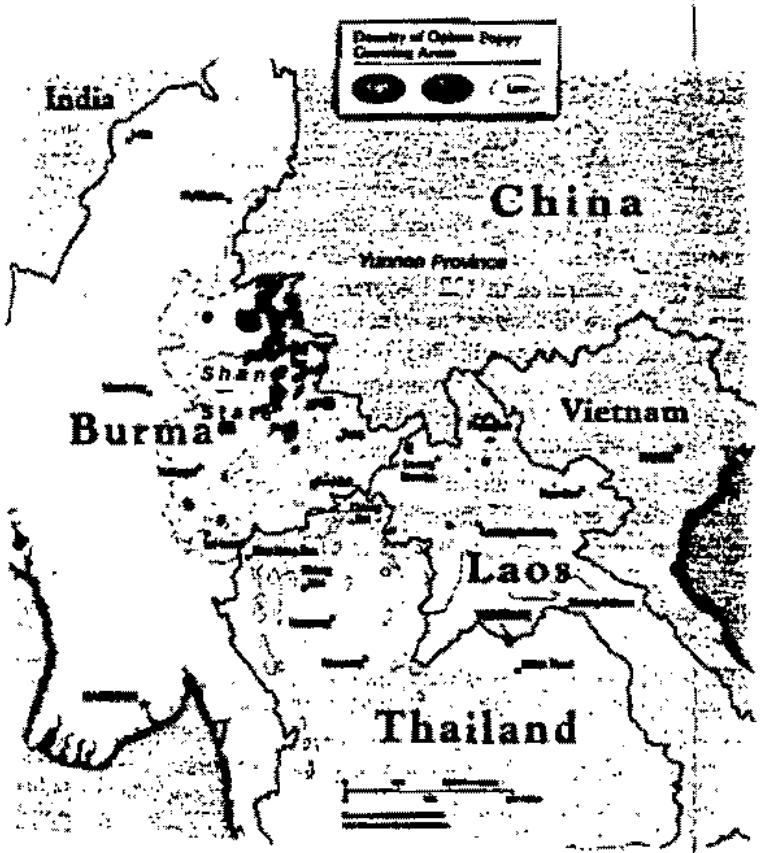
In addition to its role as an opium producer, Laos also served as a transit point for heroin shipments being transported along routes stretching from Burma through Laos and such third countries as Cambodia, China, Thailand, and Vietnam.

In response to drug trafficking activity in Laos, the Lao Government organized several counternarcotics police units. Two such units, based in Savannakhet and Bokeo Provinces, were established in 1996. These units, along with the previously established Vientiane unit, were responsible for the 16 kilograms of heroin seized in Laos in the first 9 months of 1996. Other significant government actions in 1996 included the approval of changes to the Lao decree dealing with narcotics violations, which officially banned the production of opium, heroin, and other drugs, and which increased the possible prison sentences for trafficking from a maximum of 8 years to life.

West African heroin couriers transited **Cambodia** en route to Western markets. In addition to flying directly to Phnom Penh, couriers also traveled by way of Kaoh Kong Island, using some combination of aircraft, boat, or land conveyances. Use of the Phnom Penh route was highlighted in early 1996, when, in February, Phnom Penh police seized 8 kilograms of heroin and, in March, seized 700 grams of heroin from Nigerian couriers. A total of 40 kilograms of heroin were seized in Cambodia in 1996.

China continued to serve as a major transshipment country for heroin en route from Southeast Asia to Western markets. Chinese authorities seized 3.5 metric tons of heroin in the first 10 months of 1996. Heroin shipments routed through China typically were smuggled across the Chinese-Burmese border into Yunnan Province, and then transported through Guangxi Province to Guangdong Province. In Guangdong, heroin was stockpiled prior to shipment to international markets, typically in containerized maritime cargo routed through major container ports located in nearby **Hong Kong** and **Taiwan**. Evidence of such stockpiling surfaced in April 1996, when Guangdong police discovered a cache of 600 kilograms of heroin. In addition to supplying the international market, heroin from Guangdong stockpiles also was supplied to Hong Kong for use by that territory's local heroin addict population.

Small-scale opium poppy cultivation probably continued to take place in China's Yunnan Province, although no estimates were available in 1996 for the extent of such cultivation. In 1995, cultivation in Yunnan was placed at 1,275 hectares, with a potential opium yield of approximately 16 metric tons. According to some estimates, between 10 and 20 percent of the 3.5 metric tons of opium seized in China in the first 10 months of 1996 was produced domestically, principally to meet the demands of the local addict population.



Opium Poppy Growing Areas

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

In 1996, traffickers continued to transship heroin through **Malaysia**. Authorities seized 167 kilograms of heroin in the first 9 months of 1996, compared to 119 kilograms in 1995. There was considerable smuggling in the area of Penang, Malaysia's second largest port. Traffickers blended into the active coastal trade between Malaysia, Burma, and Thailand, carried out by the small, wooden "barter boats," fishing vessels, and coastal traders that operated in the Andaman Sea. In addition to its excellent air and sea facilities, Malaysia also has rail connections to Singapore, and highways leading to Hat Yai, Thailand, the principal transportation node in southern Thailand. Other factors influencing trafficking activity in Malaysia were the presence of a large ethnic Chinese population, and, more importantly, organized criminal groups, such as the Siew Sam Ong or Three Little Emperors Triad.

In 1996, couriers for West African heroin smuggling organizations mailed heroin shipments from Malaysia to Africa, Europe, and North America, under the assumption that packages from Malaysia would not be subject to the customs scrutiny given to packages originating from drug source countries. Couriers typically entered Malaysia through the Sedao border crossing in southern Thailand. This trend was evidenced in March 1996, when authorities in Kuala Lumpur arrested Liberian and Zimbabwean nationals, who attempted to send heroin-laden packages to Brooklyn, New York, and Alicante, Spain, by a commercial package delivery service.

Australia and **Singapore** also served as transit points. In these countries, significant ethnic Chinese populations hosted well-entrenched Chinese criminal organizations. Generally, couriers smuggled heroin through Australia on flights through Melbourne International Airport. Seizures in Australia amounted to 85 kilograms, compared to 122 kilograms in 1995. Singapore, meanwhile, served as a transit point for maritime shipments of heroin, due, in large part, to the country's position as the main transshipment hub for containerized sea freight between Asia and the United States. This was demonstrated in March 1996, when authorities in Singapore seized a record 72 kilograms of heroin discovered in a container shipment of air compressors en route from Bangkok, to Suva, Fiji.

South America

In **Colombia**, opium poppies were cultivated on an estimated 2,100 hectares of land in 1996. However, since three crops can be harvested per year, annual opium poppy cultivation in 1996 was placed at 6,300 hectares. The most significant areas of cultivation were located in the Andean Mountains in the Departments of Cauca, Huila, and Tolima. The higher elevations and rugged terrain of the region provided ideal growing conditions for opium poppies, while hampering detection and access by counterdrug forces.

Potential opium yield in Colombia in 1996 was placed at 63 metric tons, although the accuracy of this estimate is uncertain, given the absence of yield studies in Colombia. Yield figures for other cultivation areas are unlikely to transfer well to Colombia given factors such as the small size of opium poppy capsules, which makes opium collection difficult, and the relative inexperience of opium collectors and laboratory operators. The Operation BREAKTHROUGH* initiative in Colombia is expected to provide the drug intelligence community with the technical data necessary to make more exact estimates of opiate production efficiencies.

Colombian authorities reported spraying 7,400 hectares of opium poppy in 1996, which would surpass Colombia's established goal of 4,000 hectares, although the amount of poppy actually killed is not known. The government maintained the eradication campaign despite civic protests over the aerial chemical spraying of drug crops and weapons fire from insurgents who provided protection for illicit drug crops.

Colombian opiate conversion laboratories produced heroin primarily for the U.S. market. Information suggests the existence of portable heroin laboratories in Colombia, located in urban areas in Cauca, Cundinamarca, Huila, Risaralda, Tolima, and Valle del Cauca Departments; however, relatively few opiate laboratories have been seized. In 1996, Colombian authorities destroyed nine heroin laboratories. All of these heroin-production operations were relatively limited in scope, involving only small quantities of drugs, chemicals, and equipment. This suggested that Colombian chemists remained unable to produce heroin in the bulk quantities seen in traditional heroin source areas. In 1996, Colombian authorities seized 36 kilograms of opium and 183 kilograms of heroin and morphine base. This was a decrease from the 78 kilograms of opium and 419 kilograms of heroin and morphine base seized in 1995.

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* Under Operation BREAKTHROUGH, U.S. and Colombian officials are attempting to determine actual opium gum, morphine base, and heroin production levels in Colombia, using techniques originally developed to quantify coca crop yields, coca leaf alkaloid content, and cocaine processing efficiencies in Bolivia, Colombia, and Peru. The major components of the program include confidential source interviews, scientific field surveys, and laboratory analyses. The strategic objective of this initiative is to quantify the South American cocaine and heroin threats for U.S. Government policy makers. Operation BREAKTHROUGH is directed by DEA and funded by the Office of National Drug Control Policy. The U.S. Department of Agriculture and other Federal agencies provide support for this project.

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

Illicit Opium Production (metric tons)

1996		1993	
Afghanistan	1,230	Afghanistan	685
India	47	India	-
Iran	-	Iran	-
Pakistan	75	Pakistan	140
Total SW Asia	1,352	Total SW Asia	825
Burma	2,560	Burma	2,575
China	-	China	-
Laos	200	Laos	180
Thailand	30	Thailand	42
Total SE Asia	2,790	Total SE Asia	2,797
Colombia	63	Colombia	-
Lebanon	1	Lebanon	4
Guatemala	-	Guatemala	-
Mexico	54	Mexico	49
Vietnam	25	Vietnam	-
Total Other	143	Total Other	53
Total	4,285	Total	3,675

1995		1992	
Afghanistan	1,250	Afghanistan	640
India	77	India	-
Iran	-	Iran	-
Pakistan	155	Pakistan	175
Total SW Asia	1,482	Total SW Asia	815
Burma	2,340	Burma	2,280
China	19	China	-
Laos	180	Laos	230
Thailand	25	Thailand	24
Total SE Asia	2,564	Total SE Asia	2,534
Colombia	65	Colombia	-
Lebanon	1	Lebanon	-
Guatemala	-	Guatemala	-
Mexico	53	Mexico	40
Vietnam	-	Vietnam	-
Total Other	119	Total Other	40
Total	4,165	Total	3,389

1994		1991	
Afghanistan	950	Afghanistan	570
India	90	India	-
Iran	-	Iran	-
Pakistan	160	Pakistan	180
Total SW Asia	1,200	Total SW Asia	750
Burma	2,030	Burma	2,350
China	25	China	-
Laos	85	Laos	265
Thailand	17	Thailand	35
Total SE Asia	2,157	Total SE Asia	2,650
Colombia	-	Colombia	-
Lebanon	-	Lebanon	34
Guatemala	-	Guatemala	11
Mexico	60	Mexico	41
Vietnam	-	Vietnam	-
Total Other	60	Total Other	86
Total	3,417	Total	3,486

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

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

much smaller extent, the Indian, Bangladesh, and Lao borders. Traffickers also continued a trend noted last year of transporting heroin through central Burma to Burmese ports such as Rangoon and Moulmein for shipment by sea to Singapore or Malaysia.

In late 1995, under pressure caused by the arrests of 13 high-level SUA associates as part of the joint DEA-Thai Royal Police Operation TIGER TRAP, the cutting of supply lines due to the closure of the Burmese-Thai border, attacks by the Burmese Army and the UWSA, and the defection of thousands of ethnic Shan troops, SUA leader Chang Chi-fu (aka Khun Sa) entered into negotiations with the Burmese Government. A settlement was reached in December 1995, and by early January 1996, Burmese Army troops were garrisoned at key SUA bases. Chang, meanwhile, apparently was granted amnesty from prosecution or extradition. (Chang was indicted in the Eastern District of New York in December 1989 for conspiring to import heroin into the United States.) Chang now lives in Rangoon, where he lives under "protective custody" on a government compound. Some information suggests that Chang's illicit wealth has or will be invested in commercial infrastructure building in Burma.

The SUA surrender disrupted trafficking patterns in the Shan State, as traffickers were forced to abandon long-established trade routes. Burmese authorities were able to seize a record 505 kilograms of heroin and destroy 11 heroin refineries, a significant increase over the 70 kilograms of heroin seized and the three refineries destroyed in 1995. Opium seizures in 1996 exceeded 1 metric ton. As a result of such developments, opium prices in some locations plummeted, and refining activity slowed. Nevertheless, trafficking activity continued, as evidenced by reports of extensive drug caravan activity along the Burmese-Thai border. Remnants of the SUA were able to continue operating, due partly to actions taken by SUA members to prepare for the surrender once

negotiations began in the fall of 1995. These actions included the dismantling and relocation of refineries to sites on the Burmese borders with Laos and China, and the caching of weapons. Additionally, some soldiers who did not surrender moved to Laos to continue operations there.

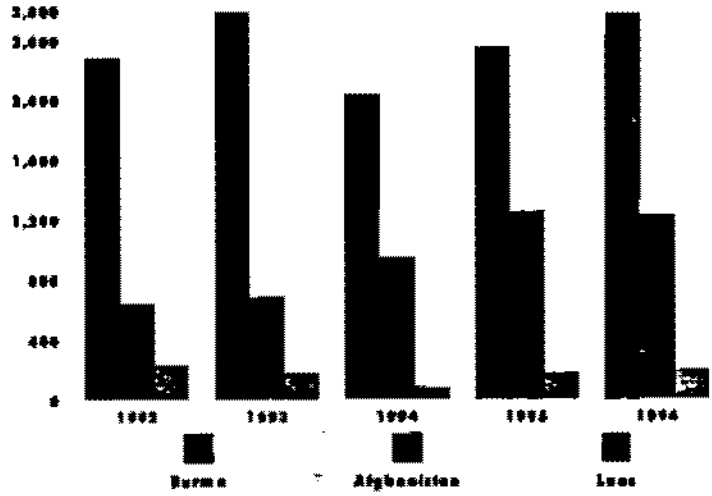
Thailand served as a transit area for heroin shipments en route from Burma to international markets. While Thailand once was the main transit country for such shipments, an increasing quantity of heroin has been shipped along alternate routes in recent years, particularly since the Burmese Army's occupation of former SUA territory along the Burmese-Thai border. Traffickers have turned primarily to China, although Cambodia and Laos also have witnessed increased heroin trafficking. Despite such developments, however, Thailand continued to serve as a center of operations for heroin traffickers, due, in part, to that nation's modern communications and transportation systems that facilitated illicit drug transactions.

Opium poppies continued to be cultivated by hill tribe farmers in northern Thailand. In fact, net cultivation increased from 1,750 hectares in 1995 to 2,170 hectares in 1996, despite a stepped-up eradication campaign that resulted in the destruction of 880 hectares of opium poppies, as opposed to the 580 hectares destroyed in 1995. Potential opium yield in 1996 stood at 30 metric tons, an increase over 25 metric tons in 1995. These increases were attributed to a temporary rise in the offering price for opium in Burmese border areas in mid-1996, following the destabilization of normal trafficking patterns with the capitulation of the SUA.

For the first time in several years, there was some heroin refining activity in Thailand, as refineries formerly situated in Burma apparently relocated to Thai territory as Burmese forces occupied territory formerly controlled by the SUA. Evidence of this trend was provided in April 1996, when Thai authorities seized a SUA heroin refinery in Thailand's northern Mae Hong Son Province. This operation resulted in the seizure of 60 kilograms of morphine base and 100 barrels of ether and acetic anhydride. Authorities estimated the refinery had produced between 700 and 1,400 kilograms of heroin in the 2 months preceding the raid. In August, another heroin refinery was seized in the same area. Altogether, in the first 9 months of 1996, authorities seized 370 kilograms of heroin, compared to 690 kilograms seized in all of 1995.

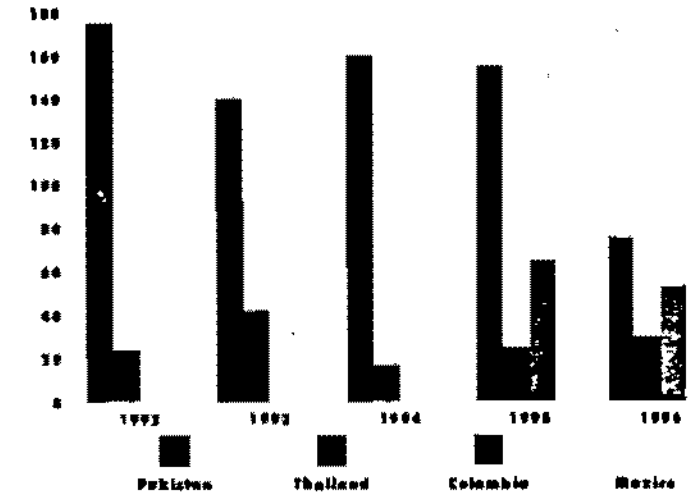
In other significant drug law enforcement events, the Thai Government in 1996 extradited three individuals wanted on heroin trafficking charges to the United States. The first native-born Thai citizen to be extradited from Thailand was turned over to the United States in

Opium Production by Country (metric tons)



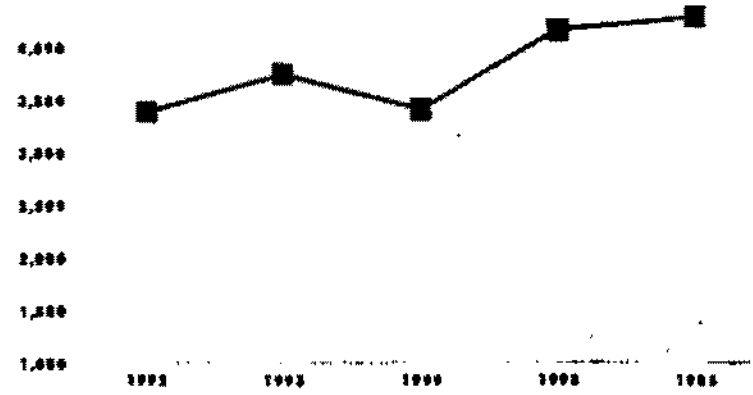
Source: INSR 1997, Potential Drug Production

Opium Production by Country (metric tons)



Source: INSR 1997, Potential Drug Production

Worldwide Opium Production (metric tons)



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

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

The Colombian heroin trade is dominated by independent trafficking groups that operate outside of the control of either the Cali or Medellin drug mafias. To date, no single trafficking group has been identified as a principal supplier of Colombian heroin to the United States. However, some analysts anticipate that, in time, certain Cali or Northern Valle del Cauca cocaine trafficking groups will attempt to exert greater control over the heroin trade. Should this occur, these groups would be expected to use the transportation, wholesale distribution, and money laundering networks they have established over the last decade to expand the market for Colombian cocaine in the United States.

Small amounts of opium poppy cultivation have been discovered in **Peru** and **Venezuela**. In March 1996, for example, a 12-hectare plot of opium poppies was discovered in a wooded, mountainous area near Miriam, Huanuco Department, Peru. This was the largest opium poppy cultivation site discovered so far in Peru. Despite the presence of such cultivation, heroin production in Peru and Venezuela was believed to be negligible.

Opium Poppy Growing Areas

Ecuador has been used as a transit point for couriers smuggling Colombian heroin to the United States. Ecuadorian authorities seized 71 kilograms of heroin in 1996, up from 35 kilograms in 1995. Couriers transited Ecuador in the hopes of avoiding scrutiny typically given by customs officials to flights arriving from Colombia. In some cases, couriers obtained heroin in Colombia, and then traveled overland to Quito, Ecuador, where they boarded flights to the United States. In other cases, couriers recruited in U.S. cities, such as New York and Miami, would fly into Ecuador, where they would take delivery of heroin from Colombian couriers.

Mexico and Central America

In **Mexico**, net opium poppy cultivation in 1996 was 5,100 hectares, with an estimated opium yield of 54 metric tons. Despite the eradication of 7,900 hectares of opium poppies, net cultivation failed to decrease due to the planting of new crops.

Processing activity in Mexico remained concentrated on the production of black tar heroin, which was relatively simple to produce and preferred by users in the western United States. Brown heroin also was produced, although in limited quantities. Although heroin produced in Mexico and Guatemala represented only a small portion of the worldwide total, its impact on the United States was substantial because virtually all production was destined for U.S. consumers. Mexican authorities seized a total of 260 kilograms of heroin and 190 kilograms of opium in the first 10 months of 1996, compared to 203 kilograms of heroin and 220 kilograms of opium seized in 1995.

The entire heroin production process, from opium production and heroin processing to the management of

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

transportation and distribution networks in the United States, was controlled by several polydrug trafficking groups based in Mexico. (These groups were referred to as polydrug trafficking organizations because they smuggled not only heroin, but also cocaine, marijuana, and methamphetamine.) Other trafficking organizations operated independently, on a smaller scale, limiting their involvement to specific aspects of the trafficking enterprise.

Four major drug trafficking organizations in Mexico controlled drug smuggling across the U.S. Southwest border. Most of the heroin trade was in the hands of the same trafficking organizations—"cartels" directed by Amado Carillo-Fuentes, the Arellano-Felix brothers, Miguel Caro-Quintero, and, until his arrest in January 1996, Juan Garcia-Abrego—that were responsible for cross-border cocaine smuggling.

Opium poppy cultivation in **Guatemala** was negligible, covering an estimated 12 hectares. According to the Guatemalan Government, manual and aerial eradication programs led to the destruction of virtually the entire opium poppy crop in 1996. In 1995, by contrast, opium poppies were cultivated on an estimated 125 hectares of land, 86 hectares of which were eradicated.

Southwest Asia

Despite the country's political shift to Islamic fundamentalism, **Afghanistan** maintained its position as the second largest producer of opium in the world. Official U.S. estimates indicated that in 1996, 37,950 hectares of opium poppies were under cultivation, with potential opium production totaling 1,230 metric tons. This was down slightly from 1,250 metric tons produced in 1995. These figures represent a stabilization of the crop—at least for the moment—after 6 straight years of increases during which the crop more than tripled. According to the United Nations Drug Control Program (UNDCP), total opium production is much higher. Relying on an in-country survey of Afghan opium poppy farmers, the UNDCP estimates a potential opium yield of 2,336 metric tons from 56,824 hectares of opium poppies.

The absence of a universally recognized central government in Afghanistan made opium poppy control programs, such as eradication, impossible to enforce. A number of factions continued to contend for power. Although one faction, the Taliban, has gained control over major portions of the country, it has yet to form a government. Moreover, despite early pronouncements on their aversion to drug cultivation and production, the Taliban appears to have reached an accommodation with opium poppy farmers. Indeed, there have been few reports reaching the West from Afghanistan concerning eradication and punishment for opium farmers and drug traffickers.

Reports indicate that opiate processing activity in Afghanistan is increasing. Most laboratory activity involved the processing of opium to morphine base for local consumption and for transport to Turkey. However, there are indications that minor heroin laboratory activity, possibly to supply traffickers using routes through Central Asia and Russia, increased.

In 1996, potential opium production in **Pakistan** fell to 75 metric tons, a sharp drop from 155 metric tons in 1995. Officially, this decrease was attributed to government eradication programs and the extension of a government-imposed poppy cultivation ban. The estimated 867 hectares of cultivation eradicated in 1996, however, accounted for only a small part of the drop in net cultivation from 6,950 hectares in 1995 to 3,400 hectares in 1996. The decrease in opium production instead was likely more attributable to a considerable drop in the price of opium due to increased Afghan production, and to a concurrent rise in the price of food crops making them attractive alternatives to opium production for farmers. While less opium, and, by extension, heroin was available, less also was seized. In 1996, the Pakistani Government reported seizing 5.4 metric tons of opium and 2.03 metric tons of heroin, down from 215.5 metric tons of opium and 18 metric tons of heroin reported in 1995.

Major opium conversion laboratory activity in Southwest Asia was concentrated in the North-West Frontier Province (NWFP), Pakistan, a semiautonomous region governed by tribal *jirgas* or councils that were fairly independent of the Pakistani Government. Thus the central Pakistani Government had little control over the region. Pressure on tribal leaders from the Pakistani Government, the UNDCP, and DEA, however, reportedly led to the eviction of some laboratory operators. Additionally, in December 1996, tribal forces moved against a drug bazaar in the NWFP and razed the entire facility. Since laboratories in the NWFP were generally crude, "kitchen" laboratories, usually situated in remote areas, mounting any type of raid on these facilities required extensive planning and logistical support, which usually led to a compromise of the mission.

Much of the heroin trade in and from Pakistan is controlled by a loose consortium of three Quetta-based families, referred to as the Quetta Alliance. While these groups appear to be independent, they cooperate with each other when such cooperation is to their mutual benefit. For example, they often have bought and sold raw materials and drugs through each other, established clandestine opium conversion laboratories in proximity for mutual protection, and, on occasion, pooled their

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

resources to meet multiton drug orders. Meanwhile, the Quetta Alliance has shielded itself from drug law enforcement through payoffs, bribes, and the political power afforded the wealthy. Payoffs and bribes have ensured advance notification of raids and virtual veto power over plans to expand local drug law enforcement capabilities. Members of the alliance also hold district- and provincial-level political offices, which provide access to federal officials.

India remained the world's largest supplier of pharmaceutical-grade licit opium gum, produced under the direct control of the Indian Government. Reports of licit opium diverted to the illegal market persisted, with some estimates placing the portion of licit production diverted to illicit markets as high as 30 percent. Opium also was supplied to the illicit market from illicit cultivation in northern and northeastern parts of the country. Both diverted and illicit opium were destined largely for the local South Asian heroin market, with opium usually converted to a low-grade heroin, referred to as "brown sugar," in small clandestine laboratories believed to be located near licit opium poppy cultivation sites. Brown sugar heroin had no real market outside of the region. Although limited quantities of Pakistani- produced heroin, intended for the international market, were routed through India, this heroin usually was destined for Europe, rather than the United States. Smaller quantities of heroin were smuggled into India from Burma, then smuggled to the international market by Nepalese traffickers. In addition, Nigerian traffickers continued to use India as a transshipment location. In the first 9 months of 1996, Indian authorities seized a total of 1 metric ton of heroin and 2.2 metric tons of opium, compared to 1.7 metric tons of heroin and 1.3 metric tons of opium seized in all of 1995.

Iran claims that opium production has been eliminated; however, actual conditions in the country are unknown. The Iranian Government did take steps to address the country's drug problem. For instance, the government constructed elaborate walls and dug pits to block trafficking routes. Nonetheless, drug smuggling by caravans, private automobiles, buses, and trucks continued without interruption. Smuggling from Iran to Turkey and Western Europe has been facilitated by Iranian communities in Turkey and European countries such as Germany. These populations include Iranian addicts who fled the draconian treatment meted out by the new regime. These new communities have formed an excellent basis for ethnic-based trafficking networks. Significant 1996 seizures tied to Iran included the June seizure by Pakistani authorities in Chagai District, Baluchistan, of 2 metric tons of morphine base apparently being transported across the Iranian-Pakistani border en route to Kurdish areas in the northwest. And in September, Turkish authorities seized approximately 750 kilograms of morphine base from two tractor-trailers crossing the Iranian-Turkish border.

The Middle East

An inspection of traditional opium cultivation areas by United Nations representatives in 1995 confirmed that opium poppy cultivation in **Lebanon** has been eliminated. However, heroin processing continued in laboratories in the Bekaa Valley. Opium and morphine base were imported from Afghanistan, Iran, and Pakistan by way of Turkey and Syria, while heroin was exported through Lebanese ports, or through Israeli ports after being smuggled through the Israeli security zone in southern Lebanon. Couriers aboard commercial airline flights also smuggled heroin out of the country. In some instances, couriers transited African and European airports en route to the United States. Authorities in Lebanon seized 51 kilograms of heroin in 1996.

Syria was a known transit country for heroin. In addition to serving as a transit point for opium and morphine base en route to the Bekaa Valley, Syria also was a transit point for Lebanese-produced heroin en route to the Arabian Peninsula, Europe, and the United States. Moreover, smuggling allegedly was tolerated and even facilitated by Syrian military officials. (Syrian troops controlled Lebanon's northern Bekaa Valley where heroin was produced.) In 1996, heroin seizures by Syrian authorities totaled 10 kilograms, compared to 17 kilograms in 1995.

Central Asia

The major opium poppy-growing areas in Central Asia were located in remote and mountainous regions of **Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan,** and **Uzbekistan**. Although no estimates were available as to the extent of cultivation, opium poppy plots were believed to be small. Most illicit opium seized was in the form of dried opium poppy bulbs and stems, referred to as opium poppy straw. (By grinding poppy straw into a fine powder, boiling the powder, adding chemicals, and finally filtering, addicts are able to prepare an injectable solution with a high morphine content.) Kilogram quantities of opium poppy straw were seized throughout the region. All five Central Asian nations have instituted antidrug programs. Unfortunately, efforts to eradicate illicit crops have met with limited success due to shortages of personnel and equipment. Although this opiate activity has little direct impact on the United States, the U.S. Government has become involved in the training and equipping of counterdrug forces in the region.

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

Reports indicated that opiate processing activity in Tajikistan increased. Most laboratory activity involved the processing of opium to morphine base for local consumption and for transport to Turkey. However, there were indications of an increase in minor heroin laboratory activity in Tajikistan, possibly to supply traffickers using routes through Central Asia and Russia.

Trafficking through Central Asia was facilitated by loosely controlled borders among the Central Asian States and Afghanistan. This traffic may increase as Afghan traffickers respond to a tightening of security along the Afghan-Pakistani border, especially given the growing economic and cultural ties among Afghanistan and the Central Asian States. In this context, smuggling through Uzbekistan emerged as an alternative to traditional smuggling routes through Iran and Turkey. The Silk Road, which once made Uzbekistan the center of trade between Asia and Europe, now threatens to make the country the center of regional drug trafficking, given its strategic location adjacent to Afghanistan.

Opium Poppy Growing Areas

Europe

Turkey played a major role in the trafficking of SWA heroin to Europe. Heroin laboratories processed large amounts of morphine base imported from Southwest Asia by way of Iran. At one time, heroin laboratory activity was concentrated in remote areas of eastern and southeastern Turkey, but increasing civil unrest led to the shifting of operations to the Istanbul region. Still, some laboratory activity in the eastern and northeastern areas continued, as illustrated by the December 1996 seizure in Yalova, Turkey, of an operational heroin laboratory, along with 240 kilograms of morphine base and approximately 1.2 metric tons of acetic anhydride. Laboratory seizures in the Istanbul area, meanwhile, included the February seizure of a facility in Tekirdag Province, where authorities found 234 kilograms of suspected heroin, 16 metric tons of acetic anhydride, and assorted laboratory equipment. Altogether in 1996, Turkish authorities destroyed seven laboratories, and seized 1.2 metric tons of morphine base and 2.6 metric tons of heroin.

According to some estimates, between 3 and 10 metric tons of morphine base were smuggled into Turkey monthly. Morphine base was smuggled using three methods: by sea on merchant ships that sailed into the Ports of Istanbul, Ismir, Samsun, and Trabzon after loading heroin consignments off the coasts of Pakistan and Iran; overland by motor vehicle from Baluchistan Province, Pakistan, into northwestern Iran, and then by vehicle, horse, or backpack across the border into Turkey; and finally, overland by vehicle from Afghanistan through the Central Asian States, across the Caspian Sea by ferry, through Georgia into Turkey. Much of the morphine base and heroin traffic in Turkey is controlled by ethnic Kurdish elements. Iranians living in Istanbul also comprise a major drug trafficking group.

Heroin was shipped from Turkey primarily to European countries and, to a much smaller extent, the United States. Bulk heroin shipments destined for European

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

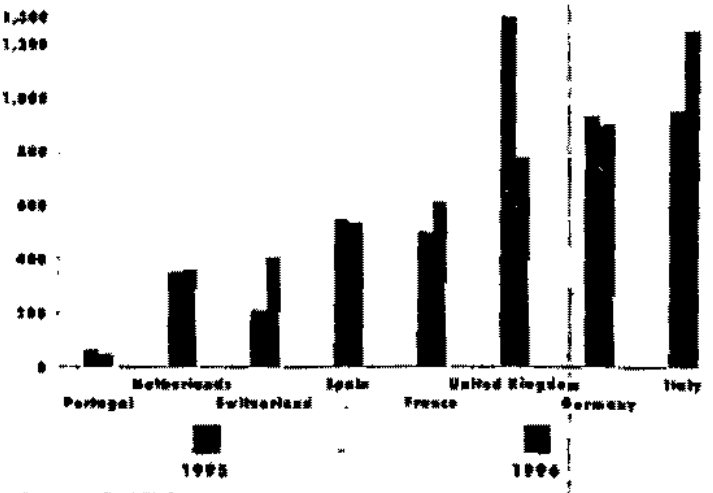
markets were transported along a combination of numerous land and sea routes collectively known as the Balkan Route. Smaller quantities destined for the United States were shipped directly, or transshipped through Europe. The Balkan Route encompasses highways running from Turkey through **Greece, Bulgaria, the former Yugoslavia, Romania, the Czech** and **Slovak Republics**, and **Hungary**, to **Austria, Germany**, and **Italy**, as well as ferry routes between Greece and Italy. From Italy, heroin shipments were routed to markets elsewhere in Western Europe.

Nigerian heroin smugglers in **Italy** sought out U.S. servicemen based there to act as couriers bringing heroin from Turkey to Italy for distribution there and elsewhere in Europe. Seventy-five percent of the heroin seized in Europe in recent years, however, was transported by way of the Balkan Route. Significant 1996 seizures of heroin en route from Turkey to Western Europe included 190 kilograms seized in January by Turkish police from a tractor-trailer bound for Germany; 217 kilograms of heroin seized in May by Italian authorities from a truck aboard a passenger ferry that arrived in Venice, Italy, from Izmir; and 65 kilograms seized in June by German customs authorities from a truck that had arrived from Turkey by way of Bulgaria, Romania, Hungary, and Austria.

Drug trafficking organizations composed of ethnic Albanians from Serbia's Kosovo Province were considered to be second only to Turkish groups as the predominant heroin smugglers along the Balkan Route. These groups were particularly active in **Bulgaria**, the **Former Yugoslav Republic of Macedonia (FYROM)**, and **Serbia**. Kosovan traffickers were noted for their use of violence and for their involvement in international weapons trafficking. There is increasing evidence that ethnic criminals from the Balkans are engaged in criminal activities in the United States and some of that activity involves theft of licit pharmaceutical products for illicit street distribution.

Destination countries for shipments of SWA heroin included **France, Germany, Italy, the Netherlands, Portugal, Spain, Switzerland, and the United Kingdom**. Seizures reflected the flow of heroin to these markets. A total of 4.89 metric tons of heroin were seized in these eight countries in 1996. In individual countries, 47 kilograms were seized in Portugal, 360 kilograms in the Netherlands, 405 kilograms in Switzerland, 533 kilograms in Spain, 612 kilograms in France, 780 kilograms in the United Kingdom, 900 kilograms in Germany, and 1.25 metric tons in Italy. By contrast, in 1995, a total of 4.78

Southwest Asian Heroin Seizures (kilograms)



Source: INTERPOL Statistics

metric tons of heroin were seized in these eight countries. This included 67 kilograms seized in Portugal, 212 kilograms in Switzerland, 351 kilograms in the Netherlands, 499 kilograms in France, 546 kilograms in Spain, 933 kilograms in Germany, 952 kilograms in Italy, and 1.3 metric tons in the United Kingdom.

European drug law enforcement officials often cited Turkish groups for their control over mid-level wholesale distribution of heroin in consumer countries. In many cases, Iranian, Kurdish, and Turkish criminal organizations worked with members of local ethnic-Turkish communities to control distribution. Italian organized crime families also played a large role in heroin distribution. In addition, Nigerian trafficking organizations were responsible for a growing amount of heroin smuggled into Europe using commercial air connections. These Nigerian criminals have traded, on occasion, heroin for cocaine in the United States.

Neither SWA nor SEA heroin was abused to any significant extent in **Russia** or other member states of the Commonwealth of Independent States. Rather, drug abuse consisted mainly of the consumption of opium poppy straw tea or injectable morphine solutions, both of which were made from opium poppy straw smuggled into the region by rail from Central Asia, Ukraine, and Latvia. Russia served as a transit point for kilogram quantities of SWA and SEA heroin smuggled through Moscow's Shermetyevo International Airport by couriers en route to Western Europe. In the past, Russian criminals have been involved in shipping heroin to the United States. However, no such arrests were made in 1996. In one February 1996 case, authorities at Shermetyevo seized 61 capsules of heroin from a Liberian courier en route from Malaysia to Switzerland.

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

Opium poppy straw and opium were smuggled by organized criminal groups of the region. After initially expanding their activities on the periphery of the former Soviet Union and in Eastern Europe, ethnic Russian criminals were more active throughout Europe and in the United States. Other ethnic criminal groups tied to drug trafficking included groups composed of Armenians, Azeris, Chechens, and Georgians. Ethnic gangs continued to expand globally in 1996. In fact, increased organized crime activities in Russia, Ukraine, Belarus, and the Central Asian States led to greater contact between smuggling organizations regionally and internationally.

Elsewhere in Eastern Europe, the Crimean Ports of Odessa and Sevastopol were used to stage shipments through **Ukraine** and **Belarus** to **Poland**, according to a EUROPOL study. Pole and Czech traffickers were mentioned frequently, along with traditional smuggling organizations composed of Iranians, Italians, Kurds, Turks, and Yugoslavs.

Seizures in 1996 indicate that some opiates, to include heroin, are being smuggled by North Korean criminals, mainly into China and Russia. Some reports suggest that such criminal activity is tied to a concerted government effort to earn hard currency. Methamphetamine also allegedly is manufactured in **North Korea** and shipped to markets in Japan.

Africa

Nigeria was a major transshipment country for SEA and SWA heroin being smuggled to Europe and the United States. Trafficking organizations based in Lagos capitalized on a lack of law enforcement resources in neighboring countries to transport heroin into Nigeria and subsequently on to major U.S. and European markets. Another factor in trafficking through Nigeria was a perceived lack of commitment in the Nigerian Government to fighting drug trafficking. For example, in December 1996, the Nigerian Anorney General's office ordered the release on bail of nine Nigerian citizens who were being held pending extradition to the United States to face drug trafficking charges. These suspects were among 11 alleged drug traffickers arrested by Nigerian authorities in 1995. Two of the 11 eventually were expelled to the United States.

Nigerian trafficking groups also were successful because of their methods of operation. These groups were organized along familial and tribal lines, and traffickers seldom dealt with outside persons. Traffickers employed such security-conscious measures as using multiple identities and communicating only by pay telephones. Moreover, high-level traffickers insulated themselves from direct involvement in trafficking activity by assigning tasks, such as recruiting couriers and organizing courier travel, to lower-level members.

Since the late 1980s, Nigerian drug trafficking organizations have obtained much of their heroin from sources in Bangkok, Thailand. Operations in Thailand were facilitated by a Nigerian community in Bangkok, which in December 1995 was estimated to number approximately 2,000 Nigerian nationals. Nigerian-controlled couriers transiting Thailand en route to Africa, Europe, or the United States primarily used Bangkok's Don Muang International Airport. However, some couriers also transited airports in Phuket and Chiang Mai in order to avoid increased drug law enforcement activity at Don Muang. In addition to using direct flights from Thailand to Africa, Europe, and the United States, reportedly, West African heroin couriers also used routes that passed through Phnom Penh, Cambodia.

In the early 1980s, Nigerian traffickers dealt primarily with SWA heroin obtained in India and Pakistan. Although Thailand has since assumed a larger role in Nigerian trafficking activities, smuggling from Southwest Asia continues. In April 1996, for example, Pakistani customs authorities seized a total of over 15 kilograms of heroin from two couriers who arrived at Lahore International Airport. In April, over 12 kilograms were discovered within 25,000 buttons in the luggage of a South African male who was en route to Johannesburg, South Africa, and 3 kilograms of heroin were seized from the luggage of a Nigerian male en route to Lome, Togo, by way of Bangkok. Additionally, in June, customs officials at the Sust border crossing in northern Pakistan seized 5 kilograms from a Nigerian national destined for China by way of the Khunjarab Pass. Interestingly, this was the first documented heroin seizure in this area and the first incident of a Nigerian courier arrested attempting to cross into China.

Aside from Nigeria, African countries used by Nigerian-controlled couriers as transit locations included **Ghana**, **Kenya**, **Tanzania**, **Uganda**, and **Zimbabwe**. While these countries served as transit points for smuggling operations destined for Europe, **South Africa** may have served as a transit point for heroin couriers en route to the United States.

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

tons of cocaine in 1996, a slight increase over the 1995 figure. In 1996, for the first time Mexican authorities also reported finding and destroying a cocaine processing lab, another sign that Mexican organizations are continuing to usurp the power of the Colombian syndicates.

The USG added **Aruba** to its list of major drug transit countries in 1996. Because of its geographic location off the coast of Venezuela, Aruba serves as a major transshipment point for cocaine and heroin from Colombia, Venezuela, and Suriname to the US and Europe. Indications of significant increases in large-scale smuggling and trafficking, and slow progress on implementation of money laundering legislation and extending extradition to Aruban nationals, raised the level of US concerns. The USG was also concerned over credible reports that some members of the Aruban government met regularly with individuals associated with drug trafficking and money laundering syndicates. By the end of 1996, the Aruban parliament had enacted some measures to address money laundering and had begun considering bills to strengthen law enforcement measures against drug trafficking and money laundering.

The USG estimates that over 150 metric tons or more transit the Caribbean annually enroute to the US. In 1996, there was substantial drug trafficking through the **Eastern Caribbean** gateways to US ports of entry in both the main island and Vieques island of Puerto Rico and the US Virgin Islands. The USG has designated Puerto Rico and the US Virgin Islands as a high intensity drug-trafficking area, and has provided special funding to combat the problem. Large quantities of cocaine are regularly smuggled into Puerto Rico from the Lesser Antilles, which includes territories of the United Kingdom (UK), the Netherlands, and France. Because of British, Dutch and French links with the region, the Eastern Caribbean has become a transit route to Western Europe. British authorities believe that approximately 30 percent of the drugs brought into the UK come from or through the Caribbean.

HEROIN AND OPIATES

A deadly partnership between cocaine and heroin has been developing over the past few years. Though cocaine long ago displaced heroin as America's most dangerous illegal drug of choice, heroin has been gradually creeping back onto the US drug scene, not as rival, but as a partner. Taken along with cocaine, it can moderate cocaine's stimulant effects. By itself, it can provide a mellow euphoria. Once déclassée as the drug of dead-end derelicts, heroin unfortunately may be acquiring a false respectability among younger drug users.

Though just as deadly and addictive as cocaine, heroin, as an opiate, has a special property that appeals to the drug trade and the addict alike: it permits many addicts to develop a long-term tolerance to the drug. Whereas constant cocaine use may kill a regular user in five years, a heroin addiction can last a decade or more, as long as addicts have

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

heroin needs. Production in Laos also increased by 11 per cent, for an estimated total of 200 metric tons, or about 7 per cent of the Southeast Asian total. Production in Thailand increased in 1996 despite an aggressive eradication campaign, but remained minimal, accounting for only about one per cent of Southeast Asian production. From these figures it is clear that Burma remains the leading producer of heroin worldwide, and it remains the main overall source for heroin sold in the U.S. The USG's first survey of drug cultivation in **Vietnam** revealed 3,150 hectares of opium poppy, potentially capable of yielding 25 metric tons of opium gum.

Opium poppy cultivation dropped by 9 percent in **Southwest Asia**, after a 45 percent rise the year before. **Afghanistan's** poppy crop, the largest in the region, declined marginally. **Pakistan**'s cultivation, on the other hand, fell by more than half following extension of the poppy ban in the Northwest Frontier Provinces. Afghan opium is the source of most of Europe's heroin. Sophisticated Pakistani trafficking organizations operating out of Quetta, Pakistan, smuggle heroin base and morphine out of Afghanistan to the international market. These groups place orders with the Afghani processors and arrange for transshipment of the drugs from Afghanistan through Pakistan and to Iranian or Turkish buyers who move it through Iran and into international drug channels. Most Afghan opium is destined for processing into heroin in Turkey. The finished heroin is sold primarily in Europe, while a limited quantity goes to the United States

Southwest Asian heroin continues to pour into **Europe** along the Balkan Route. With the branching of the route--northwards to Romania, Hungary, and the Czech and Slovak Republics; southwards through Croatia, Slovenia, the Former Yugoslav Republic of Macedonia, Greece and Albania--each of these countries now faces important domestic drug problems. Turkish trafficking groups, with distributors in ethnic enclaves in major European cities, control much of the Balkan Route heroin trade.

Russia is playing an increasingly pivotal role in Europe and Central Asia. Criminal organizations that had successfully operated under the Soviet regime entered the post-Cold War era with smuggling and distribution networks already in place. Using heroin sources established during the Soviet Union's war with Afghanistan, ethnically based gangs--many from the Caucasus--have burgeoned into major players in the European drug trade. They can use their networks to move Southwest Asian heroin through Central Asia to Russia and then onto destinations in the Baltics and Western Europe. Russian authorities noting a rampant increase in domestic drug use believe that there are now over 2 million drug users in Russia, with the numbers growing every year.

The Central Asian countries of **Kazakstan, Kyrgyzstan, Tajikistan,** and **Uzbekistan,** formerly important poppy growing regions for the Soviet Union, are well placed to be conduits for much of this drug traffic. Kazakstan provides a bridge for Southeast Asian heroin to move to Europe and Russia from Asia. The other countries offer profitable access routes for Southwest Asian, primarily Afghan, heroin into Russia,

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

access to a maintenance "fix." Some heroin addicts on maintenance doses have been known to preserve the facade of a normal life for years. For the drug trade, this insidious property holds out the long term promise of a steady customer base.

Unfortunately the US customer base may be on the rise. Estimates of the US heroin addict population, which for two decades had remained steady at 500,000 individuals, are being revised upward. Evidence of combined drug use suggests that more of the US's 2 million-plus hard-core cocaine addicts are using heroin to cushion the "crash" that follows the euphoria of using crack. Moreover, the heroin addict no longer need be the archetypal junkie shooting up heroin with a dirty needle. The high purity Colombian heroin now available in the US can be snorted like cocaine. This not only frees the user from the need for syringes but from the fear of contracting AIDS from infected needles. In order to develop an assured and profitable market in the United States, the drug trade seems to be counting on a new generation's ignorance of the devastating consequences of heroin use.

Heroin's popularity elsewhere in the world seems assured. Since opium poppies can grow in almost any country, there is no dearth of heroin. The USG estimates for 1996 place potential opium production at nearly 4,300 metric tons, probably a record amount. Sixty percent of that quantity grows in Burma, which by itself probably could satisfy world heroin demand. A bumper crop in Southeast Asia more than offset a drop in Southwest Asian production, which by itself meets most of Europe's heavy heroin needs, while satisfying important domestic demand in many of the source countries. As the chapters in this report indicate, heroin availability--and addiction--is rising throughout Europe and the countries of the former Soviet Union. The Balkan Route's northern, central, and southern branches form the artery carrying high quality Afghan heroin into every important market in Europe. With Nigerians controlling much of the intercontinental heroin trade, Africa is an important region for not only heroin trafficking but for transshipment to European destinations. Southeast Asia, the world's largest source of heroin, not only contributes to the bulk of world supply but is an important consumer of heroin itself. As the region's economies boom, we can expect to see an even greater rise in heroin consumption. Even China, which once had all but eliminated heroin addiction, is experiencing a serious rise in teenage addiction. In short, except from the vantage point of the heroin trade, the near-term outlook is not encouraging.

Source and Transit Country Highlights.

In **Southeast Asia**'s Golden Triangle region, the world's major source of opium, opium poppy cultivation increased for a second consecutive year. **Burma** remains the bread-basket of the opium trade, since it accounts for 65 percent of estimated total world opium poppy cultivation and 60 percent of estimated total potential opium gum production. Estimated production in Burma increased by nine per cent in 1996, for an estimated total of 2,560 metric tons, sufficient to produce 256 metric tons of heroin-probably more than enough to meet most of the world's

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

the NIS and Europe. Heroin, which can fetch high prices in Russia and Europe, has been a tempting source of cash to finance the civil wars in Afghanistan and Tajikistan.

Nigeria is critical to the heroin trade. Nigeria is Africa's most significant transshipment point. But Nigerians also surface as the heroin traffickers par excellence on every continent. Though they are among the principal smugglers of Southeast Asian heroin into the United States, Nigerians are regularly arrested in Bangkok, Rio de Janeiro, New York, Moscow, Riyadh, Bombay, etc. Unfortunately, rampant corruption at all levels of government in Nigeria virtually assures Nigerian trafficking organizations a favored place in the heroin trade.

Colombia is the Western Hemisphere's largest grower of opium poppies. Colombian heroin is being sold in greater quantities in the United States, and poses a particular threat because of well established marketing strategies and channels developed by cocaine traffickers. In addition, Colombian heroin is of high purity. For 1996, USG estimates showed Colombian opium poppy cultivation at 6,300 hectares, four percent less than last year, but enough to yield an estimated 63 metric tons of opium gum, or 6.3 tons of heroin, assuming no losses. **Venezuela's** border with Colombia has made it a potential poppy growing country. So far, however, USG-assisted eradication efforts have kept growth to insignificant levels. Over the past three years, the eradication program has destroyed over 3,000 hectares of opium poppy in the Sierra de Perija region along the Colombian border.

Mexico is Latin America's second largest cultivator of opium poppies. The 1996 crop was almost identical to the previous year's. After Mexican government eradication operations destroyed 7,900 hectares of poppy, there were 5,100 hectares available for exploitation by the drug syndicates, with an estimated potential yield of 54 metric tons of opium gum, or 5.4 metric tons of heroin. Though most of this heroin is destined for US markets, a USG-supported national drug use survey revealed a significant rise in intravenous heroin use in Mexican cities along the northern border with the US.

INTERNATIONAL ORGANIZATIONS

International organizational efforts continue to be a key component of the overall US counternarcotics strategy. Through multilateral organizations the United States has the opportunity to multiply contributions from other donors and decrease the perception that drugs are exclusively a US problem. The US participation in multilateral programs also supports indigenous capabilities in regions where the US is unable to operate bilaterally for political or logistical reasons. Moreover, the US contributions to UNDCP have had significant impact on the operations and expansion of UN counternarcotics programs and policy.

UNDCP has increased the number of projects as well as expanded the scope of its effort to include emerging drug source areas such as Vietnam, Cambodia, and the Central Asian states. US contributions to

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

UNDCP have had significant impact on the operations and expansion of UN counternarcotics programs and policy. In the past year, the level of US contributions has also led to increased commitment from other donors, whose primary vehicle for international drug control efforts continues to be the UN. Recent US contributions to UNDCP have led to:

- an expansion of the Southeast Asia program which targets the largest opium producer, Burma through a cooperative program that includes China, Thailand, and Laos. In addition to new programs in Vietnam and Cambodia the program now includes a pilot project in the Wa-controlled area of Burma and a project for the Kachin-controlled area;

- development of a program to support the eradication campaign in key opium cultivation areas in the second largest opium producer, Afghanistan;

- provision of UNDCP chemical control investigative training and administrative advice in Southwest Asia and Latin America;

- continuation of a maritime cooperation program;

- establishment of a regional training project in the Caribbean to train prosecutors and judges in order to improve conviction rates on narcotics-related cases;

- the continuation of a demand reduction training center for Central European nations;

- provision of legislative advice which led to significant changes in antidrug laws in Central Europe and the Newly Independent States (NIS) in order to implement the 1988 UN Convention;

- coordination of bilateral and multilateral assistance to Eastern Europe and the NIS, and provision of training and advice to bolster law enforcement and customs institutions.

INTERNATIONAL DEMAND REDUCTION

Our international demand reduction programs are designed to help

- Strengthen the ability of host nations to conduct more effective demand reduction efforts on their own;

- Encourage drug producing and transit countries to invest resources in drug awareness, demand reduction, and training to build public support and political will for implementing counternarcotics programs;

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

- Improve coordination of and cooperation in international drug awareness and demand reduction issues involving the US, donor countries, and international organizations; and

- Utilize accomplishments in the international program to benefit US demand reduction services at home.

Because of INL-funded training and technical assistance, host governments have been able to engage their own national institutions, communities and resources to reduce their demand for illicit drugs. INL, moveover, has been able to convince other donor countries and international organizations to provide support to priority USG international demand reduction programs.

Significant demand reduction accomplishments include the following:

- Countries in Latin America and South Asia continued to developed and staff their own drug treatment/prevention programs.

- Countries in South America implemented their own national level drug awareness campaigns, in addition to conducting their own national level epidemiological surveys.

- Countries in South America and Asia conducted their own bilateral and regional demand reduction training, based on informationed learned in INL-funded courses.

- The European Community, UNDCP, OAS, UNICEF, Colombo Plan, and host governments co-sponsored with INL regional training events in Latin America, South Asia, and Eastern Europe, and the development of specialized drug prevention projects for high-risk youth in Latin America.

CHEMICAL CONTROLS

The diversion of chemicals from legitimate commerce to illicit drug manufacture cannot be prevented on an individual country basis; there are too many alternative source countries for adept traffickers to turn to when effective controls deny them chemicals from one particular country. Nor can chemical diversion control be only the responsibility of chemical source countries; importing countries where diversion takes place must cooperate in efforts to ensure that their imports of drug precursor and essential chemicals are for legitimate purposes.

Developing the necessary cooperation among chemical source countries and between chemical source countries and chemical importing countries to curtail chemical diversion has been the principal international policy-level objective of the USG in chemical control. We are seeking to increase recognition of the need for cooperation, and working with other major chemical source and importing countries to develop mutually agreed procedures to achieve it.

Source: U.S. Department

tracking--whether it be the size of the US wheat crop, population figures, or the unemployment rate--that must be revised year to year. For the present, however, these statistics represent the state of the art. As new information becomes available and as the art improves, so will the precision of the estimates.

STATUS OF POTENTIAL WORLDWIDE PRODUCTION

In evaluating the figures below, one must bear in mind that they are theoretical. They represent estimates of potential production--the amounts that the USG estimates could have been produced if, and only if, all available crops were to be converted into finished drugs. Since these estimates make no allowance for losses, actual production is probably lower than our estimates. The figures shown are mean points in a statistical range.

Potential Opium Production. In **Southeast Asia**, estimated opium cultivation and production in the Golden Triangle countries rose in 1996. According to USG estimates, in 1996, growers in Burma, Laos, and Thailand cultivated an estimated 190,520 hectares of opium poppy, potentially yielding 2,790 metric tons of opium gum. This is an eight percent increase in estimated cultivation and a nine percent increase in production over the 176,745 hectares and 2,564 metric tons estimated for 1995.

In **Burma**, estimated opium poppy cultivation increased by some six percent to 163,100 hectares over the 154,070 hectares reported for 1995. In 1996, estimated production rose by nine percent to 2,560 metric tons compared to the 2,340 metric tons reported last year. Weather conditions were largely responsible for the increase in the crop. In **Laos**, estimated cultivation increased significantly by 28 percent to 25,250 hectares from the 1995 figure of 19,650 hectares, estimated production rose by 11 percent to 200 metric tons from the 1995 figure of 180 metric tons. Estimated opium poppy cultivation in **Thailand** increased by approximately 24 percent to 2,170 hectares from the 1,750 hectares observed last year. Thailand had an estimated potential production of 30 metric tons--20 percent more than the 25 metric tons estimated in 1995. In 1996, the USG's first survey of **Vietnam** revealed opium poppy cultivation of 3,150 hectares yielding an estimated 25 metric tons of opium. The USG did not conduct a survey in **China**'s Yunnan Province in 1996.

Opium poppy cultivation in **Southwest Asia** declined by nine percent in 1996, after rising for the two previous years. A significant reduction in opium poppy cultivation in Pakistan accounted for the drop. Total hectarage for Afghanistan and Pakistan fell from 45,690 hectares in 1995 to 41,350 hectares in 1996. Total potential production for both countries declined from 1,405 metric tons to 1,305 metric tons. Afghan hectarage fell from 38,740 in 1995 to 37,950 in 1996. The estimated yield fell by two percent from 1,250 metric tons in 1995 to 1,230 metric tons in 1996. **Pakistan**'s hectarage dropped from 6,950 hectares in 3,400 hectares in 1996. Estimated yield fell more than half from 155 metric tons of opium in 1995 to 75 metric tons in 1996. **India**'s illicit cultivation declined from 4,750 hectares of opium poppy in 1995, with a potential

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

yield of 77 metric tons of gum to 3,100 hectares potentially producing 47 metric tons of opium in 1996. We have no firm data about poppy cultivation or opium production in **Iran**. The USG estimated in 1992 that Iran had approximately 3,500 hectares of opium poppy with a potential yield of 35 metric tons to 70 metric tons. There has been no new information in 1996.

The USG is still examining the illicit drug crop situation in Russia and the Central Asian countries formerly part of the Soviet Union. While some of these countries may be able to produce significant opium poppy harvests, the USG still lacks sufficient data to identify and measure all suspected cultivation areas.

In the **Western Hemisphere**, the opium poppy growing countries have maintained active crop control efforts despite continuing campaigns by criminal organizations to expand the areas under cultivation. In **Colombia**, USG estimates showed Colombian opium poppy cultivation at 6,300 hectares, four percent less than last year, but enough to yield an estimated 63 metric tons of opium gum, or 6.3 tons of heroin, assuming no losses. In **Mexico**, the 1996 crop was almost identical to the previous year's. After Mexican government eradication operations destroyed 7,900 hectares of poppy, there were 5,100 hectares available for exploitation by the drug syndicates, with an estimated potential yield of 54 metric tons of opium gum, or 5.4 metric tons of heroin. **Guatemala's** poppy cultivation remains at minimal levels after government efforts.

Coca Cultivation. Worldwide coca cultivation dropped from last year's record of 214,800 hectares to 209,700 in 1996. Despite an active eradication program, **Colombia** experienced an increase in coca cultivation to 67,900 hectares at the end of 1996. This was a 32 percent increase over the 1995 total of 50,900 hectares. In **Bolivia**, government forces eradicated 7,512 hectares, leaving 48,100 hectares under cultivation. This is a negligible decrease from 1995's estimate of 48,600 hectares. Some coca is cultivated in inaccessible areas of **Brazil**, but its extent is unknown. Ecuador has only negligible amounts of coca.

COCAINE YIELD ESTIMATES

The cocaine yield figure is offered with the same caveat as the crop harvest yield data: it is a figure representing potential production. It is a theoretical number. It does not in every case allow for losses or the many other variables that one would encounter in a "real world" conversion from plant to finished drug. In fact, the amount of cocaine HCl actually produced is probably lower. A USG team that studied cocaine processing in Bolivia's Chapare region in 1993 found that in the laboratories under observation processing efficiency was lower than previously thought. The estimate for Bolivia was reduced accordingly and the figure published as a point estimate rather than as a range.

In 1996, taking into account estimates of local consumption and local seizures, the USG calculates that if virtually every coca leaf were converted into cocaine HCl, and there were no losses because of inefficiencies, bad weather, disease, or the deterrent effects of law enforcement, 760 metric tons of cocaine HCl theoretically could have

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

Worldwide Illicit Drug Cultivation Totals

	1996			1995			1994			1993			1992			1991		
	Ha.			Ha.			Ha.			Ha.			Ha.			Ha.		
Country	Cultivated	Erad.	Net	Cultivated	Erad.	Net	Cultivated	Erad.	Net	Cultivated	Erad.	Net	Cultivated	Erad.	Net	Cultivated	Erad.	Net
Opium																		
Afghanistan	37,950	-	37,950	38,740	-	38,740	29,180	0	29,180	21,080	0	21,080	19,470	0	19,470	17,190	0	17,190
India	3,100	-	3,100	4,750	-	4,750	5,500	0	5,500	4,400	0	4,400						
Iran*	-	-	-	-	-	-	-	-	-	-	-	-	na	na	na	na	na	na
Pakistan	3,400	-	3,400	6,950	-	6,950	464	463	1	0	856	0	9,147	977	8,170	8,645	440	8,205
Total SW Asia	44,450		44,450	50,440		50,440	35,144	463	34,681	25,480	856	25,480	28,617	977	27,640	25,835	440	25,395
Burma	163,100	-	163,100	154,070	-	154,070	149,945	3,345	146,600	166,404	604	165,800	154,915	1,215	153,700	161,012	1,012	160,000
China	-	-	-	1,275	-	1,275	1,965	0	1,965	-	-	-						
Laos	25,250	-	25,250	19,650	-	19,650	18,520	0	18,520	26,040	0	26,040	25,610	0	25,610	29,625	0	29,625
Thailand	2,170	-	2,170	1,750	-	1,750	2,110	0	2,110	2,880	0	2,880	3,630	1,580	2,050	4,200	1,200	3,000
Total SE Asia	190,520		190,520	176,745		176,745	172,540	3,345	169,195	195,324	604	194,720	184,155	2,795	181,360	194,837	2,212	192,625
Colombia	6,300	-	6,300	6,540	-	6,540	24,676	4,676	20,000	29,821	9,821	20,000	32,715	12,715	20,000	2,316	1,156	1,160
Lebanon	90	-	90	150	-	150	-	-	-	440	0	440	na	0	na	3,400	0	3,400
Guatemala	0	-	0	125	86	39	200	150	50	864	426	438	1,200	470	730	1,721	576	1,145
Mexico	13,000	7,900	5,100	13,500	8,450	5,050	12,415	6,620	5,795	11,780	7,820	3,960	10,170	6,860	3,310	10,310	6,545	3,765
Vietnam	3,150	0	3,150	-	-	-	-	-	-	-	-	-	-	-	-	-		-
Total Other	22,540	7,900	14,640	20,335	8,536	11,779	37,291	11,446	25,845	42,905	18,067	24,838	44,085	20,045	24,040	17,747	8,277	9,470
Total Opium	257,510	7,900	249,610	247,500	8,536	238,964	244,975	15,254	229,721	263,709	19,527	245,038	256,857	23,817	233,040	238,419	10,929	226,330
Coca																		
Bolivia	55,600	7,500	48,100	54,093	5,493	48,600	48,630	530	48,100	49,600	2,400	47,200	50,649	5,149	45,500	53,386	5,486	47,900
Colombia	67,200	-	67,200	50,900	-	50,900	4,910	4,910	0	40,493	793	39,700	38,059	959	37,100	38,472	972	37,500
Peru	95,600	1,200	94,400	115,300	-	115,300	115,300	0	115,300	108,600	0	108,600	129,100	0	129,100	120,800	0	120,800
Ecuador	-	-	-	-	-	-	na	na	na	na	na	na	na	na	na	120	80	40
Total Coca	218,400	8,700	209,700	220,293	5,493	214,800	168,840	5,440	163,400	198,693	3,193	195,500	217,808	6,108	211,700	212,778	6,538	206,240
Cannabis																		
Mexico	18,700	12,200	6,500	18,650	11,750	6,900	19,045	8,495	10,550	21,190	9,970	11,220	28,520	12,100	16,420	28,710	10,795	17,915
Colombia	5,000	0	5,000	5,000	0	5,000	5,000	14	4,986	5,050	50	5,000	2,000	0	2,000	2,000	0	2,000
Jamaica	1,000	473	527	1,000	695	305	1,000	692	308	1,200	456	744	1,200	811	389	1,183	833	950
Other	-	-	-	-	-	-	-	-	-	-	-	-	320	266	54	320	266	54
Total Cannabis	24,700	12,673	12,027	24,650	12,445	12,205	25,045	9,201	15,844	27,440	10,476	16,964	32,040	13,177	18,863	32,213	11,894	20,919

* While we do not have firm data, the USG estimated in 1992 that Iran may have 3,500 hectares of opium poppy under cultivation. That estimate did not change in 1996.

2/22/97

Estimated Worldwide Potential
Illicit Drug Net Production 1986-1995

(metric tons)

Country	1996	1995	1994	1993	1992	1991	1990	1989	1988	1987
Opium										
Afghanistan*	1,230	1,250	950	685	640	570	415	585	750	600
India	47	77	90	-	-	-	-	-	-	-
Iran**	-	-	-	-	-	-	-	-	-	300
Pakistan	75	155	160	140	175	180	165	130	205	205
Total SW Asia	1,352	1,482	1,200	825	815	750	580	715	955	1,105
Burma	2,560	2,340	2,030	2,575	2,280	2,350	2,255	2,430	1,280	835
China		19	25	-	-	-	-	-		
Laos	200	180	85	180	230	265	275	380	255	225
Thailand	30	25	17	42	24	35	40	50	25	24
Total SE Asia	2,790	2,564	2,157	2,797	2,534	2,650	2,570	2,860	1,560	1,084
Colombia	63	65	-	-	-	-	-	-	-	-
Lebanon	1	1	-	4	-	34	32	45	-	-
Guatemala	-	-	-	-	-	11	13	12	8	3
Mexico	54	53	60	49	40	41	62	66	67	50
Vietnam	25	-	-	-	-	-	-	-	-	-
Total Above	143	119	60	53	40	86	107	123	75	53
Total Opium Gum	4,285	4,165	3,417	3,675	3,389	3,486	3,257	3,698	2,590	2,242
Coca Leaf										
Bolivia	75,100	85,000	89,800	84,400	80,300	78,000	77,000	77,600	78,400	79,200
Colombia	53,800	40,800	35,800	31,700	29,600	30,000	32,100	33,900	27,200	20,500
Peru	174,700	183,600	165,300	155,500	155,500	222,700	196,900	186,300	187,700	191,000
Ecuador	-	-	-	100	100	40	170	270	400	400
Total Coca Leaf	303,600	309,400	290,900	271,700	265,500	330,740	306,170	298,070	293,700	291,100
Cannabis										
Mexico	3,400	3,650	5,540	6,280	7,795	7,775	19,715	30,200	5,655	5,933
Colombia	4,133	4,133	4,138	4,125	1,650	1,650	1,500	2,800	7,775	5,600
Jamaica	356	206	208	502	263	641	825	190	405	460
Belize	0	0	0	0	0	49	60	65	120	200
Others	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	1,500
Total Cannabis	7,989	7,839	13,386	14,407	13,208	13,615	25,600	36,755	17,455	13,693

U.S. Department of Justice
Drug Enforcement Administration

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The Availability of Southwest Asian Heroin in the United States

Summary

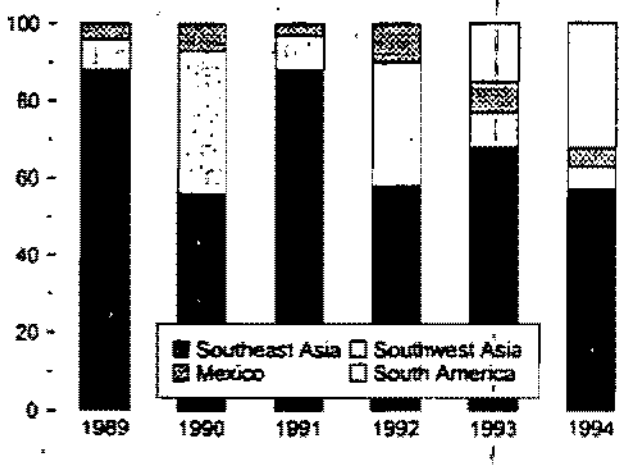
Recent seizures of suspected Southwest Asian (SWA) heroin in the United States have given rise to speculation that increasing amounts of SWA heroin now are available domestically. However, investigative intelligence and indicator programs suggest that it is too soon to determine if these seizures represent a concerted effort by SWA heroin trafficking organizations to expand their operations and market share in the United States.

Overview of Recent Seizures

Three significant seizures of SWA heroin have occurred in the United States in the past 5 months, two of which resulted from an investigation of one SWA heroin trafficking organization:

- First, on December 8, 1995, 68 kilograms of SWA heroin base (approximately 58% pure) were seized in Lubbock, Texas. According to the defendant, the heroin was destined for the New York-New Jersey area.
- The other seizure related to this investigation occurred on December 11, 1995, when 24 kilograms of SWA heroin base (57.2% pure) were seized in New York City.
- On March 20, 1996, approximately 55 kilograms of suspected SWA heroin were seized in Spokane, Washington. The heroin was smuggled into New York City concealed in a shipment of art handicrafts from Karachi, Pakistan. Signature analysis of this seizure is pending. (Signature analysis is a chemical process to determine the geographic source area of heroin.)

Geographic Source Area Distribution (Based on Net Weight of Heroin Seized) (Percent)



Note: The 1993 figure for South American heroin represents only a portion of 1993 because the signature for South American heroin was not developed until July 1993.

SOURCE: Heroin Signature Program

These are the first major seizures of SWA heroin in the United States since August 1994, when 14 kilograms were found buried in San Bernardino County, California. The 68-kilogram seizure in Lubbock, Texas, is the largest U.S. seizure of SWA heroin and the sixth largest U.S. seizure from any source area. It should be noted, however, that these recent domestic seizures resulted from investigations of major traffickers in Southwest Asia. No significant seizures of SWA heroin have been made domestically as a result of random or "cold" interdiction efforts. This indicates that there is not a ready supply of SWA heroin in the United States.

Source: U. S. Department of Justice, Drug Enforcement Administration, *The Availability of Southwest Asian Heroin in the United States*, May 1996.

SWA Heroin Trafficking in the United States

From 1980 through 1987, SWA heroin was the predominant form of heroin available in the United States, as evidenced by its prominence in DEA indicator data and the large number of investigations that were conducted against SWA heroin traffickers. However, since that time, heroin from Southeast Asia has dominated the domestic market. This shift occurred for two primary reasons. First, drug law enforcement investigations successfully dismantled much of the smuggling and trafficking operations of SWA heroin organizations in the United States. Second, heroin production in Southeast Asia had increased dramatically during that time frame.

Nevertheless, large, well-organized SWA heroin trafficking groups and small, independent traffickers remain capable of supplying heroin to the U.S. market. All available indicators, however, show that the largest organizations trafficking SWA heroin continue to supply established distribution networks throughout Europe, the primary market for SWA heroin. The United States remains a secondary target for these traffickers. Most of these organizations store heroin supplies in secure European locations and only send shipments to the United States after a buyer is identified and has paid a partial payment. Generally, the balance due is payable upon delivery in the United States.

Most SWA heroin trafficking groups in the United States are cohesive and difficult to penetrate because they are based on ethnic, familial, religious, and tribal relationships. The traffickers and wholesale distributors generally are cautious, rarely transacting business with outsiders. SWA heroin trafficking and distribution generally are more prevalent in cities with large populations from Afghanistan, Greece, Lebanon, Pakistan, and Turkey, such as Chicago, Detroit, and New York City.

Worldwide Potential Net Opium Production, 1989 - 1995

(Metric Tons)

	1989	1990	1991	1992	1993	1994	1995
Afghanistan	585	415	570	640	685	950	1,250
India	–	–	–	–	68	82	71
Iran	–	–	–	–	–	–	–
Pakistan	130	165	180	175	140	160	155
Burma	2,430	2,255	2,350	2,280	2,575	2,030	2,340
China	–	–	–	–	–	25	16
Laos	380	275	285	230	180	85	180
Thailand	50	40	35	24	42	17	25
Colombia	–	–	–	–	–	–	65
Lebanon	45	32	34	–	4	–	1.5
Guatemala	12	13	17	–	4	–	–
Mexico	66	62	41	40	49	60	53
Total Opium	3,698	3,257	3,492	3,389	3,745	3,409	4,157

SOURCE: [illegible]

Source: U. S. Department of Justice, Drug Enforcement Administration, *The Availability of Southwest Asian Heroin in the United States*, May 1996.

Domestic Heroin Availability and Abuse Indicators

Two programs used by the Intelligence Division to monitor heroin availability in the United States are the Heroin Signature Program (HSP) and the Domestic Monitor Program (DMP). The HSP employs an in-depth chemical analysis to determine the source region for all heroin seizures made at U.S. ports of entry (e.g., international airports and border crossings) and a random sampling of seizures and purchases made domestically. In general terms, the HSP provides a glimpse of heroin trafficking at the wholesale level.

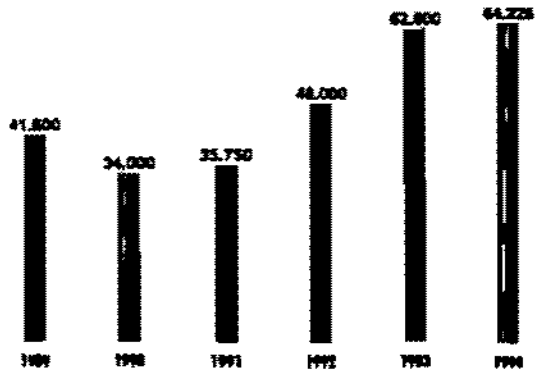
The DMP, on the other hand, is an intelligence program focusing specifically on retail-level heroin distribution in the United States. Through the DMP, retail-level heroin purchases are made in 20 domestic metropolitan areas. These heroin samples are analyzed for price, purity, adulterants, diluents, and source region. Although these programs have several inherent limitations, they can be used to help form a general picture of the domestic heroin situation and to identify emerging trends—for example, both programs were useful in tracking the emergence of South American heroin in the United States.

The HSP, the DMP, seizure data, and abuse indicators all suggest that SWA heroin market share and purity in the United States remain low. According to the 1994 HSP, Southeast Asia was the prevalent source area for heroin seized in the United States, accounting for 57 percent of the total net weight of heroin analyzed within the program. South American heroin accounted for 32 percent, SWA heroin accounted for 6 percent, and Mexican heroin accounted for 5 percent. Preliminary figures for the HSP for 1995 indicate that—as a result of the two large seizures effected in December—the proportion of SWA heroin rose to 16 percent, still less than the proportion for both Southeast Asian and South American heroin. The representation of SWA heroin in the HSP for 1996 likely will remain close to the 1995 level due to the large seizure made in March 1996.

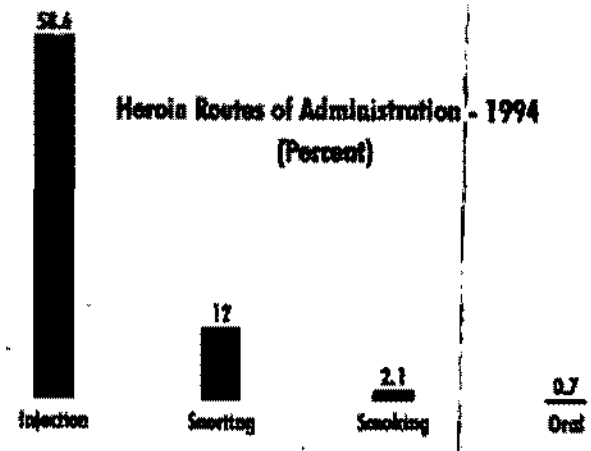
Purchases of SWA heroin made through the DMP continue to be minimal. For example, of the 660 heroin exhibits purchased in 1995, only 4 were determined to be of Southwest Asian origin with an average purity of 26.5 percent. (DMP figures for 1995 are preliminary.) By comparison, during the late 1980's, the number of SWA heroin exhibits in the DMP ranged from 30 to 36 per year, out of a total of between 230 and 325 purchases per year.

Drug abuse and treatment officials report that the overwhelming majority of heroin users either are injecting or, to a lesser extent, inhaling the drug. To date, only a very small percentage of users are smoking it. According to reporting from the Drug Abuse Warning Network (DAWN), smoking as a route of heroin administration occurred in only 2.1 percent of all heroin-related hospital emergency room episodes during 1994.

Heroin-Related Emergency Episodes



SOURCE: DAWN



SOURCE: DAWN

Source: U. S. Department of Justice, Drug Enforcement Administration, *The Availability of Southwest Asian Heroin in the United States*, May 1996.

This fact poses a serious question regarding the SWA heroin base seizures listed previously. Because heroin base is not water-soluble (i.e., it cannot be injected nor inhaled like heroin hydrochloride (HCl) and can only be smoked), it is unclear what was to be done with these large shipments. Although heroin base can be converted for use by injection, it requires the user or distributor to perform a crude and not widely known procedure that is rendered unnecessary by the ready availability of heroin HCl at the retail level. It is not known if the heroin base was to be converted to heroin HCl in clandestine laboratories within the United States. Between 1978 and 1985, 8 clandestine heroin processing laboratories were seized in the United States by DEA. At most, only 2 of these laboratories simply were converting heroin base to heroin HCl. There have been no heroin laboratory seizures since 1985.

Conclusion

Although the recent seizures are significant, it is too soon to conclude that SWA heroin traffickers are attempting to expand their share of the heroin market in the United States. All investigative intelligence and indicator data show that the availability of SWA heroin in the United States remains minimal. Some of these intelligence indicators are described below.

- To date, the investigations involving Southwest Asian traffickers have yielded heroin provided on demand and have not generated intelligence that SWA heroin can be supplied in bulk quantities on a regular basis. It is possible that the limited availability of SWA heroin reported through drug law enforcement operations may be the result of the greater focus on South American heroin and a general inability to penetrate clannish Southwest Asian trafficking organizations in the United States.

- The recent seizures consisted of relatively low-purity heroin base, a product that would be difficult to market domestically.

- The low purity of SWA heroin generally is not competitive with the high-purity heroin from Southeast Asia and South America.

- SWA heroin accounts for only 16 percent of the heroin analyzed by the HSP, despite the large quantities seized recently.

- The exhibits consisting of SWA heroin are a small fraction of the total purchases made through the DMP.

Nonetheless, domestic SWA heroin trafficking warrants increased attention for several reasons. First, opium production in Southwest Asia has been increasing since 1990, implying that more heroin from that region will be available for smuggling to the United States, assuming stable heroin supplies and consumption rates in Europe. Second, declining heroin prices in Europe and higher prices in the United States may prompt SWA heroin traffickers to target the U.S. market. Third, the recent seizures prove that large quantities of heroin can be smuggled successfully into the United States.

This report was prepared by the Domestic Unit of the Strategic Intelligence Section. Requests for copies are welcome, and may be directed to the Intelligence Production Unit, Intelligence Division, DEA Headquarters, at (202) 307-8726.

Source: U. S. Department of Justice, Drug Enforcement Administration, *The Availability of Southwest Asian Heroin in the United States*, May 1996.

Native American (American Indian or Alaska Native)	1.1
Other	1.0
Not Reported by Race/Ethnicity	3.3

A comparison of total drug client admissions with total alcohol client admissions in terms of race/ethnicity during FY 1994 indicates that Black persons represent a higher proportion of other drug treatment admissions than of alcohol admissions (.38 and .17 respectively). Similarly, Hispanic persons represent a higher proportion of other drug admissions (.12) than of alcohol admissions (.07). White persons represent a higher proportion of alcohol treatment admissions than of other drug admissions (.65 and .44 respectively).

4. *Drug Client Admissions Data by Primary Drug of Abuse (Table 18)*

Each State Alcohol and Drug Agency was asked to provide information on the number of client admissions by the primary drug of abuse. Forty-nine States, the District of Columbia, and Puerto Rico provided data in response to this question (see Table 18).

The largest number of treatment admissions for drugs other than alcohol for FY 1994 was for cocaine treatment admissions, which totaled 326,031 (43.1 percent of drug admissions). Of the 28 States reporting the percentage of cocaine admissions that were crack cocaine, Alabama reported the highest percentage with 91 percent of its cocaine admissions being for crack cocaine. Texas reported the highest absolute number of crack cocaine admissions (16,577). South Dakota had none. Heroin treatment admissions accounted for the second largest number ow treatment admissions with 169,754 (22.4 percent). The third highest number of treatment admissions during FY 1994 by primary drug of abuse was for marijuana/hashish at 137,564 admissions (18.2 percent). The fourth, fifth, and sixth highest primary drugs of abuse specified related to treatment admissions were, respectively, amphetamines at 38,531 admissions (5.1 percent), other opiates/synthetics (beyond heroin and non-prescribed methadone) at 13,139 admissions (1.7 percent), and tranquilizers at 4,259 admissions (0.6 percent). Although the national statistics on primary drug of abuse as related to treatment admissions are as noted above, it is important to recognize that there exists tremendous variance among States as to the primary drug of abuse. For example, among the 51 jurisdictions that reported relevant data, the findings with regard to the most frequently reported primary drug of abuse, excluding the "alcohol," "other," and "not reported" categories were as follows:

- Cocaine was the primary drug of abuse related to treatment admissions in 24 States, and the District of Columbia;

- Marijuana/hashish was the primary drug of abuse related to treatment admissions in 14 States;

Source: Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1994*, March 1996.

- Heroin was the primary drug of abuse related to treatment admissions in 8 States and Puerto Rico;

- Amphetamine abuse accounted for more treatment admissions than any other drug in Nevada; and

- No other single drug of abuse was ranked first among treatment admissions in any State.

A careful review of Table 18 demonstrates that during FY 1994 different States had very different drug abuse patterns, at least as related to the primary drug of abuse for client treatment admissions.

After subtracting information from Guam, which provided admissions data in FY 1993 but did not do so in FY 1994, a comparison of the national treatment admissions totals by primary drug of abuse for those 2 years indicates the following:

- Substantial increases (defined as over 10 percent from FY 1993 to FY 1994) in admissions related to amphetamines (35.1 percent) and marijuana/hashish (15.5 percent). It should be noted that, although the percentage change may appear to be large, it is not likely to be statistically significant in view of the relatively small real numbers involved in some of these individual categories.

- Substantial decreases (defined as over 10 percent from FY 1993 to FY 1994), in admissions related to over-the-counter drugs (38.0 percent) other sedatives/hypnotics (34.7 percent), barbiturates (32.8 percent), other hallucinogens (20.9 percent) and inhalants (12.0 percent). It should be noted that, although the percentage change may appear to be large, it is not likely to be statistically significant in view of the relatively small real numbers involved in some of these individual categories.

- From FY 1993 to FY 1994, the State data systems continued to improve significantly as indicated by changes in the "other" and "not reported" categories. After subtracting information from Illinois, which for FY 1994 reported a substantial number in both of those categories due to lack of availability of information in their data system relative to Medicaid admissions, "other" admissions decreased from 15,409 to 13,653 (12.9 percent) and "not reported" admissions decreased from 33,098 to 22,759 (45.6 percent).

5. *Comparisons of Client Admissions Data for Fiscal Years 1989-1994*

This subsection includes comparisons of alcohol and other drug client treatment admissions data reported for FY 1994 with that reported for FYs 1989-1993. It includes data only from those States that reported in all 6 years. This material is organized under two topic headings as follows:

- Comparisons of alcohol client admissions data; and

Source: Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1994*, March 1996.

* Comparisons of drug client admissions data.

Information on each of these areas is presented within the following paragraphs. Data analyses are included in this subsection only for those States that provided data for all 6 fiscal years.

a. ***Comparisons of Alcohol Client Admissions Data***[3]

For those State Agencies that provided alcohol client admissions information for FYs 1989-1994, a number of data comparisons were conducted. Forty-seven States, the District of Columbia, and Puerto Rico were able to provide information for all 6 years. The information provided follows:

FISCAL YEAR	Total Alcohol Client Admissions
1989	1,191,975
1990	1,246,662
1991	1,317,123
1992	1,138,248
1993	1,079,444
1994	1,023,725

Overall, during the 6-year period from FY 1989 through FY 1994, alcohol treatment admissions decreased by 168,250, or 16.4 percent. Also, there exists considerable variability in both overall admissions levels and types of admissions across years and individual States.

Among the 49 States and Territories that provided data for all 6 years, alcohol admissions were down between FY 1989 and FY 1994 for 32 reporting entities, and up for 17 reporting entities. Also, among some of the States that reported major changes in alcohol client admissions from FY 1989 to FY 1994, the changes may be related to the utilization of improved and more reliable reporting systems. Therefore, considerable caution should be exercised in the interpretation of these data.

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[3]*Data used in this section do not include alcohol client admissions for American Samoa, Guam, Oregon, the Virgin Islands, Washington State, and Wyoming since they did not report information for all 6 years.*

Source: Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1994*, March 1996.

b. *Comparisons of Drug Client Admissions Data*[4]

A number of comparisons were conducted on data provided by those State Agencies that submitted drug client admissions information for FYs 1989-1994. Forty-seven States, the District of Columbia, and Puerto Rico were able to provide relevant information for all 6 years. The total drug client admissions reported for each fiscal year beginning with fiscal year 1989 were as follows:

FISCAL YEAR	Total Drug Client Admissions
1989	596,683
1990	662,930
1991	658,928
1992	654,365
1993	676,038
1994	724,646

Close examination of the SADAP data over the 6-year period reveals considerable variability across States in terms of increases and/or decreases in drug client admissions. The overall trend in previous fiscal years of significant increases in the number of drug client admissions (an increase of 21.5 percent or 127,963 admissions from FY 1989 through FY 1994) is confirmed by the fact that most of the States and Territories that have comparable drug client treatment admissions data reported an increase in admissions. However, in the past few years a number of the States have implemented and/or begun to use improved and more reliable reporting systems. Therefore, considerable caution should be exercised in the interpretation of these data, since it is possible that the levels of drug admissions reported by States may be related not only to numbers of actual drug clients being admitted to treatment, but also to more reliable reporting through improved data systems. Also, some of the Federal Government's legislative mandates and regulations on the Substance Abuse Block Grant may have encouraged some States and/or treatment providers to use a diagnosis for a drug other than alcohol for those many clients who have problems with alcohol and other drugs.

[4] *Data used in this section do not include drug client admissions for American Samoa, Guam, Oregon, the Virgin Islands, Washington State, and Wyoming since they did report information for all 6 years.*

Source: Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1994*, March 1996.

Another comparison of drug client treatment admissions over FYs 1989-1994 is focused on some specific primary drugs of abuse that are of special national interest. Information in the discussion that follows should not be confused with data presented earlier in this chapter on admissions by primary drug of abuse for FY 1994. The following analysis was conducted on roughly comparable data provided by 44 States, the District of Columbia, and Puerto Rico on the top three primary drugs of abuse (i.e., heroin, cocaine, and marijuana/hashish). The findings were as follows:

CLIENT TREATMENT ADMISSIONS
BY TOP THREE PRIMARY DRUGS OF ABUSE

FISCAL YEAR	Heroin	Cocaine	Marijuana/ Hashish
1989	122,310	193,859	96,279
1990	154,091	216,603	106,049
1991	141,992	224,826	100,536
1992	127,935	264,589	94,216
1993	145,495	275,292	107,384
1994	158,353	283,107	123,535

It is clear that the above data exhibit considerable variation from year to year, and caution must be exercised in attempting to extract trend data. However, the increases in client treatment admissions related to heroin, cocaine, and marijuana/hashish as primary drugs of abuse are of particular interest. After steady declines in heroin treatment admissions from FY 1990 to FY 1991 (7.8 percent decrease) and from FY 1991 to FY 1992 (9.9 percent decrease), admissions for heroin increased in FY 1993 by 13.7 percent (17,560 admissions) and again in 1994 by 8.8 percent (12,858). Similarly, the treatment admissions for marijuana/hashish increased by 16,151 admissions (15.0 percent) from FY 1993 to FY 1994 and by 13,068 admissions (13.9 percent) from FY 1992 to FY 1993 after declining by 5.2 percent from FY 1990 to FY 1991 and 6.2 percent from FY 1991 to FY 1992. Admissions for cocaine treatment admissions as the primary drug of abuse continued to increase from FY 1993 to FY 1994 (2.8 percent) and

Source: Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1994*, March 1996.

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	1,834	0	23	34	0	31	634	7,003
ALASKA	872	784	5	4	21	2	34	0	1,906
ARIZONA	2,881	1,176	14	18	38	0	29	0	5,182
ARKANSAS	2,300	2,041	13	22	44	4	81	0	4,258
CALIFORNIA	19,813	21,668	1,140	176	78	24	254	160	132,164
COLORADO	4,220	4,001	10	66	134	11	35	0	12,036
CONNECTICUT	8,273	1,871	84	44	14	6	26	623	24,345
DELAWARE	1,482	334	57	4	2	1	7	257	1,615
DISTRICT OF COL	8,949	289	27	0	0	0	0	51	12,676
FLORIDA	17,837	10,598	9	124	71	12	204	8,672	39,995
GEORGIA	18,968	2,814	3	41	64	0	4,462	8,583	31,780
HAWAII	673	604	0	14	2	8	0	0	2,485
IDAHO	280	1,128	3	24	20	8	33	8	3,696
ILLINOIS	82,853	9,811	600	118	111	20	100	7,069	63,882
INDIANA	7,012	3,686	8	46	58	13	282	1	11,887
IOWA	1,286	3,728	5	48	38	13	135	0	8,760
KANSAS	3,367	2,758	23	34	42	13	49	0	6,981
KENTUCKY	1,296	1,226	3	21	54	1	808	3,140	6,688
LOUISIANA	7,119	2,128	84	44	18	5	45	5,416	15,442
MAINE	239	830	0	44	7	5	12	0	1,546
MARYLAND	6,168	4,028	238	102	76	4	3	1,107	19,679
MASSACHUSETTS	17,594	4,506	88	128	30	18	296	0	48,188
MICHIGAN	17,284	10,008	11	123	71	29	113	0	85,965
MINNESOTA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MISSISSIPPI	3,871	1,130	2	34	16	0	102	374	8,018
MISSOURI	7,380	4,028	140	65	84	1	108	445	14,781
MONTANA	261	814	1	19	16	2	3	0	1,072
NEBRASKA	1,078	1,086	9	38	21	13	68	620	3,499
NEVADA	893	874	18	4	7	1	127	0	3,700
NEW HAMPSHIRE	383	540	0	22	6	0	10	0	1,171
NEW JERSEY	8,721	3,742	106	86	30	18	98	0	32,873
NEW MEXICO	891	637	7	11	16	1	508	16	2,781
NEW YORK	28,647	11,866	421	288	78	89	4,401	707	64,071
NORTH CAROLINA	14,469	4,035	6	49	62	7	270	0	21,155
NORTH DAKOTA	41	374	0	0	5	0	19	44	434
OHIO	14,248	10,272	81	152	161	27	185	0	28,821
OKLAHOMA	1,009	850	1	15	35	2	33	483	2,352
OREGON	2,932	4,969	7	83	28	15	49	0	20,534
PALAU	0	1	0	0	0	0	3	0	4
PENNSYLVANIA	17,308	7,602	284	231	118	37	367	0	33,776
PUERTO RICO	1,344	813	0	0	11	1	760	4,534	11,113
RHODE ISLAND	1,171	1,043	3	12	8	3	5	3	5,051
SOUTH CAROLINA	5,299	3,183	0	33	74	14	84	0	8,404
SOUTH DAKOTA	324	878	0	35	53	9	36	485	1,860
TENNESSEE	2,615	1,193	N/A	14	75	9	59	521	5,016
TEXAS	18,584	7,878	40	117	400	34	81	0	34,245
UTAH	3,844	1,800	11	57	68	86	384	340	7,278
VERMONT	298	628	1	32	5	3	8	7	1,407
VIRGINIA	10,716	4,038	170	67	47	26	42	0	18,084
VIRGIN ISLANDS	20	7	0	0	0	0	1	0	31
WASHINGTON	4,733	4,887	6	180	35	22	288	0	18,561
WEST VIRGINIA	736	943	7	38	58	13	49	0	2,312
WISCONSIN	3,854	6,705	8	48	158	88	133	0	11,841
WYOMING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	322,259	165,801	3,567	2,892	2,742	642	15,391	40,677	869,920
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."

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

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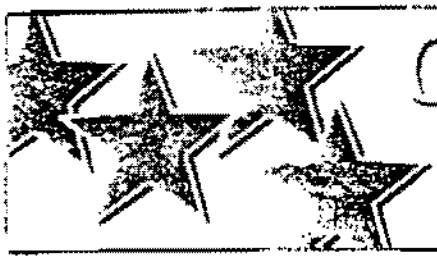

ONDCP
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Marijuana

Facts and Figures

February 1998
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INTRODUCTION

This information packet includes excerpts from selected Federal government, or Federally-sponsored publications that contain information on marijuana. 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 Institute on Drug Abuse, NIDA Notes, Volume 1 Number 2,1997, Facts About Marijuana and Marijuana Abuse
National Household Survey on Drug Abuse: Population Estimates 1996
Preliminary Results from the 1996 National Household Survey on Drug Abuse
Monitoring the Future Study, December 1997
Pulse Check: National Trends in Drug Abuse, Summer 1997
Epidemiologic Trends in Drug Abuse, Advance Report, June 1997
Epidemiologic Trends in Drug Abuse, Volume I: Executive Summary, June 1996
National Parents Resource Institute for Drug Education, Press Release and Summary Results
Youth Risk Behavior Surveillance--United States, 1995
Substance Abuse and Mental Health Statistics Sourcebook
Drug Abuse Warning Network, Annual Emergency Department Data, 1996
Drug Abuse Warning Network, Annual Medical Examiner Data, 1995
Office of National Drug Control Policy, Policy Papers on Marijuana, Summer 1997
Crime in the United States, Uniform Crime Reports, 1996
1996 Drug Use Forecasting Annual Report on Adult and Juvenile Arrestees
Federal Drug Case Processing, 1982-91, With Preliminary Data for 1992
Felony Sentences in State Courts, 1994
Drugs and Jail Inmates, 1989
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Abt Associates Inc., Prices of Illicit Drugs, 1981-1997
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The NNICC Report 1996, The Supply of Illicit Drugs to the United States
Executive Summary, What America's Users Spend on Illegal Drugs, 1988-1995
State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 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 Jill Schmidtlein at the Drug Policy Information Clearinghouse. The Clearinghouse is funded by the White House Office of National Drug Control Policy (ONDCP) 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 World Wide Web Site at www.whitehousedrugpolicy.gov.

U.S. Department of Justice
Drug Enforcement Administration

Marijuana

Marijuana is the most commonly used illicit drug in America today. The term marijuana, as commonly used, refers to the leaves and flowering tops of the cannabis plant.

A tobacco-like substance produced by drying the leaves and flowering tops of the cannabis plant, marijuana varies significantly in its potency, depending on the source and selection of plant materials used. The form of marijuana known as sinsemilla (Spanish, *sin semilla*: without seed), derived from the unpollinated female cannabis plant, is preferred for its high THC content.

Marijuana is usually smoked in the form of loosely rolled cigarettes called joints or hollowed out commercial cigars called blunts. Joints and blunts may be laced with a number of adulterants including phencyclidine (PCP), substantially altering the effects and toxicity of these products. Street names for marijuana include pot, grass, weed, Mary Jane, Acupulco Gold, and reefer.

Although marijuana grown in the United States was once considered inferior because of a low concentration of THC, advancements in plant selection and cultivation have resulted in highly potent domestic marijuana. In 1974, the average THC content of illicit marijuana was less than one percent; in early 1994, potency averged 5 percent. The THC of today's sinsemilla ranges up to 17 percent.

Marijuana contains known toxins and cancer-causing chemicals which are stored in fat cells for as long as several months. Marijuana users experience the same health problems as tobacco smokers, such as bronchitis, emphysema and bronchial asthma. Some of the effects of marijuana use also include increased heart rate, dryness of the mouth, reddening of the eyes, impaired motor skills and concentration, and frequently hunger and an increased desire for sweets. Extended use increases risk to the lungs and reproductive system, as well as suppression of the immune system. Occasionally, hallucinations, fantasies and paranoia are reported.

U.S. Department of Justice
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Controlled Substances
Uses and Effects

Drug::	**Marijuana**
Classification::	Cannabis
CSA Schedule:	Schedule I
Trade or Other Names:	Pot; Acapulco Gold; Grass; Reefer; Sinsemilla; Thai sticks
Medical Uses:	None
Physical Dependence:	Unknown
Psychological Dependence:	Moderate
Tolerance:	Yes
Duration (hours):	2-4
Usual Method:	Smoked; Oral
Possible Effects:	Euphoria; Relaxed inhibitions; Increased appetite; Disorientation
Effects of Overdose:	Fatigue; Paranoia; Possible psychosis
Withdrawal Syndrome:	Occasional reports of insomnia; Hyperactivity; Decreased appetite

U.S. Department of Justice
Drug Enforcement Administration

Formal Scheduling

The CSA places all substances which were in some manner regulated under existing federal law into one of five schedules. This placement is based upon the substance's medical use, potential for abuse, and safety or dependence liability. The Act also provides a mechanism for substances to be controlled, or added to a schedule; decontrolled, or removed from control; and rescheduled or transferred from one schedule to another. The procedure for these actions is found in Section 201 of the Act (21 U.S.C. 811).

Proceedings to add, delete, or change the schedule of a drug or other substance may be initiated by the Drug Enforcement Administration (DEA), the Department of Health and Human Services (HHS), or by petition from any interested party: the manufacturer of a drug, a medical society or association, a pharmacy association, a public interest group concerned with drug abuse, a state or local government agency, or an individual citizen. When a petition is received by the DEA, the agency begins its own investigation of the drug.

The agency also may begin an investigation of a drug at any time based upon information received from law enforcement laboratories, state and local law enforcement and regulatory agencies, or other sources of information.

Once the DEA has collected the necessary data, the Administrator of the DEA, by authority of the Attorney General, requests from HHS a scientific and medical evaluation and recommendation as to whether the drug or other substance should be controlled or removed from control. This request is sent to the Assistant Secretary of Health of HHS. HHS solicits information from the Commissioner of the Food and Drug Administration (FDA), evaluations and recommendations from the National Institute on Drug Abuse, and on occasion from the scientific and medical community at large. The Assistant Secretary, by authority of the Secretary, compiles information, transmits back to the DEA a medical and scientific evaluation regarding the drug or other substance, a recommendation as to whether the drug should be controlled, and in what schedule it should be placed.

The medical and scientific evaluations are binding on the DEA with respect to scientific and medical matters. The recommendation on scheduling is binding only to the extent that if HHS recommends that substance not be controlled, the DEA may not control the substance.

Once the DEA has received the scientific and medical evaluation from HHS, the Administrator will evaluate all available data and make a final decision whether to propose that a drug or other substance should be controlled and into which schedule it should be placed.

The threshold issue is whether the drug or other substance has potential for abuse. If a drug does not have a potential for abuse, it cannot be controlled. Although the term "potential for abuse" is not defined in CSA, there is much discussion of the term in the legislative history of the Act. The following items are indicators that a drug or other substance has a potential for abuse:

1. There is evidence that individuals are taking the drug or other substance in amounts sufficient to

1. There is evidence that individuals are taking the drug or other substance in amounts sufficient to create a hazard to their health or to the safety of other individuals or to the community; or

2. There is significant diversion of the drug or other substance from legitimate drug channels; or

3. Individuals are taking the drug or other substance on their own initiative rather than on the basis of medical advice from a practitioner licensed by law to administer such drugs; or

4. The drug is a new drug so related in its action to a drug or other substance already listed as having a potential for abuse to make it likely that the drug will have the same potential for abuse as such drugs, thus making it reasonable to assume that there may be significant diversions from legitimate channels, significant use contrary to or without medical advice, or that it has substantial capability of creating hazards to the health of the user or to the safety of the community. Of course, evidence of actual abuse of a substance is indicative that a drug has a potential for abuse.

In determining into which schedule a drug or other substance should be placed, or whether a substance should be decontrolled or rescheduled, certain factors are required to be considered. Specific findings are not required for each factor. These factors are listed in Section 201 (c), [21 U.S.C. 811 (c)], of the CSA and are as follows:

1. *The drug's actual or relative potential for abuse.*

2. *Scientific evidence of the drug's pharmacological effects.* The state of knowledge with respect to the effects of a specific drug is, of course, a major consideration. For example, it is vital to know whether or not a drug has a hallucinogenic effect if it is to be controlled because of that. The best available knowledge of the pharmacological properties of a drug should be considered.

3. *The state of current scientific knowledge regarding the substance.* Criteria (2) and (3) are closely related. However, (2) is primarily concerned with pharmacological effects and (3) deals with all scientific knowledge with respect to the substance.

4. *Its history and current pattern of abuse.* To determine whether or not a drug should be controlled, it is important to know the pattern of abuse of that substance, including the socio-economic characteristics of the segments of the population involved in such abuse.

5. *The scope, duration, and significance of abuse.* In evaluating existing abuse, the Administrator must know not only the pattern of abuse but whether the abuse is widespread. In reaching his decision, the Administrator should consider the economics of regulation and enforcement attendant to such a decision. In addition, he should be aware of the social significance and impact of such a decision upon those people, especially the young, that would be affected by it.

6. *What, if any, risk there is to the public health.* If a drug creates dangers to the public health, in addition to or because of its abuse potential, then these dangers must also be considered by the Administrator.

7. *The drug's psychic or physiological dependence liability.* There must be an assessment of the extent to which a drug is physically addictive or psychologically habit-forming, if such information is known.

8. *Whether the substance is an immediate precursor of a substance already controlled.* The CSA

allows inclusion of immediate precursors on this basis alone into the appropriate schedule and thus safeguards against possibilities of clandestine manufacture.

After considering the above listed factors, the Administrator must make specific findings concerning the drug or other substance. This will determine into which schedule the drug or other substance will be placed. These schedules are established by the CSA.

When the Administrator of DEA has determined that a drug or other substance should be controlled, decontrolled, or rescheduled, a proposal to take action is published in the Federal Register. The proposal invites all interested persons to file comments with the DEA. Affected parties may also request a hearing with the DEA. If no hearing is requested, the DEA will evaluate all comments received and publish a final order in the Federal Register, controlling the drug as proposed or with modifications based upon the written comments filed. This order will set the effective dates for imposing the various requirements imposed under the CSA.

If a hearing is requested, the DEA will enter into discussions with the party or parties requesting a hearing in an attempt to narrow the issue for litigation. If necessary, a hearing will then be held before an Administrative Law Judge. The judge will take evidence on factual issues and hear arguments on legal questions regarding the control of the drug. Depending on the scope and complexity of the issues, the hearing may be brief or quite extensive. The Administrative Law Judge, at the close of the hearing, prepares findings of fact and conclusions of law and a recommended decision which is submitted to the Administrator of DEA. The Administrator will review these documents, as well as the underlying material, and prepare his/her own findings of fact and conclusions of law (which may or may not be the same as those drafted by the Administrative Law Judge). The Administrator then publishes a final order in the Federal Register either scheduling the drug or other substance or declining to do so.

Once the final order is published in the Federal Register, interested parties have 30 days to appeal to a U.S. Court of Appeals to challenge the order. Findings of fact by the Administrator are deemed conclusive if supported by "substantial evidence." The order imposing controls is not stayed during the appeal, however, unless so ordered by the Court.

Marijuana Update

Marijuana remains the most commonly used illicit drug in the United States. According to preliminary data from the 1996 National Household Survey on Drug Abuse, about 68.5 million Americans (32 percent) had tried marijuana at least once in their lifetimes, and 18 million (8.6 percent) had used marijuana within the past year. The National Association of State Alcohol and Drug Abuse Directors reported that in 1994, 137,564 people were admitted to treatment because of marijuana abuse.

Monitoring the Future Study Data

NIDA's Monitoring the Future Study initially assessed drug use among high school seniors and young adults across the country, but in 1991, the survey was expanded to include data on 8th- and 10th-graders.

From 1979 to 1992 there was a downward trend in marijuana use among youth, but the trend reversed in 1993, and use of the drug continued to increase in 1994, 1995, and 1996.

Percentage of 8th-graders who have used marijuana

	1991	1992	1993	1994	1995	1996
Ever Used	10.2%	11.2%	12.6%	16.7%	19.9%	23.1%
Used in Past Year	6.2	7.2	9.2	13.0	15.8	18.3
Used in Past Month	3.2	3.7	5.1	7.8	9.1	11.3

Percentage of 10th-graders who have used marijuana

	1991	1992	1993	1994	1995	1996
Ever Used	23.4%	21.4%	24.4%	30.4%	34.1%	39.8%
Used in Past Year	16.5	15.2	19.2	25.2	28.7	33.6
Used in Past Month	8.7	8.1	10.9	15.8	17.2	20.4

Percentage of 12th-graders who have used marijuana

	1979	1985	1991	1992	1993	1994	1995	1996
Ever Used	60.4%	54.2%	36.7%	32.6%	35.3%	38.2%	41.7%	44.9%
Used in Past Year	50.8	40.6	23.9	21.9	26.0	30.7	34.7	35.8
Used in Past Month	36.5	25.7	13.8	11.9	15.5	19.0	21.2	21.9

Effects of Marijuana on the Brain

Significant progress has been made by NIDA grantees in determining how marijuana acts on the brain. One study found that long-term use of marijuana produces changes in the brain similar to those seen after long-term use of other major drugs of abuse such as cocaine, heroin, and alcohol. Moreover, these changes may increase a user's vulnerability to addiction to other abusable drugs by "priming" the brain to be more easily changed by drugs in the future.

Another study found that chronic exposure of rats to THC (the active ingredient in marijuana) damages and destroys nerve cells and causes other pathological changes in the hippocampus. In fact, several animal studies have focused attention on the hippocampus, the major component of the brain's limbic system that is crucial for learning, memory, and the integration of sensory experiences with emotions and motivation. Taken together, these results may provide clues to the mechanisms underlying marijuana-induced euphoria and loss of memory.

Researchers have found that THC changes the way in which sensory information gets into and is acted on by the hippocampus. Investigations have shown that neurons in the information-processing system of the hippocampus and the activity of the nerve fibers are suppressed by THC. In addition, researchers have discovered that learned behaviors, which depend on the hippocampus, also deteriorate.

Effects on the Lungs

Scientists at the University of California, Los Angeles, found that the daily use of one to three marijuana joints appears to produce approximately the same lung damage and potential cancer risk as smoking five times as many cigarettes. The study results suggest that the way smokers inhale marijuana, in addition to its chemical composition, increases the adverse physical effects. The same lung cancer risks associated with tobacco also apply to marijuana users, even though they smoke far less. The study findings refute the argument that marijuana is safer than tobacco because users smoke only a few joints a day.

Effects on Heart Rate and Blood Pressure

Recent findings indicate that smoking marijuana while shooting up cocaine has the potential to cause severe increases in heart rate and blood pressure. In one study, experienced marijuana and cocaine users were given marijuana alone, cocaine alone, and then a combination of both. Each drug alone produced cardiovascular effects; when they were combined, the effects were greater and lasted longer. The heart rate of the subjects in the study increased 29 beats per minute with marijuana alone and 32 beats per minute with cocaine alone. When the drugs were given together, the heart rate increased by 49 beats per minute, and the increased rate persisted for a longer time. The drugs were given with the subjects sitting quietly. In normal circumstances, an individual may smoke marijuana and inject cocaine and then do something physically stressful that may significantly increase risks of an overload on the cardiovascular system.

Effects of Heavy Marijuana Use on Attention and Memory

A study of college students has shown that critical skills related to attention, memory, and learning are impaired among heavy users of marijuana, even after discontinuing its use for at least 24 hours. Researchers compared 65 "heavy users," who had smoked marijuana a median of 29 of the past 30 days, and 64 "light users," who had smoked a median of 1 of the past 30 days. After a closely monitored 19- to 24-hour period of abstinence from marijuana and other illicit drugs and alcohol, the undergraduates were given several standard tests measuring aspects of attention, memory, and learning. Compared to the light users, heavy marijuana users made more errors and had more difficulty sustaining attention, shifting attention to meet the demands of changes in the environment, and in registering, processing, and using information. The findings suggest that the greater impairment among heavy users is likely due to an alteration of brain activity produced by marijuana, a residue of the drug in the brain, or an actual drug withdrawal syndrome from marijuana.

Effects on Pregnancy

Scientists have determined a link between activation of the biological receptors that respond to cannabinoids, the psychoactive ingredients in marijuana, and abrupt interruption of pregnancy at a very early stage. Studies conducted on mouse embryos have demonstrated that when the cannabinoid receptors were activated in the embryos, embryonic development usually ended on or before the eight-cell, or 3-day stage. When a compound was added to block activation of the receptors, the embryos developed normally. These findings suggest that exposure of embryos to the cannabinoids can often prevent the embryos from attaching to the uterine wall.

Failure To Confront Problems

A series of indepth case studies by a research team at the Center for Psychosocial Studies in New York found that adults who smoked marijuana daily believed it helped them function better, improving self-awareness and relationships with others.

However, researchers found that users were more willing to tolerate problems, suggesting that the drug served as a buffer for those who would rather avoid confronting problems than make changes that might increase their satisfaction with life. The study indicated that these subjects used marijuana to avoid dealing with their difficulties and the avoidance inevitably made their problems worse. The most striking observation is the discrepancy between what study participants say and what is actually going on. Although users believed the drug enhanced understanding of themselves, it actually served as a barrier against self-awareness.

Research on the THC Receptor

In 1988, it was discovered that the membranes of certain nerve cells contain protein receptors that bind THC, marijuana's active ingredient. Once securely in place, THC kicks off a series of cellular reactions that ultimately lead to the high that users experience when they smoke a marijuana cigarette. It was reasoned that a THC-like compound must exist in the body and bind to these receptors. In 1992, researchers identified a naturally occurring chemical in the body that binds to these same receptors. Named anandamide, this compound behaves chemically like THC. Studies will continue with anandamide to understand how it interacts with THC receptors to affect memory, movement, hunger, pain, and other functions that are altered by marijuana use.

A Genetic Basis for Marijuana Abuse

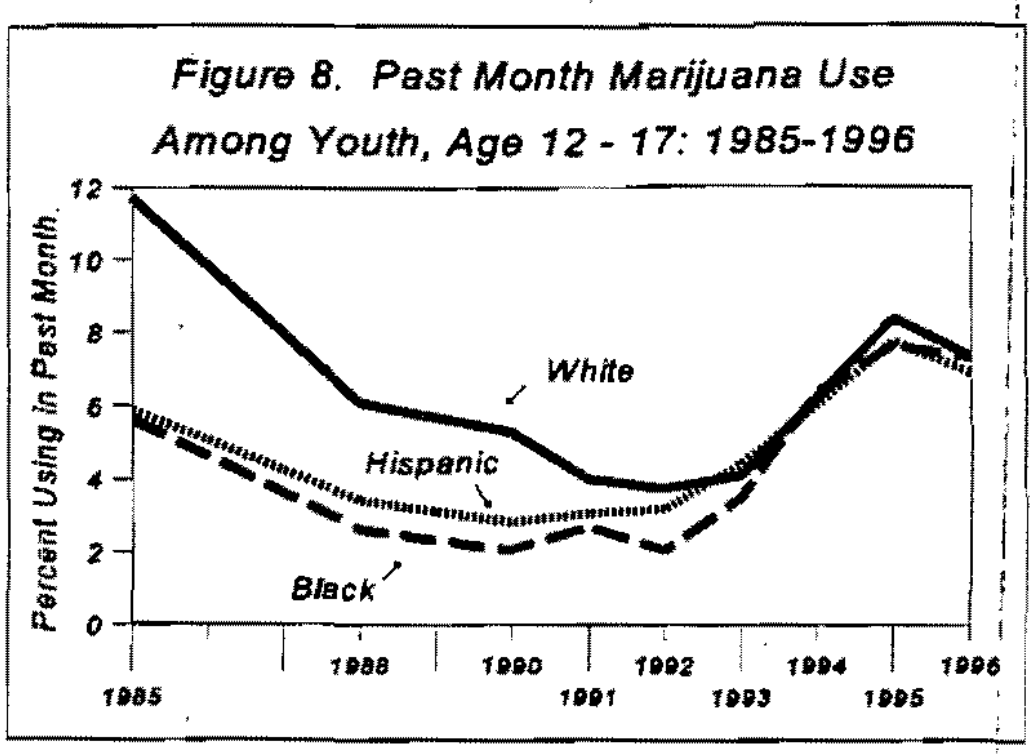
Scientists have found that whether an individual has positive or negative sensations after smoking marijuana is heavily influenced by heredity. A recent study demonstrated that identical male twins were more likely than nonidentical male twins to report similar responses to marijuana use, indicating a genetic basis for their sensations. Identical twins share all of their genes, and fraternal twins share about half. Environmental factors such as the availability of marijuana, expectations about how the drug would affect them, the influence of friends and social contacts, and other factors that would be different even for identical twins also were found to have an important effect; however, it also was discovered that the twins' shared or family environment before age 18 had no detectable influence on their response to marijuana.

3. MARIJUANA AND HASHISH USE

- In 1996, an estimated 10.1 million Americans were current (past month) marijuana or hashish users. This represents 4.7 percent of the population aged 12 and older.

- Marijuana is by far the most prevalent drug used by illicit drug users since approximately three quarters (77 percent) of current illicit drug users were marijuana or hashish users in 1996. Because of this, trends and demographic differences are generally similar for any illicit use and marijuana/hashish use.

- The rate of marijuana use among youths age 12-17 was 7.1 percent in 1996. While this is not significantly different than the rate in 1995 (8.2 percent), it indicates a possible shift in the trend. From 1992 to 1995, the rate of use among youth more than doubled. Similar trends are evident among both boys and girls, whites, blacks, and Hispanics, in all four geographic regions, and in metropolitan and nonmetropolitan areas (Figure 8).

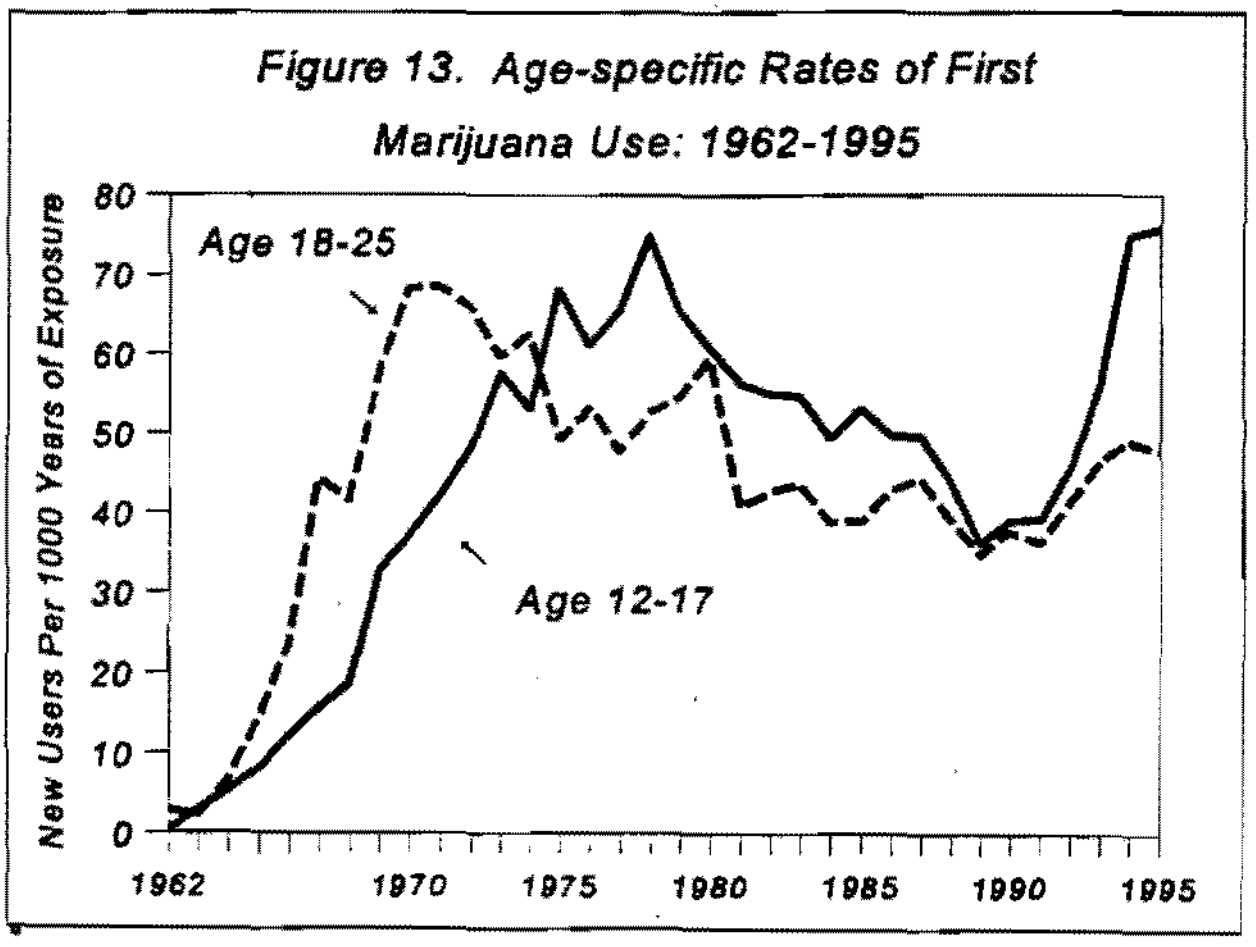


- In 1996 there were an estimated 6.1 million frequent marijuana users, defined as use on at least 51 days during the past year. This represents a rate of 2.8 percent of the population age 12 and older, and was not significantly different from the estimate for 1995 (5.3 million users, 2.5 percent), but was significantly lower than in 1985, when there were an estimated 8.4 million frequent users (4.4 percent of the population).

Source: SAMHSA, Office of Applied Studies, *Preliminary Results from the 1996 National Household Survey on Drug Abuse*.

Marijuana

- An estimated 2.4 million Americans used marijuana for the first time in 1995, about the same number as in 1994. The number had been increasing since 1991, after a long-term decrease that had been occurring since 1975. It is interesting to note that the decrease in prevalence of marijuana use that occurred in the 1980s did not begin to occur until several years after the peak in incidence. The rising incidence during the 1990s seems to have been fueled largely by the increasing rate of new use among youths age 12-17 years (from 39 per 1,000 person years in 1991 to about 75 per 1,000 person years in 1994 and 1995). This is in contrast with the epidemic of the late 1960s and early 1970s, which involved substantial increases among young adults as well as youths. The rates of marijuana initiation for youths in 1994 and 1995 are similar to the estimated rates in the late 1970s, the peak years for marijuana incidence and prevalence among youth (Figure 13).



Source: SAMHSA, Office of Applied Studies, *Preliminary Results from the 1996 National Household Survey on Drug Abuse.*

Table 13. Percentages Reporting Past Month Use of Marijuana, by Age Group, Race/Ethnicity, and Sex: 1979-1996

Demographic Characteristics	1979	1982	1985	1988	1990	1991	1992	1993	1994	1995	1996
TOTAL	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
AGE GROUP											
12-17	14.2[b]	9.9	10.2	5.4	4.4[a]	3.6[b]	3.4[b]	4.0[b]	6.0	8.2	7.1
18-25	35.6[b]	27.2[b]	21.7[b]	15.3	12.7	12.9	10.9	11.1	12.1	12.0	13.2
26-34	19.7[b]	19.0[b]	19.0[b]	12.3[b]	9.5	7.7	9.3[a]	7.5	6.9	6.7	6.3
≥35	2.9	3.9	2.6	1.8	2.4	2.6	2.0	2.4	2.3	1.8	2.0
RACE/ETHNICITY											
White	13.6[b]	11.9[b]	10.0[b]	6.3	5.7	5.2	5.1	4.9	4.8	4.7	4.6
Black	11.0	11.5	9.9[a]	4.7[a]	5.1	5.5	3.9[b]	4.2[b]	5.9	5.9	6.6
Hispanic	11.4[b]	8.6	6.4[a]	4.9	3.9	3.6	3.0	3.9	4.1	3.9	3.7
Other	12.2[a]	*	7.6	*	*	4.2	2.6	3.2	3.0	2.8	3.7
SEX											
Male	18.1[b]	16.4[b]	12.6[b]	8.4	6.8	6.8	6.4	6.4	6.7	6.2	6.5
Female	8.7[b]	7.1[b]	7.1[b]	4.2	4.2	3.6	3.1	3.0	3.1	3.3	3.1

*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.

[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 21. Percentages Reporting Past Month Use of Marijuana, by Age Group and Demographic Characteristics: 1995 and 1996

Demographic Characteristic	AGE GROUP (Years) 12-17		18-25		26-34		35 and Older		Total	
	1995	1996	1995	1996	1995	1996	1995	1996	1995	1996
TOTAL	8.2	7.1	12.0	13.2	6.7	6.3	1.8	2.0	4.7	4.7
RACE/ ETHNICITY										
White	8.4	7.3	13.1	14.4	7.4	6.6	1.8	1.9	4.7	4.6
Black	7.6	7.3	12.1	13.8	7.4	9.1	3.1	3.3	5.9	6.6
Hispanic	7.7	6.9	7.1	8.3	4.2	3.6	1.2	0.9	3.9	3.7
Other	9.3	4.3	8.3	8.9	1.5	3.1	*	*	2.8	3.7
SEX										
Male	9.0	7.6	14.8	17.4	9.6	8.6	2.6	3.1	6.2	6.5
Female	7.4	6.6	9.2	9.1	4.0	4.1	1.1	1.0	3.3	3.1
POPULATION DENSITY[1]										
Large Metro	8.5	7.6	13.2	14.5	7.3	7.1	1.6	2.4	4.9	5.4
Small Metro	7.9	7.5	12.3	14.6	7.3	6.6	2.3	2.1	5.1	5.0
Nonmetro	8.1	5.7	8.9	8.5	4.8	4.2	1.4	1.1	3.6	3.0
REGION										
Northeast	7.7	6.0	15.5	13.2	5.0	4.9	1.2	1.5	4.1	3.7
North Central	10.2[a]	6.7	10.2	14.0	7.0	8.5	1.8	2.5	4.7	5.5
South	6.7	6.8	10.3	12.2	6.8	5.5	1.6	1.9	4.1	4.3
West	8.7	8.9	13.3	13.9	7.9	6.6	2.8	2.1	6.0	5.4
ADULT EDUCATION[2]										
<High School	N/A	N/A	15.3	17.0	10.8	9.0	1.4	2.2	4.9	5.6
High School Grad	N/A	N/A	12.3	13.1	7.0	7.4	1.6	1.8	4.2	4.4
Some College	N/A	N/A	11.6	12.6	6.8	6.6	2.2	1.7	5.1	4.8
College Graduate	N/A	N/A	7.5	9.2	4.2	3.6	2.1	2.4	3.0	3.2
CURRENT EMPLOYMENT[2]										
Full-time	N/A	N/A	10.9	13.2	6.3	6.3	2.0	2.6	4.2	4.9
Part-time	N/A	N/A	14.0	11.5	8.1	5.5	3.9	3.6	7.5	6.2
Unemployed	N/A	N/A	19.8	22.5	17.1	12.1	5.8	2.3	12.6	10.0
Other[3]	N/A	N/A	9.3	11.8	3.8	5.4	0.7	0.9	1.9	2.3

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

[1] Population density is based on 1990 MSA classifications and their 1990 Census of Population counts.
[2] Data on adult education and current employment not shown for persons aged 12-17. Estimates for both adult education and current employment are for persons aged ≥ 18.
[3] Retired, disabled, homemaker, student, or "other."

[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 3A. Marijuana 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	16.8	(15.2 - 18.5)	13.0	(11.5 - 14.6)	7.1	(6.1 - 8.2)
Male	16.5	(14.6 - 18.5)	13.2	(11.5 - 15.2)	7.6	(6.4 - 9.1)
Female	17.1	(15.2 - 19.3)	12.7	(10.9 - 14.8)	6.6	(5.4 - 8.0)
18-25	44.0	(41.5 - 46.6)	23.8	(21.8 - 26.0)	13.2	(11.7 - 14.9)
Male	49.2	(46.0 - 52.4)	29.8	(26.9 - 32.8)	17.4	(15.1 - 19.9)
Female	38.9	(36.0 - 41.9)	18.0	(16.0 - 20.1)	9.1	(7.6 - 10.8)
26-34	50.5	(48.6 - 52.3)	11.3	(10.3 - 12.4)	6.3	(5.6 - 7.2)
Male	55.0	(52.2 - 57.7)	14.5	(12.8 - 16.4)	8.6	(7.3 - 10.2)
Female	46.1	(43.8 - 48.5)	8.3	(7.1 - 9.6)	4.1	(3.4 - 5.1)
≥35	27.0	(25.1 - 29.0)	3.8	(3.2 - 4.5)	2.0	(1.6 - 2.6)
Male	32.9	(30.0 - 35.9)	5.9	(4.8 - 7.3)	3.1	(2.4 - 4.2)
Female	21.8	(19.6 - 24.2)	1.9	(1.3 - 2.6)	1.0	(0.6 - 1.5)
TOTAL	32.0	(30.6 - 33.6)	8.6	(7.9 - 9.3)	4.7	(4.2 - 5.3)
Male	37.0	(34.9 - 39.1)	11.4	(10.3 - 12.6)	6.5	(5.7 - 7.4)
Female	27.5	(25.8 - 29.3)	6.0	(5.4 - 6.7)	3.1	(2.7 - 3.5)
			POPULATION ESTIMATES (In Thousands)			
12-17	3,782	(3,425 - 4,169)	2,925	(2,599 - 3,285)	1,600	(1,378 - 1,853)
Male	1,902	(1,687 - 2,138)	1,529	(1,331 - 1,750)	877	(735 - 1,044)
Female	1,880	(1,664 - 2,118)	1,396	(1,196 - 1,625)	723	(593 - 877)
18-25	12,239	(11,544 - 12,942)	6,628	(6,055 - 7,236)	3,678	(3,266 - 4,134)
Male	6,824	(6,378 - 7,271)	4,128	(3,736 - 4,543)	2,411	(2,100 - 2,758)
Female	5,415	(5,007 - 5,834)	2,500	(2,222 - 2,803)	1,267	(1,060 - 1,509)
26-34	17,904	(17,255 - 18,553)	4,021	(3,658 - 4,415)	2,252	(1,977 - 2,563)
Male	9,544	(9,061 - 10,021)	2,520	(2,226 - 2,844)	1,501	(1,272 - 1,765)
Female	8,361	(7,942 - 8,782)	1,502	(1,292 - 1,741)	752	(610 - 925)
≥35	34,645	(32,258 - 37,140)	4,825	(4,045 - 5,747)	2,565	(2,005 - 3,276)
Male	19,769	(18,028 - 21,592)	3,540	(2,859 - 4,370)	1,894	(1,417 - 2,525)
Female	14,876	(13,371 - 16,501)	1,285	(916 - 1,798)	671	(441 - 1,017)
TOTAL	68,571	(65,405 - 71,817)	18,398	(16,986 - 19,916)	10,095	(9,059 - 11,242)
Male	38,039	(35,916 - 40,211)	11,716	(10,602 - 12,930)	6,683	(5,873 - 7,596)
Female	30,532	(28,634 - 32,507)	6,683	(6,035 - 7,394)	3,412	(2,950 - 3,943)

* 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 3B. Marijuana 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	17.4	(15.5 - 19.5)	13.3	(11.5 - 15.3)	7.3	(6.0 - 8.8)
18-25	49.2	(45.5 - 52.9)	25.8	(22.9 - 28.9)	14.4	(12.4 - 16.8)
26-34	57.9	(55.7 - 60.2)	12.3	(10.8 - 13.9)	6.6	(5.6 - 7.8)
≥35	28.4	(26.2 - 30.7)	3.8	(3.0 - 4.7)	1.9	(1.4 - 2.6)
SEX						
Male	38.7	(36.2 - 41.3)	11.4	(10.1 - 12.9)	6.4	(5.5 - 7.5)
Female	30.3	(28.2 - 32.6)	5.9	(5.2 - 6.7)	2.9	(2.4 - 3.6)
TOTAL	34.4	(32.5 - 36.3)	8.6	(7.8 - 9.5)	4.6	(4.0 - 5.3)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	2,660	(2,370 - 2,977)	2,025	(1,754 - 2,331)	1,114	(919 - 1,345)
18-25	9,237	(8,542 - 9,934)	4,845	(4,305 - 5,426)	2,710	(2,320 - 3,153)
26-34	14,455	(13,890 - 15,012)	3,059	(2,698 - 3,461)	1,644	(1,395 - 1,934)
≥35	28,788	(26,563 - 31,122)	3,820	(3,044 - 4,785)	1,947	(1,413 - 2,678)
SEX						
Male	29,964	(28,026 - 31,950)	8,836	(7,814 - 9,973)	4,986	(4,258 - 5,828)
Female	25,176	(23,362 - 27,067)	4,913	(4,309 - 5,597)	2,428	(1,997 - 2,949)
TOTAL	55,140	(52,164 - 58,195)	13,749	(12,456 - 15,163)	7,414	(6,476 - 8,481)

Table 3C. Marijuana 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	17.2	(14.8 - 20.0)	13.0	(10.7 - 15.6)	6.9	(5.2 - 9.1)
18-25	31.6	(28.3 - 35.0)	16.4	(13.8 - 19.3)	8.3	(6.5 - 10.6)
26-34	27.4	(24.4 - 30.6)	6.8	(5.3 - 8.7)	3.6	(2.5 - 5.2)
≥35	17.0	(14.4 - 20.0)	1.5	(1.0 - 2.5)	0.9	(0.5 - 1.7)
SEX						
Male	27.3	(24.9 - 30.0)	8.8	(7.5 - 10.3)	4.7	(3.8 - 5.8)
Female	16.5	(14.7 - 18.4)	5.2	(4.3 - 6.4)	2.7	(2.1 - 3.5)
TOTAL	22.0	(20.4 - 23.7)	7.0	(6.2 - 8.0)	3.7	(3.2 - 4.4)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	501	(429 - 582)	377	(312 - 454)	200	(151 - 264)
18-25	1,226	(1,099 - 1,360)	635	(536 - 749)	322	(252 - 411)
26-34	1,234	(1,099 - 1,379)	306	(237 - 392)	163	(114 - 233)
≥35	1,619	(1,369 - 1,902)	146	(91 - 236)	90	(49 - 166)
SEX						
Male	2,885	(2,623 - 3,164)	926	(787 - 1,086)	495	(399 - 613)
Female	1,694	(1,513 - 1,891)	539	(444 - 652)	281	(220 - 358)
TOTAL	4,579	(4,241 - 4,936)	1,464	(1,294 - 1,655)	776	(663 - 908)

* 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 3D. Marijuana 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	14.6	*(12.3 - 17.3)*	13.0	*(10.8 - 15.6)*	7.3	*(5.7 - 9.4)*
18-25	36.5	*(33.2 - 40.0)*	24.0	*(21.0 - 27.1)*	13.8	*(11.5 - 16.5)*
26-34	41.2	*(37.9 - 44.6)*	13.6	*(11.5 - 16.0)*	9.1	*(7.2 - 11.5)*
≥35	27.4	*(24.3 - 30.8)*	5.9	*(4.4 - 7.9)*	3.3	*(2.3 - 4.8)*
SEX						
Male	37.3	*(33.9 - 40.8)*	15.3	*(13.2 - 17.5)*	9.1	*(7.6 - 10.9)*
Female	23.3	*(21.0 - 25.8)*	7.7	*(6.5 - 9.1)*	4.5	*(3.6 - 5.7)*
TOTAL	29.6	*(27.5 - 31.7)*	11.1	*(9.9 - 12.4)*	6.6	*(5.7 - 7.5)*
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	481	*(406 - 568)*	428	*(355 - 514)*	240	*(186 - 308)*
18-25	1,379	*(1,253 - 1,510)*	905	*(794 - 1,025)*	523	*(436 - 625)*
26-34	1,765	*(1,624 - 1,911)*	583	*(492 - 687)*	392	*(310 - 491)*
≥35	3,485	*(3,087 - 3,914)*	752	*(561 - 1,002)*	421	*(289 - 611)*
SEX						
Male	4,024	*(3,659 - 4,403)*	1,648	*(1,430 - 1,894)*	981	*(817 - 1,175)*
Female	3,087	*(2,783 - 3,414)*	1,019	*(859 - 1,206)*	595	*(471 - 750)*
TOTAL	7,111	*(6,624 - 7,618)*	2,667	*(2,375 - 2,990)*	1,576	*(1,374 - 1,806)*

* 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 3E. Marijuana 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	16.8	(13.7 - 20.4)	12.0	(8.9 - 16.0)	6.0	(4.3 - 8.5)
18-25	46.5	(41.1 - 51.9)	25.1	(20.7 - 30.1)	13.2	(10.3 - 16.8)
26-34	52.6	(48.2 - 56.9)	10.6	(8.3 - 13.4)	4.9	(3.5 - 6.8)
≥35	25.5	(21.8 - 29.5)	3.0	(2.0 - 4.5)	1.5	(0.8 - 2.6)
SEX						
Male	33.0	(28.8 - 37.5)	9.2	(7.5 - 11.3)	4.2	(3.1 - 5.8)
Female	29.9	(26.5 - 33.5)	5.8	(4.7 - 7.2)	3.3	(2.4 - 4.5)
TOTAL	31.4	(28.7 - 34.2)	7.5	(6.4 - 8.7)	3.7	(3.1 - 4.6)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	629	(514 - 764)	447	(331 - 597)	226	(160 - 317)
18-25	2,166	(1,916 - 2,419)	1,170	(964 - 1,404)	616	(481 - 783)
26-34	3,609	(3,310 - 3,906)	728	(572 - 920)	337	(242 - 467)
≥35	6,867	(5,874 - 7,965)	814	(543 - 1,215)	403	(228 - 711)
SEX						
Male	6,850	(5,980 - 7,779)	1,912	(1,560 - 2,333)	880	(643 - 1,198)
Female	6,421	(5,699 - 7,194)	1,248	(1,001 - 1,550)	703	(511 - 964)
TOTAL	13,271	(12,137 - 14,461)	3,159	(2,723 - 3,659)	1,583	(1,298 - 1,927)

Table 3F. Marijuana 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	15.3	(12.0 - 19.2)	12.6	(9.7 - 16.1)	6.7	(4.8 - 9.5)
18-25	44.7	(40.2 - 49.3)	24.8	(20.5 - 29.8)	14.0	(10.9 - 17.8)
26-34	56.5	(52.8 - 60.1)	13.8	(11.5 - 16.5)	8.5	(6.5 - 11.0)
≥35	26.7	(22.4 - 31.6)	4.3	(2.8 - 6.5)	2.5	(1.5 - 4.2)
SEX						
Male	38.6	(33.5 - 43.9)	13.2	(10.4 - 16.5)	7.8	(5.9 - 10.3)
Female	27.5	(24.3 - 31.0)	6.3	(5.0 - 7.8)	3.4	(2.6 - 4.5)
TOTAL	32.6	(28.9 - 36.5)	9.4	(7.8 - 11.3)	5.5	(4.3 - 6.9)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	895	(705 - 1,126)	736	(569 - 944)	396	(279 - 556)
18-25	3,016	(2,712 - 3,325)	1,674	(1,378 - 2,009)	944	(736 - 1,198)
26-34	4,704	(4,399 - 5,003)	1,152	(960 - 1,375)	708	(544 - 916)
≥35	8,244	(6,895 - 9,750)	1,320	(861 - 2,007)	776	(463 - 1,293)
SEX						
Male	9,130	(7,925 - 10,396)	3,116	(2,468 - 3,903)	1,856	(1,404 - 2,437)
Female	7,730	(6,831 - 8,698)	1,766	(1,415 - 2,197)	968	(734 - 1,272)
TOTAL	16,860	(14,969 - 18,867)	4,882	(4,051 - 5,862)	2,824	(2,242 - 3,546)

* 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 3G. Marijuana 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	15.7	(13.3 - 18.5)	12.7	(10.7 - 15.1)	6.8	(5.4 - 8.4)
18-25	42.1	(38.3 - 45.9)	22.4	(19.7 - 25.4)	12.2	(10.2 - 14.5)
26-34	45.1	(42.3 - 48.0)	9.5	(7.9 - 11.3)	5.5	(4.4 - 7.0)
≥35	24.7	(22.0 - 27.7)	4.1	(3.1 - 5.3)	1.9	(1.3 - 2.8)
SEX						
Male	36.1	(33.0 - 39.3)	11.9	(10.2 - 13.8)	6.7	(5.5 - 8.1)
Female	23.2	(20.9 - 25.7)	4.9	(4.1 - 5.9)	2.2	(1.8 - 2.7)
TOTAL	29.3	(27.5 - 31.2)	8.2	(7.2 - 9.3)	4.3	(3.6 - 5.1)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	1,249	(1,058 - 1,467)	1,010	(847 - 1,199)	537	(430 - 667)
18-25	4,017	(3,658 - 4,386)	2,137	(1,877 - 2,422)	1,167	(976 - 1,388)
26-34	5,476	(5,134 - 5,821)	1,150	(963 - 1,368)	672	(530 - 850)
≥35	11,112	(9,893 - 12,427)	1,821	(1,378 - 2,397)	845	(562 - 1,266)
SEX						
Male	12,747	(11,650 - 13,886)	4,185	(3,595 - 4,856)	2,359	(1,943 - 2,856)
Female	9,108	(8,188 - 10,097)	1,933	(1,608 - 2,319)	862	(696 - 1,067)
TOTAL	21,854	(20,484 - 23,277)	6,117	(5,386 - 6,938)	3,221	(2,720 - 3,808)

Table 3H. Marijuana 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	20.3	(17.0 - 24.1)	14.7	(11.6 - 18.5)	8.9	(6.5 - 12.1)
18-25	44.4	(37.5 - 51.5)	24.0	(18.5 - 30.6)	13.9	(10.1 - 18.8)
26-34	50.5	(47.1 - 53.9)	12.2	(9.9 - 14.8)	6.6	(5.0 - 8.5)
≥35	33.0	(27.3 - 39.2)	3.4	(2.3 - 5.0)	2.1	(1.2 - 3.7)
SEX						
Male	40.1	(35.1 - 45.2)	10.8	(8.5 - 13.6)	6.8	(5.2 - 8.9)
Female	32.7	(27.6 - 38.2)	7.8	(6.3 - 9.7)	3.9	(2.9 - 5.4)
TOTAL	36.4	(32.1 - 41.0)	9.3	(7.7 - 11.3)	5.4	(4.2 - 6.9)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	1,008	(842 - 1,198)	731	(578 - 917)	442	(323 - 599)
18-25	3,040	(2,566 - 3,530)	1,647	(1,266 - 2,099)	951	(692 - 1,287)
26-34	4,115	(3,839 - 4,391)	992	(809 - 1,210)	534	(411 - 692)
≥35	8,422	(6,968 - 10,016)	870	(586 - 1,284)	540	(307 - 945)
SEX						
Male	9,313	(8,164 - 10,510)	2,504	(1,967 - 3,165)	1,589	(1,212 - 2,072)
Female	7,273	(6,146 - 8,499)	1,736	(1,393 - 2,155)	879	(635 - 1,211)
TOTAL	16,586	(14,604 - 18,674)	4,240	(3,488 - 5,134)	2,468	(1,925 - 3,152)

* 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 20A. Frequency of Marijuana Use During Past Year by Sex Within Age Group for Total Population in 1996

AGE/SEX	At Least Once		12 or More Days		51 or More Days	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
12-17	13.0	(11.5 - 14.6)	6.0	(5.1 - 7.0)	3.6	(2.9 - 4.4)
Male	13.2	(11.5 - 15.2)	6.7	(5.4 - 8.3)	4.3	(3.3 - 5.7)
Female	12.7	(10.9 - 14.8)	5.3	(4.2 - 6.6)	2.8	(2.0 - 3.8)
18-25	23.8	(21.8 - 26.0)	13.3	(11.9 - 14.9)	8.8	(7.7 - 10.1)
Male	29.8	(26.9 - 32.8)	18.9	(16.8 - 21.3)	12.4	(10.6 - 14.4)
Female	18.0	(16.0 - 20.1)	7.8	(6.4 - 9.4)	5.2	(4.0 - 6.8)
26-34	11.3	(10.3 - 12.4)	6.4	(5.6 - 7.3)	4.0	(3.4 - 4.8)
Male	14.5	(12.8 - 16.4)	8.9	(7.6 - 10.5)	5.4	(4.4 - 6.7)
Female	8.3	(7.1 - 9.6)	4.0	(3.2 - 5.0)	2.7	(2.1 - 3.6)
≥35	3.8	(3.2 - 4.5)	1.9	(1.5 - 2.4)	1.1	(0.8 - 1.5)
Male	5.9	(4.8 - 7.3)	3.0	(2.2 - 4.0)	1.8	(1.3 - 2.6)
Female	1.9	(1.3 - 2.6)	1.0	(0.6 - 1.5)	0.4	(0.2 - 0.8)
TOTAL	8.6	(7.9 - 9.3)	4.6	(4.1 - 5.1)	2.8	(2.5 - 3.2)
Male	11.4	(10.3 - 12.6)	6.5	(5.8 - 7.3)	4.1	(3.6 - 4.7)
Female	6.0	(5.4 - 6.7)	2.7	(2.4 - 3.2)	1.6	(1.4 - 1.9)
POPULATION ESTIMATES (In Thousands)						
12-17	2,925	(2,599 - 3,285)	1,351	(1,157 - 1,575)	807	(656 - 990)
Male	1,529	(1,331 - 1,750)	773	(623 - 956)	501	(384 - 653)
Female	1,396	(1,196 - 1,625)	578	(462 - 720)	306	(224 - 416)
18-25	6,628	(6,055 - 7,236)	3,708	(3,312 - 4,143)	2,447	(2,140 - 2,794)
Male	4,128	(3,736 - 4,543)	2,628	(2,325 - 2,961)	1,717	(1,468 - 2,002)
Female	2,500	(2,222 - 2,803)	1,080	(890 - 1,306)	730	(562 - 944)
26-34	4,021	(3,658 - 4,415)	2,268	(1,986 - 2,587)	1,436	(1,217 - 1,691)
Male	2,520	(2,226 - 2,844)	1,547	(1,311 - 1,821)	942	(764 - 1,158)
Female	1,502	(1,292 - 1,741)	721	(576 - 902)	494	(379 - 644)
≥35	4,825	(4,045 - 5,747)	2,465	(1,934 - 3,138)	1,379	(1,002 - 1,896)
Male	3,540	(2,859 - 4,370)	1,789	(1,338 - 2,387)	1,091	(752 - 1,578)
Female	1,285	(916 - 1,798)	675	(442 - 1,030)	288	(158 - 526)
TOTAL	18,398	(16,986 - 19,916)	9,791	(8,848 - 10,830)	6,069	(5,421 - 6,792)
Male	11,716	(10,602 - 12,930)	6,737	(6,009 - 7,546)	4,251	(3,726 - 4,847)
Female	6,683	(6,035 - 7,394)	3,054	(2,647 - 3,522)	1,818	(1,543 - 2,140)

* Low precision; no estimate reported

NOTE: "At Least Once" is equivalent to "Used Past Year" in Table 3.

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1996 National Household Survey on Drug Abuse

Table 20B. Frequency of Marijuana Use During Past Year by Age Group and Sex for Whites in 1996

AGE/SEX	At Least Once		12 or More Days		51 or More Days	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
AGE						
12-17	13.3	(11.5 - 15.3)	6.2	(5.1 - 7.5)	3.6	(2.8 - 4.7)
18-25	25.8	(22.9 - 28.9)	14.4	(12.4 - 16.8)	9.3	(7.8 - 11.0)
26-34	12.3	(10.8 - 13.9)	6.9	(5.8 - 8.1)	4.1	(3.3 - 5.0)
≥35	3.8	(3.0 - 4.7)	1.8	(1.3 - 2.5)	1.0	(0.6 - 1.5)
SEX						
Male	11.4	(10.1 - 12.9)	6.4	(5.6 - 7.4)	3.9	(3.3 - 4.6)
Female	5.9	(5.2 - 6.7)	2.7	(2.2 - 3.2)	1.6	(1.3 - 2.0)
TOTAL	8.6	(7.8 - 9.5)	4.5	(4.0 - 5.1)	2.7	(2.3 - 3.1)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	2,025	(1,754 - 2,331)	942	(772 - 1,145)	553	(427 - 713)
18-25	4,845	(4,305 - 5,426)	2,709	(2,324 - 3,146)	1,749	(1,472 - 2,073)
26-34	3,059	(2,698 - 3,461)	1,711	(1,451 - 2,012)	1,018	(824 - 1,255)
≥35	3,820	(3,044 - 4,785)	1,853	(1,333 - 2,569)	1,004	(641 - 1,569)
SEX						
Male	8,836	(7,814 - 9,973)	4,974	(4,331 - 5,705)	3,022	(2,560 - 3,564)
Female	4,913	(4,309 - 5,597)	2,240	(1,862 - 2,691)	1,302	(1,040 - 1,629)
TOTAL	13,749	(12,456 - 15,163)	7,214	(6,348 - 8,191)	4,324	(3,740 - 4,997)

Table 20C. Frequency of Marijuana Use During Past Year by Age Group and Sex for Hispanics in 1996

AGE/SEX	At Least Once		12 or More Days		51 or More Days	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
AGE						
12-17	13.0	(10.7 - 15.6)	5.9	(4.3 - 8.0)	3.6	(2.4 - 5.3)
18-25	16.4	(13.8 - 19.3)	9.0	(7.0 - 11.6)	6.4	(4.7 - 8.6)
26-34	6.8	(5.3 - 8.7)	3.7	(2.6 - 5.3)	2.7	(1.8 - 4.2)
≥35	1.5	(1.0 - 2.5)	0.7	(0.4 - 1.5)	0.6	(0.3 - 1.3)
SEX						
Male	8.8	(7.5 - 10.3)	4.8	(3.8 - 6.0)	3.5	(2.7 - 4.5)
Female	5.2	(4.3 - 6.4)	2.5	(1.9 - 3.3)	1.6	(1.1 - 2.2)
TOTAL	7.0	(6.2 - 8.0)	3.6	(3.1 - 4.3)	2.5	(2.1 - 3.1)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	377	(312 - 454)	171	(125 - 232)	104	(70 - 155)
18-25	635	(536 - 749)	351	(272 - 450)	247	(182 - 333)
26-34	306	(237 - 392)	167	(116 - 238)	123	(80 - 189)
≥35	146	(91 - 236)	70	(35 - 141)	56	(25 - 122)
SEX						
Male	926	(787 - 1,086)	505	(400 - 636)	369	(284 - 479)
Female	539	(444 - 652)	254	(192 - 335)	161	(114 - 229)
TOTAL	1,464	(1,294 - 1,655)	759	(636 - 905)	530	(431 - 653)

* Low precision; no estimate reported

NOTE: "At Least Once" is equivalent to "Used Past Year" in Table 3.

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1996 National Household Survey on Drug Abuse

Table 20D. Frequency of Marijuana Use During Past Year by Age Group and Sex for Blacks in 1996

AGE/SEX	At Least Once		12 or More Days		51 or More Days	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
AGE						
12-17	13.0	(10.8 - 15.6)	6.2	(4.6 - 8.2)	3.5	(2.4 - 5.1)
18-25	24.0	(21.0 - 27.1)	14.1	(11.7 - 16.8)	9.2	(7.3 - 11.5)
26-34	13.6	(11.5 - 16.0)	8.2	(6.5 - 10.2)	5.9	(4.3 - 8.1)
≥35	5.9	(4.4 - 7.9)	3.4	(2.3 - 5.1)	1.8	(1.0 - 3.1)
SEX						
Male	15.3	(13.2 - 17.5)	9.7	(8.1 - 11.7)	6.1	(4.8 - 7.6)
Female	7.7	(6.5 - 9.1)	3.5	(2.8 - 4.5)	2.1	(1.6 - 2.9)
TOTAL	11.1	(9.9 - 12.4)	6.3	(5.4 - 7.4)	3.9	(3.2 - 4.8)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	428	(355 - 514)	203	(153 - 269)	115	(78 - 167)
18-25	905	(794 - 1,025)	531	(443 - 634)	346	(275 - 434)
26-34	583	(492 - 687)	351	(279 - 439)	254	(185 - 347)
≥35	752	(561 - 1,002)	436	(292 - 647)	228	(133 - 390)
SEX						
Male	1,648	(1,430 - 1,894)	1,052	(873 - 1,264)	658	(523 - 826)
Female	1,019	(859 - 1,206)	469	(372 - 591)	285	(209 - 386)
TOTAL	2,667	(2,375 - 2,990)	1,521	(1,301 - 1,776)	943	(776 - 1,144)

* Low precision; no estimate reported

NOTE: "At Least Once" is equivalent to "Used Past Year" in Table 3.

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1996 National Household Survey on Drug Abuse

Table 20E. Frequency of Marijuana Use During Past Year by Age Group and Sex for Northeast Region in 1996

AGE/SEX	At Least Once		12 or More Days		51 or More Days	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
AGE						
12-17	12.0	(8.9 - 16.0)	4.8	(3.1 - 7.4)	3.3	(1.9 - 5.4)
18-25	25.1	(20.7 - 30.1)	13.1	(10.2 - 16.6)	7.9	(5.7 - 10.9)
26-34	10.6	(8.3 - 13.4)	5.9	(4.2 - 8.1)	3.4	(2.3 - 5.0)
≥35	3.0	(2.0 - 4.5)	1.2	(0.6 - 2.5)	0.8	(0.3 - 1.7)
SEX						
Male	9.2	(7.5 - 11.3)	4.8	(3.7 - 6.2)	2.8	(2.0 - 3.9)
Female	5.8	(4.7 - 7.2)	2.5	(1.6 - 3.7)	1.6	(1.0 - 2.4)
TOTAL	7.5	(6.4 - 8.7)	3.6	(2.9 - 4.5)	2.2	(1.7 - 2.9)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	447	(331 - 597)	180	(116 - 275)	122	(72 - 203)
18-25	1,170	(964 - 1,404)	611	(477 - 775)	368	(264 - 506)
26-34	728	(572 - 920)	403	(290 - 555)	236	(161 - 345)
≥35	814	(543 - 1,215)	330	(160 - 676)	202	(87 - 470)
SEX						
Male	1,912	(1,560 - 2,333)	994	(771 - 1,278)	582	(415 - 816)
Female	1,248	(1,001 - 1,550)	529	(354 - 787)	345	(226 - 526)
TOTAL	3,159	(2,723 - 3,659)	1,523	(1,223 - 1,893)	928	(700 - 1,227)

Table 20F. Frequency of Marijuana Use During Past Year by Age Group and Sex for North Central Region in 1996

AGE/SEX	At Least Once		12 or More Days		51 or More Days	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
AGE						
12-17	12.6	(9.7 - 16.1)	5.0	(3.5 - 7.0)	2.9	(1.8 - 4.6)
18-25	24.8	(20.5 - 29.8)	13.8	(10.7 - 17.7)	8.9	(6.6 - 12.1)
26-34	13.8	(11.5 - 16.5)	8.4	(6.5 - 10.7)	5.4	(3.9 - 7.4)
≥35	4.3	(2.8 - 6.5)	2.2	(1.2 - 3.8)	1.4	(0.7 - 2.6)
SEX						
Male	13.2	(10.4 - 16.5)	7.2	(5.5 - 9.5)	5.0	(3.6 - 6.8)
Female	6.3	(5.0 - 7.8)	3.1	(2.4 - 4.1)	1.6	(1.2 - 2.3)
TOTAL	9.4	(7.8 - 11.3)	5.0	(4.0 - 6.3)	3.2	(2.4 - 4.1)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	736	(569 - 944)	292	(207 - 411)	170	(106 - 271)
18-25	1,674	(1,378 - 2,009)	932	(720 - 1,193)	602	(442 - 812)
26-34	1,152	(960 - 1,375)	697	(544 - 888)	449	(327 - 613)
≥35	1,320	(861 - 2,007)	663	(376 - 1,160)	420	(218 - 802)
SEX						
Male	3,116	(2,468 - 3,903)	1,715	(1,307 - 2,238)	1,181	(858 - 1,616)
Female	1,766	(1,415 - 2,197)	869	(661 - 1,141)	460	(329 - 642)
TOTAL	4,882	(4,051 - 5,862)	2,584	(2,052 - 3,245)	1,641	(1,263 - 2,128)

* Low precision; no estimate reported

NOTE: "At Least Once" is equivalent to "Used Past Year" in Table 3.

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1996 National Household Survey on Drug Abuse

Table 20G. Frequency of Marijuana Use During Past Year by Age Group and Sex for South Region in 1996

AGE/SEX	At Least Once		12 or More Days		51 or More Days	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
AGE						
12-17	12.7	(10.7 - 15.1)	6.4	(5.1 - 8.0)	3.7	(2.8 - 4.9)
18-25	22.4	(19.7 - 25.4)	12.8	(10.8 - 15.2)	9.6	(7.7 - 11.7)
26-34	9.5	(7.9 - 11.3)	5.6	(4.4 - 7.1)	3.6	(2.7 - 4.8)
≥35	4.1	(3.1 - 5.3)	2.1	(1.5 - 3.0)	1.0	(0.6 - 1.7)
SEX						
Male	11.9	(10.2 - 13.8)	7.0	(5.9 - 8.2)	4.4	(3.6 - 5.4)
Female	4.9	(4.1 - 5.9)	2.3	(1.8 - 2.9)	1.4	(1.1 - 1.9)
TOTAL	8.2	(7.2 - 9.3)	4.5	(3.9 - 5.2)	2.8	(2.4 - 3.3)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	1,010	(847 - 1,199)	505	(402 - 632)	298	(225 - 393)
18-25	2,137	(1,877 - 2,422)	1,222	(1,028 - 1,447)	912	(738 - 1,122)
26-34	1,150	(963 - 1,368)	680	(535 - 862)	440	(330 - 585)
≥35	1,821	(1,378 - 2,397)	942	(655 - 1,352)	462	(287 - 744)
SEX						
Male	4,185	(3,595 - 4,856)	2,459	(2,077 - 2,904)	1,559	(1,280 - 1,896)
Female	1,933	(1,608 - 2,319)	891	(696 - 1,140)	553	(417 - 733)
TOTAL	6,117	(5,386 - 6,938)	3,350	(2,916 - 3,844)	2,112	(1,797 - 2,481)

Table 20H. Frequency of Marijuana Use During Past Year by Age Group and Sex for West Region in 1996

AGE/SEX	At Least Once		12 or More Days		51 or More Days	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
AGE						
12-17	14.7	(11.6 - 18.5)	7.5	(5.4 - 10.4)	4.4	(2.7 - 7.0)
18-25	24.0	(18.5 - 30.6)	13.8	(10.4 - 18.1)	8.3	(5.9 - 11.4)
26-34	12.2	(9.9 - 14.8)	6.0	(4.4 - 8.1)	3.8	(2.7 - 5.4)
≥35	3.4	(2.3 - 5.0)	2.1	(1.2 - 3.6)	1.2	(0.6 - 2.4)
SEX						
Male	10.8	(8.5 - 13.6)	6.8	(5.1 - 8.9)	4.0	(3.0 - 5.3)
Female	7.8	(6.3 - 9.7)	3.4	(2.5 - 4.7)	2.1	(1.4 - 3.1)
TOTAL	9.3	(7.7 - 11.3)	5.1	(4.0 - 6.5)	3.0	(2.4 - 3.9)
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	731	(578 - 917)	374	(269 - 514)	217	(135 - 346)
18-25	1,647	(1,266 - 2,099)	943	(709 - 1,238)	565	(404 - 784)
26-34	992	(809 - 1,210)	488	(359 - 659)	311	(219 - 439)
≥35	870	(586 - 1,284)	530	(300 - 928)	295	(141 - 610)
SEX						
Male	2,504	(1,967 - 3,165)	1,569	(1,178 - 2,077)	929	(698 - 1,231)
Female	1,736	(1,393 - 2,155)	765	(552 - 1,057)	459	(305 - 689)
TOTAL	4,240	(3,488 - 5,134)	2,334	(1,828 - 2,972)	1,388	(1,092 - 1,761)

* Low precision; no estimate reported

NOTE: "At Least Once" is equivalent to "Used Past Year" in Table 3.

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1996 National Household Survey on Drug Abuse

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	22.6	25.7	28.5	31.2	29.4	-1.8	+10.7sss
10th Grade	30.6	29.8	32.8	37.4	40.9	45.4	47.3	+1.9	+16.7sss
12th Grade	44.1	40.7	42.9	45.6	48.4	50.8	54.3	+3.5s	+10.2sss
Any Illicit Drug Other Than Marijuana[a]									
8th Grade	14.3	15.6	16.8	17.5	18.8	19.2	17.7	-1.5	+3.4sss
10th Grade	19.1	19.2	20.9	21.7	24.3	25.5	25.0	-0.5	+5.9sss
12th Grade	26.9	25.1	25.7	27.6	28.1	28.5	30.0	+1.5	+3.1s
Any Illicit Drug Including Inhalants[a,b]									
8th Grade	28.5	29.6	32.3	35.1	38.1	39.4	38.1	-1.3	+9.6sss
10th Grade	36.1	36.2	38.7	42.7	45.9	49.8	50.9	+1.1	+14.8sss
12th Grade	47.0	44.4	46.6	49.1	51.5	53.6	56.3	+2.8	+8.7sss
Marijuana/Hashish									
8th Grade	10.2	11.2	12.6	16.7	19.9	23.1	22.6	-0.5	+12.4sss
10th Grade	23.4	21.4	24.4	30.4	34.1	39.8	42.3	+2.5s	+18.9sss
12th Grade	36.1	32.6	36.3	38.2	41.7	44.9	49.8	+4.7ss	+12.9sss
Inhalants[b,c]									
8th Grade	17.6	17.4	19.4	19.9	21.6	21.2	21.0	-0.2	+3.4sss
10th Grade	15.7	16.6	17.5	18.0	19.0	19.3	18.3	-1.0	+2.6ss
12th Grade	17.6	16.8	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	1.1	1.5	1.8	2.0	+0.2	+0.4
Hallucinogens[e]									
8th Grade	3.2	3.8	3.9	4.3	5.2	5.9	5.4	-0.5	+2.2sss
10th Grade	8.1	8.4	8.8	8.1	9.3	10.5	10.5	0.0	+4.4sss
12th Grade	9.5	9.2	10.9	11.4	12.7	14.0	15.1	+1.1	+5.6sss
LSD									
8th Grade	2.7	3.2	3.6	3.1	4.4	5.1	4.7	-0.4	+2.0sss
10th Grade	5.8	5.8	6.2	7.2	8.4	9.4	9.5	+0.1	+3.9sss
12th Grade	8.8	8.8	10.3	10.5	11.7	12.6	13.6	+1.0	+4.8sss

(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*																		
8th Grade	11.3	12.9	15.1	18.5	21.4	23.6	22.1	-1.5	+10.8sss	5.7	6.8	8.4	10.9	12.4	14.8	12.9	-1.7ss	+7.2sss
10th Grade	21.4	20.4	24.7	30.0	33.3	37.5	36.5	+1.0	+17.1sss	11.6	11.0	14.0	18.5	20.2	23.2	23.0	-0.2	+11.4sss
12th Grade	29.1	27.1	31.0	35.8	39.6	40.2	42.4	+2.2	+13.0sss	18.4	14.4	18.3	21.9	23.8	24.6	26.2	+1.6	+9.8sss
Any Illicit Drug Other Than Marijuana*																		
8th Grade	8.4	9.3	10.4	11.3	12.6	13.1	11.8	-1.3s	+3.4sss	3.8	4.7	5.3	5.6	6.5	6.9	6.0	-0.9s	+2.2sss
10th Grade	12.2	12.3	13.9	15.2	17.5	18.4	18.2	-0.2	+6.0sss	5.5	5.7	6.5	7.1	8.9	8.9	8.8	-0.1	+3.3sss
12th Grade	16.2	14.9	17.1	18.0	19.4	19.8	20.7	+0.9	+4.5sss	7.1	6.3	7.9	8.8	10.0	9.5	10.7	+1.2	+3.6sss
Any Illicit Drug Including Inhalants*,†																		
8th Grade	16.7	18.2	21.1	24.2	27.1	28.7	27.2	-1.5	+10.5sss	8.6	10.0	12.0	14.3	16.1	17.5	16.0	-1.5s	+7.2sss
10th Grade	23.9	23.5	27.4	32.5	35.6	39.6	40.3	+0.7	+16.4sss	13.1	12.6	16.6	20.0	21.5	24.5	24.1	-0.4	+11.0sss
12th Grade	31.2	28.8	32.5	37.6	40.2	41.9	43.3	+1.4	+12.1sss	17.6	16.5	19.3	23.0	24.8	25.5	26.9	+1.4	+9.1sss
Marijuana/Hashish																		
8th Grade	6.2	7.2	9.2	13.0	15.8	18.3	17.7	-0.6	+11.5sss	3.2	3.7	6.1	7.8	9.1	11.3	10.2	-1.1	+7.0sss
10th Grade	16.5	15.2	19.2	25.2	28.1	33.6	34.8	+1.2	+18.3sss	8.7	8.1	10.9	15.8	17.2	20.4	20.5	+0.1	+11.8sss
12th Grade	23.9	21.9	26.0	30.7	34.7	35.8	38.5	+2.7	+14.6sss	13.8	11.9	15.5	18.0	21.2	21.9	23.7	+1.8	+9.9sss
Inhalants*,†																		
8th Grade	9.0	9.5	11.0	11.7	12.8	12.2	11.8	-0.4	+2.8sss	4.4	4.7	5.4	5.6	6.1	5.8	5.6	-0.2	+1.2sss
10th Grade	7.1	7.5	8.4	9.1	9.6	9.5	8.7	-0.8	+1.6ss	2.7	2.7	3.3	3.8	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*																		
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	0.9	0.5	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*																		
8th Grade	1.9	2.5	2.8	2.7	3.6	4.1	3.7	-0.4	+1.8sss	0.8	1.1	1.2	1.3	1.7	1.9	1.8	-0.1	+1.0sss
10th Grade	4.0	4.3	4.7	5.8	7.2	7.8	7.6	-0.2	+3.6sss	1.6	1.8	1.9	2.4	3.3	2.8	3.3	+0.5	+1.7sss
12th Grade	5.6	5.9	7.4	7.6	9.3	10.1	9.8	-0.3	+4.0sss	2.2	2.1	2.7	3.1	4.4	3.5	3.9	+0.4	+1.7sss
LSD																		
8th Grade	1.7	2.1	2.3	2.4	3.2	3.5	3.2	-0.3	+1.5sss	0.6	0.5	1.0	1.1	1.4	1.5	1.5	0.0	+0.9sss
10th Grade	3.7	4.0	4.2	5.2	6.5	5.9	6.7	+0.2	+3.0sss	1.5	1.6	1.6	2.0	3.0	2.4	2.8	+0.4	+1.3sss
12th Grade	5.2	5.8	6.8	6.9	8.4	8.8	8.4	-0.4	+3.2sss	1.9	2.0	2.4	2.6	4.0	2.5	3.1	+0.6s	+1.2sss
Hallucinogens Other Than LSD																		
8th Grade	0.7	1.1	1.0	1.3	1.7	2.0	1.8	-0.2	+1.1sss	0.3	0.4	0.5	0.7	0.8	0.9	0.7	-0.2	+0.4sss
10th Grade	1.3	1.4	1.9	2.4	2.8	3.3	3.3	0.0	+2.0sss	0.4	0.5	0.7	1.0	1.0	1.0	1.2	+0.2	+0.8sss
12th Grade	2.0	1.7	2.2	3.1	3.8	4.4	4.8	+0.2	+2.6sss	0.7	0.5	0.8	1.2	1.3	1.6	1.7	+0.1	+1.0sss

(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*	*15100*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16700*	*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	46.8	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	16.6	16.1	-0.5
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	8.0	8.0	7.5	7.2	8.4	7.7	8.3	8.7	8.8	8.5	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)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	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]	—	—	—	—	—	—	—	—	—	—	—	—	5.4	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	1.4	1.3	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	9.8	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	15.1	15.7	15.3	15.3	16.5	+1.2
Crystal Meth. (Ice)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.7	3.3	2.9	3.1	3.4	3.8	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	8.4	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,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[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	8.6	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	70.0	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[f,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.

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 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*	*15300*	*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]	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	25.1	26.0	27.1	28.2	30.4	31.0	30.1	28.4	28.0	27.4	25.9	21.1	21.1	20.0	17.9	16.2	14.9	17.1	16.0	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	40.6	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[f]	—	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	5.2	7.0	7.7	8.0	7.6	6.7	-0.9
Inhalants, Adjusted[f,g]	—	—	—	—	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	8.6	7.3	-1.2s
Amyl/Butyl Nitrites[e,f]	—	—	—		6.5	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	6.8	5.9	7.4	7.6	9.3	10.1	9.8	-0.3
Hallucinogens, Adjusted[g]	—	—	—	—	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	5.5	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[e,f]	—	—	—	—	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)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	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	11.5	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[h]	—	—	—	—	—	—	—	—	—	—	—	4.1	3.9	3.1	3.1	1.9	1.5	1.5	1.6	1.9	2.1	2.1	2.4	+0.3
Other Cocaine[f]	—	—	—	—	—	—	—	—	—	—	—	—	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[f]	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[h]	6.7	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[h,k]	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)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.4	1.3	1.7	1.8	2.4	2.8	2.3	-0.5
Sedatives[h,m]	11.7	10.7	10.8	9.9	9.9	10.3	10.5	9.1	7.9	6.6	6.8	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[h]	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[h,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	0.8	0.7	1.1	1.0	-0.1
Tranquilizers[h]	10.6	10.3	10.8	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[n]	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[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	52.7	50.3	49.6	51.7	52.5	51.9	53.2	+1.3
Cigarettes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smokeless Tobacco[e,o]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Steroids[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	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*	*16700*	*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	36.0	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]	15.4	13.9	15.2	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	15.5	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	2.5	2.8	2.6	2.3	2.7	2.4	2.3	2.6	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	2.8	2.5	2.8	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	2.5	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	4.5	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	0.6	1.3	0.7	-0.6
MDMA (Ecstasy)[e]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	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[b]	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.6	1.4	0.7	0.7	0.5	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	0.5	0.5	0.0
Other Opiates[f]	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,f]	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,f,g]	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[f]	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,g]	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	0.6	0.2	0.2	0.4	0.1	0.4	0.4	0.6	0.3	-0.3
Tranquilizers[f]	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[h]	68.2	68.3	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	—	—	—	—	—
Been Drunk[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31.6	29.9	48.6 28.9	50.1 30.8	51.3 33.2	50.8 31.3	52.7 34.2	+1.9 +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	33.6	34.0	36.5	+2.5s
Smokeless Tobacco[e,f]	—	—	—	—	—	—	—	—	—	—	—	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*	*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[i]	—	*	*	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[i,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*[i]	—	—	—	—	*	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*[i]	—	—	—	—	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)*	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	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[i]	0.1	*	*	*	*	*	*	*	0.1	*	*	*	*	*	0.1	*	*	*	*	*	0.1	0.1	0.1	-0.1
Other Opiates[h]	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[h,k]	0.6	0.4	0.5	0.6	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[h,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[h]	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[h,m]	*	*	*	*	*	0.1	0.1	0.1	*	*	*	*	*	0.1	*	*	*	0.1	0.0	0.1	0.1	0.0	0.1	+0.1
Tranquilizers[h]	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	5.6	4.8	5.0	4.8	4.6	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[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	28.8	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*[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	40.6	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[b]	35.9	37.0	36.5	37.9	36.4	40.8	40.1	-0.7	37.6	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	76.8	74.5	-1.3	—	—	—	—	—	—	—	—
Take LSD once or twice[c]	—	—	42.1	38.3	36.7	36.5	37.0	+0.5	—	—	48.7	46.5	44.7	45.1	44.6	-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	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[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	56.0	54.0	-2.0
Take crack occasionally[b]	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[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	53.6	57.1	53.2	55.4	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	76.6	76.0	73.9	-1.1	69.8	70.8	68.6	70.0	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	11.6	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	48.6	49.0	48.3	46.5	45.2	49.6	43.0	-6.6sss
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[d]	64.2	69.5	70.2	67.6	—	—	—	—	67.1	72.7	73.4	72.6	—	—	—	—	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.
[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 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 1991	1992	1993	1994	1995	1996	1997	'96–'97 change	10th Grade 1991	1992	1993	1994	1995	1996	1997	'96–'97 change	12th Grade[a] 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	59.6	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	80.9	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[b]	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[b]	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	89.6	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	93.6	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[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]	—	—	—	—	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[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	36.5	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	76.4	73.8	76.4	+1.6	76.6	76.9	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	80.8	76.4	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	69.8	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[d]	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*	*17560*	*17998*	*18765*		*14750*	*14774*	*15334*	*15891*	*17016*	*15686*	*15627*		*2547*	*2645*	*2723*	*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.

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

[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 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

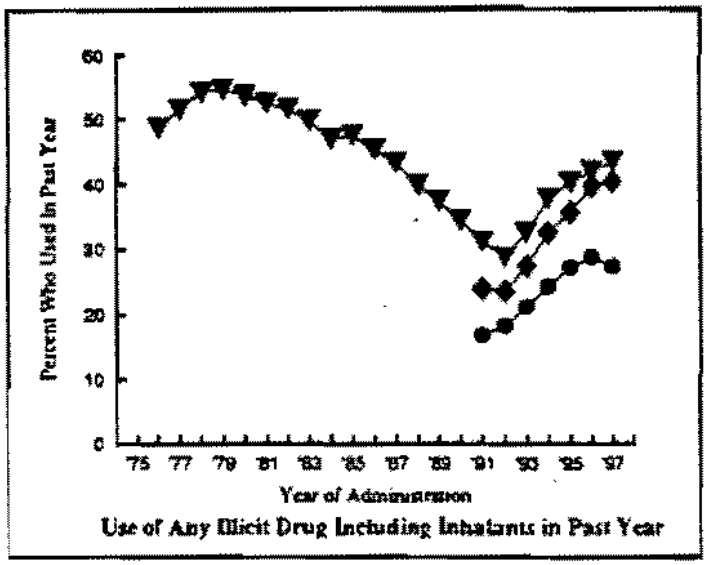
How difficult do you think it would be for you to get each of the following types of drugs, if you wanted some?	Percent saying "fairly easy" or "very easy" to get*																						
	Class of 1975	Class of 1976	Class of 1977	Class of 1978	Class of 1979	Class of 1980	Class of 1981	Class of 1982	Class 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	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	25.8	25.9	25.7	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	30.5	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	36.0	32.7	30.6	28.8	28.6	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	28.9	27.7	27.6	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	33.0	37.8	45.5	47.9	47.5	47.4	43.1	45.0	48.9	51.5	54.2	56.0	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	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	66.4	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	27.6	+0.7
Barbiturates	60.0	54.4	52.4	50.6	49.8	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*	*3274*	*3077*	*3271*	*3231*	*2806*	*2549*	*2476*	*2586*	*2670*	*2526*	*2552*	*2340*	*2517*	

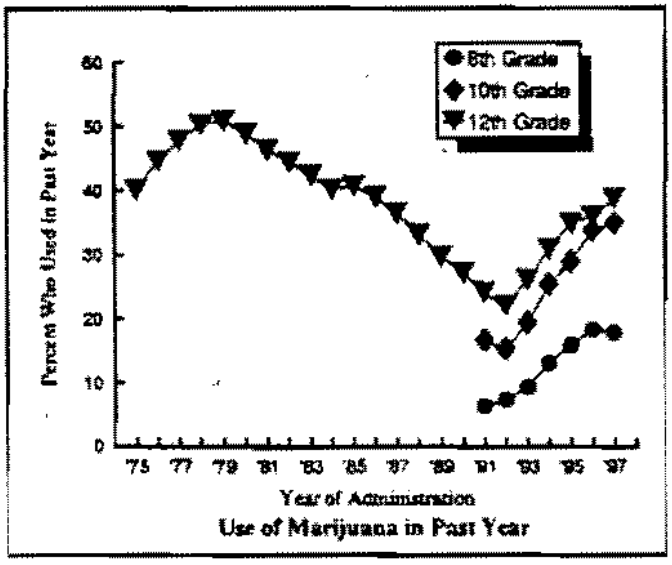
NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. "—" indicates data not available.
SOURCE: The Monitoring the Future Study, the University of Michigan.

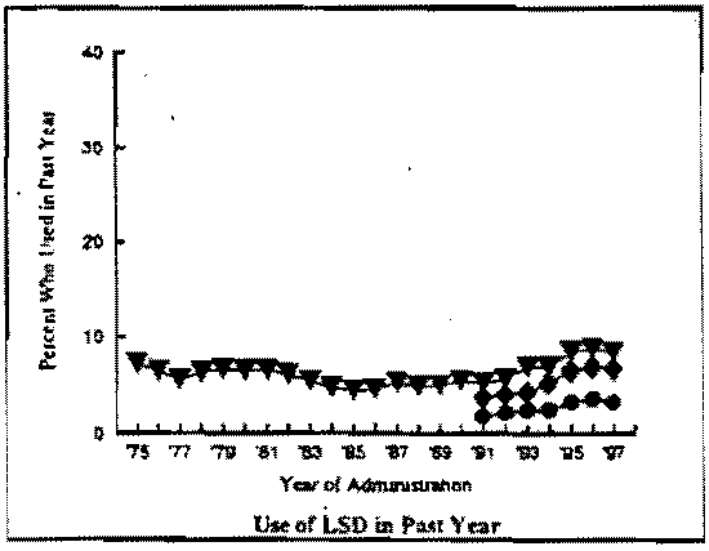
*Answer alternatives were: (1) Probably impossible, (2) Very difficult, (3) Fairly difficult, (4) Fairly easy, and (5) Very easy.

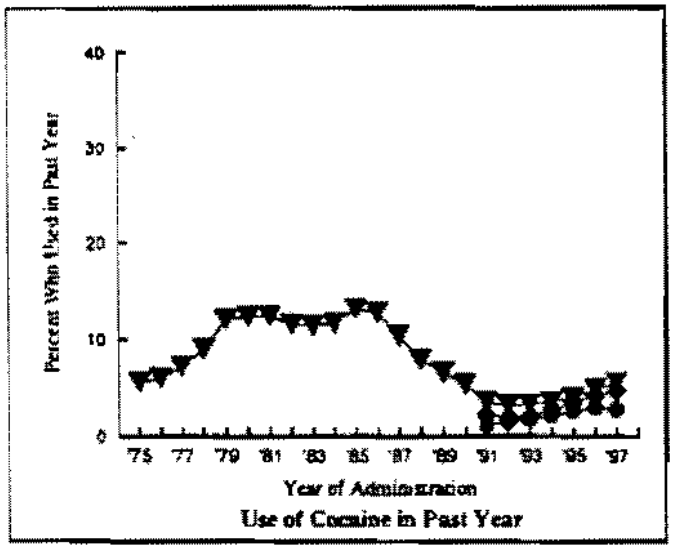
FIGURE 7

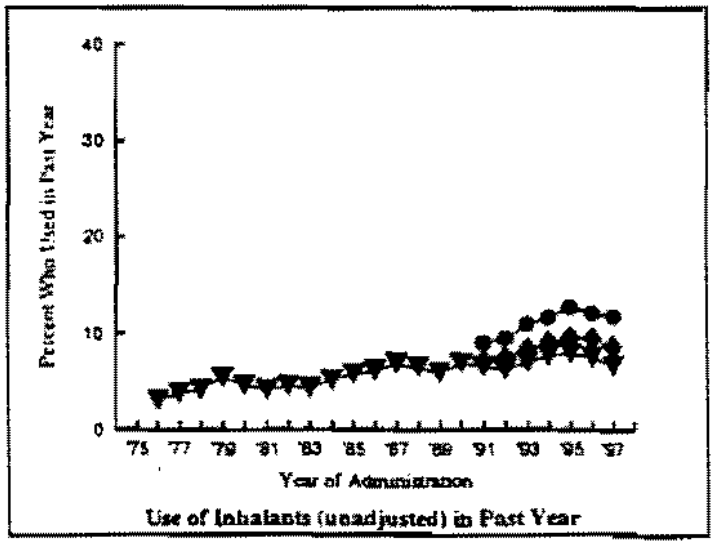
Trends in Annual Use of Selected Drugs by Grade, 1975-1997

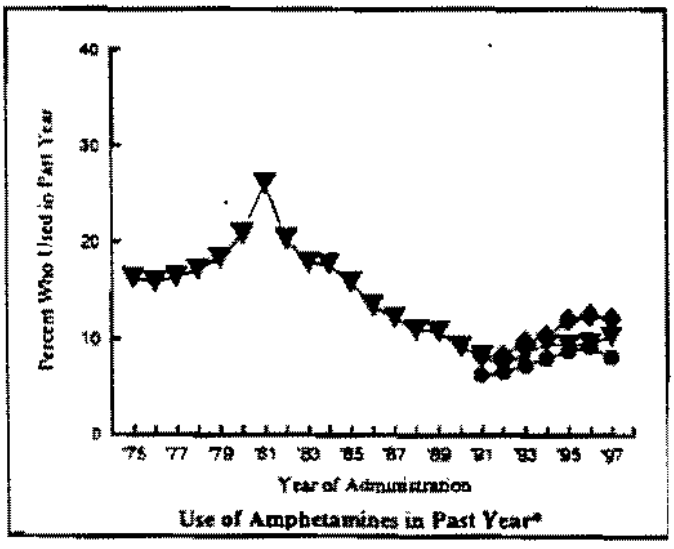










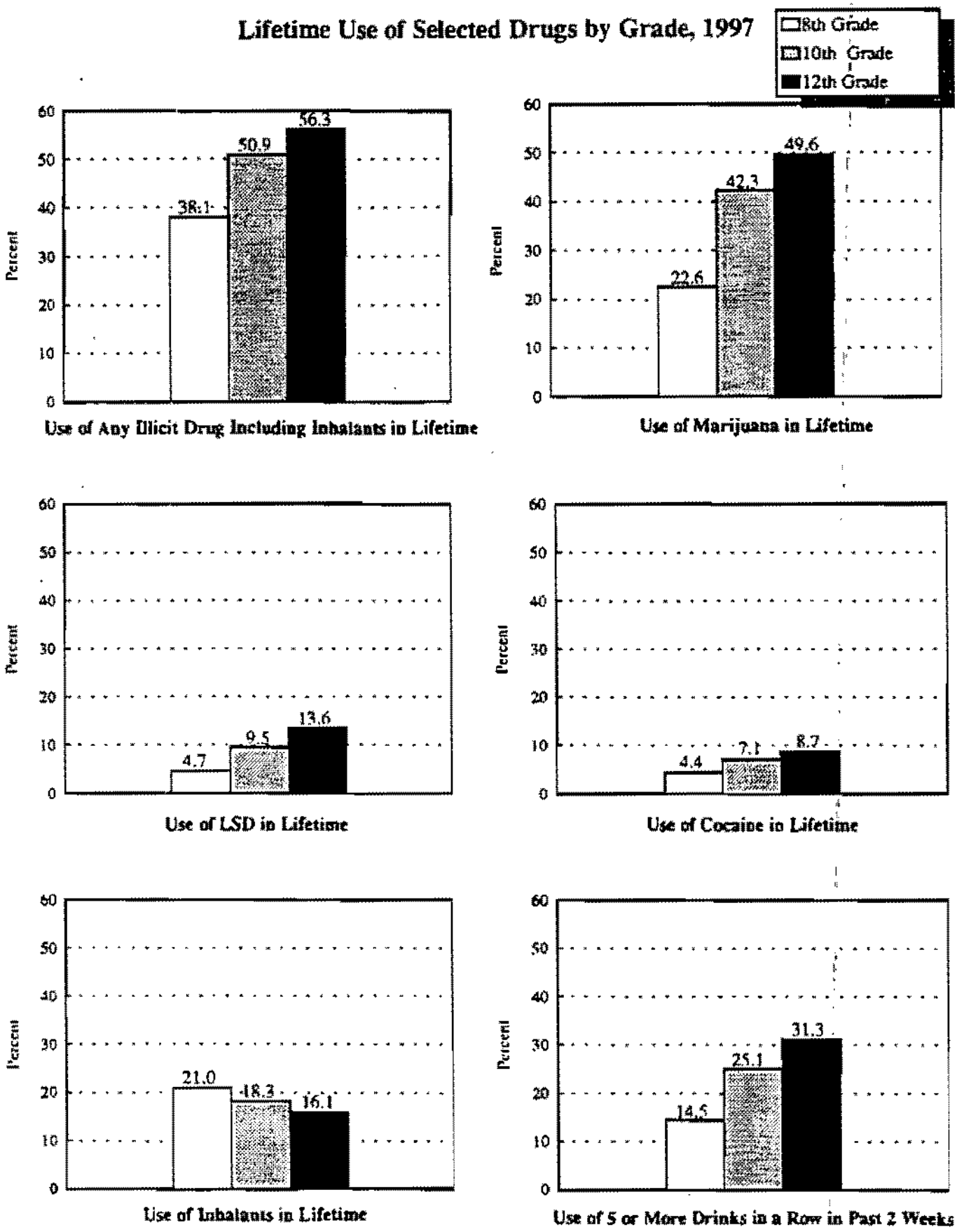


*Beginning in 1982, the question about stimulant use (i.e., amphetamines) was revised to get respondents to exclude the inappropriate reporting of non-prescription stimulants. The prevalence rate dropped slightly as a result of this methodological change.

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

Table 7
Ethnographers and Epidemiologists Report on Marijuana

	City			
	Bridgeport, CN	**San Antonio/ El Paso, TX**	**San Diego, CA**	**New York, NY**
Use	stable	stable	up	up
Who's Using/ Change in Users	all ages, all ethnicities; more teens	wide variety of users;	all ethnicities; 18-35 yrs. old; more young users	wide variety of users; more young users
Drugs in Combination		cocaine	cocaine	LSD heroin alcohol
Who's Selling	Wide variety of sellers; Jamaicans sell larger amounts.	Mexican Nationals	African Americans and Hispanics	Sellers generally see only marijuana and hallucinogens, and many have brand identities
Purchase Amount/Purity	$10/bag	$10, $15, $25 per bag	$50-100/oz. (regular); $200-$400/oz. (sinsemilia) ; 8% -16% THC for sinsemilia	variable purity
Other/Comments		There is some evidence in the last 6 months of more white high school kids using Rohypnol. Also sees combinations with crack in "primos."		Marijuana is sold by persons who may also sell pills or hallucinogens. They have developed brand names related to the origin of the marijuana.

Source: Pulse Check, National Trends in Drug Abuse, Summer 1997.

Table 7 (cont'd.)
Ethnographers and Epidemiologists Report on Marijuana

	City			
	Denver, CO	**Miami, FL**	**Chicago, IL**	**Trenton/Newark, NJ**
Use	stable	up		up
Who's Using/ Change in Users	wide variety of users	all classes, all ethnicities	diverse group of users	wide variety of users, primarily urban; more young users
Drugs in Combination	alcohol methamphetamine	cocaine		alcohol
Who's Selling				
Purchase Amount/Purity	$425/oz.	$40-50 - 1/8 oz. $250-260/oz.; 8% - 14% THC	$60-200/oz.; variable purity	$19/bag
Other/Comments		Marijuana mixed with cocaine is rolled into a cigarette and called "lace."		

Source: *Pulse Check, National Trends in Drug Abuse*, Summer 1997.

Table 7 (cont'd.)
Ethnographers and Epidemiologists Report on Marijuana

	City		
	New York, NY	**Austin, TX**	**Newark, DE**
Use	up	up	up
Who's Using/ Change in Users	young users under 25; more teens	young, male, all ethnicities; more young users	young users under 25
Drugs in Combination			cocaine
Who's Selling	Young sellers, around schools, public parks		Wide variety of sellers
Purchase Amount/Purity	$5, $10/bag $100-800/oz.	$40-100/oz.	Purity is very poor
Other/Comments	PCP-laced marijuana sells for $15/bag. Many teens smoking "woolies" (fat marijuana cigarettes mixed with PCP or crack)		

Source: *Pulse Check, National Trends in Drug Abuse*, Summer 1997.

Table 8
Law Enforcement Report on Marijuana

	City		
	Birmingham, AL P.D.	**Seattle, WA P.D.**	**New York P.D.**
Use	stable	up	stable
Who's Using Change in Users	white, often rural or suburban users	wide range of users	"everyone"
Drugs in Combination	alcohol	alcohol cocaine	alcohol cocaine
Who's Selling	Sellers operate in suburban/rural areas where customers are.	Mexican traffickers.	Sellers match community they sell to.
Purchase Amount/ Purity	$100/oz.	$200 - $300/oz.; variable purity	$10/bag $100 - $500/oz.; variable purity
Other/Comments			Wide variety in quality and price.

Source: *Pulse Check: National Trends in Drug Abuse*, Summer 1992.

Table 8 (cont'd.)
Law Enforcement Report on Marijuana

	City		
	Miami, FL P.D.	**Eugene, OR P.D.**	**Boston, MA P.D.**
Use	stable	stable	stable
Who's Using Change in Users	wide range of users; none	wide variety of users: none	none
Drugs in Combination		methamphetamine	crack MDMA
Who's Selling	More hydroponic growing sites.	Sellers look like their customers.	Wide variety of sellers.
Purchase Amount/ Purity	$5, $10/bag $2,500/lb for "exotics;" highly variable purity	$15/gram for local $10/gram for Mexican; purity varies by type	$10/gram; variable purity
Other/Comments			Smaller sales units continue to be available almost everywhere.

Source: *Pulse Check. National Trends in Drug Abuse*. Summer 1997.

Table 9
Treatment Providers Report on Marijuana Use Patterns

	Region			
	I: Northeast N = 13	II: Mid-Atlantic & South N = 15	III: Mid-West N = 13	IV: West/ Southwest N = 12
% clients with drug listed as primary drug of abuse	17	16	20	28
Change over last year				
increase	27%	36%	0%	15%
no change	46%	64%	92%	77%
decrease	27%	0%	8%	8%
% clients injecting	NA	NA	NA	NA
% clients inhaling/smoking	NA	NA	NA	NA
Other Drugs Abused (% clients who mention)				
cocaine	36%	36%	8%	8%
alcohol	91%	93%	92%	85%
tranquilizers	0%	7%	0%	0%
hallucinogens	0%	21%	15%	15%
amphetamines	0%	0%	0%	38%
other	0%	14%	0%	23%

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 9 (cont'd.)
Treatment Providers Report on Marijuana Use Patterns

	Region			
	I: Northeast N = 13	II: Mid-Atlantic & South N = 15	III: Mid-West N = 13	IV: West/ Southwest N = 12
Average by Age				
under 20	26%	21%	22%	29%
21-30	42%	40%	37%	38%
31+	32%	39%	41%	33%
Average by Race/Ethnicity				
African-American	27%	25%	31%	14%
White	62%	68%	65%	56%
Hispanic & Other	11%	7%	4%	30%
Average by Sex				
Male	69%	71%	74%	68%
Female	31%	29%	26%	32%
Prior Treatment				
Yes	20%	31%	35%	34%
No	80%	69%	65%	66%

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.

Asia, Australia, Central America, Europe, and South Africa. International reports include information on current epidemiologic surveillance programs in different areas of the world. A special IEWG panel discussion focused on the effective use of epidemiologic data in developing public health policies, service delivery systems, and research plans.

This report provides an overview of key findings presented at the CEWG and IEWG meetings. Complete reports from cities and countries will be published in CEWG and IEWG proceedings. In addition, a highlights and an executive summary will be produced.

Drug Abuse Highlights for the United States

Multiple sources of data suggest some recent changes in drug use patterns and trends. Based on indirect indicators such as treatment admission, morbidity and mortality, and law enforcement data, use of **cocaine hydrochloride** (powder) and **crack cocaine**, though still at high levels, decreased in 17 of the 21 CEWG areas. Heroin use, on the other hand, increased in 17 areas. There were increases in the purity of heroin, the number of younger users, and the number of people snorting and smoking the drug. **Methamphetamine** patterns were variable. Indicators show decreases in methamphetamine use in two high-use cities (San Diego and Phoenix), increases in some areas of the western continental U.S. and Hawaii, and continued low levels of use in Chicago and East Coast areas. The expected rise in indicators of methamphetamine use in some areas of the country has not occurred. Indicators of **marijuana** use show a continuation of the dramatic increases reported over the past several years. Increases were reported in 18 of the 21 CEWG areas. The potency of commercial-grade marijuana continued to rise, as did marijuana-related hospital emergency room mentions and admissions to drug abuse treatment for persons reporting marijuana as their primary drug of abuse. The proportion of adult and juvenile arrestees testing marijuana positive increased, and recent student surveys in 6 CEWG areas show substantially higher percentages of students reporting use of marijuana. According to indicators, **LSD** use increased in 6 CEWG areas and higher usage of codeine occurred in several areas. The drug abuse indicators used by the CEWG include the Drug Abuse Warning Network (DAWN) emergency department (ED) drug-related mentions and drug-related deaths reported by medical examiners (MEs); drug use reported by patients entering treatment; Drug Use Forecasting (DUF) urinalyses data on adult and juvenile arrestees/detainees, local arrest data; Drug Enforcement Agency (DEA) price, purity, and seizure data; and other local information sources.

In examining data from multiple sources, CEWG members reported geographic/regional differences in patterns and trends by age, gender, and ethnic group. Comparisons were made across areas, so it was possible to identify emerging trends and the potential spread of drugs from one area to another.

Added to this report are findings from the Treatment Episode Data Set (TEDS), Substance Abuse and Mental Health Services Administration (denoted by an asterisk), which were not presented at the meeting.

Cocaine

Although still at high levels, drug indicator data suggest that crack and powder cocaine use decreased from 1995 to 1996 in most CEWG areas. Prior CEWG reports showed that indicators of cocaine use had stabilized in 1995. Nationwide, between 1994 and 1995, there was little change in the total number of cocaine- related DAWN ED mentions and a slight decrease in the percentage of treatment admissions* who reported cocaine as their primary drug of abuse.

In 1996, a decrease in indicators of cocaine use was reported in 17 of the 21 CEWG areas. Between 1995 and 1996, CEWG reports show decreases in primary cocaine treatment admissions occurred in most CEWG areas. Between 1992 and 1996, primary cocaine admissions declined by 155% in Philadelphia and by 28% in Newark. Other areas, such as Dallas, San Francisco, and St. Paul, also reported decreasing numbers of primary cocaine abusers entering treatment over the past several years.

DUF arrest data from 1995 to 1996 also reflected decreasing percentages of adult male arrestees testing positive for cocaine in 8 of the 14 CEWG areas included in the DUF system. Relatively large decreases were reported in Philadelphia (51 to 40%), and St. Louis (51 to 43%). Decreases also occurred in the percentages of

women who tested positive for cocaine in 8 of the 12 CEWG areas where DUF tests female arrestees. The largest decreases for women were in New Orleans (37 to 26%) and Dallas (36 to 44%). Of note is the finding that—despite reductions— cocaine positive rates were generally higher for female than for male arrestees. Cocaine positives among female arrestees were particularly high in Philadelphia (69%), Manhattan (69%), St. Louis (55%), and Denver (53%). The average cocaine positive rate among white women (77.5%) in the total DUF sample exceeded that for African-American women (61.5%).

Heroin

Increases in indicators of heroin use in 1995 and 1996 were reported in 17 of the 21 CEWG areas. The CEWG data also show changes in administration of the drug. Fewer heroin abusers were injecting and more were snorting or smoking the drug. In Newark, snorting supplanted injecting as the most frequent method of administering heroin. Over three-fourths (78%) of primary heroin abusers entering treatment in Newark in 1996 snorted heroin; only 21% injected. Similarly, in New York City, injecting among heroin (primary drug) treatment admissions declined from 71% in 1988 to 42% in 1995. In Baltimore, treatment admissions for heroin snorting more than doubled between 1992 and 1995. Intranasal use in Boston increased from 26% in 1994 to 32% in 1996. Smoking heroin has became more popular in Denver, San Francisco, and St. Louis.

Another mode of heroin use was reported in several cities: dissolving heroin, putting it into a syringe or nasal spray or a dropper, and squirting it into the nostrils. This mixture is called "shabang" in New York, "calditos" (little soup) in San Diego, and "agua de chango" in Laredo and San Antonio, Texas.

The increase in noninjection was associated with increased purity of heroin and an increase in the number of younger heroin users. Philadelphia had the highest average purity (63%) among the CEWG cities included in the DEA Domestic Monitoring Program. In Chicago, where the quality of heroin has steadily increased in recent years, heroin snorting has become more popular among young adults. Increases in heroin purity were also reported in Baltimore, Miami, Newark, New York City, Philadelphia, and San Francisco. Street bags of heroin are selling at $5–$15 in most CEWG cities.

From 1994 to 1995, total DAWN data show an increase of almost 19% in ED heroin- related mentions. The CEWG areas with the largest increases included Philadelphia (63%), Dallas (29%), Seattle (24%), and Boston (21%). ED heroin mentions in New York City nearly tripled between 1990 and 1995.

DUF data also show little change in the percentages of adult arrestees testing positive for heroin from 1995 to 1996. Positive test rates among female arrestees were highest in Manhattan (27%), Detroit (18%), and Philadelphia (16%), and among male arrestees in Chicago (20%), Manhattan (17%), and Philadelphia (11%).

Marijuana

Multiple sources of data (including national and local surveys) show that marijuana use continued to increase in 1995 and 1996, nationally and in almost every CEWG area. Based on indicator data, increases in marijuana use were reported in 18 of the 21 CEWG areas. Nationally, the delta-9- tetrahydrocannabinol (THC) potency of commercial-grade marijuana increased from 3.51% in the last half of 1995 to 5.01% in 1996, according to the Intelligence Division of the Drug Enforcement Administration. Also, in recent years, there have been increases in the numbers of marijuana abusers treated in hospital EDs and in drug abuse treatment programs. From 1994 to 1995, marijuana ED mentions increased sharply in many CEWG areas including Detroit (48%), Philadelphia (44%), Boston (41%), and Miami (36%).

Nationally, treatment admissions for primary marijuana use increased by more than 50% from 1992 to 1995.* Between 1995 and 1996, such admissions increased by 36% in Chicago, reaching 13,334 in 1996. In New Orleans and Minneapolis/St. Paul, primary drug admissions for marijuana outnumbered those for cocaine abuse. Primary marijuana admissions in Hawaii in 1996 equaled primary methamphetamine admissions (901 vs. 900). In Denver, primary marijuana users accounted for 42% of treatment admissions in 1996. Primary marijuana admissions have been increasing steadily in New York City since 1990 and now represent about 11% of total treatment admissions. There was a 27% increase in primary marijuana users entering treatment in King County/Seattle between 1994 and 1997.

Increases in marijuana use also appear in the DUF data. Between 1995 and 1996, there were increases in adult arrestees testing marijuana positive in all CEWG sites included in DUF. The largest increases among adult

males occurred in St. Louis (39 to 52%), Manhattan (28 to 38%), Denver (33 to 42%), and New Orleans (32 to 40%). For adult females, the largest increases were in Atlanta (13 to 26%) and St. Louis (18 to 29%).

DUF data for 1995–1996 also show increases in marijuana positive tests among juvenile arrestees. The median test positive rate for marijuana among boys was 52% in 1996, compared with 41% in 1995. Percentage increases among juvenile arrestees in CEWG areas were highest in St. Louis (34 to 56%), Los Angeles (34 to 51%), Denver (49 to 60%), Phoenix (41 to 52%), and Washington, D.C. (54 to 65%). The Juvenile Probation Program in Phoenix reported that 71% of juveniles referred to the Treatment Alternatives to Street Crime (TASC) program had primary marijuana problems.

Data from recent State surveys also show substantial increases in marijuana use among students in Chicago, Dallas, Massachusetts, Miami, Minneapolis/St. Paul, and Newark. In Massachusetts, 33% of youth in grades 9–12 reported marijuana use in the past month—almost as many as reported current cigarette use. In Minneapolis/St. Paul, more than 18% of 12th graders reported using marijuana in the past month, compared with 10% in 1992. The 1995 Chicago Youth Risk Behavior Survey shows that 34% of high school students had used marijuana during their lifetime, compared with 27% in 1993.

Use of marijuana rolled and smoked in cigar wrappers &emdash *blunts* &emdash also continued to rise. In many cities, *blunts* sell for $3–$5 each. In Boston, recent survey data show that 34% of students in grades 7–12 reported use of *blunts* at some time in their lives.

CEWG field reports indicate that marijuana is being mixed with other substances. In Atlanta, Dallas, Chicago, Miami, New York City, Philadelphia, St. Louis, and Texas, *blunts* and *joints* containing marijuana and crack are sold on inner-city street corners. In Chicago, Philadelphia, Texas, and Washington, D.C., marijuana and PCP are frequently mixed. The mixture is called *loveboat*.

Methamphetamine

CEWG reports on methamphetamine use demonstrate the value of this ongoing drug abuse surveillance system. CEWG data over the years show that patterns of methamphetamine use have been constantly changing. Trends have varied dramatically within and across sites at different points in time. The most current available indicator data (for 1995 and 1996) reflect the variability.

They show:

- a current decrease in some metropolitan areas where methamphetamine use has been and continues to be a serious problem
- increases in some areas in the West and in Hawaii
- no apparent increases in areas of the South where increases were expected
- continuing low levels in Chicago and East Coast areas.

The CEWG has been closely monitoring and reporting on methamphetamine patterns and trends since indicators showed sharp increases in methamphetamine ED mentions and treatment admissions in Philadelphia in 1983. Soon thereafter, outbreaks were identified in San Diego (1984) and Dallas (1986), followed in 1987 by Phoenix, and in 1988 by Los Angeles, San Francisco, and Seattle. Honolulu, Hawaii, which was added to the CEWG in 1990, began reporting on ice (crystal methamphetamine) use in that State at CEWG meetings.

During the early 1990s, indicators showed increases in methamphetamine use had occurred in the West and Southwest and had subsequently spread to both metropolitan and rural areas in the South and Midwest.

The 1995–1996 indicator data show declines in methamphetamine in two high-use cities—Phoenix and San Diego. While methamphetamine (primary drug of abuse) still accounted for 32% of all treatment admissions in San Diego in 1996, positive screens for adult arrestees declined to 29.9% (from 37.1% in 1995). In Phoenix, there were declines not only in treatment admissions and methamphetamine-positive urine toxologies among adult arrestees (from 1995 to 1996) but also in ED methamphetamine mentions and deaths (from 1994 to 1995).

There was no evidence from the 1995–1996 indicator data that methamphetamine use had spread to Miami, although increases in use had been documented in areas on the west coast of Florida. Indicators show declines

Exhibit 38. Marijuana prices and purity in reporting CEWG cities, June 1996 reporting period

City	Source/Quality	Price/Unit	
		Ounce	Pound
Atlanta	Commercial	$130–$190	$1,200–$1,800
	Sinsemilla	$180–$300	$1,600–$2,000
	Black Afghanistan hashish	$440	--
Boston	Commercial	$150–$300	$1,000–$2,000
	Sinsemilla	$250–$300	$1,500–$3,000
	Hashish	$100–$250	$1,500
Chicago	Commercial	$60–$200	$800–$2,500
Denver	Domestic	$425*	$600–$5,000*
	Mexican		
Honolulu	Commercial	$100–$800	$200–$9,000
Los Angeles	Mexican	$100–$300	$700–$1,000
	Sinsemilla	--	$3,000–$4,000
Miami	Domestic sinsemilla (8–14% THC)	$250–$600	$2,000–$4,000
	Imported sinsemilla (3–4% THC)	$140–$180	$800–$1,200
Minneapolis/St. Paul	Commercial	$100–$300	$900–$1,500
New Orleans	Commercial	$300–$400	$800–$1,000
	Sinsemilla	--	$2,500–$3,000
New York City	Commercial	$100–$800	$1,500–$3,000
Phoenix	Domestic foreign grown	--	$600–$750*
St. Louis	Sinsemilla (20% THC)	--	$2,000–$4,000
	Domestic	--	$1,000–$2,000
San Diego	Commercial (1–3% THC)	$50–$100	$400–$800
	Sinsemilla (8–16% THC)	$200–$400	--
San Francisco	Commercial	$350–$450	--
Seattle	Domestic sinsemilla	$200–$350	$4,000–$5,200
	Hashish	--	$1,600–$2,500
Texas	Mexican	$40–$100	$300–$1,100
	Domestic	$40–$100	$300–$3,000
	Colombian	--	$750–$1,100
Washington, D.C.	--	$80–$120	$1,050

* Both types of marijuana are included.

Marijuana eradication programs in Hawaii maintain a fair amount of success. Much of the marijuana available there is transported from indoor-growing operations on the mainland.

Boston's primary sources remain Mexico, Colombia, and Jamaica, with trafficking routes through California, the Southwest, and Florida. Marijuana seizures in Boston, most of which result from road

Packages containing opium continue to be shipped there from Southeast Asia. Law enforcement agencies in Seattle have intermittently seized small amounts of raw opium being shipped from Southeast Asia to various destinations in the Pacific Northwest. Federal authorities in the area have also confiscated opium poppy plants grown locally, both indoors and outdoors. Seeds for the poppy plants, which need very little care and spread quickly, are purchased from garden and flower catalogue companies.

Other Abused Opiates

> ***Texas: "Methadone clients who are not truly motivated toward treatment reportedly use benzodiazepines, especially alprazolam, to potentiate their highs."***

Several other opiates are reported in various cities:

- Fentanyl is one of the primary narcotic controlled substances being diverted in Texas. Anecdotal reports from Boston, where the drug appears occasionally, suggest that time-release skin patches containing fentanyl are diverted from hospices that use the drug to treat chronic pain. Fentanyl appears only in occasional isolated seizures in New Jersey.

- Methadone sells for approximately $1 per milligram in Atlanta and $10 for 10-milligram pills in Chicago. Like fentanyl, it is one of the primary narcotic controlled substances being diverted in Texas.

- Oxycodone abuse continues in Texas, Arizona, and New Orleans, where the drug costs $40 per dosage unit.

- Butorphanol tartrate (Stadol) continues to be abused in Phoenix for its narcotic-like effect.

- Meperidine (Demerol) remains a highly abused prescription drug in New Orleans.

- Pentazocine (Talwin), the drug most often combined in Chicago with tripelennamine as "Ts and blues," seems to have settled into geographically scattered and relatively low-level patterns of continued abuse.

- Propoxyphene napsylate and combinations thereof have been among the most frequently abused pharmaceuticals taken orally by narcotic addicts in Chicago; availability, however, has declined.

MARIJUANA

> ***Atlanta: "Ethnographic data indicate...several key individuals have started bringing crack back to the rural areas when delivering marijuana in the city."***

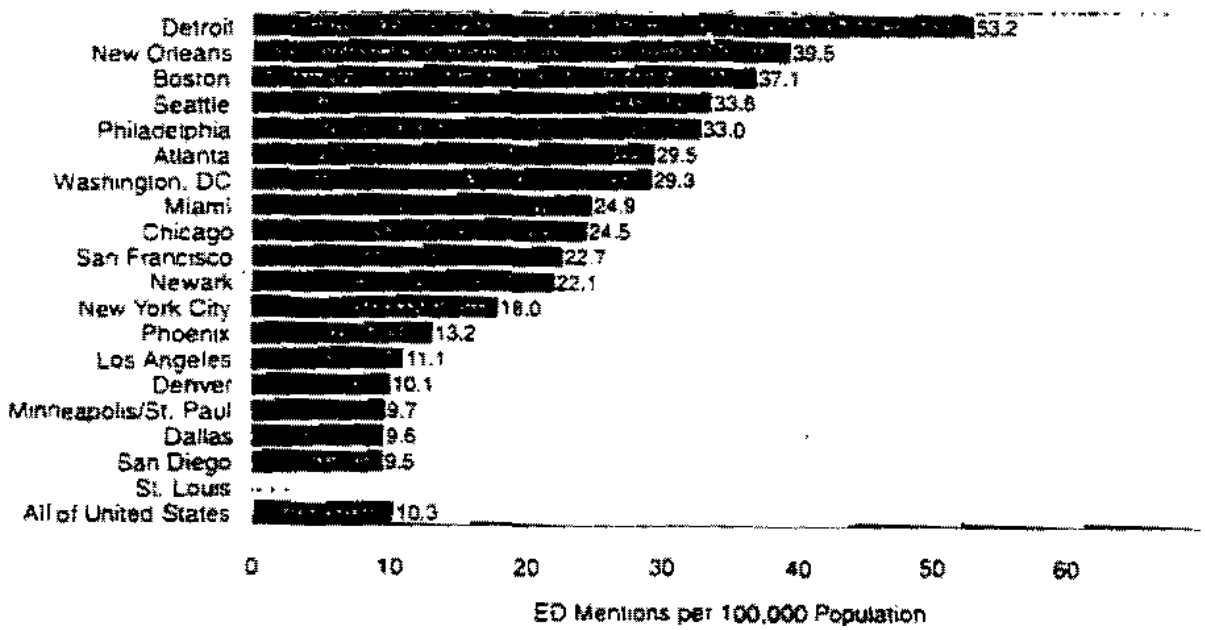
> ***New York City: "The Street Studies Unit continues to report that marijuana is the illicit substance most widely used... Adults and teenagers can be seen openly smoking 'pot' in all parts of the city."***

EMERGENCY DEPARTMENT DATA

During the first half of 1995, marijuana accounted for 5 percent or more of total drug ED mentions in 12 of the 19 cities in DAWN (exhibit 1). The proportions were highest in Detroit and Washington, DC (10.9 percent and 10.3 percent, respectively). Detroit also had the highest estimated rate of ED mentions per 100,000 population, followed by New Orleans and Boston; San Diego had the lowest rate (exhibit 31).

Between the first halves of 1994 and 1995, marijuana rates per 100,000 population showed increases in 14 cities (increases in 10 of the cities were statistically significant at $p<0.05$), with the largest increases occurring in Boston (72 percent), Phoenix (72 percent), Philadelphia (70 percent), and Seattle (67 percent) (exhibit 32). These increases continue the upward trend ongoing in many cities since 1992. The growing consequences of marijuana abuse are even more evident because these rate increases corresponded to proportion increases (marijuana in relation to total ED drug mentions) in seven of the cities: Boston, Chicago, Miami, Newark, Philadelphia, Phoenix, and Seattle. Denver was the only city with any notable decline in rate (25 percent); however, the marijuana proportion there declined by less than 1 percentage point, indicating a fairly stable trend.

Exhibit 31. Estimated rate of marijuana ED mentions per 100,000 population by metropolitan area, first half of 1995*

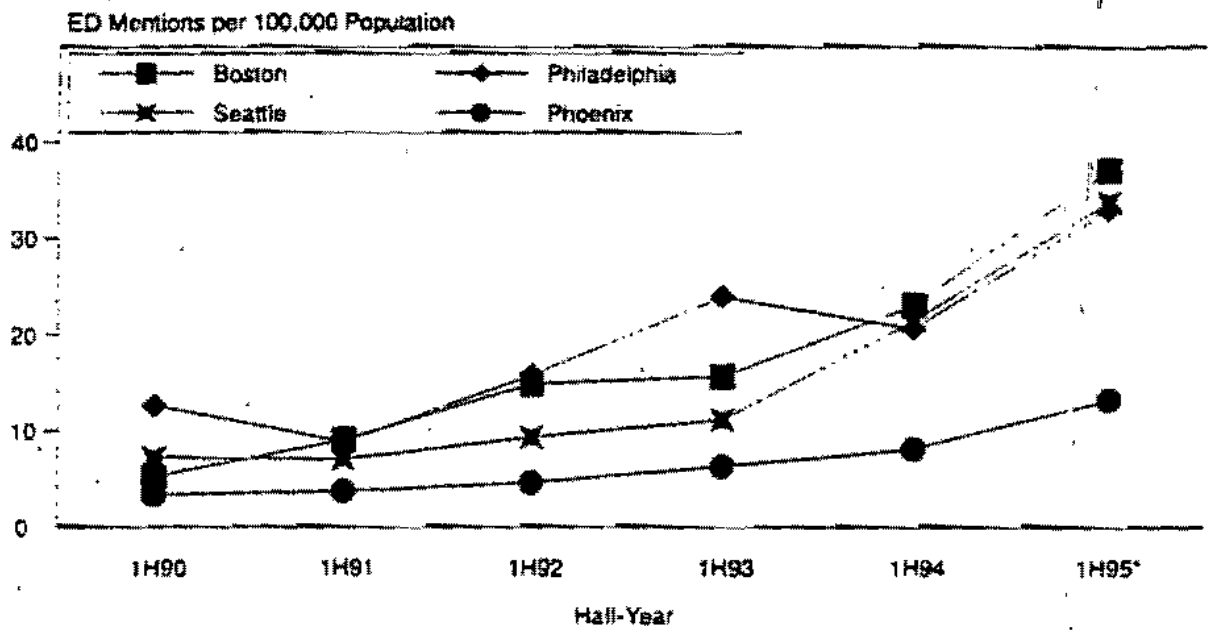


*Preliminary estimates

NOTE: ". . ." denotes estimate does not meet standard of precision or is less than 10.

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

Exhibit 32. First-half-year trends in marijuana 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

TREATMENT DATA

Marijuana as a primary drug of abuse (excluding alcohol-only but including alcohol-in-combination) accounted for the largest group in treatment in Denver (37 percent) (exhibit 33). The drug also accounted for sizable proportions (> 15 percent) in several other areas: New Orleans (27 percent), Seattle (19 percent), Honolulu (18 percent), and Texas (17 percent).

Since the previous reporting periods, the proportions of marijuana admissions have increased in 10 of the areas where trend data were available: Atlanta, Chicago (slightly), Denver, Detroit, New Orleans, New York City, San Diego (slightly), Seattle, Texas (slightly), and the Washington-Baltimore CMSA (slightly). The proportions were stable in Los Angeles and San Francisco. No declines were reported.

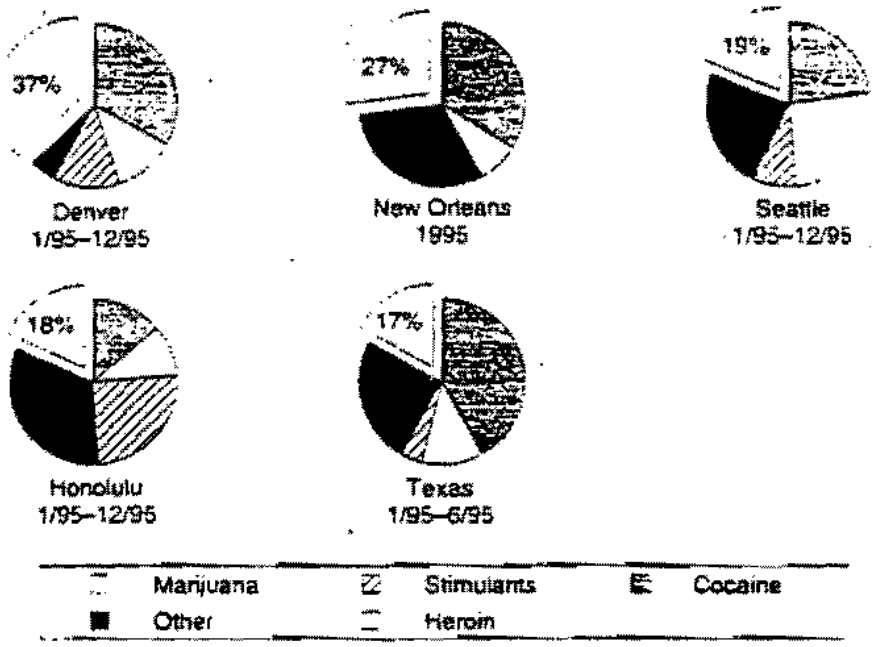
USE PATTERNS

Blunts

Atlanta: "One of the reasons mentioned by adolescents for smoking blunts is that the cigar smell dominates the marijuana smell."

San Francisco: "Street observers...note a new term for a cigar wrapping refilled with marijuana: 'vega,' which, like 'blunt,' derives its name from the original cigar."

Exhibit 33. Marijuana as a proportion of primary drugs of abuse among treatment admissions (excluding alcohol-only) in six CEWG areas



"Blunts"—gutted cigars refilled with marijuana—remain entrenched in the culture of adolescents and young adults in various CEWG areas, including Atlanta, Boston, Chicago, Minneapolis/St. Paul, New York City, Philadelphia, San Francisco, and Texas (where they are also called "swishers").

Multisubstance Use

Marijuana tends to be used in combination with other substances, particularly alcohol and cocaine (usually crack) and, sometimes, phencyclidine (PCP). Some of the increase in adverse effects may be attributed to these other drugs. Nevertheless, a substantial proportion of marijuana ED mentions involves marijuana alone (21 percent in 1994). Among primary marijuana treatment admissions, alcohol is generally the most common secondary drug of abuse; alcohol or cocaine is generally the most common tertiary drug. San Diego is a notable exception, with methamphetamine and alcohol as the secondary and tertiary drugs, respectively. However, in many cities, such as Atlanta, a sizable portion of marijuana admissions still do not report another drug of choice.

Blunt smoking is frequently accompanied by alcohol consumption. In Chicago, youth often combine smoking blunts with drinking malt liquor. Another common weekend evening purchase is a package of blunts, razor blades to slit them open, and champagne.

> ***New York City:** "Another field worker was told about a practice involving two 'blunts' smoked sequentially—one cigar is laced with marijuana and the other with PCP... Smoked in this manner, the two types of blunts are called the 'dream team.'"*

Philadelphia: "Focus group discussions that include marijuana move quickly to the use of blunts. When blunts are discussed, PCP also plays a role. Marijuana and PCP are frequently mixed, with the combination called a 'love boat' or 'wet.'"

Texas: "...more reports are coming in about the use of marijuana soaked in embalming fluid or mixed with PCP."

As the excerpts above note, marijuana-PCP combinations, such as "dream team," "love boat," "wets," or "illies" (in New York City) are common in several cities. Additionally, marijuana-cocaine combinations are reported in several cities. "Geek joints" are Atlanta's version of marijuana laced with crack and cocaine HCl. In Boston, "oolies" are marijuana cigarettes laced with crack. (Boston also has reports of marijuana joints dipped in embalming fluid.) Cigarettes containing marijuana and crack are also sold on street corners in St. Louis. In Texas, young African-Americans in San Antonio smoke crack in a marijuana cigarette, and adults in Lubbock who have been using marijuana for a long time are increasingly mixing it with cocaine. In Chicago, users prepare their own "diablitos" or "primos" (crack combined with marijuana in a joint), and blunts are commonly laced with crack (especially by older users). Blunts or joints laced with crack are also common in New York City (even among younger users), where they are known as "woolies."

DEMOGRAPHICS

Age

Boston: "Interviews with treatment providers and street outreach workers suggest that marijuana use continues to rise among youth."

Chicago: "Individuals who smoke plain marijuana blunts tend to be younger teenagers who...mimic the type of drug use popularized in rap culture...The only difference between these youth and their predecessors of 20 years ago is that they smoke marijuana rolled from a cigar wrapper, rather than the traditional cigarette paper. On the other hand, those who smoke blunts laced with crack generally are a little older and more experienced drug users. For them, cocaine, rather than marijuana, is the primary drug of choice... Preliminary ethnographic data suggest that...this development may be contributing to the increase in marijuana ED mentions."

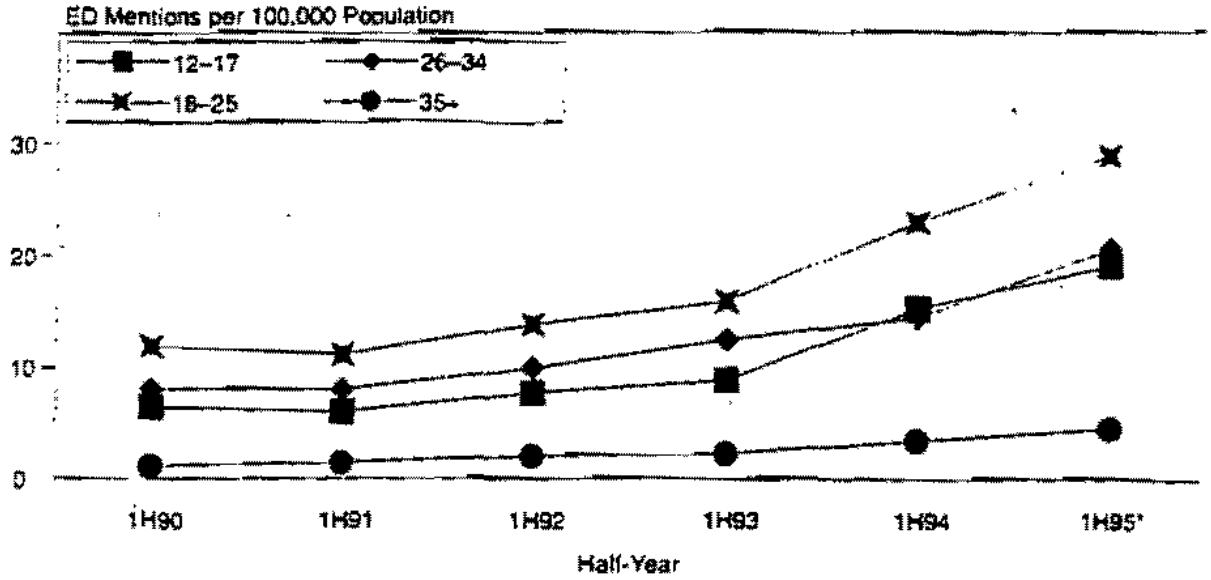
The 18–25 age group accounts for the highest national rate of marijuana ED mentions (exhibit 34). Between the first halves of 1994 and 1995, however, marijuana ED rates apparently increased for all age groups (although the increase for the 12–17 group was not statistically significant at $p < 0.05$).

Youth are increasingly dominating the marijuana treatment demographics. In most areas, primary marijuana users are generally younger than primary cocaine or heroin admissions. The younger-than-17 group now accounts for the highest percentages of marijuana admissions in six areas: Chicago, Denver, Los Angeles, Minneapolis/St. Paul, Philadelphia, and Seattle (exhibit 35). The 18–25 age group comprises the largest proportions in all the other areas, except for San Diego, where the modal group is age 26–34.

Gender

Males outnumber females nationally among marijuana ED mentions (2.4:1). In treatment data, too, males continue to outnumber females in every reporting area

Exhibit 34. First-half-year trends in marijuana/hashish ED mentions per 100,000 population in the United States by age, first half of 1990–first half of 1995*



*Preliminary estimates

SOURCE: SAMHSA, *Preliminary Estimates from the Drug Abuse Warning Network*, Advance Report No. 14, May 1996

(exhibit 35). Moreover, in every area, the percentage of males is higher for primary marijuana users than for primary cocaine or heroin admissions. San Diego and Los Angeles have the highest percentages of women (37 percent and 35 percent, respectively). The percentage of females has recently increased in New Orleans and Texas but has declined in Atlanta.

Race/Ethnicity

Racial/ethnic distributions of primary marijuana treatment admissions vary across the country (exhibit 36). Whites account for the largest proportions in nine areas (Atlanta, Boston, Chicago, Denver, Minneapolis/St. Paul, San Diego, Seattle, Texas, and the Washington-Baltimore CMSA); African-Americans have the greatest representation in seven areas (Detroit, Miami, Newark, New Orleans, New York City, Philadelphia, and St. Louis); and Hispanics are the modal group in Los Angeles (exhibit 36). The percentage of whites has recently increased in New Orleans, while that for African-Americans has declined; conversely, the percentage of whites declined in Boston, while that for Hispanics increased. Among adolescent admissions in Texas, the proportion of African-Americans has increased.

LAW ENFORCEMENT DATA

Arrestee Data

***St. Louis:* "Juvenile offenders primarily choose marijuana rather than harder drugs, in part because they participate in the distribution network for harder drugs. These runners do not use their product."**

Exhibit 35. Percentage of primary marijuana admissions in reporting CEWG areas by male gender and age group

Area	Males	≤17	18–25	26–34	35+
Atlanta	80	–	54	33	14
Boston	81	14	48	25	13
Chicago	80	40	34	17	9
Denver	75	42	29	17	12
Detroit	79	14	39	30	17
Los Angeles	65	32	26	23	19
Miami	87	23	37	25	15
Minneapolis/ St. Paul	77	55	23	14	9
Newark	87	42	26	28	5
New Orleans	72	–	–	–	–
New York City*	75	–	68	21	10
Philadelphia	77	30	29	25	16
St. Louis	79	19	41	39	<1
San Diego	63	26	29	30	17
San Francisco	75	33	39	16	12
Seattle	70	54	21	16	9
Texas	81	28	34	24	14
Washington-Baltimore	82	35	36	19	11

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

*Age groups are different: 25 and under, 26–35, and 36+; data incomplete for the whole year; include State-funded and non-State-funded treatment centers

Exhibit 36. Race/ethnicity of primary marijuana admissions by percentage in reporting CEWG areas

Area	African-American	White	Hispanic
Atlanta	41	57	1
Boston	38	40	17
Chicago	34	58	6
Denver	9	57	31
Detroit	54	43	2
Los Angeles	29	28	36
Miami	43	29	37[a]
Minneapolis/ St. Paul	12	75	4
Newark	69	3	28
New Orleans	77	23	–
New York City[b]	53	19	26
Philadelphia	61	19	19
St. Louis	68	32	–
San Diego	17	56	20
San Francisco	53	20	20
Seattle	28	56	6
Texas	32	39	29
Washington-Baltimore	38	60	<1

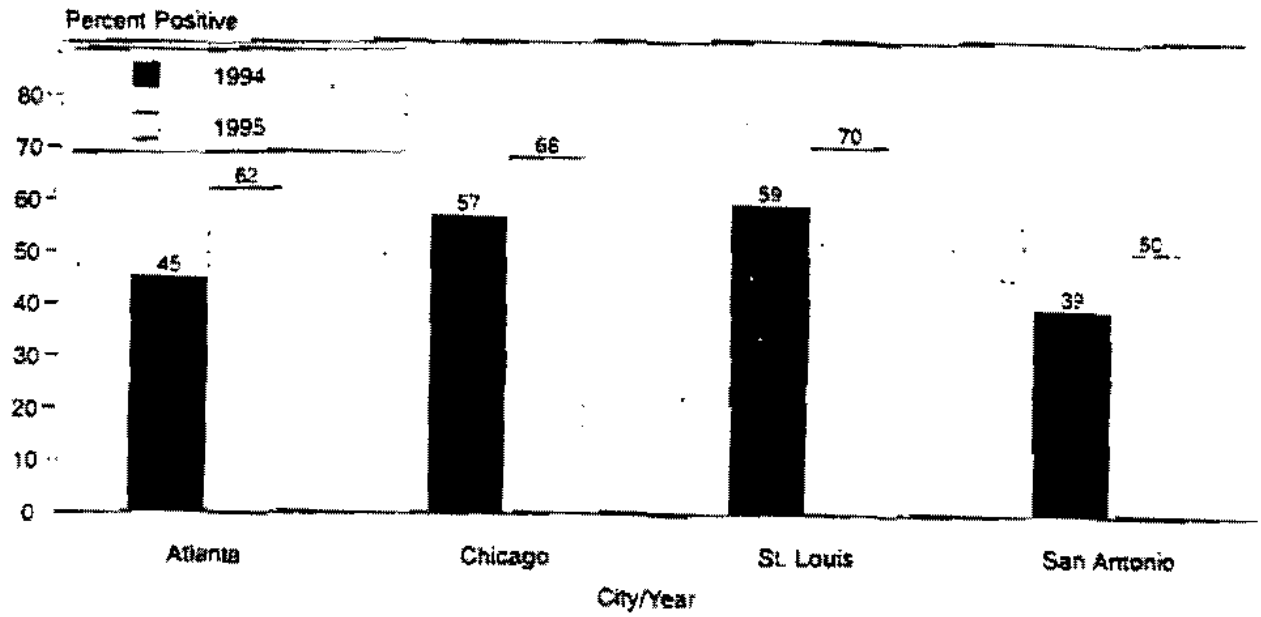
NOTE: Reporting periods are the same as those in exhibit 5, except for St. Louis, where the period covered is 7/95–12/95.

[a] Individuals whose ethnicity is cited as Hispanic may also be included in the African-American or white categories.

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

According to DUF, overall rates of marijuana use among male arrestees were higher for the third year in a row. The youngest adult arrestees (age 15–20) had the highest age-specific rates of marijuana use at every site, ranging from 34 percent

Exhibit 37. Percentage positive for marijuana among male booked arrestees, age 15–20, in selected cities, 1994 versus 1995



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

to 74 percent. Furthermore, the largest increases between 1994 and 1995 in most cities occurred within that age group. The CEWG cities with the highest increases for that group included Atlanta (17 points), Chicago, St. Louis, and San Antonio (exhibit 37). Among juvenile male arrestees/detainees, marijuana use outstripped cocaine use at every site, sometimes by a factor of 10. Cities with the largest increases for male juveniles included San Diego (15 points) and San Antonio (6 points).

Among adult female arrestees, marijuana use remained fairly stable, although two sites reported substantial increases: New Orleans (up 9 points to 16 percent) and Washington, DC (up 8 points to 18 percent). Among younger female arrestees (age 15–20), however, many cities reported declines, including Atlanta (17 points), St. Louis (8 points), and Washington, DC (8 points).

The number of marijuana arrests continues to increase in many reporting areas. In New York City, such arrests have been steadily increasing since 1991 despite the decriminalization of possession of small amounts. Arrests in New Orleans increased between 1994 and 1995, and marijuana police cases in Honolulu have increased sharply in recent reporting periods. In Boston, marijuana arrests accounted for 20 percent of all drug arrests in the first half of 1995, up from a low of 14 percent in 1991. By contrast, marijuana criminal cases in Miami, which represent 33 percent of all drug cases, declined between 1994 and 1995. Likewise, in San Francisco, marijuana arrests have been declining steadily since 1992.

Availability, Price, and Quality

***New York City:** "In conversation with marijuana smokers, one field worker was told about the availability of 'thai sticks.'*

These are 6-inch sticks wrapped with leaves of potent marijuana tied with bamboo thread."

Wide availability continues to be reported in many CEWG areas, including Atlanta, Boston (where potency seems to be rising), Chicago (where the many varieties include the highly potent "lima" from Mexico), Detroit (Mexican marijuana), Miami (with potent domestic varieties in wider supply than the Latin American marijuana), Minneapolis/St. Paul (where availability has increased over the past years, especially in the suburbs), Phoenix, San Diego, Newark, New York City, and New Orleans.

Exhibit 38 presents price and quality data for most CEWG areas. In several areas, such as Texas, prices fluctuate depending on quality, quantity, demand, and availability. In Chicago, the abundance of marijuana has led to an increased array of prices. Prices have increased in Detroit (to peak levels) and Miami (where prices doubled over the past 4 years because of changes in the source and type of marijuana in south Florida). By contrast, retail prices declined slightly in Minneapolis/St. Paul. Stable prices were reported in New Orleans, San Diego, and Seattle.

Cultivation, Seizures, and Trafficking

Domestic cultivation, especially indoor hydroponics, continues to be reported in many CEWG areas. Colorado remains one of the leading States for indoor cultivation, but a large amount is also smuggled from Mexico. The Nation's largest indoor operation seizure so far in 1996 occurred in a Colorado cave. The second largest confiscation was in a private home in Miami. An increasing number of such indoor hydroponic farms have been seized in private Miami homes over the past year. Some Latin American marijuana, however, still enters Miami from Jamaica, the Bahamas, and other Caribbean transshipment points.

Trafficking patterns in Atlanta have similarly shifted from coastal marine and air smuggling to complex indoor growing with hydroponics and domestic interstate shipments; however, Mexico remains a primary source, with Hispanic couriers and transporters being increasingly utilized.

At least 80 percent of the marijuana seized in the Seattle area is grown indoors. Many local growers are also reported in San Francisco. In Arizona, where marijuana is the most trafficked drug, foreign-grown marijuana is more prevalent in the southern and central areas, while domestically grown marijuana is more typically found in the higher elevations, particularly in the north.

In Missouri, too, production is increasingly shifting to indoor operations, but many eradicated plants in Missouri are still grown in fields or on riverbanks. Much of the Missouri-grown marijuana is shipped out of State. Locally produced marijuana is also available in New Orleans, but most of that city's supply is of Mexican and South American origin.

Recent intelligence in Texas suggests that previously active Colombian marijuana trafficking organizations are moving back into the marijuana market. Traffickers in Mexican marijuana in Texas are usually whites or Hispanics, while growers of domestic marijuana tend to be whites.

Junior high students continue to show increases in drug use;

Signs of progress are seen in high school age group;

Help for parents provided in PRIDE Tool Box

Washington, Oct. 28 – The nation's largest student drug survey today offered a mixed report card on American youth: a five-year frenzy of drug use may have stabilized among older students, but among 11- to 14-year-olds illegal drug use remains on the rise.

In releasing the tenth annual PRIDE Survey of 141,077 students in junior and senior high school, experts said the monthly use of most drugs during the 1996-97 school year by students in senior high school (grades 9-12) was unchanged.

But students in junior high (grades 6-8) reported statistically significant increases in monthly use of marijuana, cocaine, uppers, downers, hallucinogens, and heroin. One-tenth (11 percent) of junior high students, mostly ages 11-14, were current (monthly) drug users.

Cigarettes, wine cooler, and liquor use remained unchanged by junior high students. Decreases were reported for inhalants and beer.

At the high school level, increases were reported in monthly cigarette and liquor use, while decreases were found in inhalant and hallucinogen use. All other drug categories remained statistically unchanged.

"Though I caution against too much optimism, there is a glimmer of hope in the data. The increases this year are not nearly as steep as we've seen in recent years, and in some cases we observed slight decreases," said Thomas J. Gleaton, president of PRIDE, the Atlanta-based organization that conducted the survey.

In the fall of 1992, PRIDE was first to report that teen drug use had reversed more than a decade of steady decline. Since then, some drugs have more than doubled in use.

Gleaton added, "Senior high drug use may have stalled, but it is stalled at the highest levels we have measured in ten years. Until we see sharp declines in use at all grade levels, there will be no reason to rejoice."

One quarter of senior high students (25%) used an illicit drug on a monthly or more frequent basis in the past school year. Seven percent said they took illegal drugs daily, a figure that rose to 8 percent for the twelfth grade.

More parents are talking

For the first time in five years, the percent of students who said their parents talk with them "often" or "a lot" about the dangers of alcohol and drugs rose slightly from 29.6 percent to 30.8 percent. In 1991-92, 38.7 percent of students said they received frequent warnings from their parents.

Annual use of any illicit drug by students who are warned "a lot" by their parents is lower (26 percent) than among students who "never" get parental warnings (37 percent) – a 30 percent relative decrease.

Two-thirds (67 percent) of students said their parents regularly set clear rules for them, but only half (51 percent) said they are punished when they break the rules.

Annual use of any illicit drug was dramatically lower (21.7 percent) among students who said their parents set clear rules "a lot" versus students who said their parents "never" set clear rules (50.7 percent) – a 57 percent relative decrease.

More students (48 percent) said they attend parties "often" or "a lot" than church (46 percent), and 15 percent said they are very likely to use drugs or alcohol at parties.

PRIDE Survey

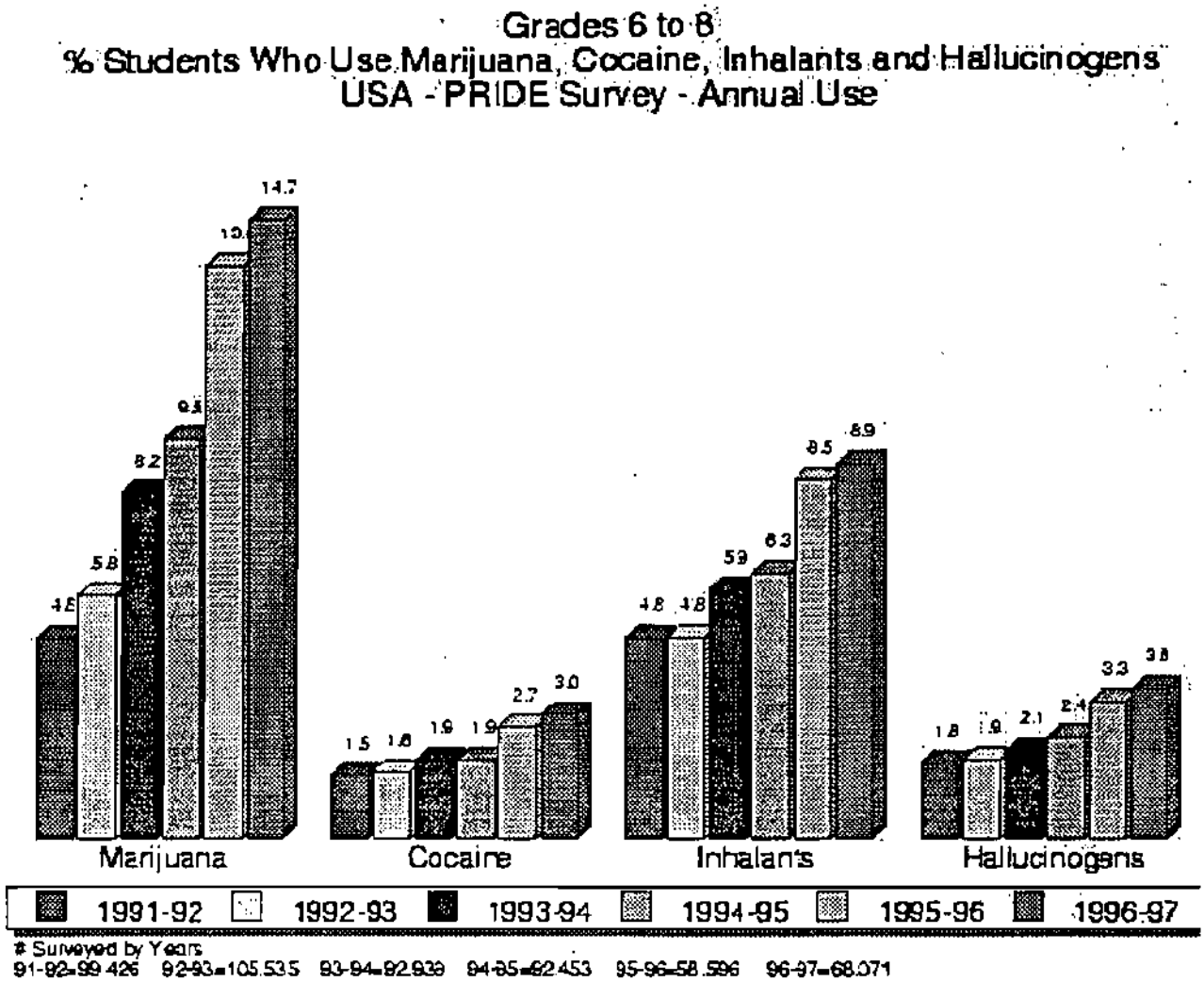
Percentage of Students Who Report Using Drugs

DRUG	GRADE LEVEL	ANNUAL USE			MONTHLY USE		
		1995-96	*1996-97*	*change*	*1995-96*	*1996-97*	*change*
Cigarettes	Junior High	31.1	31.8	+0.7*	17.2	17.3	+0.1
	Senior High	48.2	50.2	+2.0*	33.4	34.7	+1.3*
	12th Graders	50.0	52.4	+2.4*	36.2	38.3	+2.1*
Beer	Junior High	33.1	33.2	+0.1	12.5	12.1	-0.4*
	Senior High	59.1	59.6	+0.5*	34.3	34.4	+0.1
	12th Graders	64.9	65.3	+0.4	41.2	41.7	+0.5
Wine Coolers	Junior High	33.2	33.6	+0.4	10.8	10.8	+0.0
	Senior High	52.6	52.9	+0.3	22.3	22.3	+0.0
	12th Graders	54.5	55.4	+0.9	22.9	23.7	+0.8
Liquor	Junior High	22.9	23.7	+0.8*	9.0	9.1	+0.1
	Senior High	53.4	54.9	+1.5*	28.2	28.7	+0.5*
	12th Graders	59.9	62.3	+2.4*	32.8	34.0	+1.2*
Any Alcohol	Junior High	44.5	44.7	+0.2	16.4	16.2	-0.2
	Senior High	70.6	71.0	+0.4	39.8	39.9	+0.1
	12th Graders	75.6	76.5	+0.9	46.4	46.7	+0.3
Marijauana	Junior High	13.6	14.7	+1.1*	8.1	8.6	+0.5*
	Senior High	34.0	35.8	+1.8*	22.3	22.7	+0.4
	12th Graders	37.9	39.4	+1.5*	24.3	24.4	+0.1
Cocaine	Junior High	2.7	3.0	+0.3*	1.5	1.7	+0.2*
	Senior High	5.6	5.9	+0.3*	2.9	3.0	+0.1
	12th Graders	7.1	7.0	-0.1	3.6	3.6	+0.0
Uppers	Junior High	4.6	4.9	+0.3*	2.4	2.6	+0.2*
	Senior High	10.5	10.3	-0.2	5.2	5.3	+0.1
	12th Graders	11.6	10.7	-0.9*	5.8	5.6	-0.2
Downers	Junior High	3.5	4.0	+0.5*	1.9	2.1	+0.2*
	Senior High	7.1	7.2	+0.1	3.8	3.8	+0.0
	12th Graders	7.4	7.4	+0.0	4.1	3.9	-0.2
Inhalants	Junior High	8.5	8.9	+0.4*	3.5	3.7	+0.2
	Senior High	7.6	7.1	-0.5*	3.4	3.1	-0.3*
	12th Graders	6.6	5.8	-0.8*	3.1	2.7	-0.4*
Hallucinogens	Junior High	3.3	3.6	+0.3*	1.8	2.0	+0.2*
	Senior High	9.5	9.5	+0.0	4.5	4.2	-0.3*
	12th Graders	12.1	11.7	-0.4	5.1	4.6	-0.5
Heroin	Junior High	2.1	2.4	+0.3*	1.3	1.5	+0.2*
	Senior High	3.1	3.1	+0.0	1.9	1.9	+0.0
	12th Graders	3.5	3.4	-0.1	2.2	2.1	-0.1
Designer Drugs	Junior High	3.8	4.1	+0.3*	2.1	2.2	+0.1
	Senior High	5.1	5.0	-0.1	2.8	2.6	-0.2
	12th Graders	5.2	4.8	-0.4	2.8	2.6	-0.2
Any Illicit Drugs	Junior High	19.7	20.7	+1.0*	10.9	11.4	+0.5*
	Senior High	37.6	38.9	+1.3*	24.4	24.6	+0.2
	12th Graders	40.8	41.6	+0.8	26.5	26.1	-0.4

*Statistically significant difference at .05 level using chi-square with variables year & no-use/use.

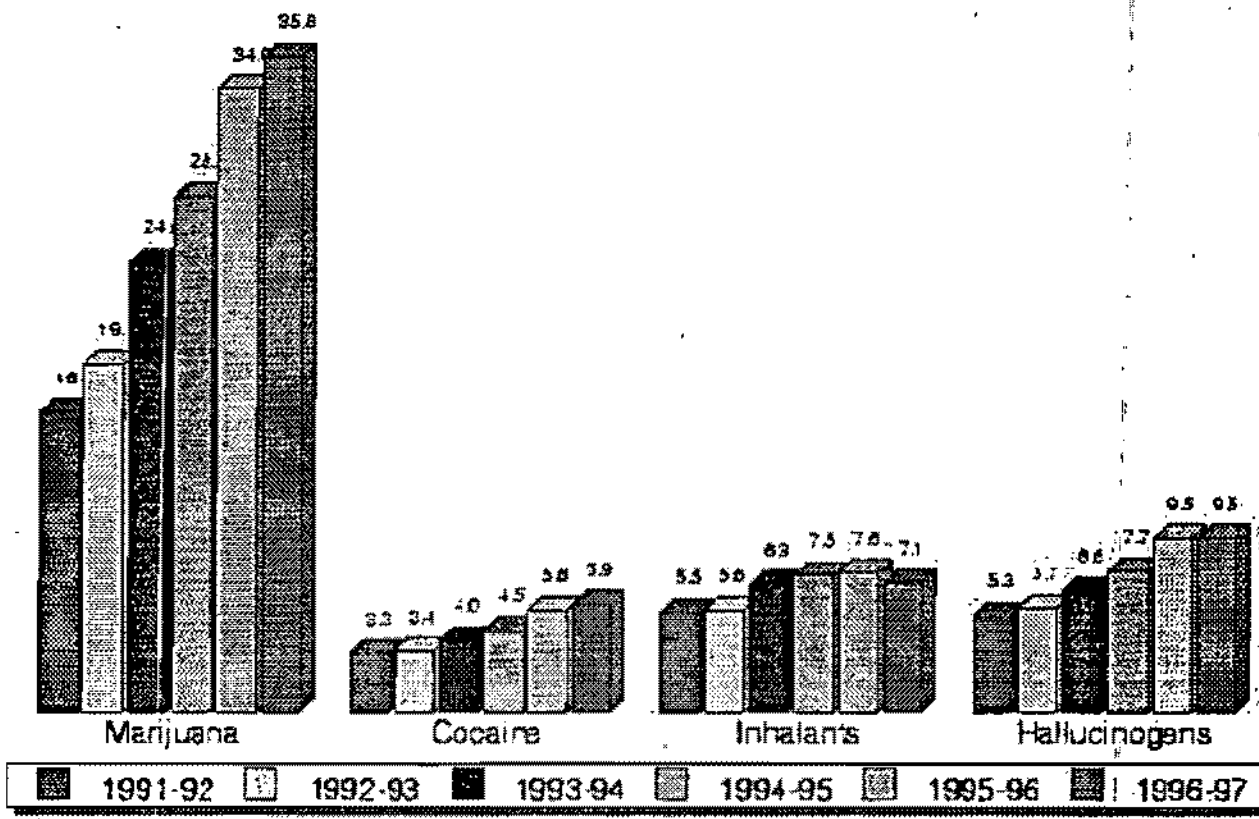
N-Sizes

Grade	*1995-96*	*1996-97*
Junior High	58596	68071
Senior High	70964	73006
12th Graders	14261	15532



Surveyed by Years
91-92=99.426 92-93=105.535 93-94=92.939 94-95=92.453 95-96=58.596 96-97=68.071

Grades 9 to 12
% Students Who Use Marijuana, Cocaine, Inhalants and Hallucinogens
USA - PRIDE Survey - Annual Use



students (35.6% and 37.7%, respectively) were significantly more likely than black students (18.8%) to report episodic heavy drinking. White and Hispanic male and female students were significantly more likely to report episodic heavy drinking than black male and female students. Male and female students in grades 11 and 12 were significantly more likely than male and female students in grade 9 to report this behavior, and male students in grade 12 (46.5%) were significantly more likely than male students in grades 10 and 11 (32.1% and 37.8%, respectively) to do so. Prevalence rates across the state surveys varied threefold from 12.6% to 43.1% (median: 30.3%) and across the local surveys from 12.6% to 35.5% (median: 18.4%) (Table 17).

Marijuana Use

Nationwide, 42.4% of students had used marijuana during their lifetime (Table 16). Male students in grade 9 (38.9%) were significantly more likely than female students in grade 9 (27.9%) to have used marijuana during their lifetime. Black male students (54.2%) were significantly more likely than white male students (42.7%) to report having used marijuana in their lifetime. Lifetime use was significantly more likely among female students in grades 10, 11, and 12 (39.5%, 43.6%, and 43.8%, respectively) than among female students in grade 9 (27.9%). Lifetime marijuana use varied fourfold from 10.3% to 48.4% (median: 38.9%) across the state surveys and ranged from 27.7% to 61.8% (median: 37.6%) across the local surveys (Table 17).

Nationwide, 25.3% of students had used marijuana at least once during the 30 days preceding the survey (i.e., current marijuana use) (Table 16). Overall, male students (28.4%) were significantly more likely than female students (22.0%) to currently use marijuana. Black male students (36.8%) were significantly more likely than black female students (22.1%) to report this behavior. Black male students (36.8%) also were significantly more likely than white male students (26.8%) to currently use marijuana. Current marijuana use varied sixfold from 5.3% to 31.9% (median: 22.9%) across the state surveys and ranged from 15.6% to 38.7% (median: 21.4%) across the local surveys (Table 17).

Cocaine Use

Nationwide, 7.0% of students had used some form of cocaine during their lifetime (Table 18). Overall, male students (8.8%) were significantly more likely than female students (5.0%) to have ever used cocaine. This significant difference was identified for white and black students. Overall, white and Hispanic students (6.5% and 16.0%, respectively) were significantly more likely than black students (2.0%) to report lifetime cocaine use, and Hispanic students (16.0%) were significantly more likely than white students (6.5%) to do the same. These significant differences by race/ethnicity were identified for both male and female students. A fourfold variation in lifetime and nearly eightfold variation in current cocaine use were observed across the state and local surveys (Table 19). Lifetime cocaine use varied nearly fourfold from 2.9% to 11.5% (median: 5.9%) across the state surveys and nearly threefold from 1.4% to 10.6% (median: 5.3%) across the local surveys.

Nationwide, 3.1% of students had used some form of cocaine at least once during the 30 days preceding the survey (i.e., current cocaine use) (Table 18). Overall, male students (4.3%) were significantly more likely than female students (1.8%) to currently use cocaine. This significant difference was identified for white and black students and

female and male students in grades 11 and 12. State prevalence rates varied nearly fourfold from 10.8% to 42.0% (median: 34.2%). Local prevalence rates ranged from 25.8% to 39.0% (median: 33.1%) (Table 23).

Marijuana Use

Nationwide, 7.6% of students had tried marijuana before 13 years of age (Table 22). Overall, male students (10.2%) were significantly more likely than female students (4.8%) to have tried marijuana before 13 years of age. This significant difference was identified for white and black students and students in grades 9 and 10. Overall, black and Hispanic students (11.1% and 12.6%, respectively) were significantly more likely than white students (5.6%) to have tried marijuana before 13 years of age. Hispanic male and female students (16.5% and 8.8%, respectively) were significantly more likely than white male and female students (7.8% and 3.2%, respectively) to have tried marijuana before 13 years of age, and black male students (16.5%) were significantly more likely than white male students (7.8%) to have done so. State prevalence rates varied more than threefold from 4.1% to 14.1% (median: 7.4%). Local prevalence rates varied threefold from 5.6% to 18.4% (median: 9.2%) (Table 23).

Cocaine Use

Nationwide, 1.2% of students had tried cocaine (including powder, crack, or free-base forms of cocaine) before 13 years of age (Table 22). Overall, male students (1.8%) were significantly more likely than female students (0.5%) to have tried cocaine before 13 years of age. This significant difference was identified for white and black students and students in grade 11. State prevalence rates varied more than elevenfold from 0.3% to 3.5% (median: 1.5%), and local prevalence rates varied fivefold from 0.5% to 2.6% (median: 1.3%) (Table 23).

Tobacco, Alcohol, and Other Drug Use on School Property

Nationwide, 16.0% of students had smoked cigarettes on school property during the 30 days preceding the survey (Table 24). Black male students (11.6%) were significantly more likely than black female students (4.5%) to have smoked cigarettes on school property. Overall, white and Hispanic students (17.6% and 14.9%, respectively) were significantly more likely than black students (7.6%) to have smoked cigarettes on school property. White and Hispanic female students (17.7% and 13.6%, respectively) were significantly more likely than black female students (4.5%) to have engaged in this behavior, and white male students (17.5%) were significantly more likely than black male students (11.6%) to have done so. Across the state surveys, prevalence rates varied fourfold from 5.8% to 22.9% (median: 15.9%) (Table 25). Across the local surveys, the prevalence rates varied threefold from 6.4% to 18.8% (median: 10.3%).

Smokeless-tobacco use on school property during the 30 days preceding the survey was reported by 6.3% of students nationwide (Table 24). Overall, male students (11.2%) were significantly more likely than female students (0.9%) to have used smokeless tobacco on school property. This significant difference was identified for white and black students and all the grade subgroups. Overall, white students (8.0%) were significantly more likely than black and Hispanic students (1.3% and 3.0%, respectively) to have used smokeless tobacco on school property. White male

TABLE 16. Percentage of high school students who drank alcohol or used marijuana, by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 1995

	Lifetime alcohol use*			Current alcohol use†			Episodic heavy drinking§			Lifetime marijuana use¶			Current marijuana use**		
Category	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
Race/Ethnicity															
White††	81.6 (±2.7)§§	81.8 (±2.9)	81.7 (±2.3)	53.3 (±4.4)	54.8 (±3.6)	54.1 (±3.5)	32.2 (±5.0)	38.6 (±4.7)	35.6 (±4.5)	38.1 (±4.6)	42.7 (±3.7)	40.5 (±3.9)	22.1 (±4.0)	26.8 (±2.7)	24.6 (±2.9)
Black††	71.7 (±5.1)	76.0 (±5.7)	73.7 (±4.1)	38.5 (±4.6)	45.8 (±6.9)	42.0 (±4.4)	13.0 (±3.5)	24.9 (±3.0)	18.8 (±3.0)	42.0 (±8.1)	54.2 (±4.2)	47.2 (±5.9)	22.1 (±5.8)	36.8 (±5.5)	28.6 (±5.1)
Hispanic	80.9 (±4.1)	85.1 (±4.3)	82.9 (±3.3)	52.3 (±5.0)	57.2 (±8.0)	54.7 (±5.0)	36.1 (±6.1)	39.4 (±8.6)	37.7 (±5.8)	45.4 (±10.1)	53.2 (±8.7)	49.2 (±7.8)	23.5 (±5.2)	32.2 (±8.8)	27.8 (±5.7)
Grade															
9th	70.2 (±3.6)	74.2 (±3.7)	72.4 (±2.5)	43.7 (±5.7)	46.9 (±4.7)	45.6 (±3.7)	20.2 (±3.3)	27.6 (±5.0)	24.5 (±3.5)	27.9 (±4.9)	38.9 (±5.9)	33.8 (±4.3)	17.3 (±3.6)	23.9 (±5.4)	20.9 (±3.6)
10th	78.2 (±4.4)	79.6 (±5.8)	78.9 (±4.2)	48.6 (±5.3)	50.4 (±6.0)	49.5 (±4.7)	28.3 (±5.5)	32.1 (±4.4)	30.3 (±4.0)	39.5 (±5.6)	43.2 (±4.3)	41.4 (±3.9)	22.6 (±4.3)	28.2 (±4.7)	25.5 (±3.7)
11th	82.4 (±3.3)	84.0 (±3.1)	83.2 (±1.9)	51.9 (±5.0)	55.5 (±4.0)	53.7 (±3.0)	31.8 (±5.4)	37.8 (±4.6)	34.9 (±3.9)	43.6 (±6.1)	48.0 (±5.2)	45.8 (±4.6)	25.1 (±4.9)	30.1 (±4.0)	27.6 (±2.6)
12th	85.0 (±3.5)	86.0 (±4.2)	85.5 (±3.3)	53.6 (±5.0)	59.5 (±3.8)	56.5 (±3.2)	31.6 (±4.6)	46.5 (±4.0)	39.0 (±3.7)	43.8 (±6.7)	50.4 (±6.6)	47.0 (±6.2)	21.6 (±4.7)	30.8 (±6.0)	26.2 (±4.6)
Total	79.5 (±2.4)	81.1 (±2.0)	80.4 (±1.9)	49.9 (±3.5)	53.2 (±2.6)	51.6 (±2.3)	28.6 (±3.8)	36.2 (±2.9)	32.6 (±3.0)	39.4 (±3.8)	45.2 (±2.9)	42.4 (±3.0)	22.0 (±2.8)	28.4 (±2.1)	25.3 (±2.0)

*Ever had at least one drink of alcohol.
†Drank alcohol on ≥1 of the 30 days preceding the survey.
§Drank five or more drinks of alcohol on at least one occasion on ≥1 of the 30 days preceding the survey.
¶Ever used marijuana.
**Used marijuana one or more times during the 30 days preceding the survey.
††Non-Hispanic.
§§Ninety-five percent confidence interval.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance-United States*, 1995 Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996

TABLE 22. Percentage of high school students who reported initiating drug-related behaviors before age 13, by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 1995

Category	Smoked a whole cigarette before age 13			Drank alcohol before age 13*			Tried marijuana before age 13			Tried cocaine before age 13†		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
Race/Ethnicity												
White§	23.6 (±4.1)¶	27.9 (±3.6)	25.9 (±3.0)	23.8 (±3.2)	36.1 (±3.9)	30.3 (±2.6)	3.2 (±1.4)	7.8 (±2.1)	5.6 (±1.5)	0.4 (±0.3)	1.4 (±0.5)	0.9 (±0.2)
Black§	14.8 (±4.1)	20.1 (±3.5)	17.2 (±3.3)	29.8 (±6.7)	42.8 (±6.2)	35.9 (±5.4)	6.7 (±3.6)	16.5 (±3.5)	11.1 (±3.0)	0.3 (±0.3)	2.4 (±1.6)	1.3 (±0.8)
Hispanic	20.2 (±5.8)	33.0 (±5.0)	26.6 (±3.3)	32.4 (±6.2)	46.7 (±5.4)	39.5 (±3.5)	8.8 (±3.7)	16.5 (±6.1)	12.6 (±3.9)	1.3 (±1.4)	2.0 (±1.3)	1.7 (±1.1)
Grade												
9th	24.9 (±5.8)	30.7 (±4.8)	28.1 (±3.7)	33.7 (±7.6)	46.7 (±5.0)	41.0 (±4.0)	5.9 (±2.2)	12.0 (±4.5)	9.2 (±2.9)	0.6 (±0.8)	1.8 (±1.0)	1.3 (±0.6)
10th	22.4 (±6.1)	28.6 (±4.2)	25.6 (±4.5)	26.8 (±5.6)	41.0 (±5.7)	34.1 (±3.5)	5.9 (±2.3)	12.1 (±2.5)	9.1 (±1.7)	0.7 (±0.6)	1.8 (±1.1)	1.3 (±0.7)
11th	21.0 (±5.2)	28.6 (±4.2)	25.0 (±3.1)	23.1 (±2.8)	35.7 (±4.2)	29.6 (±2.4)	4.7 (±2.1)	8.6 (±1.9)	6.7 (±1.4)	0.3 (±0.3)	2.4 (±1.5)	1.4 (±0.8)
12th	19.3 (±3.5)	23.6 (±3.9)	21.5 (±2.8)	19.6 (±4.1)	31.9 (±5.7)	25.8 (±3.6)	2.8 (±2.0)	8.0 (±3.5)	5.4 (±2.4)	0.5 (±0.6)	1.3 (±0.7)	0.9 (±0.5)
Total	21.8 (±3.4)	27.8 (±2.8)	24.9 (±2.6)	25.5 (±3.1)	38.6 (±2.9)	32.4 (±2.3)	4.8 (±1.2)	10.2 (±1.5)	7.6 (±1.2)	0.5 (±0.4)	1.8 (±0.6)	1.2 (±0.4)

*Other than a few sips.
†Including powder, crack, or freebase forms of cocaine.
§Non-Hispanic.
¶Ninety-five percent confidence interval.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance-United States*, 1995 Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996

TABLE 24. Percentage of high school students who reported engaging in drug-related behaviors on school property, by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 1995

	Cigarette use on school property*			Smokeless-tobacco use on school property†			Alcohol use on school property§			Marijuana use on school property¶			Offered, sold, or given an illegal drug on school property**		
Category	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
Race/Ethnicity															
White††	17.7 (±3.3)§§	17.5 (±3.2)	17.6 (±2.8)	0.8 (±0.6)	14.2 (±2.4)	8.0 (±1.2)	4.6 (±1.7)	6.5 (±1.7)	5.6 (±1.2)	4.0 (±1.9)	9.7 (±2.5)	7.0 (±1.2)	23.5 (±4.4)	38.8 (±4.2)	31.7 (±4.4)
Black††	4.5 (±2.4)	11.6 (±2.3)	7.6 (±2.2)	0.2 (±0.2)	2.7 (±1.3)	1.3 (±0.7)	5.2 (±2.4)	9.6 (±2.2)	7.6 (±1.7)	8.1 (±4.3)	17.6 (±6.4)	12.3 (±3.7)	22.5 (±4.5)	35.3 (±7.2)	28.5 (±3.9)
Hispanic	13.6 (±3.9)	16.2 (±3.9)	14.9 (±3.2)	2.2 (±3.1)	3.9 (±1.9)	3.0 (±1.7)	9.4 (±4.6)	10.0 (±3.3)	9.7 (±3.4)	8.3 (±3.3)	17.6 (±7.1)	12.9 (±4.3)	34.9 (±6.9)	46.7 (±5.3)	40.7 (±4.8)
Grade															
9th	12.4 (±3.5)	15.3 (±2.8)	13.9 (±2.4)	1.1 (±1.3)	8.8 (±2.9)	5.3 (±1.6)	6.5 (±3.2)	7.9 (±2.5)	7.5 (±1.8)	5.8 (±2.4)	11.2 (±4.4)	8.7 (±2.7)	24.9 (±5.0)	35.8 (±3.7)	31.1 (±3.3)
10th	15.5 (±4.0)	15.3 (±3.6)	15.4 (±3.3)	1.0 (±1.0)	11.2 (±2.4)	6.2 (±1.6)	5.6 (±2.4)	6.3 (±2.1)	6.0 (±1.7)	6.6 (±2.1)	12.9 (±2.8)	9.8 (±1.7)	26.4 (±2.8)	43.0 (±5.6)	35.0 (±3.0)
11th	17.0 (±5.1)	16.4 (±2.8)	16.7 (±2.8)	0.3 (±0.4)	13.7 (±3.0)	7.2 (±1.3)	5.2 (±2.3)	6.1 (±1.9)	5.7 (±1.7)	4.9 (±1.4)	12.0 (±2.1)	8.6 (±1.2)	25.3 (±4.2)	39.8 (±4.8)	32.8 (±3.7)
12th	14.9 (±3.6)	20.0 (±4.8)	17.5 (±3.2)	0.6 (±0.9)	11.2 (±2.8)	5.9 (±1.4)	4.0 (±1.6)	8.4 (±2.1)	6.2 (±1.1)	4.7 (±2.6)	11.2 (±3.6)	8.0 (±2.3)	22.0 (±5.4)	36.2 (±6.0)	29.1 (±5.2)
Total	15.1 (±2.4)	16.8 (±2.5)	16.0 (±2.1)	0.9 (±0.7)	11.2 (±1.9)	6.3 (±1.2)	5.3 (±1.4)	7.2 (±1.0)	6.3 (±0.9)	5.5 (±1.4)	11.9 (±1.7)	8.8 (±1.1)	24.8 (±2.8)	38.8 (±3.4)	32.1 (±3.0)

*On ≥1 of the 30 days preceding the survey.
†Used chewing tobacco or snuff during the 30 days preceding the survey.
§Drank alcohol on ≥1 of the 30 days preceding the survey.
¶Used marijuana one or more times during the 30 days preceding the survey.
**During the 12 months preceding the survey.
††Non-Hispanic.
§§Ninety-five percent confidence interval.

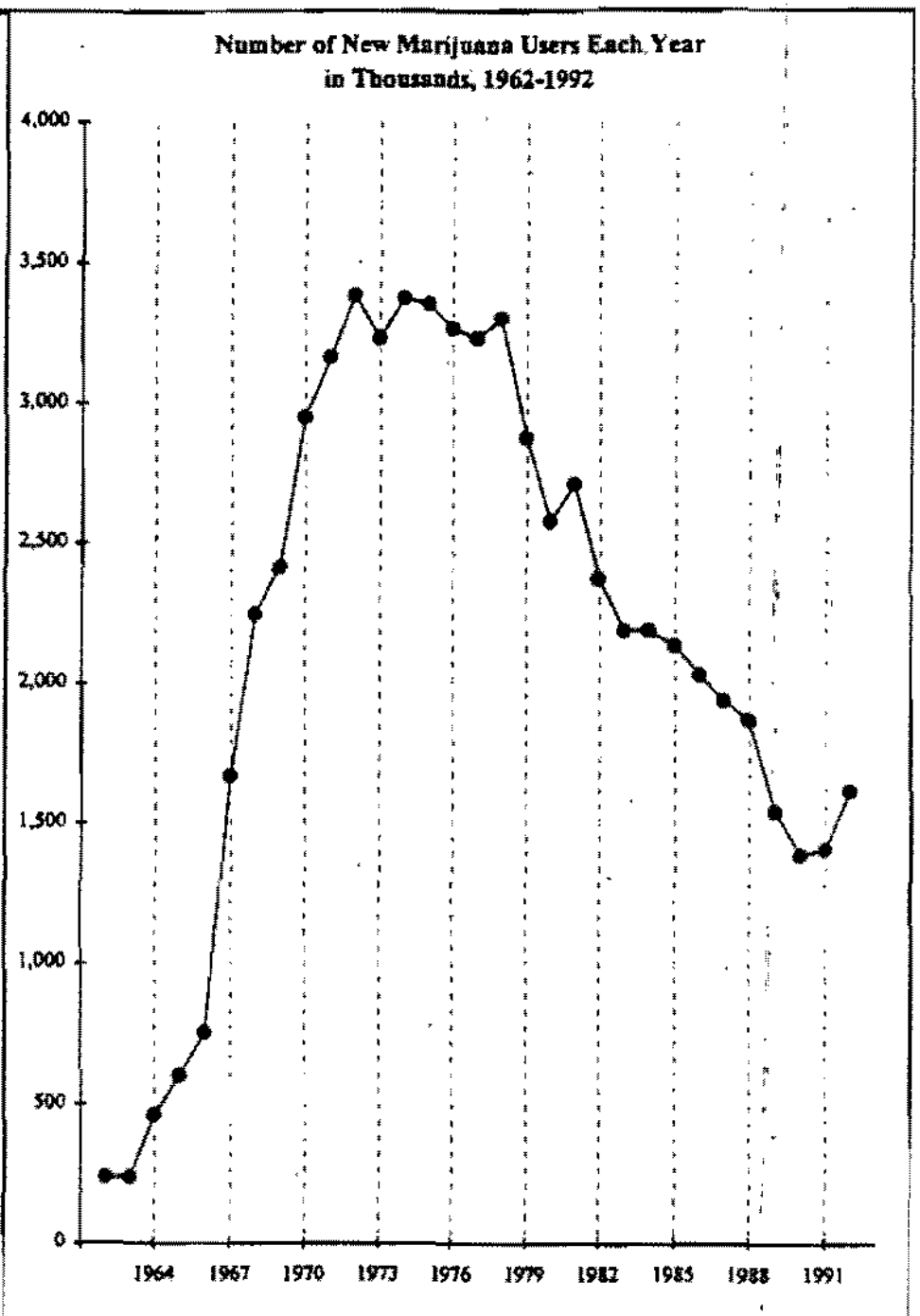
Source: U.S. Department of Health and human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance-United States*, 1995 Morbidity and Mortality Weekly Report, Volume 45, Number SS-4, September 27, 1996

What are the trends in the number of new marijuana users each year?

The annual number of new marijuana users increased during the 1960s and peaked in the mid 1970s. In the 1970s, more than 3 million people began using marijuana each year. The number of new marijuana users declined since then, but recent data suggest a possible upturn in marijuana incidence. In 1992, an estimated 1.6 million people used marijuana for the first time.

Number of New Marijuana Users Per Year in Thousands 1962-1992

Year	Initiates
1962	244
1963	240
1964	463
1965	601
1966	753
1967	1,670
1968	2,245
1969	2,413
1970	2,949
1971	3,165
1972	3,384
1973	3,232
1974	3,374
1975	3,353
1976	3,267
1977	3,232
1978	3,302
1979	2,877
1980	2,578
1981	2,711
1982	2,374
1983	2,190
1984	2,190
1985	2,136
1986	2,032
1987	1,939
1988	1,871
1989	1,545
1990	1,389
1991	1,408
1992	1,617



Source notes: SAMHSA, Office of Applied Studies (1995); National Household Survey on Drug Abuse (NHSDA): Trends in the Incidence of Drug Use in the United States, 1919-1992 (in preparation). Data are from 1991-93 NHSDA and based on retrospective reports of respondents of their initial experiences with drugs, which may have occurred many years prior to the interview. Estimates for 1992 were based on 1993 data and for 1991 on 1992-1993 data. All other years were the annualized estimates derived from the data pooled from 1991-1993.

SEMI-ANNUAL TRENDS IN OTHER ILLICIT DRUG-RELATED EPISODES

- **Marijuana**
  When reported in DAWN drug-related ED episodes, marijuana is likely to be mentioned in combination with other substances, particularly alcohol and cocaine. Between the first half of 1995 and the first half of 1996, the number of marijuana/hashish-related episodes did not change significantly (24,500 and 21,900, respectively).

  During this time period, statistically significant decreases were found among persons aged 12-17 years, a 22 percent decrease (from 4,100 to 3,200). No changes were observed in the adult age groups, by gender, or by race/ethnicity.

- **Methamphetamine**
  Between 1988 and 1991, there was a decrease in methamphetamine (speed)-related ED episodes; however, from the second half of 1991 through the second half of 1994, methamphetamine(speed)-related episodes increased by 315 percent (from 2,400 to 9,800). The number of methamphetamine(speed)-related episodes has decreased between the first half of 1995 and the first half of 1996 (from 9,800 to 4,000).

- **PCP**
  From 1988 through 1991, there was a dramatic decrease in episodes involving PCP and PCP combinations (from 12,300 to 3,500). Then episodes of PCP and PCP combinations increased through 1993 (6,600). The number of PCP-related episodes remained the same between 1994 and 1995. The number of episodes decreased by 45 percent (from 3,200 to 1,800) between the first half of 1995 and the first half of 1996.

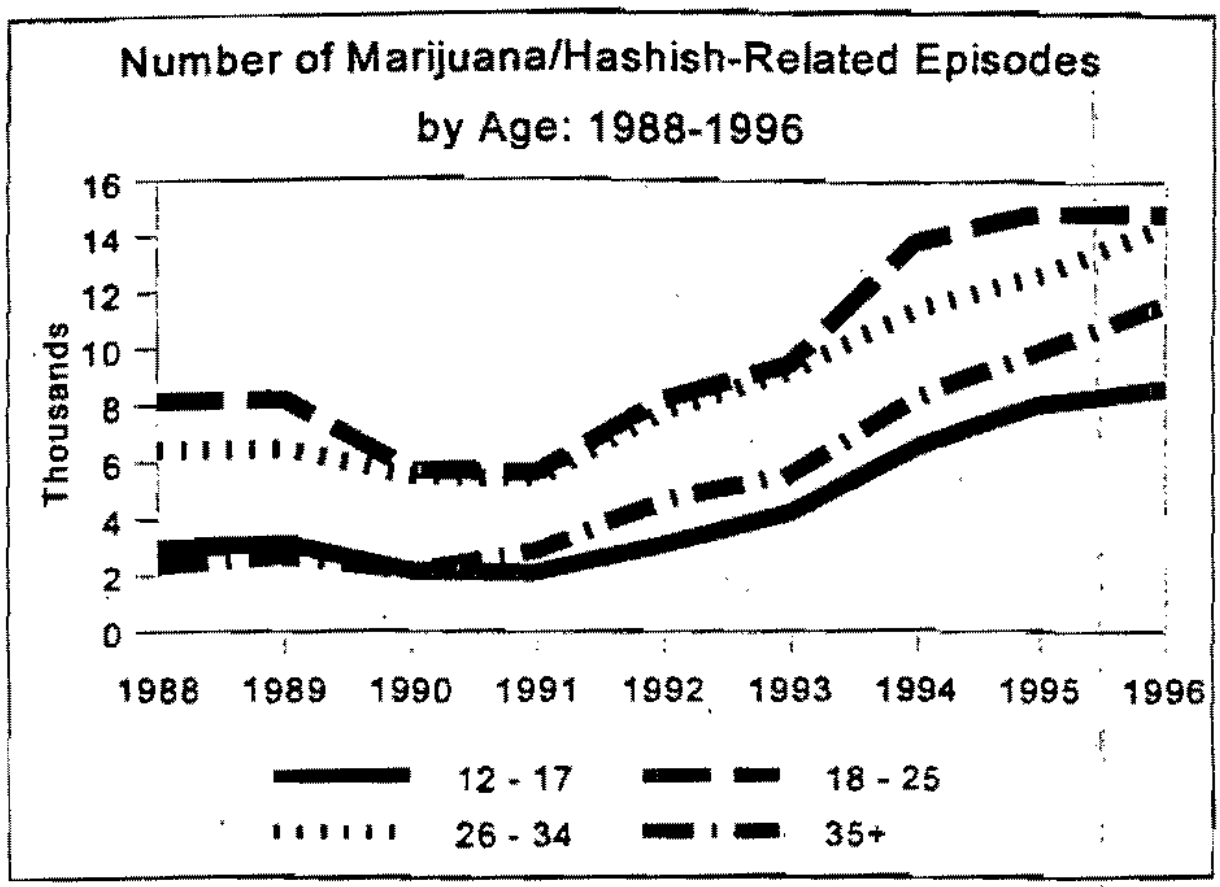
- **LSD**
  LSD-related episodes remained relatively stable from 1988 through 1993. Between 1993 and 1995, the number of episodes increased by 67 percent (from 3,400 to 5,700). There was no significant change between the first 6 months of 1995 and the first 6 months of 1996 (2,700 and 2,400, respectively).

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Mid-Year Preliminary Estimates from the 1996 Drug Abuse Warning Network*, July 1997.

ANNUAL TRENDS IN OTHER ILLICIT DRUG-RELATED EPISODES

Marijuana/Hashish

- When reported in DAWN drug-related emergency department episodes, marijuana is likely to be mentioned in combination with other substances, particularly alcohol and cocaine. In 1996, 59 percent of marijuana/hashish-related episodes occurred among persons aged 18-34 years, 69 percent among men, and 46 percent among whites in 1996.



- Between 1994 and 1996, marijuana/hashish-related emergency department episodes rose from 40,200 to 50,000, an increase of 25 percent. Since 1990, marijuana/hashish-related episodes have increased 219 percent (from 15,700 to 50,000). Between 1994 and 1996, marijuana/hashish-related episodes increased by 33 percent among those age 12 to 17, by 27 percent among those age 26 to 34 and by 41 percent among those age 35 and older.

Source: Substance Abuse and Mental Health Services Administration, Drug Abuse Warning Network, *Year-End Preliminary Estimates from the 1996 Drug Abuse Warning Network*, November 1997

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	60,931	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	8,054	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	26,493	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	6,859	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	3,830	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	4,901	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	1,734	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	1,050	1,334	1,587	1,178	1,033	0.644 -	0.085 -
DOXEPIN	2,489	1,245	1,752	1,853	1,811	1,540	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 -

... ESTIMATE DOES NOT MEET STANDARD OF PRECISION OR IS LESS THAN 10.
* ESTIMATES FOR THIS TIME PERIOD ARE PRELIMINARY. FINAL ESTIMATES WILL BE PRODUCED LATER AND MAY BE HIGHER OR LOWER THAN PRELIMINARY ESTIMATES DUE TO NONRESPONSE ADJUSTMENT AND OTHER FACTORS.
** ESTIMATES OF EMERGENCY DEPARTMENT (ED) VISITS (IN 1,000'S) ARE BASED ON DATA OBTAINED FROM THE AMERICAN HOSPITAL ASSOCIATION.
@ IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.
NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.
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	20,703	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	7,653	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	6,910	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	5,527	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	3,667	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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** ESTIMATES OF EMERGENCY DEPARTMENT (ED) VISITS (IN 1,000's) ARE BASED ON DATA OBTAINED FROM THE AMERICAN HOSPITAL ASSOCIATION.
@ IN THIS COLUMN, '+' AND '-' DENOTE INCREASES AND DECREASES, RESPECTIVELY.
NOTE: THESE ESTIMATES ARE BASED ON A REPRESENTATIVE SAMPLE OF NON-FEDERAL SHORT STAY HOSPITALS WITH 24-HOUR EMERGENCY DEPARTMENTS.
SOURCE: SAMHSA, DRUG ABUSE WARNING NETWORK, APR. 97 FILES.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT MARIJUANA/HASHISH MENTIONS, BY AGE, SEX, RACE/ETHNICITY, HOSPITAL LOCATION, DRUG USE MOTIVE, AND REASON FOR EMERGENCY DEPARTMENT VISIT: 2ND HALF 1990 - 2ND HALF 1996

CATEGORY: MARIJUANA/HASHISH

	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@
DOMAIN														
TOTAL U.S.***	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 +
AGE 6-34	7,442	5,849	9,201	10,065	10,856	12,225	14,954	16,906	18,939	16,752	16,924	21,379	0.002 +	0.010 +
AGE 12-17	1,209	920	1,578	1,526	1,834	2,413	3,272	3,267	4,097	3,970	3,388	5,332	0.000 +	0.013 +
AGE 18-25	3,161	2,526	3,857	4,436	4,379	5,166	6,416	7,443	7,789	7,143	6,511	8,361	0.006 +	0.150 +
AGE 26-34	3,069	2,400	3,755	4,102	4,640	4,639	5,263	6,190	7,042	5,625	6,930	7,599	0.386 +	0.006 +
AGE 35+	1,664	1,218	2,300	2,389	2,582	3,042	4,092	4,185	5,533	4,442	5,391	6,267	0.053 +	0.000 +
MALE	6,380	4,941	8,173	8,965	9,664	10,576	13,077	14,976	17,014	14,729	14,916	19,419	0.000 +	0.001 +
FEMALE	2,624	2,101	3,053	3,410	3,710	4,658	5,771	5,991	7,096	6,167	7,311	7,972	0.479 +	0.038 +
WHITE	4,493	3,538	5,059	5,424	6,189	7,294	8,868	10,014	10,968	9,976	10,573	12,580	0.063 +	0.047 +
BLACK	3,170	2,451	3,822	5,112	4,824	5,281	6,855	8,197	9,439	7,789	8,282	9,604	0.078 +	0.068 +
HISPANIC	759	632	1,607	1,117	1,231	1,459	1,628	1,481	2,071	1,656	1,770	3,175	0.252 +	0.192 +
OTHER RACE	52	41	46	60	72	130	171	131	170	246	137	241	0.171 +	0.962 -
RACE UNK.	636	478	976	773	1,263	1,131	1,556	1,282	1,845	1,615	1,580	2,096	0.026 +	0.149 +
CENTRAL CITY	3,321	3,279	4,570	5,360	5,674	6,333	7,302	8,283	9,777	9,551	9,744	9,991	0.651 +	0.408 +
OUTSIDE CEN. CITY	1,977	1,706	2,704	2,807	3,485	3,463	4,561	5,169	5,499	4,845	5,237	5,397	0.583 +	0.113 +
NATIONAL PANEL	3,813	2,155	4,237	4,320	4,412	5,493	7,216	7,652	9,217	6,886	7,361	12,308	0.001 +	0.005 +
RECREATIONAL USE	2,618	1,860	2,907	3,134	3,465	3,874	5,392	5,123	6,544	5,735	5,151	8,420	0.000 +	0.003 +
DEPENDENCE	3,876	3,187	4,284	4,760	5,409	5,371	6,931	8,083	9,985	8,477	9,144	11,048	0.059 +	0.051 +
SUICIDE	827	436	1,151	996	1,093	1,274	1,795	2,139	2,152	2,305	2,703	2,378	0.305 -	0.813 +
OTHER/UNK MOTIVE	1,790	1,657	3,170	3,597	3,611	4,776	4,960	5,760	5,812	4,764	5,343	5,848	0.551 +	0.125 +
UNEXPECTED REACT.	2,705	1,764	3,332	4,013	4,062	4,783	6,059	5,425	6,601	5,545	6,033	7,217	0.085 +	0.025 +
OVERDOSE	1,525	995	2,078	2,242	2,152	2,557	3,215	3,844	3,935	3,882	4,024	4,715	0.323 +	0.228 +
CHRONIC EFFECTS	1,127	939	1,163	1,195	1,324	1,230	1,826	2,359	3,610	2,949	3,105	2,648	0.181 -	0.365 -
SEEKING DETOX.	1,593	1,702	2,201	2,342	2,815	2,567	2,669	3,516	4,072	3,344	3,264	4,149	0.194 +	0.253 +
WITHDRAWAL	...	...	116	135	187	173	258	354	151	279	146	441	0.039 +	0.207 +
OTHER/UNK REASON	1,877	1,648	2,621	2,559	3,037	3,986	5,051	5,607	6,124	5,282	5,769	8,525	0.002 +	0.001 +

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

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT MARIJUANA/HASHISH MENTIONS, BY AGE, SEX, RACE/ETHNICITY, HOSPITAL LOCATION, DRUG USE MOTIVE, AND REASON FOR EMERGENCY DEPARTMENT VISIT: 1989 - 1995

CATEGORY: MARIJUANA/HASHISH

	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993	TOTAL 1994	TOTAL 1995*	TOTAL 1996*	P-VAL 1995, 1996@	P-VAL 1994, 1996@
DOMAIN										
TOTAL U.S.***	20,703	15,706	16,251	23,997	28,873	40,183	45,775	50,037	0.266 +	0.004 +
AGE 6-34	17,938	13,514	13,291	19,267	23,081	31,860	35,691	38,303	0.392 +	0.022 +
AGE 12-17	3,158	2,170	2,130	3,104	4,247	6,539	8,067	8,720	0.368 +	0.001 +
AGE 18-25	8,259	5,782	5,687	8,294	9,545	13,860	14,952	14,872	0.965 -	0.528 +
AGE 26-34	6,511	5,556	5,469	7,857	9,278	11,452	12,667	14,529	0.200 +	0.017 +
AGE 35+	2,700	2,160	2,882	4,689	5,624	8,277	9,974	11,658	0.102 +	0.000 +
MALE	14,585	10,833	11,321	17,137	20,241	28,053	31,743	34,335	0.328 +	0.008 +
FEMALE	5,954	4,686	4,725	6,463	8,368	11,762	13,263	15,284	0.187 +	0.017 +
WHITE	10,077	7,835	8,030	10,484	13,483	18,882	20,944	23,152	0.299 +	0.056 +
BLACK	6,338	5,207	5,621	8,934	10,104	15,053	17,229	17,887	0.767 +	0.149 +
HISPANIC	1,604	1,315	1,392	2,724	2,690	3,109	3,726	4,945	0.277 +	0.135 +
OTHER RACE	127	140	93	107	202	302	415	377	0.727 -	0.470 +
RACE UNK.	2,556	1,209	1,114	1,749	2,394	2,837	3,460	3,676	0.657 +	0.197 +
CENTRAL CITY	7,890	6,464	6,600	9,930	12,008	15,585	19,328	19,735	0.617 +	0.000 +
OUTSIDE CEN. CITY	5,340	3,365	3,684	5,511	6,948	9,730	10,344	10,633	0.612 +	0.275 +
NATIONAL PANEL	7,472	5,877	5,967	8,557	9,905	14,868	16,102	19,669	0.336 +	0.144 +
RECREATIONAL USE	6,466	4,632	4,478	6,041	7,339	10,515	12,279	13,572	0.271 +	0.020 +
DEPENDENCE	8,009	5,978	7,064	9,043	10,780	15,014	18,462	20,192	0.526 +	0.023 +
SUICIDE	1,529	1,124	1,262	2,147	2,367	3,934	4,457	5,082	0.285 +	0.135 +
OTHER/UNK MOTIVE	4,698	4,173	3,447	6,767	8,387	10,719	10,576	11,191	0.511 +	0.626 +
UNEXPECTED REACT.	6,242	4,789	4,470	7,345	8,846	11,484	12,146	13,250	0.408 +	0.182 +
OVERDOSE	3,253	2,437	2,519	4,321	4,708	7,059	7,817	8,740	0.302 +	0.109 +
CHRONIC EFFECTS	2,744	2,045	2,066	2,357	2,553	4,185	6,560	5,753	0.138 -	0.044 +
SEEKING DETOX.	3,950	2,816	3,295	4,543	5,382	6,185	7,416	7,413	0.999 -	0.404 +
WITHDRAWAL	193	203	376	251	360	612	430	587	0.233 +	0.896 -
OTHER/UNK REASON	4,322	3,415	3,525	5,181	7,023	10,658	11,406	14,295	0.010 +	0.003 +

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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	Cansoprodol	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	Thioridazine	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: Office of Applied Studies, SAMHSA, *Drug Abuse Warning Network, Annual Medical Examiner Data 1995*, 1997.

Table 2.06c - Drugs mentioned most frequently by medical examiners in 1995 according to age of decedent

(Drugs with fewer than 10 mentions are excluded)

Rank	Drug name	Number of mentions	Percent of total episodes
Decedents 6 to 17 years old			
1	Marijuana/Hashish	32	32.00
2	Heroin/Morphine [1]	20	20.00
3	Cocaine	20	20.00
4	Alcohol-in-combination	13	13.00
Decedents 18 to 25 years old			
1	Cocaine	342	41.56
2	Heroin/Morphine [1]	327	39.73
3	Alcohol-in-combination	300	36.45
4	Marijuana/Hashish	177	21.51
5	Codeine	76	9.23
6	Methamphetamine/Speed	67	8.14
7	PCP/PCP Combinations	50	6.08
8	Diphenhydramine	43	5.22
9	Amphetamine	39	4.74
10	Diazepam	31	3.77
11	Acetaminophen	26	3.16
12	Lidocaine	16	1.94
13	Amitriptyline	16	1.94
14	Quinine	14	1.70
15	Alprazolam	14	1.70
Decedents 26 to 34 years old			
1	Cocaine	1,156	52.79
2	Heroin/Morphine [1]	1,036	47.31
3	Alcohol-in-combination	937	42.79
4	Codeine	252	11.51
5	Marijuana/Hashish	190	8.68
6	Methamphetamine/Speed	149	6.80
7	Diazepam	146	6.76
8	Diphenhydramine	95	4.34
9	Methadone	92	4.20
10	Amphetamine	87	3.97
11	Amitriptyline	75	3.42
12	PCP/PCP Combinations	68	3.11
13	Quinine	66	3.01
14	Lidocaine	63	2.88
15	Acetaminophen	61	2.79
Decedents 35 years of age and older			
1	Heroin/Morphine [1]	2,779	45.85
2	Cocaine	2,665	43.97
3	Alcohol-in-combination	2,349	38.76
4	Codeine	821	13.55
5	Diazepam	478	7.89
6	Methadone	392	6.47
7	Amitriptyline	367	6.06
8	Marijuana/Hashish	322	5.31
9	Diphenhydramine	309	5.10
10	D-Propoxyphene	295	4.86
11	Acetaminophen	272	4.49
12	Methamphetamine/Speed	258	4.26
13	Nortriptyline	252	4.16
14	Quinine	168	2.77
15	Amphetamine	149	2.46

NOTE: Percentages are based on total raw medical examiner drug abuse case counts of 100 decedents 6 to 17 years old, 823 decedents 18 to 25 years old, 2,190 decedents 26 to 34 years old, and 6,061 decedents aged 35 years and older.

[1] Includes opiates not specified as to type.

See general footnotes at end of table.

Source: Office of Applied Studies, SAMHSA, *Drug Abuse Warning Network: Annual Medical Examiner Data 1995*, 1997.

Table 2.06d - Drugs mentioned most frequently by medical examiners in 1995 according to race/ethnicity of decedent

(Drugs with fewer than 10 mentions are excluded)

Rank	Drug name	Number of mentions	Percent of total episodes
White decedents			
1	Heroin/Morphine [1]	2,383	44.33
2	Alcohol-in-combination	2,065	38.43
3	Cocaine	1,763	32.79
4	Codeine	748	13.91
5	Diazepam	544	10.12
6	Marijuana/Hashish	430	8.00
7	Methamphetamine/Speed	375	6.98
8	Amitriptyline	338	6.29
9	Diphenhydramine	330	6.14
10	D-Propoxyphene	310	5.77
11	Acetaminophen	290	5.39
12	Methadone	270	5.02
13	Nortriptyline	237	4.41
14	Amphetamine	213	3.96
15	Unspec Benzodiazepine	143	2.66
Black decedents			
1	Cocaine	1,782	69.64
2	Heroin/Morphine [1]	1,120	43.77
3	Alcohol-in-combination	954	37.28
4	Codeine	256	10.00
5	Marijuana/Hashish	183	7.15
6	Quinine	142	5.55
7	Methadone	139	5.43
8	Lidocaine	96	3.75
9	Diphenhydramine	81	3.17
10	Diazepam	80	3.13
11	PCP/PCP Combinations	78	3.05
12	Amitriptyline	76	2.97
13	Acetaminophen	55	2.15
14	Nortriptyline	55	2.15
15	Doxepin	32	1.25
Hispanic decedents			
1	Heroin/Morphine [1]	607	55.89
2	Cocaine	598	55.06
3	Alcohol-in-combination	524	48.25
4	Codeine	140	12.89
5	Marijuana/Hashish	82	7.55
6	Methadone	80	7.37
7	Methamphetamine/Speed	75	6.91
8	Amphetamine	48	4.42
9	Amitriptyline	43	3.96
10	PCP/PCP Combinations	41	3.78
11	Lidocaine	39	3.59
12	Diphenhydramine	31	2.85
13	Diazepam	25	2.30
14	Nortriptyline	25	2.30
15	D-Propoxyphene	17	1.57

NOTE: Percentages are based on total raw medical examiner drug abuse case counts of 5,376 white decedents, 2,559 black decedents, and 1,085 Hispanic decedents.

[1] Includes opiates not specified as to type.

See general footnotes at end of table.

Source: Office of Applied Studies, SAMHSA, *Drug Abuse Warning Network, Annual Medical Examiner Data 1995*, 1997.

Statement on Marijuana as Medicine

Ballot initiatives in several states to define marijuana as a "medicine" fail to address the negative impact such legislation would have on the health of our youth or the nation's scientific process of approving medications. The Office of National Drug Control Policy (ONDCP) is joining other government agencies as well as professional and community organizations in responding to this serious concern.

Protecting America's Health

Designating medicine through ballot initiatives would undermine the long-established process which ensures that substances provided to the American public as medicines have undergone rigorous scientific scrutiny. This procedure protects Americans from unproven, ineffective, or dangerous treatments. Allowing a purported medication to circumvent federal approval does a grave disservice to the public, because the process guarantees that drugs are safe and effective, that the benefits outweigh risks, and that physicians have had sufficient information to permit accurate prescription. Making an exception for marijuana would create a dangerous precedent. Medicine must be based on science rather than ideology. Misusing ballot initiatives to exempt medications from proper testing would also give a sales advantage to anyone seeking to market medical products without investing in the requisite scientific research.

The Office of National Drug Control Policy has created a National Drug Control Strategy based on science. To this end, we work closely with Dr. Harold Varmus, Director of the National Institutes of Health (NIH); Dr. Alan Leshner, Director of the National Institute on Drug Abuse (NIDA); and other distinguished scientists and researchers. The federal government endorses the therapeutic use of any substance meeting strict standards for safety and effectiveness. The existing review process ensures that decisions about new drugs are based on scientific merit. Any departure from the established process would constitute a breach of public trust. Americans rely upon the current system to safeguard world-class medicine.

Marijuana Is Not Benign

Proponents of these ballot initiatives present marijuana as a benign substance. However, the latest scientific evidence demonstrates that marijuana is not. Smoked marijuana damages the brain, heart, lungs, and immune system. It impairs learning and interferes with memory, perception, and judgment. Smoked marijuana contains cancer-causing compounds and has been implicated in a high percentage of automobile crashes and workplace accidents. Marijuana-related visits to hospital emergency rooms have tripled since 1990. Marijuana is also associated with gateway behavior leading to more extensive drug use. This phenomenon poses serious concerns given the significant increase in marijuana use by teenagers.

The confusing message about marijuana that these referenda send our children could not come at a worse time. In recent years, drug use by young people has increased at an alarming rate. Among eighth graders, the use of illicit drugs -- primarily marijuana -- has tripled. This increase has been fueled by a measurable decrease in the proportion of young people who perceive marijuana as dangerous.

Rigorous Scientific Research

Marijuana advocates have mounted a well-financed, sophisticated public

relations campaign to persuade Americans to their point of view. They use personal anecdotes rather than science to support their position. However, two recent research studies published in *Science* (June 27), have demonstrated disturbing similarities between marijuana's effects on the brain and those produced by highly addictive drugs like cocaine, heroin, alcohol, and nicotine. Hearing conflicting information, many Americans are unclear about what the scientific research actually shows.

To clarify this issue, ONDCP commissioned a comprehensive study by the National Academy of Science's venerable Institute of Medicine (IOM). The IOM will produce a comprehensive summary of the scientific record on marijuana which will serve as a foundation for public policy discussion and future research.

Additionally, NIH recently convened a workshop of experts in cancer treatment, infectious diseases, neurology, and ophthalmology to review scientific data concerning marijuana's therapeutic potential. The panel's report to NIH stated that "There were varying degrees of enthusiasm to pursue smoked marijuana . . . tempered by the fact that, for many of these disorders, effective treatments are already available." The report further stated: "...in order to evaluate various hypotheses concerning the potential utility of marijuana in various therapeutic areas, more and better studies would be needed."

Dr. Varmus stated that NIH is open to applications for studies of the medical efficacy of marijuana and that, subject to the normal scientific review process, NIH is prepared to fund applications that meet accepted standards of scientific design and are competitive for funding. Research, including clinical trials, should determine whether marijuana should be considered a medicine in the United States. (Holland recently determined that marijuana would not qualify as a medicine in that country.)

The federal government must protect public health by preserving the medical-scientific process for determining medicines. We must also protect children from increased marijuana availability and use, preserve drug-free workplaces, and uphold federal law. With drug use by young people increasing, America must not send incorrect information to our youth about the risks of marijuana. The reduction -- not the promotion -- of illicit drugs is a national priority.

ONDCP Statement on Marijuana for Medical Purposes

August 4, 1997

The initiatives underway in a number of States have sent a confusing message to our children concerning marijuana that could not come at a worse time. In recent years we have seen drug use by our young people increase at an alarming rate. Among 8th graders, the use of illicit drugs -- primarily marijuana -- has tripled. This increase in marijuana use has been fueled by a measurable decrease in the proportion of young people who perceive marijuana to be a dangerous substance.

Advocates for legalized marijuana have mounted an intense and sophisticated public relations effort to persuade Americans to their point of view, citing anecdotal examples to support their thesis. As a result, many Americans are unclear about what the scientific research really says. For example, in the past month, researchers have shown that the main active ingredient in marijuana has precisely the same impact as heroin on a key brain site that influences addiction to many drugs. The same researchers also found that abrupt cessation of long-term marijuana use causes the same kind of cellular withdrawal reaction in lab rats as that produced by other major drugs of abuse. To clarify these issues surrounding marijuana research, we have commissioned a scientific review by the National Academy of Science's Institute of Medicine (IOM), a venerable scientific institution renowned for its integrity. The IOM assessment will produce a comprehensive summary of the scientific record on marijuana, which will serve as an objective foundation for public-policy discussion and future research. As an independent body of scientific and medical experts, the IOM is well suited to conduct this important study.

Besides efforts to protect the medical-scientific process, a number of other actions are underway by federal agencies to continue enforcement of Federal law, preserve drug-free workplace and safety programs, and protect children from increased marijuana availability and use.

The foremost objective of the Office of National Drug Control Policy is to create a National Drug Control Strategy based on science rather than ideology. We have worked closely with Director Harold Varmus of the National Institutes of Health (NIH), Director Alan Leshner of the National Institute on Drug Abuse, and other distinguished scientists and medical researchers. The Federal government endorses the therapeutic use of any substance but only if it meets strict scientific standards that ensure safe and efficacious use.

Research on the therapeutic use of marijuana should be treated with the same high standards for scientific research required of any other drug with a high potential for abuse. The existing FDA-NIH-DEA process ensures that decisions regarding Investigational New Drug applications are based on their scientific merits. Any departure from this established process is a breach of the public trust that all Americans rely upon to safeguard the quality of our world class medical system.

Research experts in fields such as cancer treatment, infectious diseases, neurology, and ophthalmology recently participated in a 2-day NIH workshop which reviewed existing research about marijuana and assessed what is known about marijuana's possible therapeutic potential. This workshop highlighted the challenges of establishing appropriate scientific criteria for undertaking clinical research on marijuana. Proceedings from this workshop will be released soon.

With drug use by young people increasing, we must not send a mixed message to our youth about the dangers of marijuana. Our Nation's goal must be to reduce, not promote, the use of illicit drugs.

ONDCP Statement on Industrial Hemp

July 29, 1997

Our primary concern about the legalization of the cultivation of industrial hemp (*Cannabis Sativa*) is the message it would send to the public at large, especially to our youth at a time when adolescent drug use is rising rapidly. Marijuana (*Cannabis Sativa*) use among 8th graders has tripled over the last five years. This increase in marijuana use has been fueled by a measurable decrease in the proportion of young people who perceive marijuana to be a dangerous substance. To address that issue, ONDCP is proposing a $175 million media campaign specifically to educate our youth about the dangers of drugs.

The second major concern is that legalizing hemp production may mean the *de facto* legalization of marijuana cultivation. Industrial hemp and marijuana are the product of the same plant, *Cannabis Sativa*. The seedlings are the same and in many instances the mature plants look the same. A 1992 Dutch study of 97 strains of marijuana and hemp plants concluded that, short of chemical analysis, there was no way to discriminate between marijuana-producing plants and hemp-producing plants. A research study conducted at the U.S. Department of Agriculture reached the same conclusion.

Supporters of the hemp legalization effort claim hemp cultivation could be profitable for U.S. farmers. However, according to the USDA and the U.S. Department of Commerce, the profitability of industrial hemp is highly uncertain and probably unlikely. Hemp is a novelty product with limited sustainable development value even in a novelty market. U.S. total imports of hemp last year were only about $1.2 million of a total domestic agricultural market of $202 billion. For every proposed use of industrial hemp, there already exists an available product, or raw material, which is cheaper to manufacture and provides better market results. For example, the cheapest hemp linen costs about $15 per square yard. A similar cost profile for the finest flax linen is $7.50 per square yard. *Pulp and Paper International*, a national trade magazine, puts the break-even price for raw hemp production at $630 per ton. However currently, finished newsprint sells for only $500 per ton. The ready availability of other low-production cost raw material has been the major reason for a 25% drop in worldwide hemp production in the past three decades. Hemp production is a labor-intensive operation. Countries with low labor costs such as the Philippines and China have a competitive advantage over any U.S. hemp producer.

In conclusion, legalizing hemp production would send a confusing message to our youth concerning marijuana. Also, it may lead to the *de facto* legalization of marijuana cultivation. To date, production of hemp appears to offer no relief to farmers or manufacturers of textiles or paper as an alternative crop or product. Certainly any new credible evidence should be given careful consideration. Some federal agencies are collecting and reviewing such information for future policy reviews. However, the current available facts do not support hemp cultivation as a legally or economically viable option for U.S. interests. ONDCP therefore does not consider it prudent to change the current status of *Cannabis Sativa* as a controlled Schedule I drug.

SECTION IV

Persons Arrested

Primarily a gauge of law enforcement's response to crime, arrest counts also provide definitive data concerning the age, sex, and race of perpetrators. Arrest practices, policies, and enforcement emphases vary from place to place and even within a community from time to time as, for example, during a local police campaign against residential burglary. While the practices for certain unlawful conduct such as drunkenness, disorderly conduct, vagrancy, and related violations may differ among agencies, those for robbery, burglary, and other serious crime arrests are more likely to be uniform and consistent throughout all jurisdictions. The Program's procedures require that an arrest be counted on each separate occasion a person is taken into custody, notified, or cited. Annual arrest figures do not measure the number of individuals arrested since one person may be arrested several times during the year for the same or different offenses.

Law enforcement agencies throughout the country in 1996 made an estimated 15.2 million arrests nationwide for all criminal infractions except traffic violations. Among the specific crime categories, the highest arrest counts were for drug abuse violations, larceny-thefts, and driving under the influence, with approximately 1.5 million arrests each. Simple assaults accounted for 1.3 million arrests in 1996. (See Table 29.)

When the overall arrest volume was related to the total United States population, the rate was 5,838 arrests per 100,000 inhabitants. Among the city population groupings, those cities with more than 250,000 inhabitants recorded the highest rate, 7,700, while those with populations from 25,000 to 49,999 recorded the lowest rate, 5,426. (See Table 31.) For suburban county agencies overall, the arrest rate was 4,206, and for rural county law enforcement, it was 4,312 per 100,000 inhabitants. By region, the arrest rates per 100,000 population registered 4,995 in the Northeast, 5,717 in the West, 6,169 in the South, and 6,382 in the Midwest. (See Tables 30 and 31.)

Because of reporting problems at the state levels, only limited arrest statistics were provided from Kentucky and Illinois. No arrest data were available for the District of Columbia, Florida, and Vermont. Due to NIBRS conversion efforts, arrest data were not received from contributing law enforcement agencies in Kansas and Montana. Therefore, tables showing the age, sex, or race of persons arrested contain limited or no data for these states. Arrest totals were, however, estimated for inclusion in Table 29, "Total Estimated Arrests, United States, 1996."

Arrest Trends

The national total number of arrests for all offenses except traffic violations increased 1 percent in 1996 as compared to the 1995 volume. Violent crime arrests showed a 4-percent decline. Crime Index arrests fell 3 percent, and those for property crimes decreased 2 percent.

For the 2-year period, 1995 and 1996, juvenile arrests rose 3 percent, while adult arrests showed virtually no change. Violent crime arrests decreased 3 percent for adults and 6 percent for juveniles. During the same timespan, property crime arrests declined 3 percent for adults and less than 1 percent for juveniles. (See Table 36.)

Two-year trends in total arrests show no change in cities, but indicate a 3-percent increase both in the suburban and rural counties. (See Tables 44, 50, and 56.)

Over the 5-year period, 1992-1996, data show total arrests were up 7 percent. Juvenile arrests increased 21 percent, and adult arrests rose 4 percent for the same timeframe. (See Table 34.) Total Crime Index and property crime arrests declined 5 and 6 percent, respectively. Violent crime arrests decreased 1 percent during the period.

For the decade, 1987-1996, arrests for all offenses were up 16 percent. Crime Index arrests rose 5 percent; and those for violent crimes, 29 percent. During the same timeframe, however, property crime arrests declined 1 percent.

In 1996, the drug abuse violation arrest total was 1 percent above the 1995 level, 37 percent higher than in 1992, and 58 percent higher than in 1987. The following table shows the types of drugs involved in violations resulting in arrests during 1996 by geographic region.

Table 4.1 — Arrests for Drug Abuse Violations, 1996
(Percent distribution)

	United States total	Northeastern States	Midwestern States	Southern States	Western States
Total[1]	100.0	100.0	100.0	100.0	100.0
Sale/manufacture:	24.9	35.2	25.8	20.2	20.7
Heroin or cocaine and their derivatives	14.2	26.8	7.5	11.9	9.5
Marijuana	6.2	6.8	8.1	5.9	5.7
Synthetic or manufactured drugs	.6	.5	.4	.8	.6
Other dangerous nonnarcotic drugs	3.7	1.2	9.8	1.6	4.8
Possession:	75.1	64.8	74.2	79.8	79.3
Heroin or cocaine and their derivatives	35.6	29.2	35.8	22.9	29.1
Marijuana	36.3	32.4	44.8	49.3	24.9
Synthetic or manufactured drugs	1.4	.7	1.3	2.0	1.5
Other dangerous nonnarcotic drugs	11.9	2.5	12.4	5.6	23.9

[1] Because of rounding, percentages may not add to total.

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

SECTION V

Drugs in America: 1980-1995

The Nation experienced its highest level of illicit drug activity in 1995 when measured by the total number of reported drug arrests since 1980. This study examines the national drug arrest trend for 1980-1995 using reported drug abuse violations arrest figures from local, county, and state law enforcement agencies participating in the Uniform Crime Reporting Program. Additionally, the study looks at the change in the profile of drug arrestees that has occurred during this same period.

The illegal drug trade confronting the Nation has steadily increased during the period under consideration. The total impact of drug abuse on society is immeasurable, and the cost to law enforcement alone is astronomical. According to the Office of National Drug Control Policy, federal law enforcement agencies expend $16 billion annually to combat this problem. Trends for overall drug arrests indicate that this social ill shows no signs of abating.

In 1995, the Nation recorded its highest drug arrest total; an estimated 1.5 million people were arrested for either the sale and/or manufacture or possession of illegal narcotics. Furthermore, Table 5.1 shows that since 1980, the number of arrests for all drug types rose substantially, with those of heroin/cocaine showing the highest increase, 741 percent. In comparing arrests for specific drug types from 1990 to 1995, marijuana arrests have increased 80 percent and heroin/cocaine arrests 6 percent. These two drug categories account for more than eight out of every 10 drug arrests.

Table 5.1

Percent Changes in the Estimated Number of Drug Arrests by Type, United States, 1995 over 1980, 1985, and 1990

Drug Type	1995/1980	1995/1985	1995/1990
Total	154.1	81.9	35.5
Heroin/Cocaine	741.5	165.1	5.7
Marijuana	48.8	30.6	79.8
Synthetic	50.6	69.3	39.3
Other	153.6	120.8	57.4

Charts 5.1 to 5.5 show 1980-1995 national drug arrest trends by drug type. An analysis of these charts indicates that marijuana arrests dominated the first part of the decade, but toward the end of the decade, these arrests were outstripped by heroin/cocaine arrests. However, in the 1990s the pendulum is swinging the other way as the number of marijuana arrests is again increasing.

Regionally, when examining the year 1995 over 1990, the South, the most populous region, registered a 55-percent increase in total drug arrests. This region accounts for 34 percent of the Nation's total drug arrests in 1995. During this same time period, the other three regions also registered increases in drug arrests: 37 percent in the Midwest, 36 percent in the Northeast, and 18 percent in the West. (See Table 5.2.)

Table 5.2

Percent Changes in Estimated Number of Drug Arrests by Region, United States, 1995 over 1990

Year	Total	Northeast	Midwest	South	West
1990	1,089,500	252,250	131,901	323,756	381,593
1995	1,476,100	342,544	181,216	501,351	450,979
Percent Change	35.5	35.8	37.4	54.9	18.2

The majority of arrests for the offense of drug abuse violations by type are for possession. Table 5.3 shows that while the percent of sale/manufacture drug arrests peaked in 1990, arrests for possession constituted three out of every four drug arrests in 1995. This pattern is consistent with the historical trend.

Table 5.3

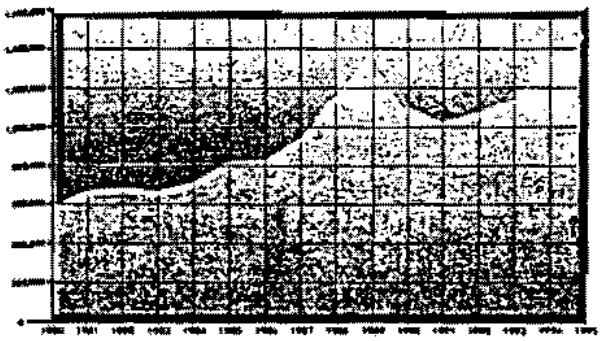
Percent Distribution of Total Drug Arrests by Sale/Manufacture and Possession, United States, 1980, 1985, 1990, and 1995

Year	Total	Sale/ Manufacture	Possession
1980	100.0	22.6	77.4
1985	100.0	23.7	76.3
1990	100.0	31.9	68.1
1995	100.0	24.9	75.1

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

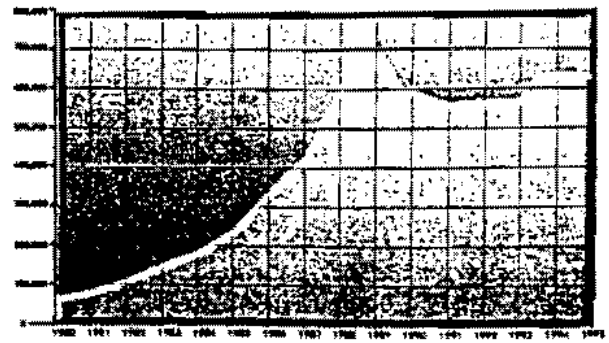
ESTIMATED DRUG ARRESTS
UNITED STATES FROM 1980 - 1995

CHART 5.1



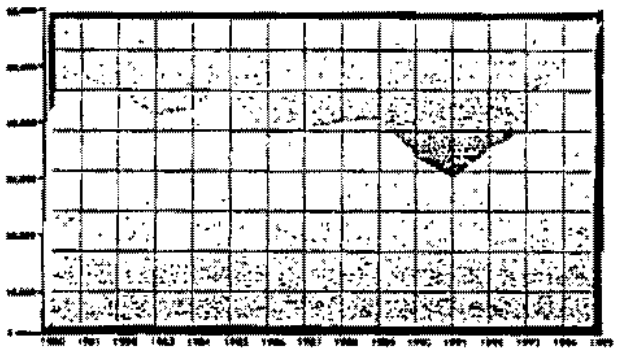
ESTIMATED HEROIN/COCAINE ARRESTS UNITED STATES FROM 1980 - 1995

CHART 5.2



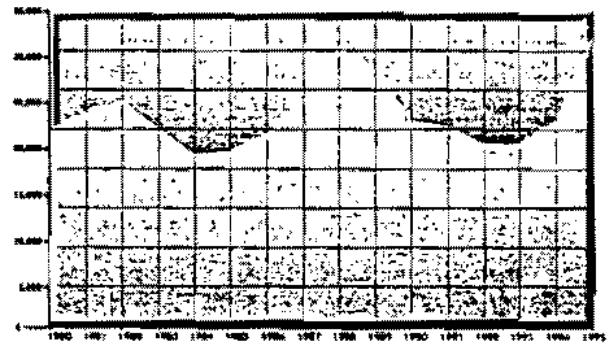
ESTIMATED MARIJUANA ARRESTS UNITED STATES FROM 1980 - 1995

CHART 5.3



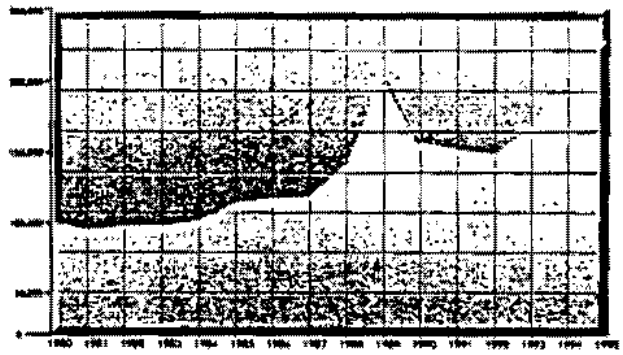
ESTIMATED SYNTHETIC DRUG ARRESTS
UNITED STATES FROM 1980 - 1995

CHART 5.4



ESTIMATED OTHER DRUG ARRESTS
UNITED STATES FROM 1980 - 1995

CHART 5.5



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

New Features

Look for these features in the 10th anniversary edition of the Drug Use Forecasting (DUF) Annual Report:

- A discussion of an important change in marijuana testing cutoff levels that affects interpretation of marijuana data in the Annual Report.
- Updated coverage of methamphetamine issues that were reported in the *1995 Drug Use Forecasting Annual Report on Adult and Juvenile Arrestees* and in the special 1996 National Institute of Justice (NIJ) report *Methamphetamine Use Among Adult Arrestees: Findings from the Drug Use Forecasting (DUF) Program.*
- Extended analysis of juvenile drug issues using 1991–1996 data.
- Analysis of recidivism using questions that were added to the DUF interview in 1995.
- A report on the pilot testing of an automated telephone DUF interviewing system (TELEDUF).
- The addition of site report pages that reflect the range of issues that DUF data are used to address.

As DUF continues its evolution toward the Arrestee Drug Abuse Monitoring (ADAM) program, analyses such as these that focus on local issues, special populations, emerging trends in drugs and crime, and new areas of research and interviewing will become more prominent features of the Annual Report.

1996 Marijuana Data

Changes in drug detection methodologies and standards have resulted in changes to DUF reporting practices for marijuana.

Changes in Technology and Reporting Levels

Improvements in drug testing technology have increased the sensitivity (the ability of a test to detect the presence of a drug) and the specificity (the ability to distinguish a specific drug from other cross-reactants) of urinalysis tests used to screen for drug use, such as the widely used EMIT ™. In the case of marijuana, these improvements have resulted in a lowering of the standard cutoff level for a positive test report. This change was recommended by the Federal workplace testing program and new guidelines were issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services, effective September 1, 1994. A lower cutoff is expected to identify a greater number of drug users, particularly those who may use marijuana occasionally or in moderate quantities.

The concentration of drugs in urine is measured in nanograms (billionths of a gram) per milliliter (ng/ml) of liquid of the drug or the drug metabolite formed in the body as the result of the ingestion of a specific drug. The "cutoff level" is the concentration, stated in ng/ml, used to determine whether a specimen is positive or negative. Specimens with concentrations at or above the cutoff level are considered positive for the drug in question; all others are considered negative. In the case of marijuana, the cutoff level had previously been set at 100 ng/ml. SAMHSA now recommends a lower cutoff of 50 ng/ml.

Impact of Changes

When the DUF program began in 1987, DUF adopted Federal guidelines for cutoff levels which were then 100 ng/ml for marijuana. During 1995 as part of a feasibility study, urinalysis tests for marijuana were conducted using both the 100 ng/ml and 50 ng/ml cutoff levels. As a result of these analyses, beginning in January 1996, all DUF marijuana tests are based on the lower cutoff level. This analysis examines the impact of this change in cutoff levels on percentage positive for marijuana among subpopulations of DUF arrestees and in DUF sites. NIJ will publish a full version of this report in 1997.

More than 34,000 samples from 1995 were tested at both cutoff levels from all sites. Adult males, adult females, and juvenile males were included. (See figure 1 on the next page.) Overall, lowering the cutoff increases the percentage positive for marijuana use about 5 to 7 percentage points. The greatest impact of the change in cutoff levels appears when positive tests are examined for different age groups. Greater numbers of younger (under age 15) and older (over age 30) arrestees test positive for marijuana when the cutoff level is lowered from 100 ng/ml to 50 ng/ml. The youngest and oldest age groups are likely to be less frequent users of marijuana or use it in lesser amounts than other arrestees. Hence, these individuals test positive at the lower cutoff level of 50 ng/ml, but not at the higher level of 100 ng/ml. Overall, the mean age of arrestees who test positive for marijuana in the 1995 data increases from 25 years to almost 28 years when the lower cutoff is used. The lower cutoff level had the same impact for blacks, whites, and Hispanics.

A separate analysis examined *trends* in marijuana use using both the 50 and 100 ng/ml cutoff levels. The change in cutoff level has little effect on the overall trend in marijuana use demonstrated for 1995. For some quarters the increase in percentage positive is larger than for other quarters, but overall there is a 5 to 7 percentage point increase when percentage positive is determined at the 50 ng/ml level.

Larger differences in percentage positive occur in some quarters for female and juvenile male arrestees. As discussed earlier, these are two of the groups for whom the change in cutoff level had the greatest effect.

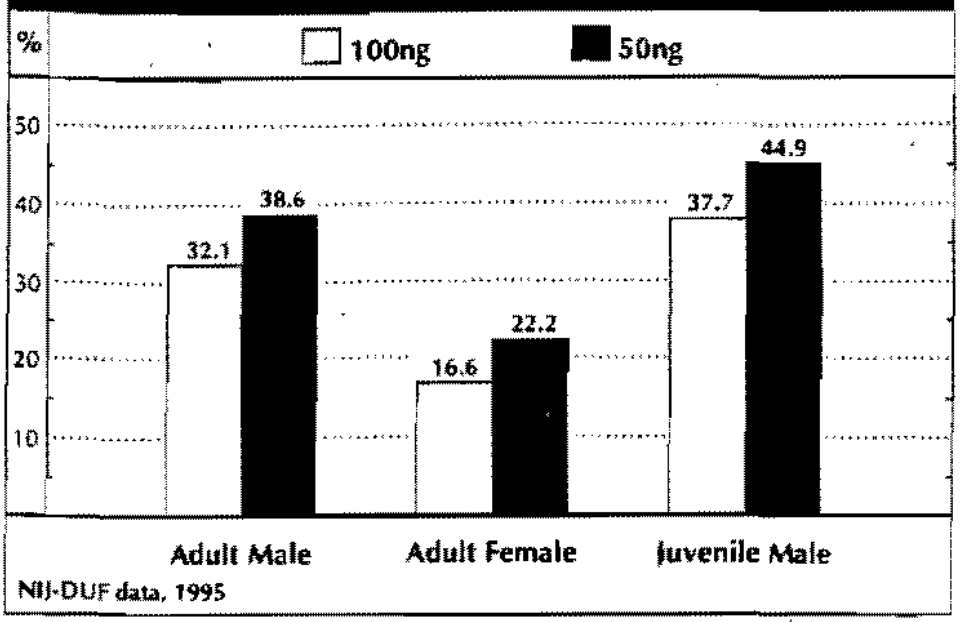
Implications for 1996 Marijuana Data

Marijuana data for 1996 reveal that marijuana use has increased substantially in many DUF sites. Substantial increases have also been detected in many age groups and other subpopulations. In many, but not all, cases the increases in marijuana use substantially exceed the increases that can be expected from the change to the 50 ng/ml cutoff level. For example, marijuana positives for 31- to 35-year-old arrestees increased by 16 percentage points in Indianapolis and Atlanta, 15 percentage points in Cleveland, and 12 percentage points in Birmingham. Similarly, the median rate of marijuana prevalence for 15- to 20-year-olds increased 11 percentage points over 1995, but the rate of change for the youngest males varied across sites from a 6-point decrease in Houston to a 19-point increase in Indianapolis.

While the increases recorded in marijuana use generally far exceed increases that would be expected from the change to the 50 ng/ml cutoff, and thus indicate true changes in marijuana use, readers should use caution when assessing the magnitude of any given change and its significance. Moreover, changes should be considered in the context of the specific site and subpopulation of interest. Readers should be particularly careful when comparing 1995 and 1996 marijuana test positive percentages for groups that are particularly affected by the change from the 100 ng/ml to 50 ng/ml cutoff levels, including female arrestees, younger arrestees, and older arrestees.

Christy Visher, Ph.D., and Thomas E. Feucht, Ph.D., with K. Jack Riley, Ph.D.
Office of Research and Evaluation, NIJ

FIGURE 1 MARIJUANA ASSAYS BY GENDER/AGE
PERCENTAGE POSITIVE: 100NG VS. 50NG



NIJ-DUF data, 1995

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.

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.

In the majority of sites, overall drug use increased, and in all but two sites (New Orleans and San Antonio), the rate was more than 50 percent. Even with cocaine use slowing down in many sites, the decrease was offset by increased use of marijuana, amphetamines, and, to a lesser degree, opiates.

Drug Use Among the Youngest Female Arrestees

- Decreases in cocaine use for the youngest female arrestees were less dramatic than in the previous year.

While several sites reported sharp declines in cocaine positives consistent with the previous year (percentages in Birmingham, Dallas, and Denver decreased by 12 to 16 points), percentages increased in 10 sites. The most notable increases in cocaine test positive percentages among the youngest females were in St. Louis (17 points), Ft. Lauderdale (8 points), and Portland and Washington, D.C. (6 points). Again, because of small numbers of respondents in these categories the percentage changes should be interpreted cautiously.

- Female arrestees under age 21 had the highest percentage of marijuana positives among adult females.

In every site, marijuana positives among the youngest female arrestees were more than 20 percent, with dramatic increases over 1995 in a few sites. In St. Louis, the rate for this population went from 26 to 50 percent, in Portland from 15 to 30 percent, in Cleveland from 18 to 47 percent, in Birmingham from 18 to 43 percent, and in Atlanta from 10 to 49 percent.

Use of Opiates:

- Prevalence of opiate use varied considerably across sites for the youngest female arrestees.

Although nine sites showed rates of less than 1 percent for opiate use among this group, in some sites high rates were found even among the youngest female arrestees. In Manhattan, Philadelphia, and Portland, the numbers were at 15 percent or greater. In each of these sites, the percentage represented an increase over 1995.

Drug Use Among Male Juvenile Arrestees/Detainees

Interviews and urine tests were conducted with 4,145 boys in 12 sites in 1996.

- Marijuana use rose sharply and cocaine use was up slightly among male juveniles.

Drug use among boys was greater in every site but one (in San Diego rates held steady), with increases of 10 or more percentage points in 8 out of 12 sites. The increase was due mainly to marijuana use. The median marijuana test positive rate for boys was 52 percent in 1996, compared to 41 percent in 1995. Cocaine use, typically low among juvenile males, has fluctuated in recent years and in 1996 took a slight upturn, increasing in the majority of sites. Sites with the highest rates of cocaine use were Cleveland, Los Angeles, Phoenix, and San Antonio, ranging from 10 to 13 percent prevalence. Use of opiates among male juveniles remained very low overall.

Drug Use and School Attendance:

- Overall, cocaine use was much higher for boys out of school than for boys in school, a consistent finding for several years.

Marijuana use rates for boys out of school continued to be higher than for boys in school; however, in three sites (Denver, Los Angeles, and Phoenix), the rates were within 3 percentage points of each other.

The median prevalence rate for marijuana use by boys out of school (61 percent) was lower by 3 points than the median use rate for 15- to 20-year-old male arrestees—the adult group with the highest rates of marijuana use. The median marijuana use rate for boys in school was 48 percent.

Other Drug Use

Use of Methamphetamine:

- While methamphetamine use continued to be detected mainly in Western U.S. DUF sites, test positive rates fell significantly from 1995 levels.

The eight cities (San Diego, Phoenix, San Jose, Portland, Omaha, Los Angeles, Denver, and Dallas) that were cited in the *1995 Drug Use Forecasting Annual Report on Adult and Juvenile Arrestees* as having the highest methamphetamine test positive rates among adult arrestees all reported substantial declines in 1996. In San Diego, adult methamphetamine test positives declined from 37.1 to 29.9 percent; in Phoenix from 21.9 to 12.2 percent; in Portland from 18.7 to 12.4 percent; in San Jose from 18.5 to 14.8 percent; in Omaha from 8.1 to 4.3 percent; in Los Angeles from 7.5 to 7.0 percent; in Denver from 3.8 to 2.2 percent; and in Dallas from 2.7 to 1.3 percent. Only in San Antonio did the percentage of methamphetamine detections increase over 1995, from 1.5 percent to 2.1 percent.

- In keeping with trends of recent years, adult females showed greater methamphetamine use than males.

Females continued to lead males in terms of methamphetamine test positive percentages by 2 to 10 percentage points in most of the Western sites. Only in Denver did a larger fraction of males test positive for methamphetamine than females. The gap between females and males increased between 1995 and 1996 in five Western sites, and declined in three. Far greater numbers of females were arrested on prostitution charges than males, and drug test positive rates were often the highest in this charge category. However, even when female and male methamphetamine use was compared across similar charge categories, females were detected as methamphetamine users more frequently than males.

- White arrestees continued to use methamphetamines in greater percentages than blacks and Hispanics.

In San Diego in 1996, about 47 percent of the white arrestees were detected as recent methamphetamine users, compared to 25 percent of Hispanic arrestees and 10 percent of black arrestees. Note that in San Diego and Los Angeles, Asian arrestees had the second highest test positive percentage (behind whites), although these figures were based on a total of 41 and 28 Asian arrestees, respectively.

The broad declines in methamphetamine use were approximately proportionate across racial and ethnic groups, although Los Angeles provided one exception. Overall, Los Angeles dropped from 7.5 percent methamphetamine positives in 1995 to 7.0 percent in 1996. This drop appears to have been driven by a change among blacks. The percentages of whites and Hispanics detected as recent methamphetamine users in Los Angeles increased, while the percentage of black users declined.

Conclusions

Although the data presented here cannot resolve the issue of how drugs and crime are linked, they clearly demonstrate that the relationship is strong and enduring. A median 68 percent of arrestees test positive for at least one drug at arrest. Moreover, DUF data likely understate recent drug use by arrestees, as urinalysis can only reliably detect drugs for approximately 48 to 72 hours after use. These data also indicate that regional and local trends can depart substantially from the national trend.

In terms of general trends, the sharp declines in cocaine use that have occurred in some cities have been largely offset by substantial increases in marijuana use. Marijuana appears to have broadly replaced cocaine as the drug of choice among arrestees. At the disaggregated level, DUF data also suggest that there are significant regional, gender, and age cohort variations in drug use patterns that must be monitored carefully. Regionally, methamphetamine use among arrestees still appears to be confined to Western States and, in most cases, has abated substantially. Opiate use also appears geographically concentrated in the largest DUF cities and selected Western sites. Growth in drug use appears strongly in the youngest adult cohorts (ages 15 to 20), while older cohorts are generally experiencing a slow tapering of use, particularly with cocaine. Females continue to be more frequent consumers of cocaine and methamphetamine than males.

The consistently large fraction of individuals testing positive for drugs at arrest and the substantial local variations in drug patterns combine to suggest that (1) point of arrest is an appropriate stage of intervention with respect to addressing substance abuse and (2) communities would benefit from having local knowledge about substance abuse patterns among their arrestees. NIJ is working to address both of these issues. NIJ is funding a demonstration program in Birmingham called Breaking the Cycle that offers universal testing and needs assessments for substance abuse at arrests, followed by the development of a tailored program of treatment, sanctions, and supervision. NIJ is also supporting the evaluation of this program to assess the program's impact on individual arrestees and on the community. If successful, comprehensive substance abuse intervention at arrest could result in reduced drug use, reduced recidivism, and improved functioning in areas such as employment and education. NIJ is also supporting the evaluation of a second program called Operation Drug TEST (Testing, Effective Sanctions, Treatment) which will operate similarly with Federal arrestees. Finally, the President has submitted a budget request to Congress that would allow NIJ to reengineer DUF into the 75-site ADAM Program. ADAM sites will be located in large urban areas and will collect data from arrestees four times per year. In addition, each ADAM site will conduct outreach data collection in a suburban, rural, Indian territory, or other arrestee population on an annual basis. Combined, Breaking the Cycle, Operation Drug TEST, and ADAM promise to greatly increase our understanding of appropriate community-level interventions against arrestee drug use and provide the research platform with which to measure progress.

K. Jack Riley, Ph.D.
with Nora Fitzgerald, Gabrielle M. Kyle, and Shu-Ahn Li
Office of Research and Evaluation, NIJ

Defendants convicted

Table 7a. Number of Federal defendants convicted, by offense, 1985-92

Most serious offense of conviction	Number of offenders convicted								
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992	Percent change 1985-92
All offenses	40,924	43,920	44,519	43,552	46,605	47,494	46,946	51,936	27 %
Drug offenses	10,289	11,989	13,428	13,376	15,804	16,310	17,349	18,698	82 %
Drug distribution	7,449	9,163	10,109	10,444	12,530	13,410	14,273	15,133	103
Continuing criminal enterprise	131	111	123	117	144	82	105	105	-20
Importation	841	957	872	815	1,051	1,199	1,484	1,930	129
Manufacture	91	105	119	185	303	318	324	409	349
Possession and other	1,777	1,653	2,205	1,815	1,776	1,301	1,163	1,121	-37
Non-drug offenses									
Violent offenses	2,226	2,192	2,242	2,140	2,182	2,331	2,513	2,919	31 %
Fraudulent property offenses	8,958	10,520	10,443	9,583	9,919	10,127	9,473	10,253	14
Other property offenses	4,316	4,026	3,906	3,854	3,636	3,465	3,705	3,964	-8
Regulatory offenses	2,167	2,010	1,847	1,966	2,032	2,054	2,337	2,179	1
Other public order offenses	12,955	13,183	12,653	12,633	13,232	13,204	13,569	13,922	7

Table 7b. Number of Federal drug defendants convicted, by type of drug, 1985-92

Most serious offense of conviction	Number of offenders convicted								
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992	Percent change 1985-92
All drug offenses	10,289	11,989	13,428	13,376	15,804	16,310	17,349	18,698	82 %
Heroin or cocaine	5,568	7,421	7,817	8,490	10,351	10,897	11,133	11,309	103
Marijuana	3,275	3,159	4,137	3,587	4,117	4,087	4,688	4,946	51
Other *	1,446	1,409	1,474	1,299	1,336	1,326	1,528	2,441	69

* Includes both offenses involving controlled substances other than heroin, cocaine, or marijuana and offenses involving unknown or various combinations of substances.

Table 7c. Percent of Federal defendants convicted, by offense, 1985-92

Most serious offense charged	Percent of defendants convicted							
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992
All offenses	80 %	81 %	81 %	80 %	81 %	81 %	81 %	84 %
Drug offenses	82 %	84 %	83 %	83 %	83 %	84 %	84 %	86 %
Drug distribution	84	86	85	84	84	84	85	86
Continuing criminal enterprise	75	91	95	95	92	90	87	82
Importation	79	80	76	78	81	84	84	89
Manufacture	81	74	85	79	84	86	90	84
Possession and other	72	71	80	76	74	76	72	75
Non-drug offenses								
Violent offenses	83 %	82 %	83 %	83 %	82 %	83 %	82 %	86 %
Fraudulent property offenses	85	86	86	85	87	88	87	85
Other property offenses	78	80	80	80	79	77	76	80
Regulatory offenses	78	76	74	74	78	81	79	81
Other public order offenses	76	76	76	75	76	74	76	80

Table 7d. Percent of Federal drug defendants convicted, by type of drug, 1985-92

Most serious offense charged	Percent of defendants convicted							
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992
All drug offenses	82 %	84 %	85 %	83 %	83 %	84 %	84 %	86 %
Heroin or cocaine	84	86	86	84	85	85	80	83
Marijuana	77	76	82	90	79	81	85	86
Other *	82	84	85	82	83	82	83	87

* Includes both offenses involving controlled substances other than heroin, cocaine, or marijuana and offenses involving unknown or various combinations of substances.

ource: U.S. Department of Justice, Bureau of Justice Statistics, *Federal Drug Case Processing, 1982-91, With Preliminary Data for 1992*, March 994.

Sentencing
Incarceration rate

Table 10a. Number of convicted Federal offenders sentenced to incarceration, by offense, 1985-92

Most serious offense of conviction	Number of offenders incarcerated								
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992	Percent change 1985-92
All offenses	20,605	23,058	23,579	23,450	27,377	28,659	30,555	33,622	63 %
Drug offenses	7,774	9,272	10,196	10,599	13,310	14,091	15,012	16,401	111
Drug distribution	6,108	7,599	8,658	9,231	11,486	12,180	12,862	13,792	126
Continuing criminal enterprise	119	109	121	115	135	80	98	101	-15
Importation	706	797	710	687	931	1,096	1,305	1,735	146
Manufacture	78	83	95	164	284	283	293	358	359
Possession and other	763	684	612	402	474	452	454	415	-46
Non-drug offenses									
Violent offenses	1,807	1,813	1,837	1,733	1,892	2,032	2,260	2,618	45 %
Fraudulent property offenses	3,696	4,416	4,610	4,182	4,401	4,464	4,542	5,039	36
Other property offenses	1,916	1,875	1,624	1,541	1,574	1,421	1,491	1,518	-21
Regulatory offenses	651	688	601	640	747	799	884	856	30
Other public order offenses	4,749	4,994	4,711	4,755	5,453	5,850	6,366	7,189	51

Table 10b. Number of convicted Federal offenders sentenced to incarceration, by type of drug, 1985-92

Most serious offense charged	Number of offenders incarcerated								
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992	Percent change 1985-92
All drug offenses	7,774	9,272	10,196	10,599	13,310	14,091	15,012	16,401	111 %
Heroin or cocaine	4,455	6,037	6,490	7,369	9,336	9,674	10,059	10,390	133
Marijuana	2,179	2,144	2,548	2,253	2,880	3,126	3,683	3,984	83
Other *	1,140	1,091	1,158	977	1,094	1,089	1,230	2,027	78

* Includes both offenses involving controlled substances other than heroin, cocaine, or marijuana and offenses involving unknown or various combinations of substances.

Table 10c. Percent of convicted Federal offenders sentenced to incarceration, by offense, 1985-92

Most serious offense of conviction	Percent of offenders incarcerated							
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992
All offenses	50 %	53 %	53 %	54 %	58 %	60 %	62 %	65 %
Drug offenses	76 %	77 %	76 %	78 %	84 %	86 %	87 %	88 %
Drug distribution	82	83	86	88	92	91	90	91
Continuing criminal enterprise	91	96	98	96	94	96	93	96
Importation	84	83	81	84	89	91	88	90
Manufacture	86	79	80	89	94	89	90	88
Possession and other	43	42	28	22	27	35	39	37
Non-drug offenses								
Violent offenses	81 %	83 %	82 %	81 %	87 %	87 %	90 %	90 %
Fraudulent property offenses	41	42	44	44	44	44	46	49
Other property offenses	44	47	42	40	43	41	40	38
Regulatory offenses	31	34	33	33	37	39	38	39
Other public order offenses	37	38	37	38	41	44	47	52

Table 10d. Percent of convicted Federal drug offenders sentenced to incarceration, by type of drug, 1985-92

Most serious offense of conviction	Percent of offenders incarcerated							
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992
All drug offenses	76 %	77 %	76 %	79 %	84 %	86 %	87 %	88 %
Heroin or cocaine	80	81	83	87	90	91	91	92
Marijuana	67	68	62	63	70	77	79	81
Other *	79	77	79	75	82	82	80	83

* Includes both offenses involving controlled substances other than heroin, cocaine, or marijuana and offenses involving unknown or various combinations of substances.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Federal Drug Case Processing, 1982-91, With Preliminary Data for 1992*, March 1994.

Length of imposed sentence

Table 11a. Average length of incarceration sentences (months), by offense, 1985-92

Most serious offense of conviction	Average length of imposed sentence							
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992
All offenses	51 mo	53 mo	55 mo	55 mo	55 mo	57 mo	62 mo	62 mo
Drug offenses	58 mo	62 mo	68 mo	71 mo	75 mo	81 mo	86 mo	82 mo
Drug distribution	59	63	67	73	75	83	87	86
Continuing criminal enterprise	167	204	217	207	232	243	238	189
Importation	55	53	58	56	73	73	78	62
Manufacture	74	83	84	82	94	88	85	75
Possession and other	34	41	48	14	8	15	22	22
Non-drug offenses								
Violent offenses	135 mo	132 mo	126 mo	111 mo	91 mo	89 mo	91 mo	89 mo
Fraudulent property offens	31	33	31	31	26	22	20	19
Other property offenses	37	38	36	33	26	22	25	22
Regulatory offenses	38	47	42	30	24	27	27	35
Other public order offense	29	31	32	31	28	28	39	49

Table 11b. Average length of incarceration sentences (months), by type of drug, 1985-92

Most serious offense of conviction	Average length of imposed sentence							
	1985	1986	1987	1988	1989	1990	1991	Preliminary 1992
All drug offenses	58 mo	62 mo	68 mo	71 mo	75 mo	81 mo	86 mo	82 mo
Heroin or cocaine	62	84	72	77	80	89	96	96
Marijuana	46	49	50	47	50	48	51	46
Other *	66	75	80	80	96	97	100	85

* Includes both offenses involving controlled substances other than heroin, cocaine, or marijuana and offenses involving unknown or various combinations of substances.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Federal Drug Case Processing, 1982-91, With Preliminary Data for 1992*, March 1994.

The 1994 survey was based on a sample of 300 counties selected to be nationally representative. All but 1 of the 300 were in the 1988, 1990, and 1992 surveys. The 300 include the District of Columbia and at least 1 county from every State except, by chance, Vermont. Among the 300 sampled counties, 1 sentenced no felons during 1994. The 1994 survey excluded Federal courts and those State or local courts that did not adjudicate adult felony cases.

Table 1. Estimated number of felony convictions in State courts, 1994

Most serious conviction offense	Felony convictions Number	Percent
All offenses	872,217	100.0%
Violent offenses	164,583	18.9%
Murder/manslaughter	12,007	1.4
Murder	8,924	1.0
Manslaughter*	3,083	.3
Rape	20,068	2.3
Robbery	46,028	5.3
Armed	13,319	1.5
Unarmed	14,801	1.7
Unspecified	17,907	2.1
Aggravated assault	65,174	7.5
Other violent*	21,307	2.4
Property offenses	275,198	31.6%
Burglary	98,109	11.2
Residential	13,300	1.5
Nonresidential	34,152	3.9
Unspecified	50,657	5.8
Larceny	113,026	13.0
Motor vehicle theft	21,049	2.4
Other theft*	91,977	10.5
Fraud/forgery*	64,063	7.3
Fraud*	28,268	3.2
Forgery	35,796	4.1
Drug offenses	274,245	31.4%
Possession	108,815	12.5
Trafficking	165,430	19.0
Marijuana	15,931	1.8
Other	104,181	11.9
Unspecified	45,318	5.2
Weapons offenses	31,010	3.6%
Other offenses*	127,180	14.6%

Note: Detail may not sum to total because of rounding. Data specifying the conviction offense were available for 872,217 cases.
*Manslaughter is defined as nonnegligent manslaughter only. A small number of cases were classified as nonnegligent manslaughter when it was unclear if the conviction offense was murder or nonnegligent manslaughter.
*Includes offenses such as negligent manslaughter, sexual assault, and kidnaping.
*Includes a small number of convictions with unspecified offenses.
*Includes embezzlement.
*Composed of nonviolent offenses such as receiving stolen property and vandalism.

According to the BJS Federal Justice Statistics Program, Federal courts convicted 44,170 persons of a felony in calendar year 1994.[2] That number represents 5% of the combined State and Federal total number of felony convictions during 1994.

The 1994 survey included only offenses that State penal codes defined as felonies. Felonies are widely defined as crimes that have the potential of being punished by more than 1 year in prison.

Felony conviction offenses

A total of 872,200 persons were convicted of a felony in State courts in 1994, including 164,600 (or 18.9% of the total) for a violent felony; 275,200 (31.6%) for the property offenses of burglary, larceny, fraud, and forgery; 274,200 (31.4%) for drug offenses; and 31,000 (3.6%) for weapons offenses (table 1). The remaining 127,200 (14.6%) consisted of persons convicted of nonviolent offenses such as receiving stolen property and escaping custody. Marijuana trafficking convictions were 1.8% of the conviction total, and marijuana possession convictions were 1.3% of the total.

[2] In 1994 the State court in 1 county, Los Angeles, accounted for nearly 48,000 felony convictions, more than in all the Nation's Federal courts combined.

Sentences for felonies

In 1994, 71% of all convicted felons were sentenced to a period of confinement — 45% to State prisons and 26% to local jails (table 2). Jail sentences are for short-term confinement (usually for a year or less) in a county or city facility, while prison sentences are for long-term confinement (usually for over a year) in a State facility.

An estimated 29% of all convicted felons were sentenced to straight probation with no jail or prison time to serve.

Table 2. Types of felony sentences imposed by State courts, by offense, 1994

Most serious conviction offense	Total	Percent of felons sentenced to — Incarceration Total	Prison	Jail	Probation
All offenses	100%	71%	45%	26%	29%
Violent offenses	100%	82%	62%	20%	18%
Murder*	100	97	95	2	3
Rape	100	88	71	17	12
Robbery	100	88	77	11	12
Aggravated assault	100	75	48	27	25
Other violent*	100	75	45	30	25
Property offenses	100%	68%	42%	26%	32%
Burglary	100	75	53	22	25
Larceny*	100	66	38	28	34
Fraud*	100	60	32	28	40
Drug offenses	100%	69%	42%	27%	31%
Possession	100	66	34	32	34
Trafficking	100	71	48	23	29
Weapons offenses	100%	69%	42%	27%	31%
Other offenses*	100%	66%	36%	30%	34%

Note: For persons receiving a combination of sentences, the sentence designation came from the most severe penalty imposed — prison being the most severe, followed by jail, then probation. Prison includes death sentences. Data on sentence type were available for 867,709 cases.
*Includes nonnegligent manslaughter.
*Includes offenses such as negligent manslaughter, sexual assault, and kidnaping.
*Includes motor vehicle theft.
*Includes forgery and embezzlement.
*Composed of nonviolent offenses such as receiving stolen property and vandalism.

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.

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.[8]

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.

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

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

Prior sentence	All inmates	Most serious current offense: 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	38.6	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	19.6	20.8	24.3	26.2
6-10	10.7	7.6	10.2	11.3	14.1
11 or more	6.3	4.4	3.6	8.2	8.7
Number of jail inmates	363,443	84,311	81,818	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.

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%	33.5%	27.7%	18.6%	17.3%	11.0%	18.2%	12.1%
Cocaine or crack	50.4	38.0	30.7	17.8	23.6	11.8	14.2	6.4	12.7	5.5
Heroin	16.2	22.4	11.4	16.0	7.0	7.8	5.1	5.8	4.6	5.6
LSD	18.6	22.3	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	.6	.8	.2	.4	.6	.6
Other drug	71.9%	74.9%	49.8%	57.9%	31.3%	41.9%	18.9%	28.2%	12.0%	22.8%
Marijuana	70.7	73.0	47.9	55.0	28.1	38.6	16.9	25.6	9.1	16.9
Amphetamines	22.1	32.8	12.1	18.6	5.4	8.4	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	.8	2.6
Methaqualone	14.7	23.0	4.2	8.8	.8	3.8	.2	1.5	.3	1.7
Ts and blues*	11.6	10.9	5.4	5.9	2.4	3.0	1.3	1.5	.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.

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.

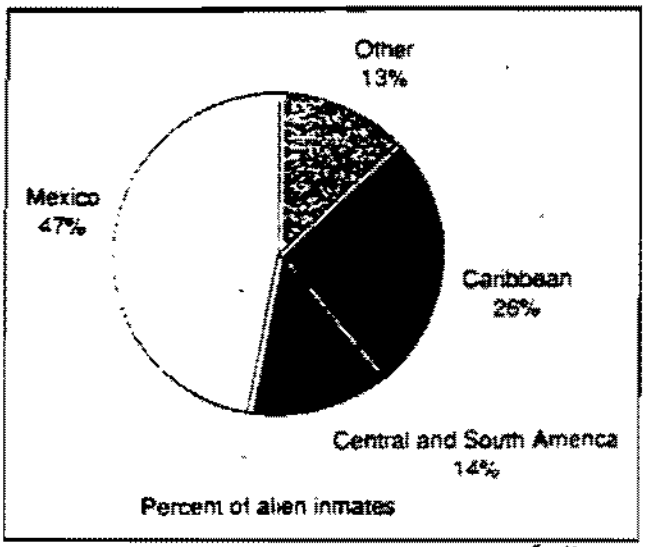


Fig. 11

• 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.

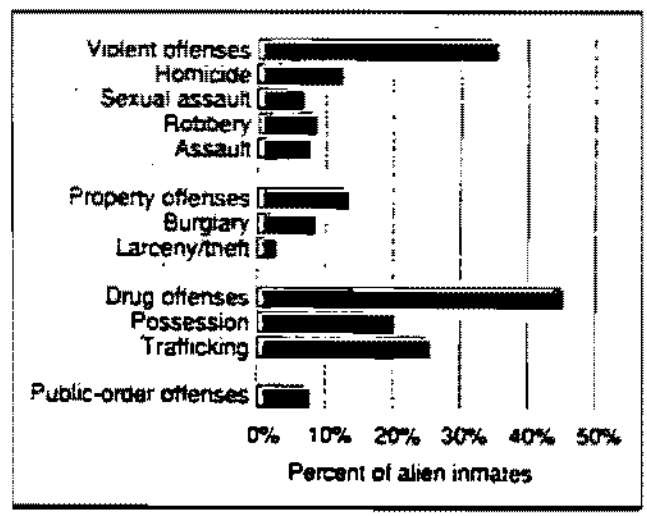


Fig. 13

 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. 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 1991	In the month before the offense 1986	At the time of the offense 1991	At the time of the offense 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

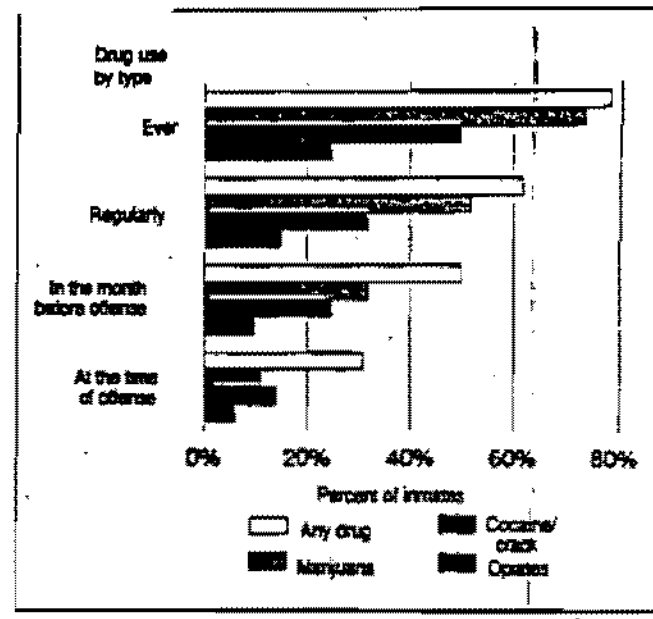


Fig. 47

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.

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	9.8%	54.6%	14.6%	35.0%	43.2%	54.7%
Homicide	1.9	23.4	1.9	9.5	3.6	10.3
Sexual assault	.8	16.1	.5	6.2	.7	9.4
Robbery	4.6	13.2	9.7	11.5	32.4	21.8
Assault	1.0	6.1	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	1.6	4.7
Drug offenses	68.7%	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	14.6	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

	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	24.6	5.3	10.6	1.4	3.8	.3	1.0
Stimulants	16.6	29.7	6.3	16.6	3.9	7.4	1.8	2.9
Hallucinogens	14.8	28.9	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	2,980	40	940	16,528	1,580	77,690	6,015	100,000	3,028,330
Trafficking	2,436	300	2,770	2,356	40	970	12,515	1,500	82,990	4,420	136,080	3,353,580
Possession	665	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	8,090	106	20	470	3,832	1,000	97,650	2,321	200,000	4,687,060
Possession	70	2,000	1,480	...	...	...	566	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	13,850	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	93,460
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	3,840	5,111	4,000	118,340	1,773	145,150	2,161,140
Possession	357	150	1,660	...	...	...	2,071	3,000	61,490	864	79,000	3,131,880

...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 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	85.2%
Boot camp	23	62.6
Reception/diagnosis and classification	147	87.6
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	92.8

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	256,845	.9%	513	32.8%
Barbiturates	225,855	.8	472	34.1
Cocaine	379,870	3.1	712	60.0
Heroin	283,281	1.2	454	38.3
LSD	137,362	.8	275	9.8
Marijuana/hashish	396,993	5.6%	784	79.7%
Methadone	150,725	.8	304	8.6
Methamphetamines	176,300	1.5	327	21.4
Unspecified drug	124,815	.7	235	24.3
Other	83,608	1.4	162	60.5
Federal facilities				
Amphetamines	51,874	.2%	55	30.9%
Barbiturates	51,274	.1	54	33.3
Cocaine	55,303	.4	59	59.3
Heroin	45,496	.4	51	31.4
LSD	40,297	.0*	45	4.4
Marijuana/hashish	53,809	1.1%	57	77.2%
Methadone	43,338	.0*	48	6.3
Methamphetamines	48,191	.1	54	34.1
Unspecified drug	38,225	.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	237,785	1.3	403	39.2
LSD	97,065	.8	230	10.9
Marijuana/hashish	343,184	6.5%	707	79.9%
Methadone	107,387	.8	256	8.0
Methamphetamines	127,109	2.0	273	20.8
Unspecified drug	85,590	1.0	193	26.4
Other	70,768	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 8 in 10 facilities testing.

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

Tests had positive outcomes for 8.9% 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 other random or systematic	Random or systematic only	Suspicion only
State confinement					
Amphetamines	136,121	1.1%	.6%	.4%	5.0%
Barbiturates	126,152	1.0	.6	.3	4.0
Cocaine	230,800	1.4	1.0	1.5	6.0
Heroin	172,284	1.0	.7	.5	3.7
LSD	71,064	1.0	.4	1.7	4.1
Marijuana/hashish	270,063	5.8%	5.1%	4.7%	14.3%
Methadone	76,807	1.1	.7	0	3.3
Methamphetamines	82,101	2.3	1.1	.0*	7.8
Unspecified drug	65,816	1.1	.5	.2	4.8
Other	52,559	1.6	1.2	0	13.6
State community-based					
Amphetamines	68,951	1.0%	.8%	1.4%	.2%
Barbiturates	48,419	.8	.6	1.3	.2
Cocaine	93,777	8.9	9.4	8.9	4.8
Heroin	65,501	2.2	2.4	2.0	0
LSD	26,001	.2	.2	.0*	0
Marijuana/hashish	72,221	8.1%	7.7%	8.6%	6.4%
Methadone	30,580	.2	.2	.0*	0
Methamphetamines	35,006	1.1	1.0	1.2	.2
Unspecified drug	18,772	.7	1.1	.0*	1.5
Other	18,200	.6	.9	.8	0

Note: Data are for 568 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%	2.6%	.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	1.5	1.0	.5	5.0	.6
Medium	1.2	1.7	1.4	5.3	4.2
Minimum	.5	1.4	.6	4.6	.5
Average daily population					
1-499 inmates	.8	1.4	1.0	6.1	2.4
500-999	.5	.8	.6	4.4	.1
1,000-2,499	.9	1.5	.6	5.9	4.7
2,500 or more	3.6	2.7	3.3	4.5	3.1

Note: Data are from 734 State confinement facilities and 62 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 0.6% 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%	.9%	5.1%	1.5%
Boot camp	.7	1.7	1.9	5.2	1.1
Reception/diagnose and classification	1.4	1.1	1.6	4.2	.5
Medical treatment/hospitalization confinement	.4	2.0	.3	5.0	5.1
Alcohol/drug treatment confinement	1.6	3.0	1.6	7.6	1.2
Youthful offenders	.1	1.5	.5	2.1	0
Work release/pre-release	1.0	7.0	1.8	6.9	1.0
Returned to custody	2.7	3.5	2.9	9.1	6.2
Other	.6	4.5	.6	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%	.6%	4.6%	.6%
Body cavity search and clothing exchange	17,444	.5	1.2	.1	2.9	0
Body cavity search	41,487	.3	.5	.6	5.1	.1
Clothing exchange	38,430	.3	1.5	1.4	6.3	.7
Verbal questioning and patdown	23,321	5.6	5.2	4.0	13.5	16.2
Patdown	17,111	.0*	.5	.2	3.9	.1
Verbal questioning	3,377	.1	1.1	.4	4.8	.2
Other	3,114	.2	1.1	1.0	3.7	0
No reported interdiction activity	254	5.3	40.2	0	28.4	0
Visitors						
All types	55,414	1.9%	.8%	.7%	3.8%	.5%
Body cavity and belongings searches	23,835	6.0	2.5	2.9	4.4	12.0
Body cavity search	4,067	.0*	.2	.1	2.1	0
Belongings search	193,121	.7	1.6	1.0	6.7	2.8
Verbal questioning and patdown	2,860	0	1.6	.2	6.0	0
Patdown	4,899	.2	.4	.2	8.3	0
Verbal questioning	8,757	.1	.6	.1	2.2	.1
Other	1,541	0	0	0	6.5	0
No reported interdiction activity	1,345	.4	7.4	0	8.5	0
Staff						
All types	26,002	3.3%	1.0%	.9%	5.4%	.9%
Verbal questioning and patdown	60,085	1.0	1.2	.8	5.5	.8
Questioning	42,539	.4	.5	1.1	6.3	6.6
Patdown	62,208	.3	1.2	.8	6.6	.0*
Other	50,704	.6	2.1	1.3	5.3	4.8
No reported interdiction activity	44,363	3.1	2.6	2.2	6.5	6.6

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.

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 PY96, 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, MONITY96.

Table 29

RACE OF DRUG DEFENDANT BY DRUG TYPE[1]
(October 1, 1995, through September 30, 1996)

DRUG TYPE	TOTAL	WHITE		BLACK		HISPANIC		OTHER	
		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, M03NFY96.

Table 30

GENDER OF DRUG DEFENDANT BY DRUG TYPE[1]
(October 1, 1995, through September 30, 1996)

		MALE		FEMALE	
DRUG TYPE	TOTAL	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)

		U.S. Citizen		Non-U.S. Citizen	
DRUG TYPE	TOTAL	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 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.

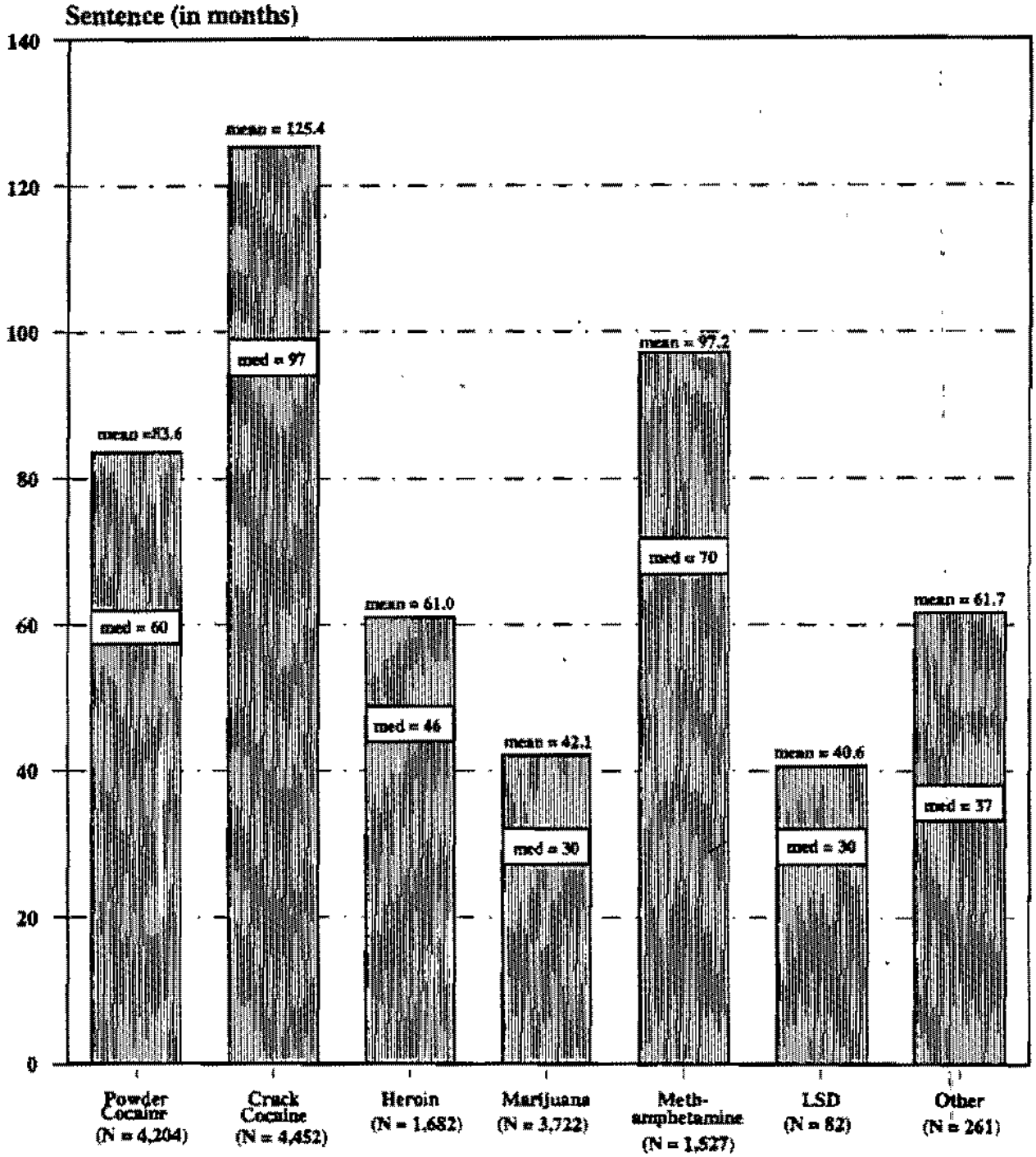
[2]Includes an adjustment for weapon possession under §2D1.1(b)(1) or a conviction under 18 U.S.C. § 924(c).

[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.

Figure I

AVERAGE LENGTH OF IMPRISONMENT BY DRUG TYPE[1]
(October 1, 1995, through September 30, 1996)

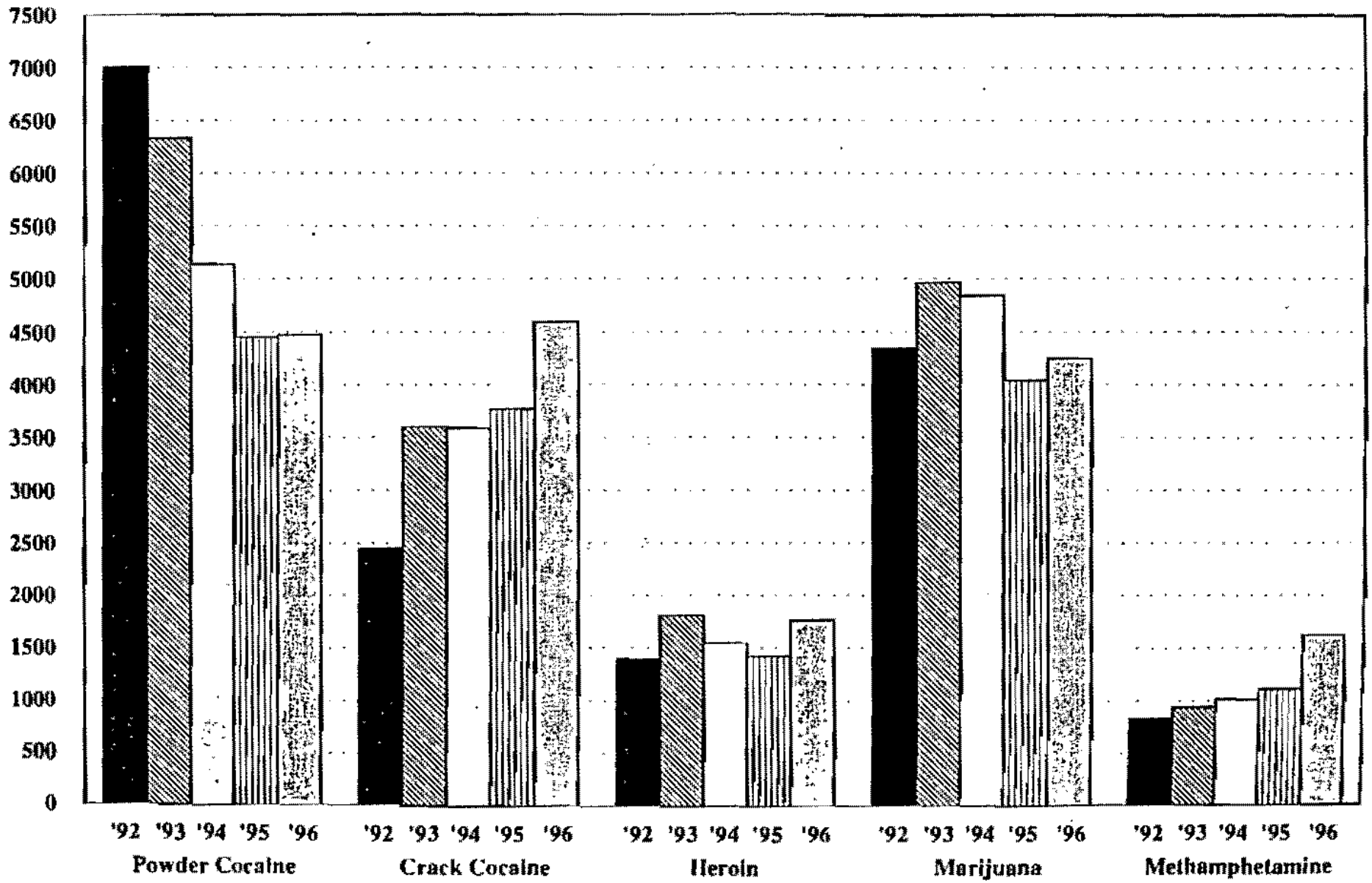


[1] Of the 42,436 cases, 17,267 were sentenced under USSG Chapter Two, Part D (drugs). Of these, 17,170 sentenced under Part D guidelines other than §§2D1.1, 2D1.2, 2D1.5, 2D1.8, or 2D2.1 are depicted in this figure. Additionally, 1,109 cases with zero months prison ordered were excluded. Of the remaining 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

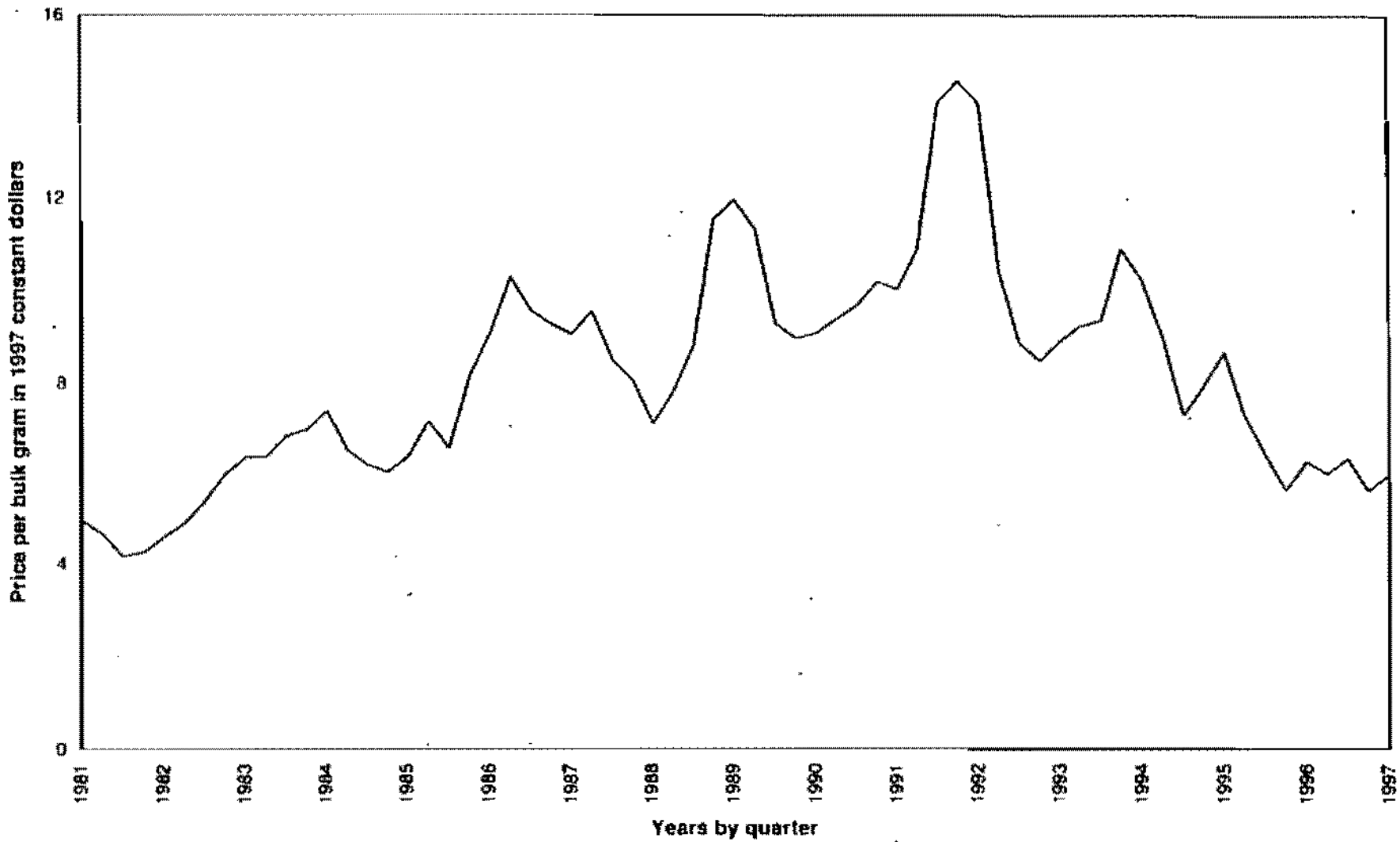
NUMBER OF DRUG DEFENDANTS BY DRUG TYPE AND YEAR [1]
(October 1, 1991, through September 30, 1996)



[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, MONFY92-MONFY96.

Figure 5
Predicted Price per Bulk Gram of Marijuana--10 Gram Purchase



Source: System to Retrieve Information From Drug Evidence, 1981-1997

Prepared by Abt Associates Inc.
7/21/97

AVERAGE PRICE OF MARIJUANA IN THE UNITED STATES
by year,
1981-1997

Year	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997 Q1
Purchases of 1 pound or less																	
Price per bulk gram	2.56	3.10	3.77	4.26	4.11	5.73	6.57	6.70	7.28	8.71	8.64	8.19	11.14	9.12	6.27	6.17	4.57
Number of cases	210	113	130	143	124	48	55	89	60	82	113	150	165	112	158	130	68
Purchases of 1 ounce or less																	
Price per bulk gram	2.71	3.67	4.20	4.88	4.82	7.23	8.24	7.58	9.37	13.45	12.71	10.88	12.76	14.47	7.69	8.39	5.24
Number of cases	182	84	88	107	84	31	33	63	35	42	53	70	126	54	93	70	47

Source: System To Retrieve Information from Drug Evidence, 1981-1997

Prepared by Abt Associates Inc.
7/8/97

CANNABIS

MARIJUANA: Annual Price and Potency Data National Range (dollars)					
Type	Quantity	1993	1994	1995	1996
Commercial Grade	Pound	300-5,000	285-4,000	300-4,000	100 - 4,000
	Ounce	25-450	40-450	40-400	40 - 400
Potency (THC)		4.59%	4.32%	4.05%	4.62%
Sinsemilla	Pound	1,000-9,500	900-9,500	800-8,000	700 - 10,000
	Ounce	75-1,000	100-1,000	100-900	60 - 800
Potency (THC)		5.77%	7.49%	7.51%	8.95%

MARIJUANA: Quarterly Price Data National Range (dollars)				
Quantity	1st Quarter 1996	2nd Quarter 1996	3rd Quarter 1996	4th Quarter 1996
Commercial Pound	200 - 4,000	200 - 4,000	100 - 4,000	100 - 4,000
Commercial Ounce	40 - 400	40 - 400	40 - 400	40 - 400
Sinsemilla Pound	700 - 8,000	1,000 - 8,000	1,000 - 8,000	1,000 - 10,000
Sinsemilla Ounce	60 - 600	100 - 600	100 - 700	100 - 800

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

MARIJUANA: Quarterly Price Data
July - September 1996
(dollars)

Division	Primary Source	Pound Commercial	Pound Sinsemilla	Ounce Commercial	Ounce Sinsemilla
National Range	COL/JAM/MEX/ THAI/US	100 - 4,000	1,000 - 8,000	40 - 400	100 - 700
Atlanta	MEX/US	1,000 - 1,400	N/A	100 - 125	N/A
Boston	COL/JAM/MEX/ US	300 - 4,000	1,000 - 6,000	50 - 320	100 - 600
Chicago	COL/MEX/US	850 - 1,700	1,800 - 6,500	75 - 160	420 - 480
Dallas	MEX/US	500 - 750	3,000	60 - 80	N/A
Denver	MEX/US	500 - 1,800	1,500 - 3,500	N/A	N/A
Detroit	JAM/MEX/ US	750 - 4,000	1,500 - 3,000	80 - 250	150 - 200
Houston	MEX/US	350 - 900	N/A	N/A	N/A
Los Angeles	MEX/US	470	5,000 - 6,000	N/A	450 - 700
Miami	COL/JAM/US	600 - 1,600	N/A	N/A	N/A
Newark	JAM/MEX/US	700 - 4,000	2,400 - 3,000	90 - 180	400
New Orleans	MEX/US	700 - 1,500	1,600 - 5,000	100 - 400	200 - 600
New York	MEX/US	300 - 2,000	2,400 - 3,500	N/A	N/A
Philadelphia	JAM/MEX/US	1,500 - 3,200	1,400 - 3,200	100 - 250	N/A
Phoenix	MEX/US	650 - 750	N/A	75 - 100	N/A
San Diego	MEX	400 - 800	1,000	50 - 100	N/A
San Francisco	MEX/THAI/US	100 - 1,000	1,500 - 6,000	40 - 100	200 - 600
San Juan	MEX/US	1,500	1700	N/A	N/A
Seattle	MEX/THAI/US	350 - 3,000	2,000 - 8,000	N/A	N/A
St. Louis	MEX/US	650 - 2,400	1,500 - 4,000	N/A	N/A
Washington, DC	JAM/MEX/US	600 - 2,400	1,100 - 5,000	100 - 300	140 - 500

The primary sources of marijuana smuggled in the United States are Colombia (COL), Jamaica (JAM), Mexico (MEX), Thailand (THAI), and the United States (US). Sinsemilla and or "sensimilla" marijuana, sold for a premium, sell for $400 per pound in the Chicago Division and sells for $300 - 800 per pound in the St. Louis Division. "Bombs" sells for $1000 - 1500 per pound in Miami.

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

MARIJUANA: Quarterly Price Data
October - December 1996
(dollars)

Division	Primary Source	Pound Commercial	Pound Sinsemilla	Ounce Commercial	Ounce Sinsemilla
National Range	CAN/COL/JAM/ MEX/THAI/US	100 - 4,000	1,000 - 10,000	40 - 400	100 - 800
Atlanta	MEX/US	1,000 - 1,400	1,600	100 - 125	160
Boston	MEX/US	300 - 4,000	1,000 - 6,000	50 - 320	100 - 600
Chicago	COL/MEX/US	850 - 3,000	2,500 - 7,000	75 - 160	420 - 480
Dallas	MEX/US	500 - 750	3,000	60 - 80	N/A
Denver	MEX/US	500 - 1,800	1,500 - 3,500	N/A	N/A
Detroit	JAM/MEX/ US	750 - 4,000	1,500 - 3,000	100 - 250	150 - 200
Houston	MEX	300 - 900	N/A	N/A	N/A
Los Angeles	MEX/THAI/US	200 - 275	3,500 - 10,000	N/A	400 - 800
Miami	COL/JAM/US	700 - 1,800	N/A	N/A	N/A
Newark	JAM/MEX/US	700 - 2,500	2,000 - 3,000	N/A	N/A
New Orleans	MEX/US	700 - 1,500	1,600 - 5,000	100 - 400	200 - 600
New York	JAM/MEX/US	300 - 2,000	2,400 - 3,500	N/A	N/A
Philadelphia	JAM/MEX/US	2,000 - 3,000	1,400 - 3,200	100 - 250	N/A
Phoenix	MEX/US	650 - 850	N/A	75 - 125	N/A
San Diego	MEX	400 - 800	1,000	50 - 100	N/A
San Francisco	MEX/THAI/US	100 - 1,000	1,500 - 6,000	40 - 150	200 - 600
San Juan	MEX/US	1,500	1,700	N/A	N/A
Seattle	CAN/MEX/ THAI/US	350 - 2,500	2,000 - 8,000	N/A	N/A
St. Louis	MEX/US	650 - 2,000	1,500 - 4,000	N/A	N/A
Washington, DC	JAM/MEX/US	600 - 2,500	1,100 - 5,000	100 - 300	140 - 500

The primary sources of marijuana [illegible] in the United States are Colombia (COL), Jamaica (JAM), Mexico (MEX), Thailand (THAI), and the United States (US). Seattle reserves Canada (CAN) as a source for US marijuana for the first time this quarter.

Distributed or "[illegible]" marijuana, used as a cut for sinsemilla, sell for [illegible] per pound in the Chicago Division and sells for $300 - 800 per pound in the St. Louis Division. "[illegible]" sells for $200 - 300 per pound in Hawaii.

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

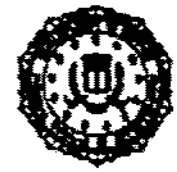
HASHISH PRICE DATA

Because of U.S. consumer preference for marijuana, hashish prices are not available for many regions. When encountered, however, retail prices in 1996 ranged from $6 to $20 per gram, $100 to $1,200 per ounce, and $1,000 to $3,500 per pound. These prices are identical to those encountered in 1995. Hashish is reported to be available in the Boston, Chicago, Seattle, and Washington, DC, Divisions. The THC content of hashish seized in the United States in 1996 averaged 4.78 percent, compared to 3.62 percent in 1995, 4.60 percent in 1994, and 6.60 percent in 1993.

Hashish oil prices are not available for 1996. Price reporting from prior to 1994 indicated that hashish oil sold for $35 to $55 per gram and for $2,500 to $4,000 per pound. The potency of hashish oil seized in 1995 averaged 13.23 percent THC, compared to 11.57 percent in 1994 and 16.52 percent in 1993.

Source: 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



Federal-wide Drug Seizure System

	FY 1994	FY 1995	FY 1996
HEROIN	1,309.6 KGS. *(2,887.2 LBS.)*	1,164.5 KGS. *(2,567.3 LBS.)*	1,532.3 KGS. *(3,378.1 LBS.)*
COCAINE	140,484.0 KGS. *(309,709.1 LBS.)*	106,186.4 KGS. *(234,097.1 LBS.)*	115,301.0 KGS. *(254,191.0 LBS.)*
CANNABIS	473,127.4 KGS. *(1,043,049.9 LBS.)*	607,331.8 KGS. *(1,338,915.1 LBS.)*	663,589.3 KGS. *(1,462,939.6 LBS.)*
Marijuana	472,390.3 KGS. *(1,041,424.9 LBS.)*	592,807.7 KGS. *(1,306,895.4 LBS.)*	648,612.5 KGS. *(1,429,921.8 LBS.)*
Hashish	737.1 KGS. *(1,625.0 LBS.)*	14,524.1 KGS. *(32,019.6 LBS.)*	14,976.8 KGS. *(33,017.8 LBS.)*

The Federal-wide Drug Seizure System (FDSS) contains information about drug seizures made within the jurisdiction of the United States by the Drug Enforcement Administration, Federal Bureau of Investigation, U. S. Customs Service, and U. S. Border Patrol, as well as maritime seizures made by the U. S. Coast Guard. Drug seizures made by other Federal Agencies are included in the FDSS data base when custody of the drug evidence was transferred to one of the four agencies identified above. Hence, FDSS statistics reflect the combined Federal drug seizure effort.

Note: Additional information on drugs seized since October 1993 by the U. S. Border Patrol are now included in FDSS. This addition accounts for the noticeable increase in cocaine and marijuana totals, which are no longer strictly comparable to prior years' totals.

10/03/97

Worldwide Illicit Drug Cultivation Totals

	1996			1995			1994			1993			1992			1991		
	Ha.			Ha.			Ha.			Ha.			Ha.			Ha.		
Country	Cultivated	Erad.	Net	Cultivated	Erad.	Net	Cultivated	Erad.	Net	Cultivated	Erad.	Net	Cultivated	Erad.	Net	Cultivated	Erad.	Net
Opium																		
Afghanistan	37,950	-	37,950	38,740	-	38,740	29,180	0	29,180	21,080	0	21,080	19,470	0	19,470	17,190	0	17,190
India	3,200	-	3,100	4,750	-	4,750	5,500	0	5,500	4,400	0	4,400						
Iran*	-	-	-	-	-	-	-	-	-	-	-	-	na	na	na	na	na	na
Pakistan	3,400	-	3,400	6,950	-	6,950	464	463	1	0	856	0	9,147	977	8,170	8,645	440	8,205
Total SW Asia	44,450		44,450	50,440		50,440	35,144	463	34,681	25,480	856	25,480	28,617	977	27,640	25,835	440	25,395
Burma	163,100	-	163,100	154,070	-	154,070	149,945	3,345	146,600	166,404	604	165,800	154,915	1,215	153,700	161,012	1,012	160,000
China	-	-	-	1,275	-	1,275	1,965	0	1,965	-	-	-						
Laos	25,250	-	25,250	19,650	-	19,650	18,520	0	18,520	26,040	0	26,040	25,610	0	25,610	29,625	0	29,625
Thailand	2,170	-	2,170	1,750	-	1,750	2,110	0	2,110	2,880	0	2,880	3,630	1,580	2,050	4,200	1,200	3,000
Total SE Asia	190,520		190,520	176,745		176,745	172,540	3,345	169,195	195,324	604	194,720	184,155	2,795	181,360	194,837	2,212	192,625
Colombia	6,300	-	6,300	6,540	-	6,540	24,676	4,676	20,000	29,821	9,821	20,000	32,715	12,715	20,000	2,316	1,156	1,160
Lebanon	90	-	90	150	-	150	-	-	-	440	0	440	na	0	na	3,400	0	3,400
Guatemala	0	-	0	125	86	39	200	150	50	864	426	438	1,200	470	730	1,721	576	1,145
Mexico	13,000	7,900	5,100	13,500	8,450	5,050	12,415	6,620	5,795	11,780	7,820	3,960	10,170	6,860	3,310	10,310	6,545	3,765
Vietnam	3,150	0	3,150	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Other	22,540	7,900	14,640	20,315	8,536	11,779	37,291	11,446	25,845	42,905	18,067	24,838	44,085	20,045	24,040	17,747	8,277	9,310
Total Opium	257,510	7,900	249,610	247,500	8,536	238,964	244,975	15,254	229,721	263,709	19,527	245,038	256,857	23,817	233,040	238,419	10,929	226,330
Coca																		
Bolivia	55,600	7,500	48,100	54,093	5,493	48,600	48,630	530	48,100	49,600	2,400	47,200	50,649	5,149	45,500	53,386	5,486	47,900
Colombia	67,200	-	67,200	50,900	-	50,900	4,910	4,910	0	40,493	793	39,700	38,059	959	37,100	38,472	972	37,500
Peru	95,600	1,200	94,400	115,300	-	115,300	115,300	0	115,300	108,600	0	108,600	129,100	0	129,100	120,800	0	120,800
Ecuador	-	-	-	-	-	-	na	na	na	na	na	na	na	na	na	120	80	40
Total Coca	218,400	8,700	209,700	220,293	5,493	214,800	168,840	5,440	163,400	198,693	3,193	195,500	217,808	6,108	211,700	212,778	6,538	206,240
Cannabis																		
Mexico	18,700	12,200	6,500	18,650	11,750	6,900	19,045	8,495	10,550	21,190	9,970	11,220	28,520	12,100	16,420	28,710	10,795	17,915
Colombia	5,000	0	5,000	5,000	0	5,000	5,000	14	4,986	5,050	50	5,000	2,000	0	2,000	2,000	0	2,000
Jamaica	1,000	473	527	1,000	695	305	1,000	692	308	1,200	456	744	1,200	811	389	1,783	833	950
Other	-	-	-	-	-	-	-	-	-	-	-	-	320	266	54	320	266	54
Total Cannabis	24,700	12,673	12,027	24,650	12,445	12,205	25,045	9,201	15,844	27,440	10,476	16,964	32,040	13,177	18,863	32,813	11,894	20,919

* While we do not have firm data, the USG estimated in 1997 that Iran may have 1,500 hectares of opium poppy under cultivation. That estimate did not change in 1996.

2/12/97

Estimated Worldwide Potential Illicit Drug Net Production 1986-1995

(metric tons)

Country	1996	1995	1994	1993	1992	1991	1990	1989	1988	1987
Opium										
Afghanistan*	1,230	1,250	950	685	640	570	415	585	750	600
India	47	77	90	-	-	-	-	-	-	-
Iran**	-	-	-	-	-	-	-	-	-	300
Pakistan	75	155	160	140	175	180	165	130	205	205
Total SW Asia	1,352	1,482	1,200	825	815	750	580	715	955	1,105
Burma	2,560	2,340	2,030	2,575	2,280	2,350	2,255	2,430	1,280	835
China		19	25	-	-	-	-	-		
Laos	200	180	85	180	230	265	275	380	255	225
Thailand	30	25	17	42	24	35	40	50	25	24
Total SE Asia	2,790	2,564	2,157	2,797	2,534	2,650	2,570	2,860	1,560	1,084
Colombia	63	65	-	-	-	-	-	-	-	-
Lebanon	1	1	-	4	-	34	32	45	-	-
Guatemala	-	-	-	-	-	11	13	12	8	3
Mexico	54	53	60	49	40	41	62	66	67	50
Vietnam	25	-	-	-	-	-	-	-	-	-
Total Above	143	119	60	53	40	86	107	123	75	53
Total Opium Gum	4,285	4,165	3,417	3,675	3,389	3,486	3,257	3,698	2,590	2,242
Coca Leaf										
Bolivia	75,100	85,000	89,800	84,400	80,300	78,000	77,000	77,600	78,400	79,200
Colombia	53,800	40,800	35,800	31,700	29,600	30,000	32,100	33,900	27,200	20,500
Peru	174,700	183,600	165,300	155,500	155,500	222,700	196,900	186,300	187,700	191,000
Ecuador	-	-	-	100	100	40	170	270	400	400
Total Coca Leaf	303,600	309,400	290,900	271,700	265,500	330,740	306,170	298,070	293,700	291,100
Cannabis										
Mexico	3,400	3,650	5,540	6,280	7,795	7,775	19,715	30,200	5,655	5,933
Colombia	4,133	4,133	4,138	4,125	1,650	1,650	1,500	2,800	7,775	5,600
Jamaica	356	206	208	502	263	641	825	190	405	460
Belize	0	0	0	0	0	49	60	65	120	200
Others	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	3,500	1,500
Total Cannabis	7,989	7,839	13,386	14,407	13,208	13,615	25,600	36,755	17,455	13,693

been available from Colombia, Bolivia, and Peru for worldwide export. This figure includes 435 metric tons potentially available from Peru, 215 metric tons potentially available from Bolivia, and approximately 110 metric tons potentially available from Colombia. In publishing these numbers, we repeat our caveat that these are theoretical numbers, useful for examining trends. Though research is moving us closer to a more precise cocaine yield estimate for Latin America, we do not yet know for certain the actual amount available for distribution.

CONSUMPTION DATA

Most of the chapters in this report contain some user or consumption data. For the most part, these are estimates provided by foreign governments or informal estimates by USG agencies. There is no way to vouch for their reliability. They are included because they are the only data available and give an approximation of how governments view their own drug abuse problems. They should not be considered as a source of data to develop any reliable consumption estimates.

MARIJUANA PRODUCTION.

Cannabis cultivation dropped in **Mexico** in 1996 to 6,500 hectares with a potential yield of 3,400 metric tons. This is a seven percent drop from 1995's figure of 6,900 hectares, with a potential yield of 3,650 mt. Mexican law enforcement agencies eradicated, 12,200 hectares of cannabis in 1995. In **Colombia**'s traditional cannabis growing zones, where intensive eradication in previous years had virtually destroyed the crop, there was a resurgence of cultivation in 1993 to an estimated 5,000 hectares. That estimate did not change in 1996. **Jamaica**'s cannabis crop rose to 527 hectares in 1996 up from 305 hectares in 1995, a 73 percent increase. The 1996 potential yield was also up an estimated 73 percent to 356 metric tons from 206 metric tons in 1995. We recognize that there may be considerable undetected cannabis cultivation in Central and East Asia, and on the African continent, though there is no evidence that any of this cannabis significantly affects the United States. As we gather more accurate information, we will report significant findings in future INCSRs.

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

CANNABIS

DEVELOPMENTS IN THE UNITED STATES

Availability, Price, and Potency

Marijuana, a Schedule I controlled substance and product of the *Cannabis sativa L.* plant, remained the most commonly used illicit drug in the United States. Two additional Schedule I controlled substances derived from the cannabis plant—hashish and hashish oil—were in limited demand in the United States. Marijuana remained readily available in the continental United States during 1996.

Both the cannabis plant and delta-9 tetrahydrocannabinol (THC), the plant's primary psychoactive chemical, are controlled substances. Marijuana is made from the flowering tops and leaves of the plant, which are collected, trimmed, dried, and then smoked in a pipe, or as a cigarette called a "joint." The flowering tops, also known as colas or buds, are prized because of their higher THC content. Some users hollow out commercial cigars and replace the tobacco with marijuana. On the street, such marijuana cigars are known as "blunts." While joints contain an average 500 milligrams of marijuana, blunts may contain as much as six times this amount. The smoking of blunts, once limited to East Coast cities, is now widespread throughout the United States. In 1996, the use of cigars filled with a combination of marijuana and crack cocaine or PCP was reported in several large metropolitan areas. Marijuana is smoked in combination with methamphetamine on the West Coast.

During the early 1980s, prices for commercial grade marijuana ranged from $350 to $600 a pound. In the first six months of 1996, the absolute price for a pound of marijuana ranged from $200 to $4,000, though it typically sold for $800 a pound. The cost of sinsemilla, the unpollinated flowering tops of the female plant with an inherently higher THC content, ranged from $1,000 to $2,000 per pound over a decade ago. Through mid-1996, the price ranged from $700 to $8,000 per pound, though the sale price typically did not fall below $1,300 per pound.

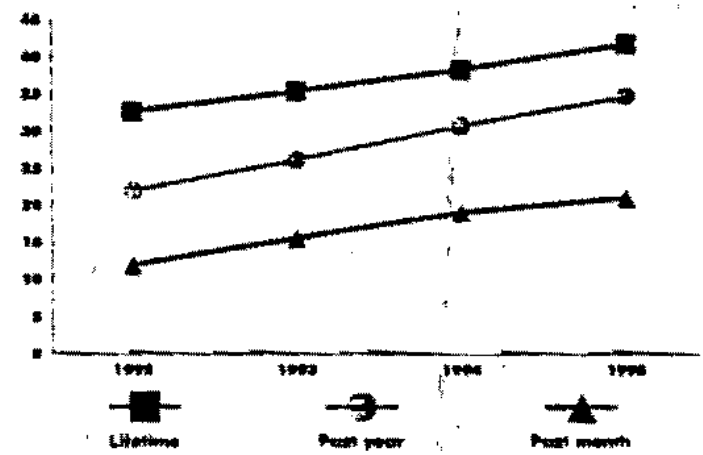
During the late 1970s and early 1980s, the THC content of commercial grade marijuana averaged below 2 percent. By comparison, the average in 1996 was just above 4.62 percent. The average THC content of sinsemilla in 1996 was 8.59 percent, up from 1995's 7.51 percent. Marijuana seized in Copper Center,

Marijuana Prices
(dollars)

	1991	1992	1994	1995	1996
Commercial Grade					
Wholesale (lb.)	300-3,000	300-3,000	285-4,000	700-4,000	300-4,000
Retail (oz.)	40-430	75-430	40-430	40-400	40-400
Sinsemilla					
Wholesale (lb.)	850-9,000	1,000-9,000	900-9,000	800-8,000	700-8,000
Retail (oz.)	155-450	75-1,000	100-1,000	100-900	40-400

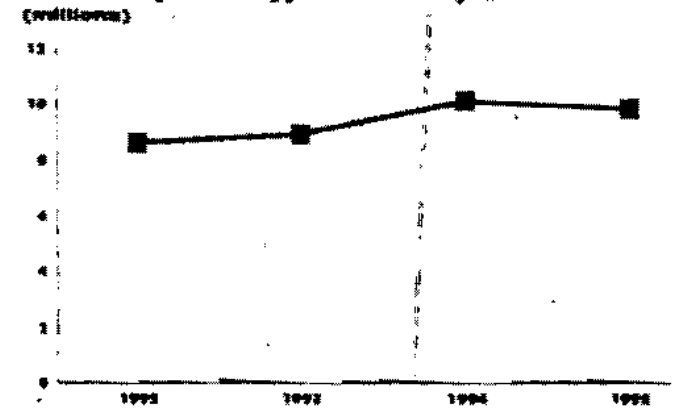
Source: Illegal Drug Price/Purity Report, DEA

Marijuana Use by High School Seniors
(percent)



Source: 1996 Monitoring the Future Study

Current (monthly) U.S. Marijuana Users
(millions)



Source: The National Household Survey on Drug Abuse

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

Alaska, in 1993 was found to have a THC content of 29.86 percent. In 1996, marijuana seized in Alaska had a THC content of 23.42 percent. This suggests that the presence of high-potency marijuana continued.

Abuse

According to the 1995 *National Household Survey on Drug Abuse*, approximately 65.5 million Americans—about one third of the general population—reported that they had tried marijuana at least once in their lifetime; and 17.7 million reported that they had used marijuana at least once in the past year. Current use of marijuana, defined as any use during the past month, declined steadily from 1979, when there were 22.5 million current users, through 1993. Marijuana use increased from 9.6 million current users in 1993 to 10.1 million in 1994. In 1995, past month use declined to 9.8 million users.

In 1996, past-month marijuana use by 12th graders stabilized, while marijuana use increased among 8th and 10th graders at all prevalence levels. According to the 1996 *Monitoring the Future Study*, 44.9 percent of seniors claimed to have used marijuana at least once, up from 41.7 percent in 1995. Annual use also increased from 21.9 percent of 12th graders in 1992, to 34.7 percent in 1995, and 35.8 in 1996. Current use, which increased to 21.2 percent in 1995 from 11.9 percent in 1992, remained stable in 1996 at 21.9 percent. Among 10th graders, lifetime marijuana use increased to 39.8 percent from 34.1 percent the previous year. Annual use increased to 33.6 percent in 1996 from 28.7 percent in 1995, and current use increased to 20.4 percent from 17.2 percent of 10th graders in 1995. Marijuana use among 8th graders increased for the fifth consecutive year. In 1996, 23.1 percent of respondents admitted to lifetime use compared to 19.9 percent in 1995 and 11.2 percent in 1992. Annual use increased from 15.8 percent in 1995, to 18.3 percent in 1996, and current use from 9.1 percent to 11.3 percent.

Upward trends in marijuana use among 8th and 10th graders were discouraging. Within the context of marijuana's widespread availability and the perception that its abuse causes minimal harm, the increase in reported use among this impressionable population group especially was troubling. The newest trend in marijuana use, the smoking of blunts, appeared to be confined to younger users and may have been responsible for the rise in many marijuana use indicators among this age group.

Legalization Initiatives

On November 5, 1996, the citizens of Arizona and California enacted into law initiatives that raise important and practical law enforcement issues in both States. Arizona Proposition 200 (Drug Medicalization, Prevention and Control Act of 1996) exempts from criminal prosecution seriously or terminally ill patients possessing or using Schedule I controlled substances (which include heroin, LSD, and marijuana) prescribed by a doctor. California Proposition 215 (Medical Use of Marijuana) permits patients and primary care givers, upon recommendation of a physician, to possess or cultivate marijuana for medical purposes. The initiatives are summarized below:

ARIZONA PROPOSITION 200: *Laws on Controlled Substances*

- Requires a person who commits a violent crime while on drugs to serve his or her entire prison sentence;
- Provides parole/probation and treatment as an alternative to incarceration for persons convicted only of personal possession of controlled substance on first two offenses;
- *Allows doctors to prescribe otherwise illegal substances (Schedule I) for certain patients;*
- Creates doctor-related fund and commission.

CALIFORNIA PROPOSITION 215: *Medical Use of Marijuana*

- *Exempts from criminal laws patients and defined care givers who possess or cultivate marijuana for medical treatment recommended by a physician;*
- Exempts physicians who recommend use from criminal liability.

While these initiatives do nothing to change Federal drug enforcement policy, their passage has significant implications on drug law enforcement in California and Arizona, as well as for several other States where marijuana legalization is pursued actively. Antilegalization groups in both States have worked vigorously and effectively to modify or repeal the initiatives.

Trafficking to the United States

Drug trafficking organizations operating from Mexico have smuggled marijuana into the United States for over 20 years, and are responsible for supplying most of the foreign marijuana available in the United States. Virtually all marijuana smuggled into the United States, whether grown in Mexico or transhipped through Mexico from other locations such as Colombia, was smuggled across the Southwest border. The El Paso Intelligence Center (EPIC) reported that U.S. authorities seized a record 478 metric tons of marijuana along the Southwest border in 1996—a 50-percent increase over the 319

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

metric tons seized in 1995. Of the 1996 total, law enforcement authorities seized 211.3 metric tons in Texas, 168.7 metric tons in California, 70.7 metric tons in Arizona, and 27.3 metric tons in New Mexico.

Drug trafficking organizations operating from Mexico employed a wide variety of transportation and concealment methods for smuggling marijuana. Most of the marijuana smuggled into the United States was concealed in vehicles—often in false compartments—or hidden in shipments of legitimate agricultural products. Marijuana also was smuggled across the border by horse, raft, and backpack. There were sporadic reports of marijuana being smuggled to the United States by private aircraft. U.S. detection and monitoring of air traffic and air interdiction efforts along the Southwest border, as well as the relative ease of overland smuggling, kept land movement at the forefront of drug smuggling across the border over the past decade. Shipments of 50 kilograms or less were smuggled by pedestrians who entered the United States via border checkpoints and by backpackers who crossed the border at more remote locations. Drug trafficking organizations operating from Mexico also concealed marijuana in an array of vehicles, including commercial vehicles, private automobiles, pickup trucks, vans, mobile homes, and horse trailers driven through border ports of entry. Larger shipments, up to multithousand kilogram amounts, usually were smuggled in tractor-trailer trucks.

In addition to overland smuggling, trafficker vessels often sailed up the coast of Mexico, either to U.S. ports, drop-off sites along the U.S. coast, or to rendezvous points with other boats bound for the United States. For example, during November 1996, USCG assets observed several large bundles inside two suspect vessels off the coast of Mazatlan, Mexico. Mexican authorities launched a joint search with the USCG that resulted in the seizure of 1.5 metric tons of marijuana and two Yamaha 150 horsepower vessels by the Government of Mexico. Three Mexican nationals from the State of Sinaloa, were arrested.

While significant quantities of marijuana were seized in the Southwest border states in 1996, there was some indication that drug traffickers altered their smuggling routes subsequent to increased drug interdiction initiatives along the U.S.-Mexican border. Intelligence reporting and data from the Federal-wide Drug Seizure System (FDSS) indicated that traffickers routed large quantities of marijuana, along with cocaine, from Mexican and Colombian sources through the eastern Caribbean and Puerto Rico, to destinations in Florida and along the East Coast. According to FDSS, significant marijuana seizures in 1996 occurred in Ft. Lauderdale, Florida (5.8 metric tons in March and 14 metric tons in April); Nogales, Arizona (6.4 metric tons); San Bernardino, California (5.1 metric tons); Key West, Florida (4.7 metric tons); and Maverick, Texas (3.5 metric tons).

Although Mexico has superseded Colombia as the primary source country for marijuana sold in the United States, multiton quantities of marijuana continued to be smuggled by sea from Colombia to the United States during 1996. The El Paso Intelligence Center (EPIC) reported in 1996 that U.S. authorities seized 32.3 metric tons of cannabis transported by commercial maritime traffic from Colombia to the United States. The total amount of cannabis seized in the United States in 1996 from maritime shipping was 170.9 metric tons—19 percent of which was of Colombian origin. Colombian marijuana also was transported by vessel to Mexico for onward land transshipment to the United States. It is unknown how much Colombian marijuana reached the United States over this smuggling route.

In addition to groups operating from Mexico and Colombia, traffickers from Jamaica and Venezuela also smuggled marijuana to the United States. Marijuana from these sources was transported to the United States by cargo vessel, pleasure boats, and fishing boats via traditional maritime routes. Marijuana shipments originating in the Far East were confined to the West Coast.

There was no evidence that the United States was used as a transshipment point for foreign source marijuana. Rather, all marijuana smuggled into the United States from foreign sources was destined for and distributed within the U.S. drug market. Likewise, virtually all U.S.-cultivated marijuana was consumed by drug users in the United States. Only very limited quantities of U.S.-cultivated marijuana were shipped to foreign markets, and almost all of this was smuggled to the Canadian drug market.

Distribution in the United States

Once marijuana was smuggled successfully across the border, traffickers consolidated the shipments at central sites in cities such as Tucson, Arizona; El Paso, Houston, and McAllen, Texas; Los Angeles, California; and Las Cruces, New Mexico. From these distribution hubs, marijuana was shipped to cities in the Midwest, North, and along the Gulf Coast and eastern seaboard. Distribution was accomplished by using a wide, ever-changing variety of methods, including motor vehicles, couriers aboard public ground and air transport, and package delivery services.

Domestically, distribution was controlled by a variety of groups and individuals, ranging from large, sophisticated organizations that controlled cultivation and interstate

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

distribution of marijuana. The organization, headed by Miguel Caro-Quintero, is believed to own many ranches in Sonora, where drugs are stored. The organization also stages drug smuggling incursions into the United States from these ranches.

Mexican- and Colombian-produced marijuana transported through Mexico was smuggled into the United States primarily across the Southwest border. In November 1996, one large-scale marijuana transportation group based in the State of Oaxaca, Mexico, was identified. This group allegedly was planning to transport several tons of marijuana from Oaxaca to Reynosa, Mexico, located on the U.S. border near McAllen, Texas. MFJP agents executed search warrants at four residences in Oaxaca, seizing approximately 1,800 kilograms of marijuana, several marijuana presses, and assorted packaging paraphernalia.

In addition to seizures made by U.S. authorities at the border, Mexican authorities also made large marijuana seizures from vehicles bound for the United States. Mexican officials seized 1,150 metric tons of marijuana during 1996, up from 780 metric tons in 1995.

While **Belize** ranked fourth in worldwide marijuana production a decade ago, cannabis cultivation since then has been reduced greatly. Cannabis fields of modest size were grown in Belize. It was not known precisely how many hectares of cannabis were cultivated or what amount of marijuana was produced in the country, although quantities did not appear to vary from previous years.

The Belize Government conducted aerial reconnaissance missions followed by manual eradication of cannabis fields and seedlings. Manual eradication, which the government viewed as more effective and more environmentally sound than aerial eradication, targeted modest-sized fields ranging from 500 to several thousand plants. In one April 1996 operation, the Belizean police eradicated 15,900 cannabis plants. The total number of cannabis plants destroyed during 1996 was 129,771, compared to 135,216 plants destroyed in 1995.

Cannabis was cultivated in **Costa Rica** in mostly small and widely dispersed plots located in mountainous areas in the northern and southern parts of the country. While overall production remains low, Costa Rican drug law enforcement authorities indicated that cultivation was intended for export, instead of merely for domestic consumption. Public Security Ministry personnel eradicated some 110,000 cannabis plants in 1996. A total of 450 kilograms of marijuana was seized.

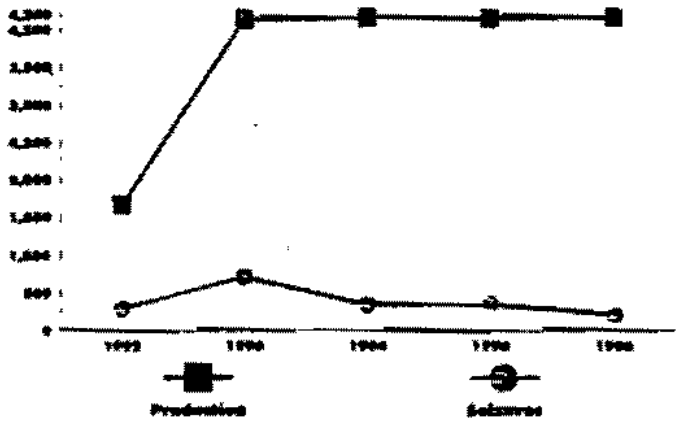
The expansive Peten region of northern **Guatemala**, bordering on Belize and Mexico showed significant cannabis cultivation during 1996. A large seizure of processed, packaged marijuana that comprised most of the 16.4 metric tons of marijuana seized in 1996 strongly indicated that more marijuana production was intended for export than in previous years. Small amounts of cannabis also were grown throughout the country for domestic consumption. The Department of Anti-Narcotics Operations (DOAN) units in both the highlands and the Peten region specialize in manual eradication operations and other drug-related investigations. The DOAN conducted a very successful cannabis eradication campaign in 1996 that resulted in the destruction of 213 hectares of cannabis plants. This equates to approximately 84 percent of the country's cannabis crop. The remaining areas of cannabis cultivation had a potential yield of 5 metric tons.

South America

Colombia, historically, has been a major foreign source for the marijuana available in the United States. Cannabis cultivation flourished during the late 1970s and early 1980s, with the most extensive concentrations located in the Sierra Nevada and Serrania de Perija Mountains of northern Colombia. In 1984, the Government of Colombia responded to this drug threat by launching an aggressive aerial eradication campaign. Thousands of hectares of cannabis in the Sierra Nevada and Serrania de Perija Mountains were destroyed using chemical herbicides. In response, traffickers moved

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

Colombian Marijuana Production and Seizures
(metric tons)



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

Marijuana Production
(metric tons)

Mexico	3,400	1996
Colombia	4,133	
Jamaica	356	
Belize	0	
Other	3,500	
Total	24,700	
Mexico	3,650	1995
Colombia	4,133	
Jamaica	206	
Belize	0	
Other	3,500	
Total	7,839	
Mexico	5,540	1994
Colombia	4,138	
Jamaica	208	
Belize	0	
Other	3,500	
Total	13,386	
Mexico	6,280	1993
Colombia	4,175	
Jamaica	502	
Belize	0	
Other	3,500	
Total	14,407	
Mexico	7,795	1992
Colombia	1,650	
Jamaica	263	
Belize	0	
Other	3,500	
Total	13,208	
Mexico	7,775	1991
Colombia	1,650	
Jamaica	641	
Belize	49	
Other	3,500	
Total	13,615	

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

cannabis cultivation to new areas, particularly Colombia's west and north-central regions. Today, significant cannabis cultivation has resurfaced in areas previously thought to be inactive. In 1996, cannabis cultivation in the Sierra Nevada and Serrania de Perija Mountains conservatively was estimated at approximately 5,000 hectares. Significant quantities of high-quality cannabis also have been located in the mountains of Huila and Cauca Departments. An insignificant amount of cannabis eradication takes place in Colombia because of the need to deploy limited eradication resources against coca and opium poppy cultivation.

The potential amount of Colombian marijuana available for worldwide consumption (total production minus seizures) stood at 3,915 metric tons in 1996, compared to 986 metric tons in 1990. Joint police and military operations in 1996 seized 241 metric tons of marijuana. Most of that marijuana was destined for export to the United States, Europe, and Latin America. Metric-ton seizures of marijuana in Colombia were commonplace and occurred on a regular basis.

Colombia's marijuana trade is dominated by independent trafficking organizations not affiliated with the Cali or Medellin drug mafias, though many are involved in both marijuana and cocaine trafficking. The United States traditionally has been the primary market for Colombian marijuana. In 1996, the continuing importance of the United States to Colombian marijuana traffickers was evidenced by the 32 metric tons of marijuana seized either in the United States or en route to the United States from maritime vessels sailing from Colombia. At the same time, multiton seizures of Colombian marijuana in Europe indicated that Colombian marijuana trafficking organizations established markets on the European continent. Some specific examples in 1996 highlight this trend:

- During August, police in Rouen, France, seized approximately 20 metric tons of marijuana imported into the country from Cartagena, Colombia in a shipment of blue jeans.
- In late August, authorities in Cartagena searched the Dutch-flagged vessel *Needlloyd Muri 6561*, and discovered 27.3 metric tons of marijuana in a container shipment of fertilizer destined for Rotterdam, the Netherlands. This seizure was only slightly smaller than the European-record 27.5 metric tons of Colombian marijuana seized in Rotterdam in November 1995.
- In July, police in Barcelona, Spain, seized 12 metric tons of marijuana. Seizures of such large quantities of marijuana in Spain are quite unusual, given the ready availability of Moroccan hashish at much lower prices.

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

Even though **Brazil** was a major producer of marijuana, most of its production was for domestic consumption. The small amount of marijuana not intended for domestic consumption usually was trucked from Brazil's interior to port cities on the northeast coast such as Belem. According to Brazilian authorities, marijuana is exported to Suriname and French Guiana and, occasionally, to the Netherlands for distribution there and the rest of Europe. Belem is a natural link for marijuana traffickers because of its large Surinamese community and the considerable commercial activity, both legal and illegal, conducted between Brazil and Suriname. Nevertheless, Brazilian marijuana exports have remained minimal due to strong domestic demand and the low quality of Brazilian marijuana relative to other source areas. Significant quantities of marijuana still are imported from neighboring countries, most notably Paraguay, to meet domestic demand. Marijuana production and trafficking were controlled by Brazilian nationals during 1996.

Illegal cultivation of cannabis was confirmed in most of Brazil's 26 states and in the Federal District of Brasilia. The northeastern States of Bahia, Paraiba, Pernambuco, and Piaui remained the center of cannabis cultivation. Reliable estimates of total cannabis cultivation were not available. Brazilian authorities stepped up cannabis eradication campaigns during 1996, eradicating over 1,000 metric tons of cannabis. This was a considerable increase over the 760 metric tons of cannabis destroyed the previous year. At the same time, Brazilian authorities in 1996 seized 19.8 metric tons of marijuana, a substantial increase of almost 70 percent over the 11.7 metric tons confiscated in 1995. Marijuana seizures in Brazil have ranged from 10 to 20 metric tons annually over the past 6 years.

Cannabis was grown in **Guyana**'s heavily forested interior, especially along creeks and in river areas. It is, therefore, difficult to assess accurately the amount of cannabis under cultivation in the country. Detection of cannabis fields from the air was difficult because the fields were obscured by the rainforest canopy. At the same time, access to the area by vehicle was often impossible due to lack of roads. The area of cultivation actually located and eradicated totaled 5.4 hectares in 1996, down significantly from the 100 hectares eradicated in 1995. Over 52 metric tons of marijuana were seized in 1996.

Cannabis is the only illicit crop cultivated in **Paraguay**. An estimated 2,500 hectares were under cultivation.

Illicit Cannabis Cultivation
(hectares)

	Cultivated	Erad.	Net	
Mexico	18,700	12,200	6,500	
Colombia	5,000	0	5,000	
Jamaica	1,000	473	527	**1996**
Other	-	-	-	
Total	24,700	12,673	12,027	
Mexico	18,650	11,750	6,900	
Colombia	5,000	0	5,000	
Jamaica	1,000	695	305	**1995**
Other	-	-	-	
Total	24,650	12,445	12,205	
Mexico	19,045	8,495	10,550	
Colombia	5,000	14	1,986	
Jamaica	1,000	692	308	**1994**
Other	-	-	-	
Total	25,045	9,201	15,844	
Mexico	21,190	9,970	11,220	
Colombia	5,050	50	5,000	
Jamaica	1,200	456	744	**1993**
Other	-	-	-	
Total	27,440	10,476	16,964	
Mexico	28,520	12,100	16,420	
Colombia	2,000	0	2,000	
Jamaica	1,200	811	389	**1992**
Other	320	266	54	
Total	32,040	13,177	18,863	
Mexico	28,710	10,795	17,915	
Colombia	2,000	0	2,000	
Jamaica	1,783	833	950	**1991**
Other	320	266	54	
Total	32,813	11,894	20,919	

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

Cannabis is grown in small plots, primarily in the northeastern, thickly forested region of Paraguay along the Brazilian border. Crops are harvested throughout the year. Harvesting the cannabis crop is a labor intensive effort as growers take care to winnow out the stems, seeds, and trash. The result is a high-quality marijuana, most of which is exported to Brazil and Argentina where it is in demand and commands a handsome price. Marijuana was compressed into small packages for easy shipping to Brazil, Argentina, and Europe. Only a small amount of Paraguayan marijuana reached the United States.

The Anti-Narcotics Executive Secretariat (SENAD) continued large-scale eradication operations in 1996, destroying 449 hectares of cannabis. In March 1996, the SENAD eradicated an estimated 1 million cannabis

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

plants in the Captain Bado region of Amabay Department. Most of the cultivation sites were located on huge private ranches. Paraguayan authorities confiscated 3.2 metric tons of pressed marijuana, 40 metric tons of harvested marijuana, and 238 kilograms of cannabis seed last year.

The Caribbean

Although limited quantities of cannabis usually are cultivated in **The Bahamas**, a surprising amount of cannabis cultivation was discovered in 1996 at fields in the Andros Islands, Eleuthera, and Grand Bahama. Altogether, authorities located and destroyed more than 11,500 cannabis plants. Of this total, 8,875 plants were eradicated in one October operation, when three cannabis fields were located about 11 miles east of Freeport, Grand Bahama. Testing indicated that cannabis cultivated in The Bahamas had a low THC content and was believed to be primarily for domestic consumption.

The Bahamas long have served as a transit country for marijuana shipments to the United States from Colombia and Jamaica. Although maritime drug smuggling through the area decreased considerably in 1996, antidrug forces made some significant seizures. For example, in August, authorities confiscated over 900 kilograms of marijuana and arrested five suspects in a maritime operation near the Ragged Island Chain. A total of 2.6 metric tons of marijuana were seized in The Bahamas in 1996.

Jamaica is a major producer of marijuana, much of which is destined for North American markets. Jamaica's climate, soil, and rainfall encourage the production of highly marketable varieties of marijuana, locally known as *ganja*. About four to six crops of cannabis were grown and harvested during the year. Both sinsemilla and commercial grade marijuana were produced. Cultivation areas were located primarily in the wetlands of the western and central region and the remote mountain areas in the east. As a result of successful eradication campaigns since 1987, cannabis farmers virtually have ceased large-scale cultivation by shifting to half hectare plots or less. Additionally, some plots were located along the bases of steep, narrow ravines and canyons in order to conceal cultivation and evade helicopter-borne eradication operations. In other cases, cannabis was grown intermixed with legitimate crops to make detection from the air more difficult. In 1996, harvestable cannabis cultivation remaining after eradication was estimated to be 527 hectares, up significantly from 305 hectares in 1995. The estimated potential yield in 1996 was 356 metric tons, up from 206 metric tons in 1995.

The Government of Jamaica maintained its cannabis eradication campaign. In 1996, Jamaican antidrug forces destroyed 473 hectares countrywide, down from 695 hectares in 1995, and well below the target of 800 hectares set out in a bilateral narcotics agreement between the United States and Jamaica. Westmoreland, St. Elizabeth, and St. James Parishes were those areas principally concerned. Political and environmental opposition to aerial or platform herbicide spraying forced Jamaican authorities to rely upon manual eradication. Even so, eradication teams still use helicopters to reach remote cultivation sites. During a 3-month period when the helicopters were grounded, the eradication teams unfortunately had to rely on trucks for transportation.

In 1996, Jamaica was the only significant Caribbean source for marijuana found in the United States. The island also served as a transit point for shipments of Colombian marijuana en route to the United States or Canada. Marijuana was smuggled out of Jamaica by sea, either in containerized cargo, in commercial fishing trawlers, or pleasure craft. It was commonplace for multiple shipments of marijuana weighing in the 500-kilogram range to be shipped from Jamaica to North America, often with legitimate exports such as agricultural products or apparel. Smaller quantities of up to 4 kilograms routinely were smuggled to the United States by tourists and professional couriers traveling on commercial airline flights. Altogether in 1996, Jamaican authorities seized 53 metric tons of marijuana, up from 37 metric tons in 1995, and above the 50 metric ton benchmark specified in the bilateral U.S.-Jamaican narcotics agreement.

In addition to marijuana, hashish oil also was produced in Jamaica, mostly by a group of traffickers on the north coast. Jamaican authorities seized 267 kilograms of hashish oil in 1996, and 47 kilograms of hashish. Canada has been the traditional market for hashish oil from Jamaica. A total of 690 kilograms of hashish oil were seized in Canada last year, most of which was of Jamaican origin. Approximately 80 percent of the people arrested for hashish oil smuggling in Canada arrived at Toronto's Pierson International Airport from flights originating in Jamaica. Hashish oil available in the United States came principally from Jamaica and normally was sold in gram quantities to maximize profits.

Trinidad and Tobago, located just 7 miles from the Venezuelan coast, was a significant producer and exporter of marijuana. Cannabis was cultivated extensively in the forest and jungle areas of northern, eastern, and southern Trinidad, and to a minor extent in Tobago. In the past, joint eradication efforts with the United States under the cannabis eradication program Operation WEEDEATER uncovered many multiacre cannabis plantations, as well as previously undiscovered airstrips. A total of 5.8 million mature cannabis plants and 351,000 seedlings were eradicated manually in 1996.

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

commercially viable outside of the Middle East markets in Lebanon and Jordan.

Cannabis has been a traditional crop in **Egypt** since the thirteenth century, when cultivation was first recorded. Marijuana production and importation were banned in 1879, but cannabis cultivation remains widespread. In 1996, cannabis cultivation was concentrated in the rugged, sparsely settled terrain of the Sinai Peninsula, although limited cultivation also took place in upper Egypt. No reliable estimates are available as to the number of hectares under cultivation, or potential crop yield. Nonetheless, cultivation probably increased in 1996. This increase occurred despite the eradication of over 226.6 million cannabis plants. In September alone, eradication operations near Bir El Abd in the northern Sinai and Ras Sudr in the southern Sinai resulted in the destruction of over 500,000 plants.

Sub-Saharan Africa

Sub-Saharan Africa is a significant source of marijuana for Africa and, to a lesser extent, Europe. Cannabis grows naturally and is cultivated widely throughout the region, particularly in West Africa. Marijuana is the most abused drug in many African countries, although there is limited production and consumption of hashish. Similarly, Southern Africa increasingly is emerging as a region of cannabis production and large-scale consumption. Moreover, many of Africa's ports and airports have become transit points for the international traffic in marijuana, with Pakistani hashish transiting the ports of East Africa, and local marijuana being smuggled through Central and West African airports.

In **Nigeria**, substantial quantities of low-potency cannabis were cultivated by independent subsistence farmers. Cultivation occurred in several areas, with the greatest concentration in central and northern Nigeria, and in Delta State in the southern part of the country. In 1996, the Government of Nigeria took only limited steps to reduce cannabis production in the country by destroying some cannabis fields and recommending crop substitution to farmers in cannabis-producing areas. Marijuana, locally known as *Indian hemp*, was used as a source of cash or even as currency in illicit cross-border trade for food or consumer products. In 1994, the last year for which full-year statistics were available, Nigerian drug law enforcement officials seized 14.2 metric tons of marijuana. By contrast, in the first 9 months of 1996, Nigerian authorities reported the seizure of 11.4 metric tons.

A large part of Nigerian marijuana production is smuggled in metric-ton quantities to Europe in container vessels, and on a smaller scale to other African countries. Examples of such shipments include 7.4 metric tons of marijuana discovered in a container shipment of canvas that arrived in Prague, Czech Republic. The two-container maritime shipment from Lagos, Nigeria, to Varna, Bulgaria, was later transported by train through Romania, Hungary, and Slovakia, before finally arriving in the Czech Republic. The ultimate destination for the marijuana was Antwerp, Belgium. Also in 1996, authorities at the Port of Szczecin, Poland, in July, discovered 2.5 metric tons of marijuana in a consignment of pepper that had arrived from Nigeria.

Ghana, like Nigeria, is another major source of West African-grown cannabis. Multikilogram quantities of marijuana were smuggled from Ghana to Europe, typically by couriers traveling on commercial airline flights. Marijuana also was smuggled by truck or boat into other African countries, including Angola, the Cote d'Ivoire, and Togo.

In **Zaire**, cannabis grows in most of the country, particularly in the equatorial region of Bandudu. Zairians smuggled multikilogram quantities of marijuana by air to Europe, primarily to Belgium and France. In one March 1996 case, customs officers at Brussels' Zavantem airport seized 140 kilograms of marijuana discovered inside wooden statues that were part of a six-crate consignment of art objects from Zaire.

In **Cameroon**, the airports of Douala and Yaounde served as departure points for marijuana couriers en route to the European airports of Paris, Brussels, London, and Zurich. Recent reporting indicates that a kilogram of marijuana costs approximately $10 on the Cameroonian market. The same amount sold for $500 in Paris. In 1996, marijuana smuggled by couriers departing Cameroon was usually of Nigerian, Zairian, or Cameroonian origin.

In **Kenya**, cannabis, known locally as *banghi*, grew wild and was cultivated on private land. Sizeable cannabis plantations were found deep inside national game reserves. Major areas of growth were located in the northwestern provinces of the country and the southeastern coastal regions near Malindi. Cannabis also grew in the western, central, and eastern areas of Kenya. In 1996, Kenyan police discovered and eradicated 85 hectares of cultivated cannabis plants, plus another 2,741 scattered cannabis plants. Virtually all cannabis in Kenya was processed into marijuana as opposed to hashish.

Marijuana cultivated in Kenya was smuggled to Europe, both in multiton quantities transported by maritime vessel, and in small quantities carried by tourists. Some marijuana also was smuggled to the United States. Kenya also served as a transshipment point for hashish shipments from Pakistan bound for Europe and on

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

occasion to the United States. For example, in April 1996, Kenyan authorities seized a record 20 metric tons of hashish discovered on the island of Chale, near Mombasa. The shipment, one of the largest drug shipments ever seized in Africa, had been smuggled from Pakistan. In January 1996, authorities in Antwerp, Belgium, seized 6.5 metric tons of hashish discovered in a container shipment of tea that had arrived from Mombasa, Kenya. The shipment reportedly originated in Afghanistan and was destined for the Netherlands.

According to South African authorities, **South Africa** is the world's largest producer of cannabis. Cannabis, known locally as *dagga*, has been grown as a traditional crop for years by rural South Africans. Cultivation occurred primarily in arable, well-watered areas, especially in mountainous terrain. Specific areas of cultivation included the South African areas of Kwazulu/Natal, Ciskei, Transkei, the eastern Transvaal, and in the neighboring countries of **Swaziland** and **Lesotho**. No estimates were available for cannabis cultivation in South Africa in 1996. In 1995, however, South African authorities estimated that over 82,700 hectares of cannabis were under cultivation, primarily in Transkei. The potential marijuana yield from this cultivation was placed at 175,000 metric tons. The total potential yield in South Africa and in the neighboring countries of Botswana, Lesotho, and Swaziland was estimated to be over 180,000 metric tons.

While most of the marijuana produced in South Africa is for domestic or regional consumption, in the past several years there have been a number of instances of South African marijuana being smuggled to Australia, the Netherlands, and the United Kingdom, particularly in air freight. In 1996, South African traffickers smuggled marijuana to the Netherlands and the United Kingdom, where they exchanged the marijuana for designer drugs such as MDMA and LSD.

Southwest and Central Asia

Cannabis grew wild and was cultivated in parts of **Pakistan**. Hashish produced from cannabis was consumed locally or exported, with multiton maritime shipments smuggled to Europe and Canada. Pakistani authorities seize multiton quantities of hashish on a regular basis. The total amount of hashish seized in Pakistan during the first nine months of 1996 was 159 metric tons. This was a substantial decrease compared to the 543 metric tons seized during the previous 12 months. Outside of Pakistan, a number of significant seizures were made in 1996:

- In January, Canadian Customs agents in Montreal seized 3 metric tons of hashish that had arrived from Pakistan via Halifax, Nova Scotia.
- During September, authorities in Kulata, Bulgaria, seized nearly 9 metric tons of hashish found in a container shipment of marble tile imported from Karachi, Pakistan, by way of Piraeus, Greece.

Cannabis grew wild and was cultivated in **Afghanistan**. Estimates of cannabis cultivation or hashish production are not available for 1996. In the absence of an effective central government, production, distribution, trafficking, and the financial structure underpinning the drug trade were not curbed in any form during 1996. As in Pakistan, cannabis produced in Afghanistan was processed into hashish. Hashish not consumed locally was transported to European markets. Significant seizures of European-bound hashish shipments in 1996 included:

- 1.7 metric tons seized in May by authorities in Beryozki, Russia. The hashish was discovered in a container shipment of alfalfa seeds transported by rail and vessel from Herat, Afghanistan, to the Netherlands via Uzbekistan, Russia, and Latvia;
- In February, Tanzanian authorities at the Port of Dar Es Salaam discovered nearly 8 metric tons of hashish in a containerized shipment of tea en route from Afghanistan to Ukraine. Intelligence suggests that this was one of many hashish shipments from Pakistan or Afghanistan that transited East African countries en route to Europe and Canada.

There was illicit cannabis cultivation throughout the area covered by the **Newly Independent States** during 1996. A significant amount of the marijuana or hashish produced in Central Asia is consumed locally, although a portion is exported to Europe. Local officials in **Kazakhstan** estimated that approximately 138,000 hectares of cannabis grew in the Chu Valley, with a potential annual yield of 5,000 metric tons of marijuana. In addition to the Chu Valley, about 30,000 hectares of cannabis were cultivated in the Taldy-Korgan region. Lesser amounts were grown in the Almaty City region, Kyzl-Orda, and South Kazakstan oblasts.

In **Tajikistan**, cannabis grew wild and also was cultivated. Local authorities would like to conduct large-scale eradication campaigns, but due to limited available resources, these activities have been restricted. Eradication efforts have been downsized drastically compared to the large-scale operations conducted under the Soviet regime.

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

Executive Summary

As part of an ongoing project to determine how much Americans spend on illegal drugs, this report focuses on the amount and retail sales value of cocaine, heroin, marijuana, and other illegal drugs Americans consumed from 1988 through 1995. The methodology used to make these estimates has evolved and improved since the first report in 1991. This year's estimates of illicit drug expenditures are appreciably higher than previous years for two reasons. The first is that improved methodology for estimating the number of drug users suggests there were more hardcore users during 1988 through 1995 than were estimated in previous retail sales reports. The second major difference results from using the consumer price index to inflate past year expenditures on cocaine, heroin, marijuana and other illicit drugs.

We used two approaches to make these estimates. First, from a consumption-based approach, we investigated the dollar expenditures by Americans on illicit drugs. We estimated that:

- In 1995, Americans spent $57 billion on these drugs: $38 billion on cocaine, $10 billion on heroin, $7 billion on marijuana, and $3 billion on other illegal drugs and legal drugs used illicitly (Table A).[1]
- Between 1988 and 1995, the expenditures on cocaine and heroin appear to have fallen. This trend results partly from a decrease in the number of users, but mostly from a decrease in the street prices of these two drugs.
- Between 1988 and 1995, expenditure on marijuana increased slightly (as marijuana prices increased) then decreased slightly (as marijuana prices fell).
- Between 1988 and 1995, expenditures on other illicit drugs, and on legal drugs used illicitly, remained fairly constant.

A second approach to estimating the retail sales value of illicit drugs consumed in the United States is to estimate the amounts supplied to the domestic market. From this supply-based perspective, we estimate that:

- About 287 to 376 metric tons of cocaine were available for domestic consumption in 1995 (Table B). For reasons discussed in the report, it is not practical to develop estimates for heroin, marijuana, and other drugs.[2] The estimated amount of cocaine available for consumption in the United States between 1988 and 1995 declined markedly, but imprecision in the estimates for each year make it difficult to draw inferences about trends.
- The street value of the 287 to 376 metric tons of cocaine is $40 to $52 billion (Table B)

Putting these data together provides a mosaic of drug use trends in America. It allows us to see that data from the State Department (crop data), the Drug Enforcement Administration (price data), the Substance Abuse and Mental Health Administration (household survey data), and the Department of Justice (arrestee drug testing data) provide a consistent picture of major drug use trends.

Table A

Total U.S. Expenditures on Illicit Drugs, 1988-1995 ($ in billions, 1996 dollar equivalents)

	1988	1989	1990	1991	1992	1993	1994	1995
Cocaine	$61.2	$56.7	$51.5	$45.9	$41.7	$40.3	$37.4	$36.0
Heroin	$17.7	$16.8	$14.3	$11.9	$10.2	$9.8	$9.3	$9.6
Marijuana	$9.1	$10.9	$11.0	$10.7	$11.5	$8.8	$8.2	$7.0
Other Drugs	$3.3	$2.8	$2.2	$2.3	$2.0	$1.5	$2.6	$2.7
Total	$91.4	$87.2	$79.0	$70.7	$65.4	$60.4	$57.5	$57.3

Columns may not add due to rounding
Sources: See Tables 1 through 8

TABLE 18

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	BENZODIAZEPINES	OTHER TRANQUILIZERS	OTHER SEDATIVES/ HYPNOTICS	METHAMPHETAMINES	OTHER AMPHETAMIN
ALABAMA	92	15	236	0	104	3	15	101	
ALASKA	88	4	34	5	5	1	6	40	
ARIZONA	2,153	80	151	7	36	8	9	1,814	[illegible]
ARKANSAS	119	20	321	15	0	13	53	N/A	[illegible]
CALIFORNIA	67,934	68	1,352	190	150	93	114	38,204	[illegible]
COLORADO	2,746	34	347	19	68	9	15	1,195	[illegible]
CONNECTICUT	12,361	92	883	30	0	35	31	0	
DELAWARE	1,410	1	24	8	4	14	1	3	
DISTRICT OF COL.	3,778	0	5	0	0	0	0	0	
FLORIDA	3,372	23	604	33	80	37	57	395	
GEORGIA	1,314	0	8	0	0	0	284	438	
HAWAII	300	4	39	0	4	0	4	874	
IDAHO	88	3	14	3	8	3	4	911	
ILLINOIS	12,344	8	251	32	93	0	31	184	
INDIANA	599	18	342	30	68	43	55	314	
IOWA	211	7	115	19	37	20	21	2,253	
KANSAS	113	5	74	8	13	7	11	488	
KENTUCKY	91	25	331	4	155	5	31	43	
LOUISIANA	160	5	181	31	57	27	44	34	
MAINE	231	1	70	16	0	21	34	28	
MARYLAND	7,221	37	177	20	20	8	33	25	
MASSACHUSETTS	24,492	33	649	81	345	55	23	47	
MICHIGAN	6,496	93	1,015	64	97	73	34	374	
MINNESOTA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
MISSISSIPPI	85	3	141	1	36	28	47	237	
MISSOURI	1,010	49	150	6	84	43	30	919	
MONTANA	49	3	92	15	16	20	8	492	
NEBRASKA	115	10	51	7	8	18	22	315	
NEVADA	865	1	34	1	1	3	3	1,020	
NEW HAMPSHIRE	166	1	8	5	3	1	7	4	
NEW JERSEY	19,559	54	281	54	144	41	41	56	
NEW MEXICO	409	26	46	4	6	11	8	214	
NEW YORK	19,715	154	402	113	109	141	80	26	
NORTH CAROLINA	1,391	11	485	13	142	23	69	36	
NORTH DAKOTA	4	0	8	0	4	0	2	20	
OHIO	1,849	42	848	119	175	41	193	145	
OKLAHOMA	88	3	92	22	30	10	11	308	
OREGON	4,587	20	214	44	9	17	34	N/A	
PALAU	0	0	0	0	0	0	0	1	
PENNSYLVANIA	5,925	59	467	51	131	145	89	231	
PUERTO RICO	5,585	0	4	14	0	31	4	0	
RHODE ISLAND	2,022	10	151	16	27	34	4	3	
SOUTH CAROLINA	344	7	149	16	36	11	44	55	
SOUTH DAKOTA	7	0	28	4	5	5	9	137	
TENNESSEE	41	3	257	17	30	55	59	7	
TEXAS	4,855	53	728	105	0	103	336	N/A	
UTAH	861	34	217	38	0	12	36	N/A	
VERMONT	125	1	30	3	20	2	6	5	
VIRGINIA	2,250	7	304	34	123	38	32	50	
VIRGIN ISLANDS	33	0	0	0	0	0	0	0	
WASHINGTON	4,952	21	297	32	31	54	21	2,443	
WEST VIRGINIA	91	3	179	9	64	28	31	49	
WISCONSIN	394	13	336	37	6	43	19	N/A	
WYOMING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
TOTALS	231,392	1,195	12,675	1,463	2,594	1,423	3,071	44,393	17,[illegible]
PERCENT OF TOTAL	25.5%	0.1%	1.3%	0.2%	0.3%	0.2%	0.3%	5.1%	[illegible]

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."

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	4,478	1,854	0	23	34	0	31	834	7,603
ALASKA	298	384	5	1	31	7	34	0	1,906
ARIZONA	2,581	1,174	14	18	38	0	28	0	3,183
ARKANSAS	2,300	2,041	13	23	44	4	81	0	4,258
CALIFORNIA	18,813	11,668	1,160	176	78	36	284	160	111,164
COLORADO	4,220	4,001	10	65	134	11	36	0	12,036
CONNECTICUT	8,273	1,871	84	64	14	6	24	832	14,345
DELAWARE	1,482	334	87	4	2	1	7	257	2,615
DISTRICT OF COL.	8,949	269	27	0	0	0	0	31	12,178
FLORIDA	17,887	10,398	9	124	71	12	204	6,872	19,995
GEORGIA	16,965	3,614	3	61	84	0	6,462	3,963	21,140
HAWAII	873	604	0	14	3	4	0	0	1,489
IDAHO	360	1,199	3	24	30	8	31	3	2,494
ILLINOIS	62,653	9,811	600	118	111	39	100	7,063	63,683
INDIANA	7,613	2,686	9	46	86	13	903	2	11,687
IOWA	1,896	2,738	5	48	89	13	135	0	4,760
KANSAS	3,207	3,788	23	34	42	22	49	0	6,961
KENTUCKY	1,388	1,326	2	21	54	1	806	2,240	4,448
LOUISIANA	7,119	3,139	34	44	19	5	46	5,416	15,442
MAINE	239	560	0	44	7	6	12	0	1,546
MARYLAND	6,369	4,628	318	102	74	4	3	1,187	12,678
MASSACHUSETTS	17,594	4,306	63	139	20	19	298	0	48,188
MICHIGAN	17,384	10,009	13	122	71	29	113	0	35,885
MINNESOTA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MISSISSIPPI	2,871	1,130	2	34	18	0	102	374	4,018
MISSOURI	7,180	4,028	140	65	84	1	105	640	14,731
MONTANA	281	816	1	13	16	2	1	0	1,072
NEBRASKA	1,073	1,088	9	28	31	13	86	630	3,499
NEVADA	831	574	19	4	7	1	137	0	1,700
NEW HAMPSHIRE	383	540	0	28	4	0	10	0	1,171
NEW JERSEY	8,721	3,763	186	88	30	18	98	0	33,875
NEW MEXICO	693	637	7	11	18	1	306	18	2,701
NEW YORK	38,641	11,866	421	386	78	83	4,601	707	54,071
NORTH CAROLINA	16,463	4,023	6	69	62	7	270	0	21,159
NORTH DAKOTA	61	374	6	0	3	0	16	44	494
OHIO	14,348	10,273	33	152	161	27	185	0	26,631
OKLAHOMA	1,009	650	1	15	23	2	33	493	3,223
OREGON	3,032	4,869	7	62	34	15	46	0	20,536
PALAU	0	1	0	0	0	0	2	0	4
PENNSYLVANIA	17,264	7,802	194	231	118	37	267	0	31,774
PUERTO RICO	1,364	813	0	0	11	1	760	4,524	13,111
RHODE ISLAND	1,151	1,042	3	12	8	2	5	6	3,051
SOUTH CAROLINA	5,299	2,183	0	23	74	14	84	0	8,404
SOUTH DAKOTA	354	679	5	25	65	3	36	488	1,680
TENNESSEE	2,415	1,193	N/A	14	75	9	59	521	5,016
TEXAS	78,688	7,679	63	117	400	34	81	0	94,285
UTAH	1,844	1,800	11	67	63	86	384	380	7,376
VERMONT	399	938	1	23	5	2	6	7	1,407
VIRGINIA	10,716	6,038	170	67	47	26	43	0	18,044
VIRGIN ISLANDS	20	7	0	0	0	0	1	0	51
WASHINGTON	4,732	4,867	6	180	58	22	286	0	10,541
WEST VIRGINIA	736	842	7	28	58	12	69	0	3,312
WISCONSIN	2,864	6,706	6	45	198	88	133	0	11,041
WYOMING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	332,389	165,401	3,367	2,693	3,741	462	16,691	59,677	684,930
PERCENT OF TOTAL	48.5%	18.1%	0.4%	0.3%	0.3%	0.1%	1.8%	6.7%	100.0%

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile (SADAP), FY 1995; data are included for "DRUG TREAT PROGRAMS that received at least some funds administered by the State Alcohol/Drug Agency during the state's Fiscal Year (FY) 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

Executive Office of the President, Office of National Drug Control Policy, *Pulse Check, National Trends in Drug Abuse*, Summer 1997. Order # NCJ-164261.
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http://www.ncjrs.org/courdocs.htm

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*, 1997.

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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

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Office of Intelligence Liaison and Policy Intelligence Division
Washington, DC
202-307-8265

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Intelligence Production Unit
Intelligence Division
Washington, DC
202-307-8726
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U.S. Government Printing Office
Superintendent of Documents
Mail Stop: SSOP
Washington, DC 20402-9328
202-512-8100

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report, Youth Risk Behavior Surveillance--National College Health Risk Behavior Survey, United States 1995*, November 14, 1997, Volume 46 Number SS-6.
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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.
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National Association of State Alcohol and Drug Abuse Directors
444 North Capitol Street, NW, Suite 642
Washington, DC 20001
202-783-6868
http://www.nasasad.org

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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

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Abt Associates Inc.
55 Wheeler Street
Cambridge, MA 02138
(617) 492-7100

Abt Associates Inc., *Prices of Illicit Drugs: 1981-1997*, 1997.

Parents Resource Institute for Drug Education
3610 DeKalb Technology Parkway, Suite 105
Atlanta, GA 30340
(770) 458-9900
http://www.prideusa.org

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http://www.health.org/pubs/97pride/index.htm

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