Clinton Administration 1997 Crime and Drug Accomplishments

Gang Witness Intimidation. According to many police investigators and prosecutors, gang murders and violent crimes frequently go unpunished because witnesses are afraid to testify due to retaliation by gang members.

- In his January 11 radio address, President Clinton released a handbook for investigators, prosecutors and judges to prevent and address the growing problem of witness intimidation by gangs.

- The President's Anti-Gang and Youth Violence Act of 1997 gives new tools to prosecutors to punish gang members for witness intimidation.

Anti-Gang and Youth Violence Strategy. In the President's 1997 State of the Union Address, he called for a full-scale assault on juvenile crime. On February 19, the President kicked off his Anti-Gang and Youth Violence Strategy which contains four main components:

- Targeting gangs and violent juveniles. Includes a $200 million grant program to fund more local prosecutors to pursue and prosecute gangs for their crimes and develop new anti-gang initiatives;

- Keeping our kids gun- and drug-free. Requires gun dealers to sell child safety locks with every handgun, prevents violent juveniles from being able to purchase a gun, and creates a state demonstration program to drug test teens for driver's licenses.

- Keeping our kids on the right track. Funds anti-truancy measures, curfews, and after school programs to keep schools open late and on the weekends, and kids off the streets.

- Reforming the juvenile justice system. Improves the capacity of the juvenile justice system to respond to juvenile offenders.

National Drug Control Strategy. On February 25, President Clinton unveiled his 1997 National Drug Control Strategy. The Strategy sets forth a long-term national effort to reduce illicit drug use and its consequences and seeks a 10-year commitment to assure continuity of the effort. To support its goals, President Clinton requested $16 billion in his FY 1998 budget-- the largest anti-drug budget ever. Highlights of the Strategy include:

- A new $175 million national media campaign targeting illegal drug use by youth.

- Adding 500 Border Patrol agents to stem the flow of illegal drugs across the Southwest Border.

- $40 million for counterdrug programs in Peru, the primary cocaine source country.

Prisoner and Parolee Drug Testing. President Clinton is committed to breaking the cycle of drugs and crime. In his March 1 radio address, the President continued to move forward on his Prisoner and Parolee Drug Testing Initiative which requires states to drug test prisoners and parolees as a condition for receiving funding from the $7.9 billion prison grant program created in the 1994 Clinton Crime Bill.

- The President sent a letter to all 50 Governors to inform them that they have one year from that date to submit a comprehensive plan to implement drug testing, intervention and sanctions for prisoners and parolees in their respective states.

- The letter offers assistance from his Administration to help meet their deadlines and ensure that states are prepared to implement their prisoner and parolee drug testing plans.

New Firearms Initiatives. On March 5, the President announced three measures that he is taking to protect our children, neighbors, and law enforcement from gun violence and accidents:

- Directive on Child Handgun Safety Locks. The President issued a Directive to all Federal Agencies and Departments requiring child safety locks and proper instructions with every handgun issued to a law enforcement agent, to prevent children's access to guns;

- Restricting Noncitizen Gun Purchases. Instituted important changes to Federal firearms regulations requiring greater proof of residency before purchasing a firearm; and

- Cop Killer Bullets Legislation. Announced that he would send to Congress legislation banning "Cop Killer" bullets.

President Clinton Will Continue to Fight for His Crime and Drug Priorities in 1997:

Continue to implement his 1994 Crime Bill.

- Putting 17,000 more cops on the streets through Justice Department funding.

- Turning the tide of domestic violence through Violence Against Women Act grants.

- Building more prisons through the largest Federal prison grant program ever.

Enact his Anti-Gang and Youth Violence Act of 1997. Fight for the four main components of his comprehensive legislation to target gangs, keep kids gun- and drug-free, keep our kids on the right track and reform our juvenile justice system.

Implement and fully fund his 1997 National Drug Control Strategy. Target youth drug use through his $175 million anti-drug advertising campaign.

Work with states to implement the Clinton Prisoner and Parolee Drug Testing Initiative.

Office of National Drug Control Policy
Drugs & Crime Clearinghouse



Drugs & Crime Data

LSD

Facts and Figures

February 1996

PK27

INTRODUCTION

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

NIDA Research Takes a New Look at LSD and Other Hallucinogens
It Never Went Away: LSD, A Sixties Drug, Attracts Young Users in the Nineties
National Household Survey on Drug Abuse 1994: Population Estimates
Monitoring the Future Study, December 1, 1995 press release
National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1994, Volume II, College Students and Young Adults, preliminary tables
National Household Survey on Drug Abuse: Main Findings 1993
Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995
Preliminary Estimates of Drug-Related Emergency Department Episodes, Advance Report 11
Drug Abuse Warning Network, Annual Medical Examiner Data, 1993
Uniform Crime Reports, Crime in the United States, 1994
DEA Annual Statistical Report, FY 1994
Drugs and Jail Inmates, 1989
Illegal Drug Price/Purity Report, United State: January 1992-March 1995
LSD: A Situation Report
The NNICC Report 1994, The Supply of Illicit Drugs to the United States
State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1993

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

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NIDA Research Takes a New Look At LSD and Other Hallucinogens

By Robert Mathias
NIDA Notes Staff Writer

LSD (lysergic acid diethylamide), a drug well known in the 1960s for its powerful and unpredictable mental effects, is back in the news. During the past year, several NIDA surveys and surveillance systems that track drug abuse patterns and identify emerging trends have indicated that there may be some substance to media and anecdotal reports of an increase in the use of the potent hallucinogen. (See "Trends in LSD Use by Young Adults Bear Watching, Researchers Say," p. 7.)

Prompted in part by these findings and renewed public attention to LSD, NIDA recently assembled a number of leading researchers to discuss the status of research on LSD and other chemically related hallucinogens that produce similar mind-altering effects. The meeting also sought to determine whether these drugs have any potential therapeutic use and how they should best be studied in the 1990s.

Hallucinogens, which may be either natural or synthetic substances, have long fascinated scientists because of their powerful effects on a user's perception of reality and mental activity. For example, extremely low doses of LSD (in micrograms) can produce dramatic changes in sensations and feelings, rapid mood swings ranging from euphoria to panic, hallucinations, distorted time sense, and the impression of hearing colors and seeing sounds.

The fact that LSD consistently produces such powerful effects on mental activity implies that a structure or receptor exists in the brain that fits LSD's specific chemical configuration exactly, says Dr. Geraline Lin of NIDA's Division of Basic Research. In addition, LSD is structurally similar to serotonin, a naturally occurring chemical that is known to be involved in controlling mood and perception. This means that researchers can use LSD and related hallucinogens as tools to learn more about the basic brain processes that mediate these functions.

Hallucinogens, such as LSD, mescaline, psilocybin, and psilocin, were widely used and abused in the 1960s and 1970s. The abuse led to regulatory restrictions that curtailed hallucinogen research with humans for nearly 30 years. During that time, NIDA's ongoing hallucinogen research program relied primarily on animal studies to explore the complex mechanisms whereby hallucinogens trigger neurochemical changes in the brain and exert their behavioral effects.



Photograph courtesy of the Drug Enforcement Administration

The active ingredients in Psilocybe mushrooms are psilocybin and psilocin. These hallucinogens are chemically related to LSD and have similar effects on mood and perception.

While considerable progress has been made with animal studies, the human hallucinogen research issue was reexamined at the NIDA meeting, with researchers concluding that there is a need for new human data on this class of drugs, says Dr. Lin. Subsequently, NIDA presented the results of the technical review to the Drug Abuse Advisory Committee of the Food and Drug Administration (FDA). The committee met to reconsider the issues involved in approving clinical investigations of hallucinogens with humans and whether investigational new drug studies should be approved.

The FDA committee concluded that applications to conduct well-controlled human studies of hallucinogens should be evaluated on a case-by-case basis, and if they meet the rigorous standards the agency applies to the investigation of any new drug, the studies should be allowed to proceed. In fact, the first human study to be approved in many years is a NIDA-funded project that already has begun to yield basic information about the physiological and subjective effects of hallucinogens.

Currently, animal and human studies are attempting to further clarify the mechanisms of hallucinogenic drug actions; determine whether and how the mechanisms are linked to the behavioral and physiological effects of these drugs; identify the primary sites in the brain where LSD and related hallucinogens work; and determine which pathways control the effects these drugs have on vision, perception, cognition, and emotions.

Taken together, these studies could "prove extremely rewarding," says Dr. Lin. A better understanding of the ways in which these drugs

affect basic brain functions could lead to the development of new medications to treat some of the short- and long-term effects of LSD and other hallucinogens. These effects include acute adverse reactions and long-lasting psychoses, which may be related to past LSD use. (See "The Acid Facts About LSD," p. 9.) Ultimately, hallucinogen research may help researchers gain a better understanding of the way the mind operates and functions in concert with the body to maintain an individual's sense of well-being, says Dr. Lin. This in turn could point the way to new psychotherapeutic medications to treat drug abuse and mental disorders, such as anxiety, depression, and schizophrenia.

Historical Developments In Hallucinogen Research

Hallucinogens are structurally similar to a number of neurotransmitters in the brain. These chemical messengers play an important role in connecting brain circuits that control many functions, including mood and feeling.

Since the 1950s, the neurotransmitter serotonin, which helps to control perception, sleep, anxiety, and depression, has been known to be involved in the actions of hallucinogens in the brain. During the past two decades, researchers supported by NIDA's ongoing hallucinogen research program have used animal studies to gradually zero in on the most likely sites, or receptors, on nerve cells to which both serotonin and hallucinogens bind to produce their effects. NIDA-supported researchers also have made considerable progress in understanding how hallucinogens bind to these receptors, but they have not yet been able to relate the mechanism to the physiological process by which hallucinogens produce their effects on perception and mood.

One of the animal models that researchers have used to explore the subjective and behavioral effects of hallucinogens involves drug

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Trends in LSD Use by Young Adults Bear Watching, Researchers Say

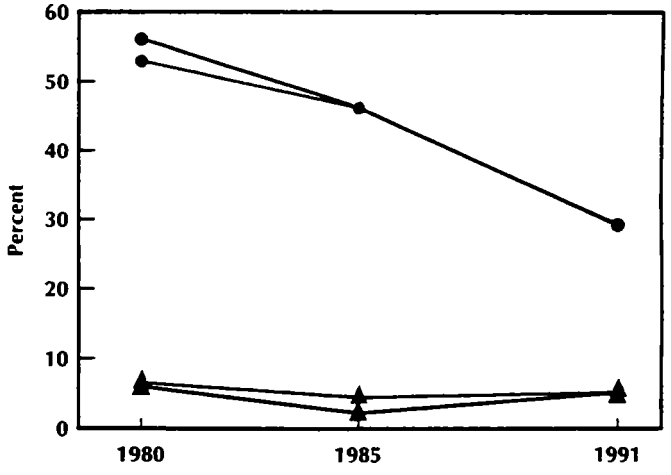
Largely ignored in the 1980s, LSD may be making a comeback among America's high school and college students, according to anecdotal and newspaper reports. However, claims of an alarming upsurge in LSD use by these young people may be overstated, say NIDA researchers.

Although indications of increased LSD activity exist, data from NIDA's Monitoring the Future study indicate that "we are not looking at an epidemic of LSD about to break out," says Dr. Patrick O'Malley of the University of Michigan's Institute for Social Research, who codirects the annual survey. The Monitoring the Future study, also known as the national High School Senior Survey, tracks drug use among America's 8th and 10th graders, high school seniors, college students, and young adults. The trend in LSD use among high school seniors and college students throughout the 1980s warns us that LSD "bears watching," says Dr. Lloyd Johnston of the University of Michigan, who also directs the High School Senior Survey. He points out that the proportion of students who used LSD in the 1980s remained stubbornly resistant to the dramatic declines seen in the percentage of students who used most other drugs during that decade. Now there appears to be "some upward drift in the use of LSD in the last 2 years, particularly among college students," says Dr. Johnston. Nevertheless, LSD use still remains substantially lower than the levels that were recorded in the 1970s.

Other evidence also supports this indication of increased LSD use. More cities are reporting increased LSD activity, according to NIDA's Community Epidemiology Work Group (CEWG), which provides ongoing community-level surveillance of drug abuse patterns and emerging trends. Using such indicators as emergency room mentions of LSD use and drug seizures, the December 1992 CEWG meeting reported increased LSD use by adolescents in Atlanta, Miami, New Orleans, Phoenix, Minneapolis/St. Paul, San Francisco, Seattle, and Honolulu. Indicators of LSD availability were up in Seattle, Denver, Dallas, St. Louis, and suburban Chicago.

Nevertheless, says Dr. O'Malley, "we are not seeing anything dramatic in our samples" in terms of regional or national outbreaks of LSD use. "I think the evidence [shows] that use is definitely not going down," he says. "We are on the lookout" for any trends that might develop. — R.M.

Trends in Annual Use of LSD and Any Illicit Drug by High School Seniors and College Students



High school seniors who used:
- ● Any illicit drug in the year before the survey
- ▲ LSD in the year before the survey

College seniors who used:
- ● Any illicit drug in the year before the survey
- ▲ LSD in the year before the survey

NIDA Reexamines Hallucinogen Research

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discrimination. In this model, a rat is trained to press one lever when it feels the effects of a training drug and to press another lever when it is given a saline solution, which produces no effect. The researcher then tests the effects of a new drug by giving it to the rat in place of the training drug and observing which of the two levers the rat presses. If the rat presses the training drug lever, the new drug is likely to feel similar to the training drug. If the rat presses the saline solution lever, the new drug probably feels different from the training drug. This research method helps the scientist classify the new drug and answer a number of questions about its potency, degree of similarity to the training drug, and site of action.

Dr. James B. Appel of the University of South Carolina, who began using the drug discrimination model to study LSD more than 20 years ago, found that LSD produces an effect in rats similar to that caused by serotonin. He and other researchers have since been able to block LSD's effects by simultaneously administering LSD and drugs that are known to block the effect of serotonin at a specific receptor site. As a result of this and other research, scientists have determined that LSD acts at a specific type of serotonin receptor identified as 5-HT_2.

Hallucinogen research has been greatly influenced by the belief that there is some commonality in the way in which hallucinogens work. In 1983, Dr. Richard Glennon of Virginia Commonwealth University proposed that such commonly abused hallucinogens as LSD, mescaline, and psilocin, which have similar clinical effects, all worked through 5-HT_2 receptors. However, further research in the 1980s uncovered additional subtypes of serotonin receptors, complicating the attempt to understand the mechanisms of action of hallucinogens.

Dr. Glennon's studies relating the structure of hallucinogens to their activity at different receptor sites have since led him to the consensus view today: that hallucinogens act at either of two serotonin receptors, 5-HT_2 or 5-HT_{1c}, and partially mimic serotonin's action when they bind to the receptor. However, Dr. Glennon cautions that other receptors and mechanisms also may be involved in the actions of these compounds.

"We need a lot more work with these compounds," notes Dr. David Nichols of Purdue University, another NIDA-funded researcher who has been studying the relationship between the structure of hallucinogens and their activity to try to determine why LSD produces such a potent hallucinogenic effect. Dr. Nichols points out that although much research has been done on the role of the serotonin system in the action of hallucinogens, LSD's role in stimulating receptors for dopamine, another neurotransmitter associated with pleasure and movement, "has not been examined in any detail."

Dopamine may modulate the mechanism of action of drugs like LSD, suggests Dr. Appel, who is looking at the role of other neurotransmitters in LSD's action. "To say LSD works on the serotonin system is too simple," says Dr. Appel. "Other systems have to play some role because the brain doesn't work in isolation, but in a unified manner."

Current hallucinogen research is proceeding on many fronts. In addition to animal studies, new technological tools and procedures are playing an important role in this research. These research tools include cloning of the receptors thought to be involved in hallucinogenic activity, computer modeling of the molecules and their likely receptors, and imaging techniques that reveal brain activity. (See *NIDA Notes*, September October 1992, p. 4.)

Human Hallucinogen Research

Although animal studies are invaluable in helping to explain the basic neurochemical actions of hallucinogens in the brain, only human studies can provide the final answers about how these drugs act in humans. This is particularly true of hallucinogens in which the same dose of the same drug can produce varying effects in the same patient on different occasions, according to Dr. Glennon. "There is an obvious need for new human data [on hallucinogens]," he says.

However, the possible risks of human research with these unpredictable drugs have posed ethical problems for researchers and led to regulatory restrictions. The Drug Enforcement Administration (DEA) has classified hallucinogens under the Controlled Substances Act as Schedule I drugs, which means they have no accepted medical use, cannot be used safely even under medical supervision, and have a high potential for abuse. As a result, until recently, researchers have not been able to obtain FDA clearance for human hallucinogen research.



Researchers use a drug discrimination procedure to explore the subjective and behavioral effects of hallucinogens in animals. By observing which lever a rat presses when it feels the effects of a drug, researchers can classify the drug and answer a number of questions about its potency and site of action.

One researcher who has obtained both DEA and FDA approval is Dr. Rick Strassman of the University of New Mexico School of Medicine. Dr. Strassman reviewed the literature on adverse reactions to hallucinogens in 1984. The studies demonstrated that under proper medical supervision, hallucinogens could be administered to humans with an acceptable margin of safety, he says.

In late 1990, with NIDA's support, Dr. Strassman began the first hallucinogen study performed in humans in this country in nearly 20 years. Dr. Strassman elected to study N,N-dimethyltryptamine (DMT), a powerful, short-acting hallucinogen, which also may be found in human tissues and body fluids. The DMT study represents an important first step in validating in humans the findings obtained from animal research with hallucinogens about the functions and activities of the serotonin receptors, according to Dr. Strassman.

By giving his subjects, who were experienced hallucinogen users, different doses of DMT and measuring

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The Acid Facts About LSD

Source: First synthesized in 1938 by Dr. Albert Hofmann, who discovered its psychological potency in 1943 when he accidentally ingested a small amount of the drug. Made from lysergic acid, which is found in ergot, a fungus that grows on grains.

Description: One of a broad class of mind-altering illicit drugs called hallucinogens, which includes mescaline, MDMA (3,4-methylenedioxy-methamphetamine)—known on the street as "ecstasy"—and psilocybin ("magic mushrooms"). Odorless, colorless, with a slightly bitter taste. Usually taken orally.

Form: Sold on the street in tablets, capsules, or liquid. Often added to absorbent paper, such as blotter paper, and divided into small decorated squares, with each square representing one dose. Common street names include "acid," "LSD-25," "windowpane," or "blotter acid."

Potency: Very high—100 times as potent as psilocybin and 2,400 times as potent as mescaline.

General Effects: Unpredictable. Depend on amount taken and user's personality, mood, expectations, and surroundings. Much greater psychological than physical effects. Experience lasts between 8 and 12 hours.

Physical Effects: Dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors.

Mental Effects: Dramatic changes in sensations and feelings, distortions in sensory perception, and rapid mood swings ranging from euphoria to panic. High doses can cause delusions, visual hallucinations, distorted time sense, and impression of hearing colors and seeing sounds.

Short-Term Effects: Possible acute adverse reactions, commonly known as "bad trips," may cause terrifying thoughts and feelings, fear of losing control, fear of insanity and death, and despair. Emergency rooms recorded almost 4,000 LSD episodes in 1991.

Long-Term Effects: "Flashbacks," a sudden recurrence of certain aspects of a drug experience without having taken the drug again, may occur for several years after use. Relatively long-lasting psychoses, such as severe depression, are possible, although the extent and mechanism of LSD involvement in these illnesses are unclear.

Addiction Potential: Does not produce compulsive drug-seeking behavior or withdrawal syndrome that other drugs such as cocaine or heroin do. Most users voluntarily decrease or stop use over time. Does produce tolerance, requiring frequent users to take progressively higher doses to achieve the same level of mental effects.

Judges Gain Insight Into Drug Abuse

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"It's difficult to cross that chasm between science and adjudication," says Dr. Franklin Zweig, who directed the workshop for George Washington University. However, as the workshop progressed, the judges gradually began to see possibilities for deciding cases involving people with addictive disorders from a neurobiological perspective, says Dr. Zweig.

In addition to current research, the workshop explored the implications for the criminal justice system if long-lasting medications that can control addiction are developed in the future. Those medicinal treatments could be offered as an alternative to prison, as a condition of probation, or as the sentence itself. However, because there are unresolved ethical, civil rights, and criminal law issues involved in coerced chemical treatment, the possibility of sentencing drug offenders to medicinal treatment is "a question that will haunt the courts for the rest of this decade," says Dr. Zweig.

The workshop enabled us "to initiate and nurture a working conversation between judges and neuroscientists, two relatively isolated constituencies who have an important bearing on people with addicting disorders," says Dr. Zweig. There was "a lot of interest among the judges" in disseminating scientific information about drug issues to the courts, he says.

To capitalize on that interest and to try to build a constituency for linking drug abuse treatment and the disposition of drug-related cases, the Center for Health Policy Research will publish papers from the workshop in an issue of its journal, *Science and the Courts*. The journal, which will be devoted to "The Neuroscience Implications of Drug Adjudication," will be distributed to judges throughout the country, says Dr. Sasek. NN

psychopharmacology in drug addiction and future medications that may be derived from more studies of the molecular sites in the brain where drugs act also were discussed at the meeting. Papers presented at the technical review will be published in a future NIDA research monograph.

New imaging technology that enables scientists to visualize and measure how drug use changes a living human brain over both short and long periods of time is one of the exciting aspects of clinical neurobiology. At the meeting, Dr. Anna R. Childress of the University of Pennsylvania Treatment Research Center described a study in which she is attempting to depict drug craving in the brain of a cocaine patient through imaging technology. "This technology is helping us understand how the brain develops a 'memory' for the addictive drugs it encounters," Dr. Chiarello says. "In some cases of severe, relapsing addiction, this 'memory' may apparently be ineradicable because of permanent alterations in neural structure and function."

NIDA hopes that studies in clinical neurobiology can bridge the gap between basic and clinical research and improve the delivery of effective treatments for drug abuse.

Dr. Chiarello hopes this new knowledge will enable scientists to develop new medications to treat withdrawal and craving. "We're on the verge now of much larger advances," Dr. Chiarello says. "We can now understand what's happening at the level of the receptor. It really makes common sense that if we can understand that better, we could intervene in various stages and disrupt the addiction process."

Because LSD is a very potent drug, it is taken in very small amounts. It is often sold in the form of absorbent paper impregnated with the drug. A single square represents a single dose of LSD, which can be licked off or swallowed.



Photograph courtesy of the Drug Enforcement Administration

NIDA Reexamines Hallucinogen Research

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both physiological changes and subjective effects of the drug, Dr. Strassman has been "doing important ground-level work on characterizing the drug," says Dr. Joseph Frascella of NIDA's Division of Basic Research. So little is known about how hallucinogens work in humans, says Dr. Frascella, that such basic dose-response studies are necessary to find out what levels of drug initiate hallucinations and other feelings such as euphoria or dysphoria.

Dr. Strassman's study already has generated a large amount of data about the biological effects of DMT on humans that can be used for more experimental studies. For example, Dr. Strassman says future studies could pretreat subjects with agents known to block subtypes of specific serotonin receptors. "If we are able to block the effects of DMT and similar drugs, perhaps those [blocking] drugs might have utility in emergency rooms when people come in with acute adverse reactions to hallucinogens," says Dr. Strassman.

In addition to the scientific value of the data it has generated, the DMT study has effectively demonstrated that hallucinogens can be studied safely and effectively in a clinical research environment. Dr. Strassman says he hopes that other researchers will build on his work and apply to study other hallucinogens in humans. "These are interesting drugs which are being abused, and we ought to understand what their effects and mechanisms of action are," he says.

"Hallucinogen research is a field that is going to be around for a long time," says Dr. Jerry Frankenheim of NIDA's Division of Basic Research, and many intriguing questions face hallucinogen researchers in the coming decade. The answers provided by NIDA's hallucinogen research program may some day enable scientists to understand where and how hallucinogens work in the brain. Such information could in turn provide keys to determining the parts of the brain that control mood, cognition, and perception and unlock the therapeutic potential of this powerful class of drugs.

NIDA will publish a monograph on hallucinogens based on the discussions and papers presented at the technical review meeting.

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Department of Justice
Drug Enforcement Administration
Demand Reduction Section



LSD, A Sixties Drug, Attracts Young Users in the Nineties

During the 1960s, when millions of young Americans experimented with altering their minds, the most used hallucinogen was lysergic acid diethylamide -- LSD. It took users on voyages in their minds to places they had never been.

Sometimes, the high made an unplanned detour, the "bad trip," which subjected the user to unimaginable terrors and paranoiac anxiety. So compelling were these images that the user might flee physically from them, perhaps leaping from high places or running headlong into the path of fast-moving cars. Friends might be seen as enemies, while chairs, lamps and other ordinary objects had an unbelievable power to frighten.

Sometimes, a bad trip was not needed to trigger self-destructive acts such as jumping from heights. They could result from a drug-induced sense of grandeur and omnipotence.

To many Americans, LSD is a half-forgotten part of the scenery from their recollection of the turbulent Vietnam War era. They stopped thinking about it, thought it had gone away, years ago.

It didn't go away. LSD is still there, and it poses a significant threat to young people. That danger has been increasing in recent years.

Every state prohibits use, possession and sale of LSD. In addition, the federal government has outlawed the drug by listing it under Schedule I of the Controlled Substances Act. Schedule I drugs have no legitimate medical use.

Federal LSD penalties have become significantly stiffer in recent years. Possession of one gram with intent to distribute can bring a first offender a minimum sentence of five years in prison.

Perhaps the public put LSD out of its mind because national consumption dipped sharply in the 1970s. LSD's resurgence is due, in part, to the fact that bad trips occur less frequently these days, leading many first-time users to conclude that it is a low-risk drug. The potency of the typical dose of LSD currently ranges from 20 to 80 micrograms (a microgram is one-millionth of a gram) as opposed to 150-300 micrograms in the Sixties.

But when users take several hits, a common enough practice, they greatly increase the risk of having a bad trip. And, like most street drugs, buyers have no way of knowing how strong the LSD they are purchasing will be. It could be twice as strong as the last batch they bought. Only after it is ingested does the strength become known.

In Fairfax County, Virginia, in 1991, a high school student who allegedly had taken six or more hits of LSD shot a police officer, wounding him seriously. And in San Marcos, Texas, a college student used a rifle to kill two male acquaintances and wound his girlfriend after he was alleged to have taken several hits of LSD.

What Is LSD?

LSD is neither old nor new. It was born in a Swiss laboratory in 1938. A complex chemical compound, LSD takes up to one week to make and requires a high degree of care to avoid accidentally ingesting the compound.

Crystalline LSD is placed into solution by mixing it with alcohol. What the LSD consumer usually buys is "blotter acid," small squares of blotterlike paper that have been impregnated with the liquid. The blotter is swallowed or chewed briefly.

LSD also comes in tablet form and in tiny, thin squares of gelatin ("windowpane"). The tablets, called microdots, are less than an eighth of an inch across. It would take 10 or more to add up to the size of an aspirin tablet.

Microdots and windowpane, however, are just a sideshow: blotter is the medium of choice. It comes decorated with a mind-boggling array of designs, some of which are simply copied from the characters created by Disney and other cartoon studios.

One form LSD does not come in is a "tattoo." There is a persistent myth that LSD sometimes is bought as a piece of impregnated paper that is stuck on the skin, there to soak through into the body and produce a hallucinogenic high. Experts note that the paper would have to be treated with a very expensive amount of LSD to generate a high by this method. DEA finds no evidence that stick-on LSD tattoos are being marketed.

Source: U.S. Department of Justice, Drug Enforcement Administration, *It Never Went Away: LSD, A Sixties Drug, Attracts Young Users in the Nineties*, 1993.

Where Does It Come From?

All evidence points to the San Francisco area as a principal distribution point for LSD -- for America and for much of the world. Law enforcement agencies believe there are only a handful of U.S. makers, perhaps a dozen, and that they are concentrated in the Northwest.

This is not an industry where the raw materials or finished product are of sufficient volume to attract attention. Indeed, enough uncut LSD to supply the entire U.S. market for a year could be carried by one person.

The crystalline form -- sometimes also the liquid -- goes from maker to middleman by mail or package delivery services. Middle-level traffickers frequently arrange to handle their order-taking and deliveries at meetings held in conjunction with rock concerts.

Who Uses It?

LSD has always appealed primarily to white, middle-class users. In the Sixties, it took root on college campuses and it is still there.

The worrisome thing to many drug authorities is that in the past few years a significantly younger LSD customer has appeared as the drug has made inroads in many U.S. high schools. And some of these youthful users are sellers as well.

Users under 20 accounted for 49.8 percent of the LSD emergency room cases counted in 1990 by the Drug Abuse Warning Network. DAWN reported that another 33 percent were in the 20 to 30 age group. Thus, four out of five of those whose bad trips end in emergency rooms are 30 or under.

The annual National High School Senior Survey, funded by the U.S. Department of Health and Human Services, indicates that high school seniors are turning to LSD even as they are turning away from marijuana and cocaine. In the 1990 survey, 8.7 percent of the seniors -- in other words, *nearly a tenth of the total sample* -- said they had tried LSD at least once. For 1.9 percent, the most recent episode had occurred in the past month.

The new, younger generation of buyers weren't around in the Sixties. They know nothing of LSD's bad reputation and mistakenly perceive it as a no-risk alternative to cocaine and marijuana.

It is because LSD is attracting younger users that the Drug Enforcement Administration has targeted it for increased enforcement efforts.

Many authorities worry that if LSD strengthens its beachhead in high school it will inevitably trickle down to junior high school and elementary school, where blotter with pictures of Donald Duck and teddy bears would have special appeal. Unlike some other drugs, it is within financial reach of many children at $3 or $4 a hit.

As to why LSD users take the drug, there seems to have been a shift in motive from the Sixties to the Nineties. Many early users were consciously seeking a quasi-religious experience. Today's young users seem interested simply in getting high.

Source: U.S. Department of Justice, Drug Enforcement Administration, *It Never Went Away: LSD, A Sixties Drug, Attracts Young Users in the Nineties*, 1993.

Table 17. LSD Use by Age, Sex, Race, and Region for Total Population in 1994

	Ever Used		Used Past Year	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)				
AGE				
12-17	**3.4**	*(2.8 - 4.1)*	**1.8**	*(1.4 - 2.4)*
18-25	**11.1**	*(9.6 - 12.7)*	**3.3**	*(2.6 - 4.2)*
26-34	**12.4**	*(10.9 - 13.9)*	**0.6**	*(0.4 - 1.0)*
≥35	**5.2**	*(4.5 - 6.0)*	**0.1**	*(0.0 - 0.2)*
SEX				
Male	**9.3**	*(8.4 - 10.3)*	**1.1**	*(0.9 - 1.4)*
Female	**4.9**	*(4.3 - 5.5)*	**0.5**	*(0.3 - 0.6)*
RACE				
White	**8.2**	*(7.5 - 9.0)*	**0.9**	*(0.7 - 1.1)*
Black	**2.4**	*(1.8 - 3.2)*	**0.3**	*(0.1 - 0.6)*
Hispanic	**4.4**	*(3.6 - 5.3)*	**0.5**	*(0.3 - 0.9)*
REGION				
Northeast	**4.9**	*(4.0 - 5.9)*	**0.5**	*(0.3 - 0.9)*
North Central	**6.7**	*(5.6 - 8.0)*	**0.9**	*(0.6 - 1.3)*
South	**6.8**	*(6.0 - 7.8)*	**0.9**	*(0.6 - 1.3)*
West	**9.7**	*(8.0 - 11.6)*	**0.8**	*(0.5 - 1.1)*
TOTAL	**7.0**	*(6.5 - 7.6)*	**0.8**	*(0.6 - 1.0)*
POPULATION ESTIMATES (In Thousands)				
AGE				
12-17	**736**	*(607 - 890)*	**402**	*(311 - 518)*
18-25	**3,100**	*(2,694 - 3,558)*	**932**	*(739 - 1,173)*
26-34	**4,524**	*(4,001 - 5,104)*	**230**	*(142 - 371)*
≥35	**6,351**	*(5,504 - 7,321)*	**88**	*(28 - 273)*
SEX				
Male	**9,379**	*(8,460 - 10,387)*	**1,140**	*(912 - 1,424)*
Female	**5,331**	*(4,703 - 6,039)*	**512**	*(377 - 695)*
RACE				
White	**13,016**	*(11,877 - 14,255)*	**1,469**	*(1,181 - 1,826)*
Black	**556**	*(419 - 736)*	**60**	*(26 - 139)*
Hispanic	**832**	*(689 - 1,004)*	**100**	*(58 - 172)*
REGION				
Northeast	**2,005**	*(1,647 - 2,436)*	**224**	*(137 - 367)*
North Central	**3,364**	*(2,814 - 4,014)*	**454**	*(324 - 635)*
South	**5,017**	*(4,400 - 5,712)*	**631**	*(421 - 942)*
West	**4,325**	*(3,590 - 5,192)*	**343**	*(236 - 497)*
TOTAL	**14,711**	*(13,547 - 15,966)*	**1,651**	*(1,358 - 2,008)*

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1994 National Household Survey on Drug Abuse, New Questionnaire Data (1994-B Sample)

TABLE 1

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

	Lifetime						Annual						30-Day						Daily					
	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change
Any Illicit Drug[a]																								
8th Grade	18.7	20.6	22.5	25.7	28.5	+2.8ss	11.3	12.9	15.1	18.5	21.4	+2.9sss	5.7	6.8	8.4	10.9	12.4	+1.5s	—	—	—	—	—	—
10th Grade	30.6	29.8	32.8	37.4	40.9	+3.5ss	21.4	20.4	24.7	30.0	33.3	+3.3ss	11.6	11.0	14.0	18.5	20.2	+1.7s	—	—	—	—	—	—
12th Grade	44.1	40.7	42.9	45.6	48.4	+2.8	29.4	27.1	31.0	35.8	39.0	+3.2s	16.4	14.4	18.3	21.9	23.8	+1.9	—	—	—	—	—	—
Any Illicit Drug[a] Other Than Marijuana																								
8th Grade	14.3	15.6	16.8	17.5	18.8	+1.3	8.4	9.3	10.4	11.3	12.6	+1.3s	3.8	4.7	5.3	5.6	6.5	+0.9s	—	—	—	—	—	—
10th Grade	19.1	19.2	20.9	21.7	24.3	+2.6ss	12.2	12.3	13.9	15.2	17.5	+2.3ss	5.5	5.7	6.5	7.1	8.9	+1.8sss	—	—	—	—	—	—
12th Grade	26.9	25.1	26.7	27.6	28.1	+0.5	16.2	14.9	17.1	18.0	19.4	+1.4	7.1	6.3	7.9	8.8	10.0	+1.2s	—	—	—	—	—	—
Any Illicit Drug[a,b] Including Inhalants																								
8th Grade	28.5	29.6	32.3	35.1	38.1	+3.0ss	16.7	18.2	21.1	24.2	27.1	+2.9sss	8.8	10.0	12.0	14.3	16.1	+1.8ss	—	—	—	—	—	—
10th Grade	36.1	36.2	38.7	42.7	45.9	+3.2ss	23.9	23.5	27.4	32.5	35.6	+3.1ss	13.1	12.6	15.5	20.0	21.6	+1.6	—	—	—	—	—	—
12th Grade	47.6	44.4	46.6	49.1	51.5	+2.4	31.2	28.8	32.5	37.6	40.2	+2.6	17.8	15.5	19.3	23.0	24.8	+1.8	—	—	—	—	—	—
Marijuana/Hashish																								
8th Grade	10.2	11.2	12.6	16.7	19.9	+3.2sss	6.2	7.2	9.2	13.0	15.8	+2.8sss	3.2	3.7	5.1	7.8	9.1	+1.3s	0.2	0.2	0.4	0.7	0.8	+0.1
10th Grade	23.4	21.4	24.4	30.4	34.1	+3.7ss	16.5	15.2	19.2	25.2	28.7	+3.5sss	8.7	8.1	10.9	15.8	17.2	+1.4	0.8	0.8	1.0	2.2	2.8	+0.6ss
12th Grade	36.7	32.6	35.3	38.2	41.7	+3.5s	23.9	21.9	26.0	30.7	34.7	+4.0ss	13.8	11.9	15.5	19.0	21.2	+2.2s	2.0	1.9	2.4	3.6	4.6	+1.0ss
Inhalants[b,c]																								
8th Grade	17.6	17.4	19.4	19.9	21.6	+1.7s	9.0	9.5	11.0	11.7	12.8	+1.1	4.4	4.7	5.4	5.6	6.1	+0.5	0.2	0.3	0.3	0.2	0.2	0.0
10th Grade	15.7	16.6	17.5	18.0	19.0	+1.0	7.1	7.5	8.4	9.1	9.6	+0.5	2.7	2.7	3.3	3.6	3.5	-0.1	0.1	0.1	0.2	0.1	0.1	0.0
12th Grade	17.6	16.6	17.4	17.7	17.4	-0.3	6.6	6.2	7.0	7.7	8.0	+0.3	2.4	2.3	2.5	2.7	3.2	+0.5	0.2	0.1	0.1	0.1	0.1	+0.1
Nitrites[d]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.6	1.5	1.4	1.7	1.5	-0.2	0.9	0.5	0.9	1.1	1.1	0.0	0.4	0.3	0.6	0.4	0.4	0.0	0.2	0.1	0.1	0.2	0.2	-0.1
Hallucinogens[e]																								
8th Grade	3.2	3.8	3.9	4.3	5.2	+0.9	1.9	2.5	2.6	2.7	3.6	+0.9s	0.8	1.1	1.2	1.3	1.7	+0.4	0.1	0.1	0.1	0.1	0.1	+0.1
10th Grade	6.1	6.4	6.8	8.1	9.3	+1.2	4.0	4.3	4.7	5.8	7.2	+1.4ss	1.6	1.8	1.9	2.4	3.3	+0.9ss	*	0.1	0.1	0.1	*	0.0
12th Grade	9.6	9.2	10.9	11.4	12.7	+1.3	5.8	5.9	7.4	7.6	9.3	+1.7ss	2.2	2.1	2.7	3.1	4.4	+1.3sss	0.1	0.1	0.1	0.1	0.1	0.0
LSD																								
8th Grade	2.7	3.2	3.5	3.7	4.4	+0.7	1.7	2.1	2.3	2.4	3.2	+0.8s	0.6	0.9	1.0	1.1	1.4	+0.3	*	*	*	*	0.1	0.0
10th Grade	5.6	5.8	6.2	7.2	8.4	+1.2	3.7	4.0	4.2	5.2	6.5	+1.3ss	1.5	1.6	1.6	2.0	3.0	+1.0sss	*	0.1	*	*	*	0.0
12th Grade	8.8	8.6	10.3	10.5	11.7	+1.2	5.2	5.6	6.8	6.9	8.4	+1.5ss	1.9	2.0	2.4	2.6	4.0	+1.4sss	0.1	0.1	0.1	0.1	0.1	0.0
PCP[d]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	2.9	2.4	2.9	2.8	2.7	-0.1	1.4	1.4	1.4	1.6	1.8	+0.2	0.5	0.6	1.0	0.7	0.6	-0.1	0.1	0.1	0.1	0.3	0.3	0.0

(Table continued on next page)

Source: University of Michigan, *Monitoring the Future Study*, December 1, 1995 press release.

TABLE 1 (cont.)

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

	Lifetime						Annual						30-Day						Daily					
	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change
Hallucinogens Other Than LSD																								
8th Grade	1.4	1.7	1.7	2.2	2.5	+0.3	0.7	1.1	1.0	1.3	1.7	+0.4s	0.3	0.4	0.5	0.7	0.8	+0.1	*	*	*	*	*	0.0
10th Grade	2.2	2.5	2.8	3.8	3.9	+0.1	1.3	1.4	1.9	2.4	2.8	+0.4	0.4	0.5	0.7	1.0	1.0	0.0	*	*	*	*	*	0.0
12th Grade	3.7	3.3	3.9	4.9	5.4	+0.5	2.0	1.7	2.2	3.1	3.8	+0.7s	0.7	0.5	0.8	1.2	1.3	+0.1	*	*	*	*	0.1	+0.1
Cocaine																								
8th Grade	2.3	2.9	2.9	3.6	4.2	+0.6	1.1	1.5	1.7	2.1	2.6	+0.5	0.5	0.7	0.7	1.0	1.2	+0.2	0.1	*	0.1	0.1	0.1	0.0
10th Grade	4.1	3.3	3.6	4.3	5.0	+0.7	2.2	1.9	2.1	2.8	3.5	+0.7	0.7	0.7	0.9	1.2	1.7	+0.5s	0.1	*	0.1	0.1	0.1	0.0
12th Grade	7.8	6.1	6.1	5.9	6.0	+0.1	3.5	3.1	3.3	3.6	4.0	+0.4	1.4	1.3	1.3	1.5	1.8	+0.3	0.1	0.1	0.1	0.1	0.2	+0.1
Crack																								
8th Grade	1.3	1.6	1.7	2.4	2.7	+0.3	0.7	0.9	1.0	1.3	1.6	+0.3s	0.3	0.5	0.4	0.7	0.7	0.0	*	*	0.1	*	*	0.0
10th Grade	1.7	1.5	1.8	2.1	2.8	+0.7ss	0.9	0.9	1.1	1.4	1.8	+0.4s	0.3	0.4	0.5	0.6	0.9	+0.3ss	*	*	*	*	*	0.0
12th Grade	3.1	2.6	2.6	3.0	3.0	0.0	1.5	1.5	1.5	1.9	2.1	+0.2	0.7	0.6	0.7	0.8	1.0	+0.2	0.1	0.1	0.1	0.1	0.1	0.0
Other Cocaine[e]																								
8th Grade	2.0	2.4	2.4	3.0	3.4	+0.4	1.0	1.2	1.3	1.7	2.1	+0.4	0.5	0.5	0.6	0.9	1.0	+0.1	*	*	*	*	*	0.0
10th Grade	3.8	3.0	3.3	3.8	4.4	+0.6	2.1	1.7	1.8	2.4	3.0	+0.6	0.6	0.6	0.7	1.0	1.4	+0.4s	*	*	*	*	*	0.0
12th Grade	7.0	5.3	5.4	5.2	5.1	-0.1	3.2	2.6	2.9	3.0	3.4	+0.4	1.2	1.0	1.2	1.3	1.3	0.0	0.1	*	0.1	0.1	0.1	+0.1
Heroin[f]																								
8th Grade	1.2	1.4	1.4	2.0	2.3	+0.3	0.7	0.7	0.7	1.2	1.4	+0.2	0.3	0.4	0.4	0.6	0.6	0.0	*	*	*	0.1	*	0.0
10th Grade	1.2	1.2	1.3	1.5	1.7	+0.2	0.5	0.6	0.7	0.9	1.1	+0.2	0.2	0.2	0.3	0.4	0.6	+0.2s	*	*	*	*	*	0.0
12th Grade	0.9	1.2	1.1	1.2	1.6	+0.4s	0.4	0.6	0.5	0.6	1.1	+0.5sss	0.2	0.3	0.2	0.3	0.6	+0.3sss	*	*	*	*	0.1	0.0
Other Opiates[g]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.6	6.1	6.4	6.6	7.2	+0.6	3.5	3.3	3.6	3.8	4.7	+0.9ss	1.1	1.2	1.3	1.5	1.8	+0.3	0.1	*	*	0.1	0.1	0.0
Stimulants[g]																								
8th Grade	10.5	10.8	11.8	12.3	13.1	+0.8	6.2	6.5	7.2	7.9	8.7	+0.8	2.6	3.3	3.6	3.6	4.2	+0.6s	0.1	0.1	0.1	0.1	0.2	0.0
10th Grade	13.2	13.1	14.9	15.1	17.4	+2.3ss	8.2	8.2	9.6	10.2	11.9	+1.7ss	3.3	3.6	4.3	4.5	5.3	+0.8s	0.1	0.1	0.3	0.1	0.2	+0.1
12th Grade	15.4	13.9	15.1	15.7	15.3	-0.4	8.2	7.1	8.4	9.4	9.3	-0.1	3.2	2.8	3.7	4.0	4.0	0.0	0.2	0.2	0.2	0.2	0.3	+0.1
Ice[h]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	3.3	2.9	3.1	3.4	3.9	+0.5	1.4	1.3	1.7	1.8	2.4	+0.6	0.6	0.5	0.6	0.7	1.1	+0.4	0.1	0.1	0.1	*	0.1	0.0
Barbiturates[g]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.2	5.5	6.3	7.0	7.4	+0.4	3.4	2.8	3.4	4.1	4.7	+0.6	1.4	1.1	1.3	1.7	2.2	+0.5ss	0.1	*	0.1	*	0.1	+0.1

Source: University of Michigan, *Monitoring the Future Study*, December 1, 1995 press release.

(Table continued on next page)

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
8th Grade	17,500	18,600	18,300	17,300	17,500
10th Grade	14,800	14,800	15,300	15,800	17,000
12th Grade	15,000	15,800	16,300	15,400	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, 10th, and 12th graders: Data based on one form; N for 12th graders is one-sixth of N indicated and N for 8th and 10th graders is one-half 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 half of the questionnaire forms. Separate questions were asked for use with injection and without injection. Data presented here represents the combined data from all forms.

[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 1994–95 were based on all forms for all grades.

TABLE 2

Long-Term Trends in Lifetime Prevalence of Use of Various Types of 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	'94–'95 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	
Any Illicit Drug[a,b]	55.2	58.3	61.6	64.1	65.1	65.4	65.6	64.4	62.9	61.6	60.6	57.6	56.6	53.9	50.9	47.9	44.1	40.7	42.9	45.6	48.4	+2.8
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	+0.5
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	+3.5s
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	-0.3
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	-0.5
Amyl & Butyl Nitrites[e,f]	—	—	—	—	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	3.2	3.3	2.1	1.6	1.5	1.4	1.7	1.5	-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	+1.3
Hallucinogens, Adjusted[g]	—	—	—	—	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	+1.4
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	+1.2
PCP[e,f]	—	—	—	—	12.8	9.6	7.8	6.0	5.6	5.0	4.9	4.8	3.0	2.9	3.9	2.8	2.9	2.4	2.9	2.8	2.7	-0.1
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	+0.1
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	—	5.4	4.8	4.7	3.5	3.1	2.6	2.6	3.0	3.0	0.0
Other Cocaine[i]	—	—	—	—	—	—	—	—	—	—	—	—	14.0	12.1	8.5	8.6	7.0	5.3	5.4	5.2	5.1	-0.1
Heroin[j]	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	+0.4s
Other Opiates[k]	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	9.7	10.2	9.0	9.2	8.6	8.3	8.3	6.6	6.1	6.4	6.6	7.2	+0.6
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	-0.4
Crystal Meth. (Ice)[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.7	3.3	2.9	3.1	3.4	3.9	+0.5
Sedatives[k,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	+0.3
Barbiturates[k]	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	9.9	9.2	8.4	7.4	6.7	6.5	6.8	6.2	5.5	6.3	7.0	7.4	+0.4
Methaqualone[k,m]	8.1	7.8	8.5	7.9	8.3	9.5	10.6	10.7	10.1	8.3	6.7	5.2	4.0	3.3	2.7	2.3	1.3	1.6	0.8	1.4	1.2	-0.2
Tranquilizers[k]	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	9.4	7.6	7.2	7.2	6.0	6.4	6.6	7.1	+0.5
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	+0.3
Been Drunk[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	65.4	63.4	62.5	62.9	63.2	+0.3
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	+2.2s
Smokeless Tobacco[o]	—	—	—	—	—	—	—	—	—	—	—	31.4	32.2	30.4	29.2	—	—	32.4	31.0	30.7	30.9	+0.2
Steroids[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.0	2.9	2.1	2.1	2.0	2.4	2.3	-0.1

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 2–Table 5

[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 1989–95; 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 1989–95.

[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 1990–95.

[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 1990–95; 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 represents 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 1994–95 were based on all six forms.

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

TABLE 3

Long-Term Trends in Annual Prevalence of Use of Various Types of 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	'94–'95 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*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	+3.2s
Any Illicit Drug Other Than Marijuana[a,b]	26.2	25.4	26.0	27.1	28.2	30.4	34.0	30.1	28.4	28.0	27.4	25.9	24.1	21.1	20.0	17.9	16.2	14.9	17.1	18.0	19.4	+1.4
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	+4.0ss
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	+0.3
Inhalants, Adjusted[c,d]	—	—	—	—	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	+0.2
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	0.0
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	+1.7ss
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	+1.9ss
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	+1.5ss
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	+0.2
Cocaine	5.6	6.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	11.6	13.1	12.7	10.3	7.9	6.5	5.3	3.5	3.1	3.3	3.6	4.0	+0.4
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	4.1	3.9	3.1	3.1	1.9	1.5	1.5	1.5	1.9	2.1	+0.2
Other Cocaine[i]	—	—	—	—	—	—	—	—	—	—	—	—	9.8	7.4	5.2	4.6	3.2	2.6	2.9	3.0	3.4	+0.4
Heroin[j]	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	+0.5sss
Other Opiates[k]	5.7	5.7	6.4	6.0	6.2	6.3	5.9	5.3	5.1	5.2	5.9	5.2	5.3	4.6	4.4	4.5	3.5	3.3	3.6	3.8	4.7	+0.9ss
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	-0.1
Crystal Meth. (Ice)[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.4	1.3	1.7	1.8	2.4	+0.6
Sedatives[h,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	+0.7s
Barbiturates[k]	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	+0.6
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	-0.1
Tranquilizers[k]	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	+0.7s
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	+0.7
Been Drunk[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	52.7	50.3	49.6	51.7	52.5	+0.8
Cigarettes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smokeless Tobacco[o]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Steroids[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.9	1.7	1.4	1.1	1.2	1.3	1.5	+0.2

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. See Table 2 for relevant footnotes.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 4

Long-Term Trends in Thirty-Day Prevalence of Use of Various Types of 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	'94–'95 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	
Any Illicit Drug[a,b]	30.7	34.2	37.6	38.9	38.9	37.2	36.9	32.5	30.5	29.2	29.7	27.1	24.7	21.3	19.7	17.2	16.4	14.4	18.3	21.9	23.8	+1.9
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	+1.2s
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	+2.2s
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	+0.5
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	+0.6
Amyl/Butyl Nitrites[e,f]	—	—	—	—	2.4	1.8	1.4	1.1	1.4	1.4	1.6	1.3	1.3	0.6	0.6	0.6	0.4	0.3	0.6	0.4	0.4	0.0
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	+1.3sss
Hallucinogens; Adjusted[g]	—	—	—	—	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	+1.4sss
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	+1.4sss
PCP[e,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	-0.1
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	+0.3
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.6	1.4	0.7	0.7	0.6	0.7	0.8	1.0	+0.2
Other Cocaine[i]	—	—	—	—	—	—	—	—	—	—	—	—	4.1	3.2	1.9	1.7	1.2	1.0	1.2	1.3	1.3	0.0
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	+0.3sss
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	+0.3
Stimulants[h,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	0.0
Crystal Meth. (Ice)[j]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.6	0.6	0.5	0.6	0.7	1.1	+0.4
Sedatives[k,m]	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	2.3	2.4	2.2	1.7	1.4	1.6	1.4	1.5	1.2	1.3	1.8	2.3	+0.5s
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	+0.5ss
Methaqualone[k,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	0.0
Tranquilizers[k]	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	+0.4s
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	+1.2
Been Drunk[i]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31.6	29.9	28.9	30.8	33.2	+2.4
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	+2.3s
Smokeless Tobacco[o]	—	—	—	—	—	—	—	—	—	—	—	11.5	11.3	10.3	8.4	—	—	11.4	10.7	11.1	12.2	+1.1
Steroids[i]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.8	1.0	0.8	0.6	0.7	0.9	0.7	-0.2

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. See Table 2 for relevant footnotes.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 5

Long-Term Trends in Thirty-Day Prevalence of Daily Use of Various Types of 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	'94–'95 change
Approx. N =	*9400*	*16400*	*17100*	*17800*	*16500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*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	+1.0ss
Inhalants[c]	—	*	*	0.1	*	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.2	0.2	0.3	0.2	0.1	0.1	0.1	0.1	+0.1
Inhalants, Adjusted[c,d]	—	—	—	—	0.1	0.2	0.2	0.2	0.2	0.2	0.4	0.4	0.4	0.3	0.3	0.3	0.5	0.2	0.2	—	—	—
Amyl & Butyl Nitrites[e,f]	—	—	—	—	*	0.1	0.1	0.0	0.2	0.1	0.3	0.5	0.3	0.1	0.3	0.1	0.2	0.1	0.1	0.2	0.2	-0.1
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	0.0
Hallucinogens, Adjusted[g]	—	—	—	—	0.2	0.2	0.1	0.2	0.2	0.2	0.3	0.3	0.2	*	0.3	0.3	0.1	0.1	0.1	—	—	—
LSD	*	*	*	*	*	*	0.1	*	0.1	0.1	0.1	*	0.1	*	*	0.1	0.1	0.1	0.1	0.1	0.1	0.0
PCP[e,f]	—	—	—	—	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.3	0.1	0.2	0.1	0.1	0.1	0.1	0.3	0.3	0.0
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	+0.1
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	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
Heroin[j]	0.1	*	*	*	*	*	*	*	0.1	*	*	*	*	*	0.1	*	*	*	*	*	0.1	0.0
Other Opiates[k]	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	*	*	0.1	0.1	0.0
Stimulants[b,k]	0.5	0.4	0.5	0.5	0.6	0.7	1.2	0.7	0.8	0.6	0.4	0.3	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	+0.1
Crystal Meth. (Ice)[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.1	0.1	*	0.1	0.0
Sedatives[k,m]	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	0.1	+0.1
Barbiturates[k]	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	*	0.1	+0.1
Methaqualone[k,m]	*	*	*	*	*	0.1	0.1	0.1	*	*	*	*	*	0.1	*	*	*	0.1	0.0	0.1	0.1	0.0
Tranquilizers[k]	0.1	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	*	0.1	*	0.1	0.1	0.1	*	*	0.1	*	0.0
Alcohol																						
Daily[n]	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	+0.6ss
Been drunk daily[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.9	0.8	0.9	1.2	1.3	+0.1
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	+1.6
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	+2.2s
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	+1.2
Smokeless Tobacco[o]	—	—	—	—	—	—	—	—	—	—	—	4.7	5.1	4.3	3.3	—	—	4.3	3.3	3.9	3.6	-0.4
Steroids[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.2	0.1	0.1	0.1	0.4	0.2	-0.2

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 2 for relevant footnotes.

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

TABLE 1

Trends in Lifetime[e] Prevalence of Various Types of Drugs Among College Students 1-4 Years Beyond High School

(Entries are percentages)

	Percent who used in lifetime															
Approx. Wtd. N =	1980 *(1040)*	1981 *(1130)*	1982 *(1150)*	1983 *(1170)*	1984 *(1110)*	1985 *(1080)*	1986 *(1190)*	1987 *(1220)*	1988 *(1310)*	1989 *(1300)*	1990 *(1400)*	1991 *(1410)*	1992 *(1490)*	1993 *(1490)*	1994 *(1410)*	'93-'94 change
Any Illicit Drug[f]	69.4	66.8	64.6	66.9	62.7	65.2	61.8	60.0	58.4	55.6	54.0	50.4	48.8	45.9	45.5	-0.4
Any Illicit Drug[f] Other than Marijuana	42.2	41.3	39.6	41.7	38.6	40.0	37.5	35.7	33.4	30.5	28.4	25.8	26.1	24.3	22.0	-2.4
Marijuana	65.0	63.3	60.5	63.1	59.0	60.6	57.9	55.8	54.3	51.3	49.1	46.3	44.1	42.0	42.2	+0.2
Inhalants[b]	10.2	8.8	10.6	11.0	10.4	10.6	11.0	13.2	12.6	15.0	13.9	14.4	14.2	14.8	12.0	-2.8s
Hallucinogens	15.0	12.0	15.0	12.2	12.9	11.4	11.2	10.9	10.2	10.7	11.2	11.3	12.0	11.8	10.0	-1.8
LSD	10.3	8.5	11.5	8.8	9.4	7.4	7.7	8.0	7.5	7.8	9.1	9.6	10.6	10.6	9.2	-1.4
Cocaine	22.0	21.5	22.4	23.1	21.7	22.9	23.3	20.6	15.8	14.6	11.4	9.4	7.9	6.3	5.0	-1.4
Crack[c]	NA	NA	NA	NA	NA	NA	NA	3.3	3.4	2.4	1.4	1.5	1.7	1.3	1.0	-0.4
MDMA ("ecstasy")[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	3.8	3.9	2.0	2.9	2.3	2.1	-0.2
Heroin	0.9	0.6	0.5	0.3	0.5	0.4	0.4	0.6	0.3	0.7	0.3	0.5	0.5	0.6	0.1	-0.5s
Other Opiates[a]	8.9	8.3	8.1	8.4	8.9	6.3	8.8	7.6	6.3	7.6	6.8	7.3	7.3	6.2	5.1	-1.1
Stimulants[a]	29.5	29.4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted[a,d]	NA	NA	30.1	27.8	27.8	25.4	22.3	19.8	17.7	14.6	13.2	13.0	10.5	10.1	9.2	-0.9
Crystal meth. (ice)[h]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.0	1.3	0.6	1.6	1.3	-0.4
Sedatives[a]	13.7	14.2	14.1	12.2	10.8	9.3	8.0	6.1	4.7	4.1	NA	NA	NA	NA	NA	NA
Barbiturates[a]	8.1	7.8	8.2	6.6	6.4	4.9	5.4	3.5	3.6	3.2	3.8	3.5	3.8	3.5	3.2	-0.3
Methaqualone[a]	10.3	10.4	11.1	9.2	9.0	7.2	5.8	4.1	2.2	2.4	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	15.2	11.4	11.7	10.8	10.8	9.8	10.7	8.7	8.0	8.0	7.1	6.8	6.9	6.3	4.4	-1.9s
Alcohol[i]	94.3	95.2	95.2	95.0	94.2	95.3	94.9	94.1	94.9	93.7	93.1	93.6	91.8	91.2	—	—
More than a few sips														*87.1*	*88.1*	*+1.0*
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.
An asterisk indicates a percentage of less than 0.05%. NA indicates data not available.

[a]Only drug use which was not under a doctor's orders is included here.
[b]This drug was asked about in four of the five questionnaire forms in 1980-89, and in five of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 1175.
[c]This drug was asked about in two of the five questionnaire forms in 1987-89, and in all six questionnaire forms in 1990-1994.
[d]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.
[e]Data are uncorrected for cross-time inconsistencies in the answers.
[f]Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (until 1990), or tranquilizers not under a doctor's orders.
[g]This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 470.
[h]This drug was asked about in two of the six questionnaire forms. Total N in 1994 (for college students) is 470.
[i]In 1993, the question text was changed slightly in three of the questionnaire forms to indicate that a "drink" meant "more than a few sips." The data in the upper line came from forms using the original wording (N was approximately 750 in 1993), while the data in the lower line came from forms using the revised wording. Data is based on all six forms again in 1994, using the revised question wording.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 2

Trends in Annual Prevalence of Various Types of Drugs Among College Students 1-4 Years Beyond High School

(Entries are percentages)

	Percent who used in last twelve months															
Approx. Wtd. N =	1980 *(1040)*	1981 *(1130)*	1982 *(1150)*	1983 *(1170)*	1984 *(1110)*	1985 *(1080)*	1986 *(1190)*	1987 *(1220)*	1988 *(1310)*	1989 *(1300)*	1990 *(1400)*	1991 *(1410)*	1992 *(1490)*	1993 *(1490)*	1994 *(1410)*	'93-'94 change
Any Illicit Drug[e]	56.2	55.0	49.5	49.8	45.1	46.3	45.0	40.1	37.4	36.7	33.3	29.2	30.6	30.6	31.4	+0.7
Any Illicit Drug[e] Other than Marijuana	32.3	31.7	29.9	29.9	27.2	26.7	25.0	21.3	19.2	16.4	15.2	13.2	13.1	12.5	12.2	-0.3
Marijuana	51.2	51.3	44.7	45.2	40.7	41.7	40.9	37.0	34.6	33.6	29.4	26.5	27.7	27.9	29.3	+1.5
Inhalants[b]	3.0	2.5	2.5	2.8	2.4	3.1	3.9	3.7	4.1	3.7	3.9	3.5	3.1	3.8	3.0	-0.8
Hallucinogens	8.5	7.0	8.7	6.5	6.2	5.0	6.0	5.9	5.3	5.1	5.4	6.3	6.8	6.0	6.2	+0.2
LSD	6.0	4.6	6.3	4.3	3.7	2.2	3.9	4.0	3.6	3.4	4.3	5.1	5.7	5.1	5.2	+0.1
Cocaine	16.8	16.0	17.2	17.3	16.3	17.3	17.1	13.7	10.0	8.2	5.6	3.6	3.0	2.7	2.0	-0.7
Crack[c]	NA	NA	NA	NA	NA	NA	1.3	2.0	1.4	1.5	0.6	0.5	0.4	0.6	0.5	-0.2
MDMA ("ecstasy")[f]	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.3	2.3	0.9	2.0	0.8	0.5	-0.3
Heroin	0.4	0.2	0.1	*	0.1	0.2	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.0
Other Opiates[a]	5.1	4.3	3.8	3.8	3.8	2.4	4.0	3.1	3.1	3.2	2.9	2.7	2.7	2.5	2.4	-0.1
Stimulants[a]	22.4	22.2	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted[a,d]	NA	NA	21.1	17.3	15.7	11.9	10.3	7.2	6.2	4.6	4.5	3.9	3.6	4.2	4.2	0.0
Crystal meth. (ice)[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.1	0.1	0.2	0.7	0.8	+0.1
Sedatives[a]	8.3	8.0	8.0	4.5	3.5	2.5	2.6	1.7	1.5	1.0	NA	NA	NA	NA	NA	NA
Barbiturates[a]	2.9	2.8	3.2	2.2	1.9	1.3	2.0	1.2	1.1	1.0	1.4	1.2	1.4	1.5	1.2	-0.3
Methaqualone[a]	7.2	6.5	6.6	3.1	2.5	1.4	1.2	0.8	0.5	0.2	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	6.9	4.8	4.7	4.6	3.5	3.6	4.4	3.8	3.1	2.6	3.0	2.4	2.9	2.4	1.8	-0.6
Alcohol[h]	90.5	92.5	92.2	91.6	90.0	92.0	91.5	90.9	89.6	89.6	89.0	88.3	86.9	86.5	NA	NA
More than just a few sips														*83.8***	*82.7*	*-1.1*
Cigarettes	36.2	37.6	34.3	36.1	33.2	35.0	35.3	38.0	36.6	34.2	35.5	35.6	37.3	38.8	37.6	-1.1

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.
An asterisk indicates a percentage of less than 0.05%. NA indicates data not available.

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

[b]This drug was asked about in four of the five questionnaire forms in 1980-89, and in five of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 1175.

[c]This drug was asked about in one of the five questionnaire forms in 1986, two of the five questionnaire forms in 1987-89, and in all six questionnaire forms in 1990-1994.

[d]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

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

[f]This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 470.

[g]This drug was asked about in two of the six questionnaire forms. Total N in 1994 (for college students) is 470.

[h]In 1993, the question text was changed slightly in three of the questionnaire forms to indicate that a "drink" meant "more than a few sips." The data in the upper line came from forms using the original wording (N was approximately 750 in 1993), while the data in the lower line came from forms using the revised wording. Data is based on all six forms again in 1994, using the revised question wording.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 3

Trends in Thirty-Day Prevalence of Various Types of Drugs Among College Students 1-4 Years Beyond High School

(Entries are percentages)

	Percent who used in last thirty days															
Approx. Wtd. N =	1980 *(1040)*	1981 *(1130)*	1982 *(1150)*	1983 *(1170)*	1984 *(1110)*	1985 *(1080)*	1986 *(1190)*	1987 *(1220)*	1988 *(1310)*	1989 *(1300)*	1990 *(1400)*	1991 *(1410)*	1992 *(1490)*	1993 *(1490)*	1994 *(1410)*	'93-'94 change
Any Illicit Drug[e]	38.4	37.6	31.3	29.3	27.0	26.1	25.9	22.4	18.5	18.2	15.2	15.2	16.1	15.1	16.0	+0.9
Any Illicit Drug[e] Other than Marijuana	20.7	18.6	17.1	13.9	13.8	11.8	11.6	8.8	8.5	6.9	4.4	4.3	4.6	5.4	4.6	-0.8
Marijuana	34.0	33.2	26.8	26.2	23.0	23.6	22.3	20.3	16.8	16.3	14.0	14.1	14.6	14.2	15.1	+0.8
Inhalants[b]	1.5	0.9	0.8	0.7	0.7	1.0	1.1	0.9	1.3	0.8	1.0	0.9	1.1	1.3	0.6	-0.7
Hallucinogens	2.7	2.3	2.6	1.8	1.8	1.3	2.2	2.0	1.7	2.3	1.4	1.2	2.3	2.5	2.1	-0.4
LSD	1.4	1.4	1.7	0.9	0.8	0.7	1.4	1.4	1.1	1.4	1.1	0.8	1.8	1.6	1.8	+0.2
Cocaine	6.9	7.3	7.9	6.5	7.6	6.9	7.0	4.6	4.2	2.8	1.2	1.0	1.0	0.7	0.6	-0.2
Crack[c]	NA	NA	NA	NA	NA	NA	NA	0.4	0.5	0.2	0.1	0.3	0.1	0.1	0.1	0.0
MDMA ("ecstasy")[f]	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.3	0.6	0.2	0.4	0.3	0.2	-0.1
Heroin	0.3	0.0	0.0	0.0	*	*	0.0	0.1	0.1	0.1	0.0	0.1	0.0	*	0.0	0.0
Other Opiates[a]	1.8	1.1	0.9	1.1	1.4	0.7	0.6	0.8	0.8	0.7	0.5	0.6	1.0	0.7	0.4	-0.3
Stimulants[a]	13.4	12.3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted[a,d]	NA	NA	9.9	7.0	5.5	4.2	3.7	2.3	1.8	1.3	1.4	1.0	1.1	1.5	1.5	-0.1
Crystal meth. (ice)[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.0	0.0	0.0	0.3	0.5	+0.2
Sedatives[a]	3.8	3.4	2.5	1.1	1.0	0.7	0.6	0.6	0.6	0.2	NA	NA	NA	NA	NA	NA
Barbiturates[a]	0.9	0.8	1.0	0.5	0.7	0.4	0.6	0.5	0.5	0.2	0.2	0.3	0.7	0.4	0.4	0.0
Methaqualone[a]	3.1	3.0	1.9	0.7	0.5	0.3	0.1	0.2	0.1	0.0	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	2.0	1.4	1.4	1.2	1.1	1.4	1.9	1.0	1.1	0.8	0.5	0.6	0.6	0.4	0.4	0.0
Alcohol[h]	81.8	81.9	82.8	80.3	79.1	80.3	79.7	78.4	77.0	76.2	74.5	74.7	71.4	72.0	—	—
More than a few sips														*67.7*	*67.5*	*-0.2*
Cigarettes	25.8	25.9	24.4	24.7	21.5	22.4	22.4	24.0	22.6	21.1	21.5	23.2	23.5	24.5	23.5	-1.0

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.
An asterisk indicates a percentage of less than 0.05%. NA indicates data not available.

[a]Only drug use which was not under a doctor's orders is included here.
[b]This drug was asked about in four of the five questionnaire forms in 1980-89, and in five of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 1175.
[c]This drug was asked about in two of the five questionnaire forms in 1987-89, and in all six questionnaire forms in 1990-1994.
[d]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.
[e]Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (until 1990), or tranquilizers not under a doctor's orders.
[f]This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 470.
[g]This drug was asked about in two of the six questionnaire forms. Total N in 1994 (for college students) is 470.
[h]In 1993, the question text was changed slightly in three of the questionnaire forms to indicate that a "drink" meant "more than a few sips." The data in the upper line came from forms using the original wording (N was approximately 750 in 1993), while the data in the lower line came from forms using the revised wording. Data is based on all six forms again in 1994, using the revised question wording.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 5

Trends in Lifetime[k] 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	'93-'94 change
Approx. Weighted N's =	*(6900)*	*(6800)*	*(6700)*	*(6600)*	*(6700)*	*(6600)*	*(6800)*	*(6700)*	*(6500)*	
Any Illicit Drug[h]	70.5	69.9	67.9	66.4	64.5	62.2	60.2	59.6	57.5	-2.2s
Any Illicit Drug[h] Other than Marijuana	48.4	47.0	44.6	42.7	40.8	37.8	37.0	34.6	33.4	-1.2
Marijuana	66.5	66.0	63.8	62.8	60.2	58.6	56.4	55.9	53.7	-2.1s
Inhalants[b]	12.3	12.7	12.6	13.2	12.5	13.4	13.5	14.1	13.2	-0.8
Inhalants, Adjusted[g]	18.6	15.7	15.0	NA	13.5	14.1	13.9	14.5	13.5	-1.0
Nitrites[f]	12.6	6.9	6.2	NA	1.9	1.4	1.2	1.3	1.0	-0.4
Hallucinogens	18.5	17.1	17.0	15.9	16.1	15.7	15.7	15.4	15.4	0.0
Hallucinogens, Adjusted[g]	20.1	17.2	17.2	NA	16.5	16.0	15.9	15.5	15.5	-0.1
LSD	14.6	13.7	13.8	12.7	13.5	13.5	13.8	13.6	13.8	+0.3
PCP[f]	8.4	4.8	5.0	NA	2.5	3.1	2.0	1.9	2.0	+0.1
Cocaine	32.0	29.3	28.2	25.8	23.7	21.0	19.5	16.9	15.2	-1.8ss
Crack[c]	NA	6.3	6.9	6.1	5.1	4.8	5.1	4.3	4.4	+0.1
Other Cocaine[j]	NA	28.2	25.2	25.4	22.1	19.8	18.4	15.1	13.9	-1.2
MDMA ("Ecstasy")[i]	NA	NA	NA	3.3	3.7	3.2	3.9	3.8	3.8	+0.1
Heroin	1.3	1.3	1.1	1.0	0.9	0.9	0.9	0.9	0.8	0.0
Other Opiates[a]	10.7	10.6	9.8	9.6	9.4	9.3	8.9	8.1	8.2	+0.1
Stimulants, Adjusted[a,d]	32.3	30.8	28.8	25.3	24.4	22.4	20.2	18.7	17.1	-1.6s
"Ice"[i]	NA	NA	NA	NA	2.5	2.9	2.2	2.7	2.5	-0.2
Sedatives[a]	16.7	15.0	13.2	12.1	NA	NA	NA	NA	NA	NA
Barbiturates[a]	11.1	9.7	8.9	7.9	8.7	8.2	7.4	6.5	6.4	0.0
Methaqualone[a]	13.1	11.6	9.7	8.7	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	17.6	16.5	15.1	13.5	12.9	11.8	11.3	10.5	9.9	-0.6
Alcohol[l]	94.8	94.9	94.8	94.5	94.3	94.1	93.4	93.7	—	—
More than a few sips								*90.4*	*91.2*	*+0.8*
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Steroids[f]	NA	NA	NA	1.1	1.2	1.7	1.9	1.5	1.3	-0.2

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.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 6

Trends in Annual Prevalence of Various Types of Drugs Among Respondents of Modal Age 19-28

(Entries are Percentages)

	Percent who used in last twelve months									
	1986	1987	1988	1989	1990	1991	1992	1993	1994	'93-'94 change
Approx. Weighted N's =	*(6900)*	*(6800)*	*(6700)*	*(6600)*	*(6700)*	*(6600)*	*(6800)*	*(6700)*	*(6500)*	
Any Illicit Drug[h]	41.9	39.3	36.3	32.8	30.7	27.0	28.3	28.4	28.4	0.0
Any Illicit Drug[h] Other than Marijuana	27.0	23.9	21.3	18.3	16.7	14.3	14.1	13.0	13.0	+0.1
Marijuana	36.5	34.8	31.8	29.0	26.1	23.8	25.2	25.1	25.5	+0.5
Inhalants[b]	1.9	2.1	1.8	1.9	1.9	2.0	1.9	2.1	2.1	0.0
Inhalants, Adjusted[g]	3.0	2.8	2.4	NA	2.1	2.2	1.9	2.3	2.2	-0.1
Nitrites[f]	2.0	1.3	1.0	NA	0.4	0.2	0.1	0.4	0.3	-0.2
Hallucinogens	4.5	4.0	3.9	3.6	4.1	4.5	5.0	4.5	4.8	+0.3
Hallucinogens, Adjusted[g]	4.9	4.1	3.9	NA	4.2	4.6	5.1	4.6	4.9	+0.3
LSD	3.0	2.9	2.9	2.7	3.3	3.8	4.3	3.8	4.0	+0.2
PCP[f]	0.8	0.4	0.4	NA	0.2	0.3	0.3	0.2	0.3	+0.1
Cocaine	19.7	15.7	13.8	10.8	8.6	6.2	5.7	4.7	4.3	-0.4
Crack[c]	3.2	3.1	3.1	2.5	1.6	1.2	1.4	1.3	1.1	-0.1
Other Cocaine[j]	NA	13.6	11.9	10.3	8.1	5.4	5.1	3.9	3.6	-0.3
MDMA ("Ecstasy")[i]	NA	NA	NA	1.4	1.5	0.8	1.0	0.8	0.7	-0.1
Heroin	0.2	0.2	0.2	0.2	0.1	0.1	0.2	0.2	0.1	0.0
Other Opiates[a]	3.1	3.1	2.7	2.8	2.7	2.5	2.5	2.2	2.5	+0.3
Stimulants, Adjusted[a,d]	10.6	8.7	7.3	5.8	5.2	4.3	4.1	4.0	4.5	+0.5
"Ice"[i]	NA	NA	NA	NA	0.4	0.3	0.4	0.8	0.9	+0.1
Sedatives[a]	3.0	2.5	2.1	1.8	NA	NA	NA	NA	NA	NA
Barbiturates[a]	2.3	2.1	1.8	1.7	1.9	1.8	1.6	1.9	1.8	-0.1
Methaqualone[a]	1.3	0.9	0.5	0.3	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	5.4	5.1	4.2	3.7	3.7	3.5	3.4	3.1	2.9	-0.2
Alcohol[l]	88.6	89.4	88.6	88.1	87.4	86.9	86.2	86.5	–	–
More than a few sips								*84.2*	*83.7*	*-0.5*
Cigarettes	40.1	40.3	37.7	38.0	37.1	37.7	37.9	37.8	38.3	+0.5
Steroids[f]	NA	NA	NA	0.5	0.3	0.5	0.4	0.3	0.4	+0.1

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.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 7

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									
	1986	1987	1988	1989	1990	1991	1992	1993	1994	'93-'94 change
Approximate Weighted N =	*(6900)*	*(6800)*	*(6700)*	*(6600)*	*(6700)*	*(6600)*	*(6800)*	*(6700)*	*(6500)*	
Any Illicit Drug[h]	25.8	23.4	20.5	17.7	15.9	15.1	14.8	14.9	15.3	+0.4
Any Illicit Drug Other than Marijuana[h]	13.0	10.7	9.5	7.5	6.0	5.4	5.5	4.9	5.3	+0.4
Marijuana	22.0	20.7	17.9	15.5	13.9	13.5	13.3	13.4	14.1	+0.6
Inhalants[b]	0.4	0.6	0.6	0.5	0.6	0.5	0.6	0.7	0.5	-0.2
Inhalants, Adjusted[c]	0.7	0.9	0.9	NA	0.7	0.6	0.7	0.7	0.6	-0.1
Nitrites[f]	0.5	0.5	0.4	NA	0.1	*	0.1	0.2	0.1	-0.1
Hallucinogens	1.3	1.2	1.1	1.1	0.9	1.1	1.5	1.2	1.4	+0.3
Hallucinogens, Adjusted[g]	1.4	1.2	1.1	NA	1.0	1.2	1.6	1.2	1.4	+0.2
LSD	0.9	0.8	0.8	0.8	0.6	0.8	1.1	0.8	1.1	+0.3
PCP[f]	0.2	0.1	0.3	NA	0.2	0.1	0.2	0.2	0.1	-0.1
Cocaine	8.2	6.0	5.7	3.8	2.4	2.0	1.8	1.4	1.3	0.0
Crack[c]	NA	1.0	1.2	0.7	0.4	0.4	0.4	0.4	0.3	-0.1
Other Cocaine[j]	NA	4.8	4.8	3.4	2.1	1.8	1.7	1.1	1.0	-0.1
MDMA ("Ecstasy")[i]	NA	NA	NA	0.4	0.2	0.1	0.3	0.3	0.2	-0.1
Heroin	0.1	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.0
Other Opiates[a]	0.9	0.9	0.7	0.7	0.7	0.6	0.7	0.7	0.6	-0.1
Stimulants, Adjusted	4.0	3.2	2.7	2.1	1.9	1.5	1.5	1.5	1.7	+0.3
"Ice"[i]	NA	NA	NA	NA	0.1	*	0.1	0.3	0.5	+0.2
Sedatives[a]	0.9	0.8	0.7	0.5	NA	NA	NA	NA	NA	NA
Barbiturates[a]	0.7	0.7	0.7	0.5	0.6	0.5	0.5	0.6	0.6	0.0
Methaqualone[a]	0.3	0.2	0.1	0.0	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	1.8	1.6	1.4	1.2	1.1	0.9	1.0	1.0	0.8	-0.2
Alcohol[l]	75.1	75.4	74.0	72.4	71.2	70.6	69.0	69.7	—	—
More than a few sips								*66.9*	*67.7*	*+0.7*
Cigarettes	31.1	30.9	28.9	28.6	27.7	28.2	28.3	28.0	27.9	0.0
Steroids[f]	NA	NA	NA	0.2	0.1	0.2	0.1	0.0	0.1	+0.1

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 5.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

FOOTNOTES FOR TABLES 5-8

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

[b]This drug was asked about in four of the five questionnaire forms in 1986-89, and five of the six questionnaire forms in 1990-1994. Total N is approximately 5400 in 1994.

[c]This drug was asked about in two of the five questionnaire forms in 1987-89, and in all six questionnaire forms in 1990-1994.

[d]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

[e]Adjusted for underreporting of amyl and butyl nitrites.

[f]This drug was asked about in one questionnaire form. Total N in 1994 is approximately 1100.

[g]Adjusted for underreporting of PCP.

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

[i]This drug was asked about in two questionnaire forms. Total N in 1994 is approximately 2200.

[j]This drug was asked about in one of the five questionnaire forms in 1987-89, and in four of the six questionnaire forms in 1990-1994. Total N in 1994 is approximately 4300.

[k]Lifetime prevalence is uncorrected for any cross-time inconsistencies in responding. See text.

[l]In 1993, the question text was changed slightly in three of the questionnaire forms to indicate that a "drink" meant "more than a few sips." The data in the upper line came from forms using the original wording (N was approximately 3700 in 1993), while the data in the lower line came from forms using the revised wording (N was approximately 2400 in 1993 – one of the questionnaire forms, added in 1990, was deleted to insure a representative age distribution in the ten-year age grouping). Data is based on all six forms again in 1994, using the revised question wording.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Studen and Young Adults*, preliminary tables, November 1995.

Population density and region evidence few associations with lifetime inhalant use. In 1992 for the 18-25 age group, lifetime inhalant use was higher in large than in small metropolitan areas; in 1993, however, small metropolitan areas had higher rates of inhalant use than both large metro and nonmetro areas. In the 12-17 and 35 and older age groups, as well as in the total sample, lifetime inhalant use was higher in the West than in the Northeast.

Education was associated with lifetime inhalant use only among adult respondents age 35 and older. In this age group, college graduates were almost three times as likely to report lifetime inhalant use as those who had not attended college.

Employment status was associated with lifetime inhalant use. In the 18-25 group, those who worked part-time were more likely to report lifetime inhalant use than those in the "other" category. In this age group, lifetime use of part-time workers and those unemployed is nearly twice that of those out of the labor force. Overall, and for adults 26 and older, lifetime inhalant use was more common among full-time workers than among those not in the labor force (e.g., retired persons, homemakers, disabled persons, students).

Prevalence of Hallucinogen Use

Approximately 18 million of the 207 million persons in the NHSDA-surveyed population (9%) used hallucinogens in their lifetime, 2.4 million people (1.2%) used in the past year, and 515,000 people (.2%) in the past month. The number and proportion of the persons reporting lifetime, past-year, and past-month hallucinogen use remained unchanged from 1992 to 1993.[5] Overall, past-year hallucinogen use was more common among whites, males, persons living in the West, and the unemployed. LSD, psilocybin, and PCP were the most frequently used hallucinogens among both adult respondents age 18-34 and youth age 12-17 (see Table 5.3). Among older adults (35+), LSD, psilocybin, and mescaline were most frequently used. In 1993, 8.4 million people (4% of the sampled respondents) reported ever using PCP and 448,000 people (.2%) reported using PCP in the past year.[6] Lifetime use of PCP was relatively higher among 26- to 34-year-olds, and among males, whites, and Western residents.

Tables 5.4 and 5.5 show hallucinogen prevalence in lifetime and the past year, respectively, and Table 5.6 shows PCP prevalence in lifetime for various demographic groups by age of respondent. Age differences in lifetime hallucinogen use were observed: 26- to 34-year-olds reported the highest lifetime prevalence (16%) and the 12-17 age group reported the lowest (2.9%). Past-year use of hallucinogens was highest among 18- to 25-year-olds. Lifetime PCP use was reported most often by the 26- to 34-year-olds (8.2%) and least often by the adolescents age 12-17 (1%).

Except for the 12-17 age group, lifetime and past-year hallucinogen use was proportionately more common among males than among females. Across all adult age groups, and for the total sample, males were about 1.5 to 3 times as likely as females to report lifetime hallucinogen use. Differences between the sexes in past-year use of hallucinogens were reported by the 18-25 and 26-34 age groups; males in the 35 and older group reported ever using PCP almost three times more often than their female counterparts.

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[5]Office of Applied Studies, SAMHSA, *Preliminary Estimates from the 1993 National Household Survey on Drug Abuse,* Advance Report Number 7, Rockville, MD: US Department of Health and Human Services (July, 1994), p.48-49.

[6]Office of Applied Studies, SAMSHA, *Preliminary Estimates from the 1993 National Household Survey on Drug Abuse,* Advance Report 3, Rockville, MD: SAMSHA (July 1994), pp.48-49.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse: Main Findings 1993*, 1995.

In nearly every age group, whites had the highest and blacks the lowest rates of lifetime and past-year use of hallucinogens, with Hispanics in between; most differences between blacks and whites were statistically significant. For all ages, whites reported at least twice the prevalence of PCP use in their lifetime as blacks.

Overall, as well as for those age 12-17, lifetime and past-year hallucinogen use were more likely in small metropolitan areas than in nonmetropolitan areas. Similarly, among 26- to 34-year-olds, PCP prevalence was higher in small metropolitan than in nonmetropolitan areas (ratio = 1.8:1); however, 18- to 25-year-olds reported just the opposite by a smaller ratio (1.3:1).

Among the four geographic regions in the country, overall lifetime and past-year hallucinogen use were higher in the West than in the South, Northeast, or North Central areas. Overall, and for those 26 and older, respondents in the West reported higher PCP use in their lifetime than respondents in the North Central region.

Overall, and among older adults (35+), persons who graduated from or attended college reported higher hallucinogen use in their lifetime than did those who did not attend college. In addition, high school graduates 35 and older reported higher lifetime hallucinogen use than did nongraduates. However, respondents who did not graduate college reported two to three times the rate of past-year hallucinogen use as did college graduates. Among adults age 18-25, those with less than a high school education were the most likely to have ever used PCP.

Lifetime and past-year hallucinogen use was higher among the unemployed population than among those in the "other" employment category (e.g., retired, disabled, homemaker, or student). In fact, the "other" group reported lower lifetime and past-year prevalence rates than all other groups. They also reported the lowest PCP use.

Prevalence of Heroin Use

About 2.3 million (1%) of the 207 million persons represented in 1993 reported heroin use in their lifetime (see Table 2.1), 245,000 persons (.1%) used in the past year.[7] Estimates of heroin use from the NHSDA are very conservative due to the acknowledged undercoverage of the heroin-using population, many of whom are outside the household sampling frame. For those age 18-25, lifetime heroin use decreased slightly from 1992 (368 million versus 192 million), but few changes in past-year or current prevalence were detected.[8] Data obtained from the Drug Abuse Warning Network (DAWN) indicate that emergency room mentions of heroin use increased from 1992 to 1993.[9] As mentioned earlier in connection with cocaine-related emergency room visits, an increase in heroin-related emergency room

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[7]Office of Applied Studies, SAMHSA, *Preliminary Estimates from the 1993 National Household Survey on Drug Abuse Population*, Advance Report Number 7, Rockville, MD: U.S. Department of Health and Human Services (July, 1994), pp.48-49.

[8]Office of Applied Studies, SAMHSA, *Preliminary Estimates from the 1993 National Household Survey on Drug Abuse*, Advance Report Number 7, Rockville, MD: US Department of Health and Human Services (July, 1994), p.54.

[9]Office of Applied Studies, SAMHSA, *Preliminary Estimates From the Drug Abuse Warning Network: 1993 Preliminary Estimates of Drug-Related Emergency Department Episodes*, Advance Report Number 8, Rockville, MD: SAMHSA (December, 1994), p.71.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse: Main Findings 1993*, 1995.

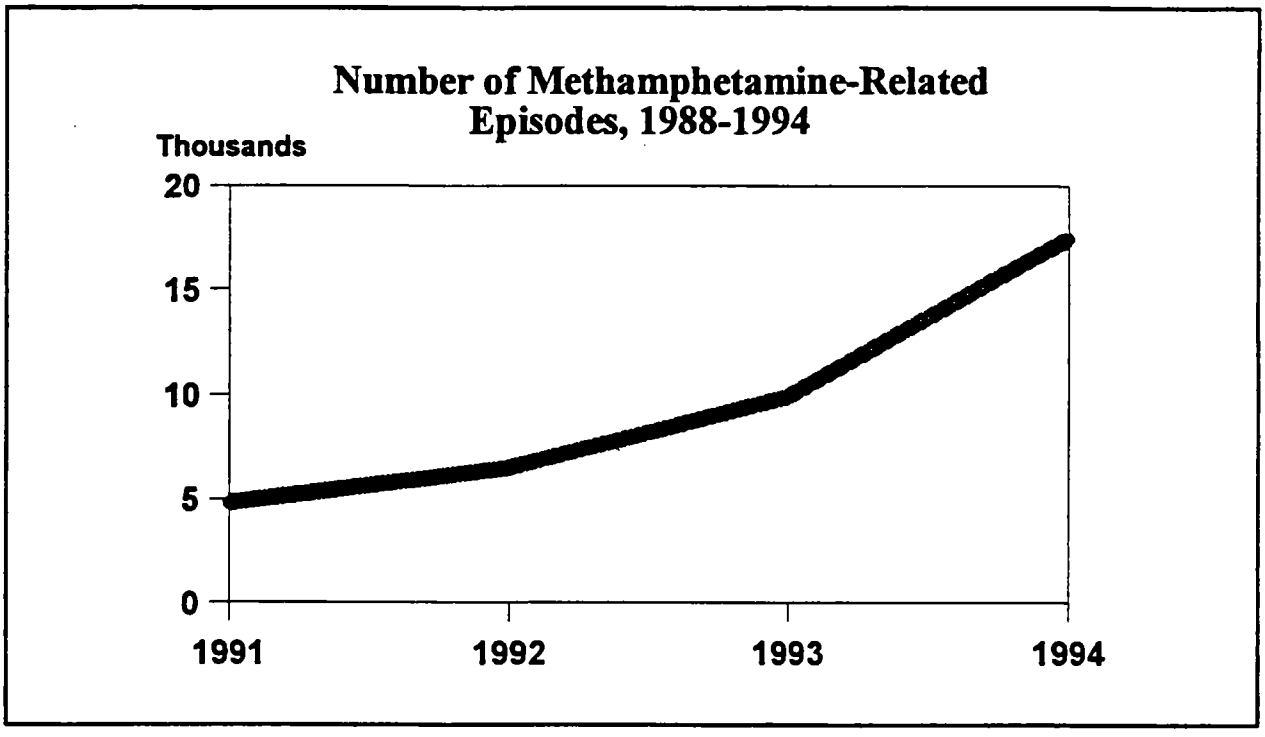
Table 5.3 Percentage Reporting Hallucinogen Use in Their Lifetime, by Hallucinogen Type and Age Group: 1993

Hallucinogen	Age Group (Years) 12-17	18-25	26-34	35+	Total
Any Hallucinogen	**2.9**	**12.5**	**15.9**	**6.6**	**8.7**
LSD	2.2	9.6	10.7	5.0	**6.4**
Peyote	0.3	0.9	2.7	2.1	**1.8**
Mescaline	0.1	1.4	4.8	3.5	**3.1**
Psilocybin	0.4	4.4	7.2	2.4	**3.3**
PCP	1.0	4.4	8.2	3.2	**4.1**
Ecstasy	0.3	1.9	1.8	0.4	**0.9**

LSD = lysergic acid diethylamide.
PCP = phencyclidine.

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1993.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse: Main Findings 1993*, 1995.



- **Methamphetamine**

  Between 1988 and 1991, there was a decrease in methamphetamine-related emergency department episodes. However, from 1991 through 1994, methamphetamine-related episodes rose 256 percent from 4,900 to 17,400. Between 1993 and 1994, methamphetamine-related episodes increased 75 percent from 9,900 to 17,400. Part of this increase was due to a change in reporting practices in two hospitals in the national panel. When these hospitals were excluded from the estimation, the increase in methamphetamine-related episodes based on the remainder of the sample was 45 percent between 1993 and 1994.

- **PCP**

  From 1988 through 1991, there was a dramatic decrease in episodes involving PCP and PCP combinations (from 12,300 to 3,500); however, from 1991 through 1993, there was an 91 percent increase (from 3,500 to 6,600). There was no change in PCP-related episodes between 1993 and 1994 (from 6,600 to 6,000).

- **LSD**

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Preliminary Estimates of Drug-Related Emergency Department Episodes, Advance Report Number 11*, November 1995.

LSD-related episodes have remained relatively stable since 1988. There was no change in LSD-related episodes between 1993 and 1994 (from 3,400 to 5,100).

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Preliminary Estimates of Drug-Related Emergency Department Episodes, Advance Report Number 11*, November 1995.

the lowest was in New York City. Nevertheless, the drug is particularly sought after on the streets of New York.

Carisoprodol (Rela or Soma) is often used in Phoenix and Detroit in combination with hydrocodone or codeine mixtures.

Diazepam is commonly diverted and abused in Atlanta, Chicago, Texas, and Boston; the same holds true for alprazolam in Texas, Boston, and Minneapolis/St. Paul.

HALLUCINOGENS

The consequences of PCP use appear to be rebounding in several cities, particularly Washington, DC. A resurgence in LSD availability is also reported in many areas. Decreased LSD potency and changing motivations are resulting in new patterns of abuse by youth—an area for potential research.

After generally declining since 1988, phencyclidine (PCP) ED rates appear to be rebounding in several cities. Rates are especially high in Washington, DC, where arrestee urinalysis results support indications of increased use, particularly among juveniles. In some areas, such as Chicago, Miami, and Texas, PCP is increasingly used with marijuana.

Generally, the cities with relatively high ED rates for PCP have relatively low rates for lysergic acid diethylamide (LSD), and vice-versa. San Francisco has the highest LSD rate. Qualitative sources continue to report increased LSD use among youth. A resurgence in availability and market activity is reported in several areas, including Atlanta, Miami, Denver, Minneapolis/St. Paul, and New York City; continued availability is reported in Detroit, Phoenix, St. Louis, and Seattle. In most of these areas, however, potency is reported as considerably lower than it was in the 1960s and 1970s. Consequently, in areas such as Miami, adolescents consume LSD more frequently than in earlier years.
Two other hallucinogens increasingly used as "club drugs" are ketamine ("Special K"), reported in Miami and St. Louis, and 4-bromo-2,5-dimethoxyphenylalamine ("nexus"), reported in Atlanta.

OTHER DRUGS

Butane inhalation has been linked to recent deaths in the Philadelphia suburbs. It has also been reported in Minnesota, where inhalant abuse has also caused recent deaths.

Anabolic steroid abuse is reported in Phoenix, Texas, and Honolulu.

In rural areas and sururbs surrounding Newark, extromethorphan (DXM or "robo") continues to be overused for its hallucinogenic effects. Butorphanol tartrate (Stadol) nasal spray continues to be overutilized in Arizona, both by inhalation and injection.

Source: U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

Table 2.07 - Number of mentions and percent distribution of total deaths by selected drug group according to sex: 1993

Drug groups: therapeutic class by drug category (Examples of commonly encountered brands)	TOTAL [2]		Male		Female	
	Number	Percent	Number	Percent	Number	Percent
TRANQUILIZERS	1,131		747		380	
Diazepam (Valium)	605	7.1	427	6.7	176	8.4
Alprazolam (Xanax)	113	1.3	55	.9	58	2.8
Chlordiazepoxide (Librium)	88	1.0	61	1.0	27	1.3
Clorazepate (Tranxene)	1	*	-	-	1	*
Lorazepam (Ativan)	30	.4	17	.3	13	.6
Meprobamate	66	.8	41	.6	24	1.2
Other/unspecified tranquilizers	228	2.7	146	2.3	81	3.9
NARCOTIC ANALGESICS	5,876		4,566		1,290	
Heroin/Morphine [3]	3,805	44.5	3,116	48.6	672	32.2
d-Propoxyphene (Darvocet N, Darvon)	338	4.0	190	3.0	148	7.1
Methadone	457	5.4	313	4.9	143	6.9
Oxycodone (Percocet 5, Percodan, Tylox)	48	.6	30	.5	18	.9
Codeine	990	11.6	758	11.8	230	11.0
Meperidine HCl (Demerol)	55	.6	34	.5	21	1.0
Hydromorphone (Dilaudid)	21	.2	18	.3	3	.1
Other/unspecified narcotic analgesics	162	1.9	107	1.7	55	2.6
NON-NARCOTIC ANALGESICS	476		246		226	
Aspirin	113	1.3	56	.9	55	2.6
Acetaminophen (Tylenol)	301	3.5	158	2.5	141	6.8
Pentazocine (Talwin, Talacen)	-	-	-	-	-	-
Butalbital combinations (Fiorinal, Esgic)	1	*	1	*	-	-
Other/unspecified non-narcotic analgesics	61	.7	31	.5	30	1.4
NON-BARBITURATE SEDATIVES	162		85		77	
Methaqualone (Quaalude, Sleepinal)	1	*	1	*	-	-
Flurazepam (Dalmane)	45	.5	19	.3	26	1.2
O.T.C. sleep aids (Sominex, Unisom, Nytol)	1	*	1	*	-	-
Ethchlorvynol (Placidyl)	9	.1	7	.1	2	.1
Glutethimide (Doriden)	14	.2	9	.1	5	.2
Chloral hydrate	4	*	3	*	1	*
Other/unspecified non-barbiturate sedatives	88	1.0	45	.7	43	2.1
ANTIDEPRESSANTS	1,419		749		661	
Amitriptyline (Elavil)	404	4.7	213	3.3	189	9.1
Amitrip. comb. (Triavil, Limbitrol)	-	-	-	-	-	-
Doxepin (Sinequan)	197	2.3	112	1.7	85	4.1
Fluoxetine (Prozac)	118	1.4	56	.9	61	2.9
Imipramine (Tofranil)	99	1.2	55	.9	44	2.1
Desipramine (Norpramin)	127	1.5	68	1.1	57	2.7
Other/unspecified antidepressants	474	5.5	245	3.8	225	10.8
ANTIPSYCHOTICS	207		108		97	
Chlorpromazine (Thorazine)	45	.5	29	.5	16	.8
Thioridazine (Mellaril)	70	.8	32	.5	38	1.8
Haloperidol (Haldol)	14	.2	8	.1	5	.2
Trifluoperazine (Stelazine)	4	*	2	*	2	.1
Other/unspecified antipsychotics	74	.9	37	.6	36	1.7
BARBITURATE SEDATIVES	391		216		171	
Phenobarbital	169	2.0	92	1.4	77	3.7
Secobarbital/Amobarbital (Tuinal)	-	-	-	-	-	-
Secobarbital (Seconal)	63	.7	35	.5	26	1.2
Pentobarbital (Nembutal)	30	.4	19	.3	11	.5
Other/unspecified barbiturate sedatives	129	1.5	70	1.1	57	2.7
AMPHETAMINES	644		509		129	
Amphetamine	259	3.0	199	3.1	58	2.8
Methamphetamine/Speed	382	4.5	307	4.8	71	3.4
Other/unspecified amphetamines	3	*	3	*	-	-
HALLUCINOGENS	210		183		27	
PCP/PCP combinations	206	2.4	179	2.8	27	1.3
LSD	4	*	4	.1	-	-
Other/unspecified hallucinogens	-	-	-	-	-	-
OTHER DRUGS						
Alcohol-in-combination	3,444	40.3	2,787	43.5	640	30.7
Cocaine	3,910	45.8	3,129	48.8	772	37.0
Marijuana/Hashish	457	5.4	405	6.3	52	2.5
Codeine combinations	1	*	1	*	-	-
Diphenylhydantoin sodium (Dilantin)	115	1.3	82	1.3	33	1.6
Diphenhydramine (Benadryl)	369	4.3	208	3.2	159	7.6
O.T.C. diet aids (Dexatrim, Acutrim)	-	-	-	-	-	-
Inhalants/Solvents/Aerosols	138	1.6	103	1.6	34	1.6
Methylphenidate (Ritalin)	1	*	-	-	1	*
All other drugs	1,413		881		523	
DRUG UNKNOWN [1]	11		8		3	
TOTAL DRUG MENTIONS	20,375	238.6	15,013	234.1	5,275	253.0
Total drug abuse deaths	8,541	100.0	6,413	100.0	2,085	100.0

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

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

[3] Includes opiates not specified as to type. See discussion in the Introduction.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1994 data file).

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.

Nationwide, law enforcement agencies made an estimated 14.6 million arrests in 1994 for all criminal infractions except traffic violations. The highest arrest counts among the specific crime categories were for larceny-theft, 1.5 million, and drug abuse violations and driving under the influence, each 1.4 million. Simple assault arrests numbered 1.2 million. (See Table 29.)

When the overall arrest volume was related to the total United States population, the rate was 5,715 arrests per 100,000 inhabitants. Among the city population groupings, those with more than 250,000 inhabitants recorded the highest arrest rate, 7,824, while those with populations from 25,000 to 49,999 recorded the lowest rate, 5,341. (See Table 31.) For suburban county agencies overall, the arrest rate was 4,278, and for rural county law enforcement, it was 3,795 per 100,000 inhabitants. Regionally, the arrest rates per 100,000 population ranged from 5,435 in the Northeast to 5,918 in the South. (See Table 30.)

Due to NIBRS conversion efforts, no arrest data for Kansas, Montana, and most Illinois law enforcement agencies were available for 1994. 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, 1994."

Arrest Trends

The number of arrests for all offenses except traffic violations increased 6 percent in 1994 as compared to the 1993 volume. An increase of 1 percent was reported for violent and property crime arrests.

During the same time period, adult arrests for all offenses increased 5 percent, and those of juveniles were up 11 percent. Violent crime arrests showed virtually no change for adults and increased 7 percent for juveniles. For the 2-year period, property crime arrests declined 2 percent for adults but were up 5 percent for juveniles. (See Table 36.)

Two-year arrest trends showed a 6-percent increase in overall arrests for cities and 4-percent increases in arrests for suburban and rural counties. (See Tables 44, 50, and 56.)

For the 5-year period, 1990 versus 1994, total arrests were up 1 percent and juvenile arrests rose 21 percent. Adult arrests declined 2 percent for the same timeframe. (See Table 34.) Total Crime Index arrests declined 3 percent, and those of adults, 8 percent; but those of juveniles rose 9 percent. During the same years, 1990-1994, total violent crime arrests increased 4 percent, but property crime arrests fell 6 percent.

For the decade, 1985-1994, increases in arrest volumes were recorded for all offenses, 20 percent; Crime Index arrests, 17 percent; violent crime arrests, 52 percent; and property crime arrests, 8 percent.

The 1994 drug abuse violation arrest total was up 18 percent above the 1993 level, 20 percent higher than in 1990, and 61 percent higher than in 1985. The following table shows the types of drugs involved in violations resulting in arrests during 1994 by geographic region.

Table 4.1—Arrests for Drug Abuse Violations, 1994
[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:	26.7	37.4	27.8	23.6	21.5
Heroin or cocaine and their derivatives	16.8	30.0	9.3	15.5	10.8
Marijuana	5.8	6.0	7.8	5.6	5.1
Synthetic or manufactured drugs	.5	.5	.4	.8	.3
Other dangerous nonnarcotic drugs	3.6	.9	10.3	1.7	5.2
Possession:	73.3	62.6	72.2	76.4	78.5
Heroin or cocaine and their derivatives	30.3	32.4	18.2	31.2	32.2
Marijuana	29.8	27.5	40.2	38.9	19.2
Synthetic or manufactured drugs	1.2	.8	1.0	1.6	1.2
Other dangerous nonnarcotic drugs	12.0	2.1	12.7	4.7	25.9

[1]Because of rounding, percentages may not add to totals.

Source: U.S. Department of Justice, Federal Bureau of Investigation, *Crime in the United States, 1994, Uniform Crime Reports*, November 1995.

Age

Seven percent of all persons arrested nationally in 1994 were under the age of 15; 19 percent were under 18; 31 percent were under 21; and 45 percent were under 25. Persons in the under-25 age group accounted for 46 percent of arrests in the cities and 41 percent of those in the suburban and rural counties.

Age distribution figures for persons arrested for Crime Index offenses showed 31 percent were under the age of 18; 44 percent, under 21; and 56 percent, under 25. The under-25 age group was also responsible for 47 percent of the violent crime arrests and 59 percent of property crime arrests in 1994.

Larceny-theft was the offense resulting in the most arrests of persons under age 18, while adults were most often arrested for driving under the influence. (See Table 38.)

Sex

Eighty percent of the persons arrested in the Nation during 1994 were males. (See Table 42.) They accounted for 77 percent of Index crime arrests, 86 percent of those for violent crimes, and 73 percent of the property crime arrests. Men were most often arrested for drug abuse violations and driving under the influence, which jointly accounted for 20 percent of all male arrests.

As in past years, larceny-theft was the crime for which females were most often arrested. This single offense accounted for 74 percent of arrests of women for Index crimes and 17 percent of all female arrests. Fifty-five percent of all female larceny-theft arrestees were under 25 years of age.

Two-year trends showed a 5-percent increase in the number of male arrests from 1993 to 1994, and a 7-percent rise in female arrests for the same period. (See Table 37.) Arrests of males declined 1 percent, while those of females were up 9 percent for the 5-year period from 1990 to 1994.

Race

Race distribution figures for the total number of arrests in the United States during 1994 showed 67 percent of the arrestees were white, 31 percent were black, and the remainder were of other races. (See Table 43.) Whites accounted for 61 percent of the Index crime arrests, 53 percent of the arrests for violent crimes, and 64 percent of those for property crimes.

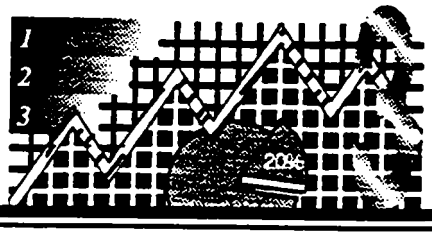
Table 29.—Total Estimated Arrests[1], United States, 1994

Total[2]	**14,648,700**
Murder and nonnegligent manslaughter	22,100
Forcible rape	36,610
Robbery	172,290
Aggravated assault	547,760
Burglary	396,100
Larceny-theft	1,514,500
Motor vehicle theft	200,200
Arson	20,900
Violent crime[3]	778,730
Property crime[4]	2,131,700
Crime Index total[5]	2,910,400
Other assaults	1,223,600
Forgery and counterfeiting	115,300
Fraud	419,800
Embezzlement	14,300
Stolen property; buying, receiving, possessing	164,700
Vandalism	323,300
Weapons; carrying, possessing, etc.	259,400
Prostitution and commercialized vice	98,800
Sex offenses (except forcible rape and prostitution)	100,700
Drug abuse violations	1,351,400
Gambling	18,500
Offenses against family and children	117,200
Driving under the influence	1,384,600
Liquor laws	541,800
Drunkenness	713,200
Disorderly conduct	746,200
Vagrancy	25,300
All other offenses	3,743,200
Suspicion (not included in totals)	14,000
Curfew and loitering law violations	128,400
Runaways	248,800

[1]Arrest totals are based on all reporting agencies and estimates for unreported areas.
[2]Because of rounding, figures may not add to totals.
[3]Violent crimes are offenses of murder, forcible rape, robbery, and aggravated assault.
[4]Property crimes are offenses of burglary, larceny-theft, motor vehicle theft, and arson.
[5]Includes arson.

Source: U.S. Department of Justice, Federal Bureau of Investigation, *Crime in the United States, 1994, Uniform Crime Reports*, November 1995.

Department of Justice
Drug Enforcement Administration



Domestic Statistical Summary

NATIONWIDE
FY 1994

Average Number of Special Agents on Board*	2,775.6
Average Number of Intelligence Specialists on Board	166.6
Average Number of Special Agents Assigned to Intelligence Positions	85.2
Average Number of Diversion Investigators on Board	355.3

	FY 1991	FY 1992	FY 1993	FY 1994	% CHANGE FY 93-94
Total Arrests	23,287	24,689	21,591	21,920 /1	1.5
Case Class I & II	15,461	15,775	13,769	13,711 /1	-0.4
Violator Class I & II	6,688	6,672	5,626	5,608 /1	-0.3
Total Convictions	15,895	17,372	18,358	14,923	-18.7
Case Class I & II	10,858	11,813	11,996	9,708	-19.1
Violator Class I & II	5,456	5,664	5,673	4,438	-21.8
Drug Removals					
Analyzed Drug Removals					
Heroin (kgs.)	1,147.2	695.6	721.5	470.9	-34.7
Cocaine (kgs.)	59,320.0	78,802.7	60,666.3	64,424.9	6.2
Cannabis (kgs.)	108,191.4	204,241.1	142,592.4	154,730.3	8.5
Dangerous Drugs (d.u.)	32,380,896	49,117,945	83,841,110	157,698,974	88.1
Non-Analyzed (Gross Weight)					
Heroin (kgs.)	45.9	109.8	75.5	87.4	15.8
Cocaine (kgs.)	30,424.4	32,302.8	26,278.4	29,783.5	13.3
Cannabis (kgs.)	105,047.3	105,212.5	108,724.5	88,322.1	-18.8
Dangerous Drugs (d.u.)	37,177,928	10,961,008	26,927,771	24,442,764	-9.2
Clandestine Laboratory Seizures	408	335	286	272	-4.9
Assets					
Total Seizures (Millions)	$957.0	$877.7	$687.2	$646.8	-5.9
Total Forfeitures (Millions)	$550.0	$584.2	$501.5	$428.6	-14.5

NOTE: Headquarters data are not included in any figures.

** Does not include Special Agents assigned to Intelligence Positions.*

/1 FY 94 arrests are estimated from current data and prior reporting patterns.

FY 94 figures reflect a leveling off in the decline in statistical accomplishments that was very pronounced during FY 93 and the first half of FY 94, the first 18 months of the Kingpin initiative. This decline was the expected result of the decision to devote significant resources to long-term conspiracy investigations.

03/08/95

Source: U.S. Department of Justice, Drug Enforcement Administration, *Annual Statistical Report, FY 1994*, January 1995.

NATIONAL SUMMARY
FY 1994

	FY 1991	FY 1992	FY 1993	FY 1994	PERCENT CHANGE FY 93-94
TOTAL ARRESTS BY CASE DRUG	23,287	24,689	21,591	21,920 /1	1.5
HEROIN	2,576	2,510	2,167	2,238 /1	3.3
COCAINE	12,585	13,225	11,264	11,498 /1	2.1
CANNABIS	4,867	5,818	5,172	4,986 /1	-3.6
DANGEROUS DRUGS	3,259	3,136	2,988	3,198 /1	7.0
OCDETF ARRESTS BY CASE DRUG	4,219	5,087	4,852	4,882 /1	0.6
HEROIN	650	498	657	613 /1	-6.7
COCAINE	2,532	3,281	2,968	3,156 /1	6.3
CANNABIS	604	800	719	632 /1	-12.1
DANGEROUS DRUGS	433	508	508	481 /1	-5.3
S/L TASK FORCE ARRESTS	6,555	7,206	6,373	6,161 /1	-3.3
CASE CLASS I & II	3,252	3,402	3,234	3,119 /1	-3.6
VIOLATOR CLASS I & II	1,212	1,398	1,336	1,230 /1	-7.9
ANALYZED DRUG REMOVALS (D.U.)					
METHAMPHETAMINE	28,081,812	43,419,435	80,211,392	129,403,225	61.3
AMPHETAMINE	379,927	314,328	224,281	65,651	-70.7
PHENCYCLIDINE (PCP)	1,464,574	532,644	547,175	1,098,611	100.8
LYSERGIDE (LSD)	289,154	3,129,344	2,229,962	1,224,942	-45.1
CLANDESTINE LABORATORY SEIZURES	408	335	286	272	-4.9
METHAMPHETAMINE	345	290	237	220	-7.2
AMPHETAMINE	26	15	8	11	37.5
PCP	5	4	3	12	300.0
ALL OTHER	32	26	38	29	-23.7
ASSET SEIZURES (MILLIONS)	$956.9	$877.6	$687.5	$646.8	-5.9
CURRENCY	$282.6	$273.4	$250.4	$314.4	25.6
REAL PROPERTY	$370.4	$325.1	$254.1	$171.7	-32.4
CONVEYANCES	$104.3	$87.6	$96.2	$69.0	-28.3
OTHER	$199.6	$191.5	$86.8	$91.7	5.6

/1 FY 94 arrests are estimated from current data and prior reporting patterns.

Source: U.S. Department of Justice, Drug Enforcement Administration, *Annual Statistical Report, FY 1994*, January 1995.

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

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

In 1989 about a quarter of the inmates charged with drug offenses and a third of the violent and property offenders had juvenile records (table 5). About 65% of the drug offenders had been convicted as adults, almost the same percentage as those charged with violent offenses but lower than the 81% for public-order offenders and the 71% for property offenders.

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

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

Prior sentence	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	81,618	109,679	82,112

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

Prior drug use by jail inmates

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

Jail inmates were twice as likely as persons in the general population to have ever used drugs and 7 times more likely than those in the general population to have been current users of drugs. (For jail inmates *current use* refers to the month before the arrest; for the general population, to the month before the interview.) Based on estimates from the 1990 National Household Survey on Drug Abuse, conducted by the National Institute on Drug Abuse (NIDA), 37% of all persons age 12 or older had used some illicit drug at some time, and more than 6% were current users.[2]

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.

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

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

Type of drug	Percent of jail inmates who had used drugs: Ever 1989	Ever 1983	Regularly 1989	Regularly 1983	Percent of convicted jail inmates who had used drugs: In the month before the offense 1989	In the month before the offense 1983	Daily in the month before the offense 1989	Daily in the month before the offense 1983	At the time of the offense 1989	At the time of the offense 1983
Any drug	77.7%	76.1%	58.1%	60.8%	43.9%	46.1%	29.7%	32.9%	27.0%	29.6%
Major drug	55.4%	46.2%	37.4%	30.5%	27.7%	18.6%	17.3%	11.0%	18.2%	12.1%
Cocaine or crack	50.4	38.0	30.7	17.8	23.6	11.8	14.2	6.4	13.7	5.5
Heroin	18.2	22.4	11.4	16.0	7.0	7.9	5.1	5.8	4.6	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	.5	.6
Other drug	71.9%	74.5%	49.8%	57.9%	31.3%	41.8%	18.9%	28.2%	12.0%	22.8%
Marijuana	70.7	73.0	47.9	55.0	28.1	38.6	16.8	25.6	9.1	16.9
Amphetamines	22.1	32.8	12.1	19.6	5.4	9.4	3.2	5.1	2.2	4.2
Barbiturates	17.2	27.8	7.2	13.9	3.3	5.9	1.4	2.8	.9	2.9
Methaqualone	14.7	23.0	4.2	8.8	.8	3.8	.2	1.5	.3	1.7
T's and blues*	11.0	10.9	5.4	5.9	2.4	3.0	1.3	1.8	.2	1.7

*A combination of amphetamines and barbiturates.

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

LSD: ANNUAL PRICE DATA[1] (dollars)

Quantity	Division	1992	1993	1994	1995 (Jan - Mar)
Wholesale (1,000 hits)	National Range	0.30 - 5.00	0.30 - 5.00	0.35 - 5.00	0.25 - 5.00
	New York	0.35 - 2.00	0.35 - 1.25	0.35 - 1.25	0.35 - 1.25
	Phoenix	0.60 - 2.00	0.60 - 2.00	0.60 - 2.00	0.60 - 2.00
	San Francisco	0.30 - 1.00	0.30 - 1.00	0.40 - 1.00	0.50 - 0.70
Retail (1 hit)	National Range	1.00 - 15.00	1.00 - 10.00	1.00 - 10.00	1.00 - 10.00
	New York	1.00 - 4.00	1.50 - 4.00	1.50 - 4.00	1.50 - 4.00
	Phoenix	1.00 - 4.00	1.00 - 5.00	2.00 - 5.00	2.00 - 5.00
	San Francisco	1.00 - 7.00	3.00 - 5.00	1.00 - 5.00	1.00 - 10.00

LSD: QUARTERLY PRICE DATA[1] (dollars)

Quantity	Division	2nd Quarter 1994	3rd Quarter 1994	4th Quarter 1994	1st Quarter 1995
Wholesale (1,000 hits)	National Range	0.35 - 5.00	0.35 - 5.00	0.35 - 2.30	0.25 - 5.00
	New York	0.35 - 1.25	0.35 - 1.25	0.35 - 1.25	0.35 - 1.25
	Phoenix	0.60 - 2.00	0.60 - 2.00	0.60 - 2.00	0.60 - 2.00
	San Francisco	0.40 - 1.00	0.50 - 0.70	0.50 - 0.70	0.50 - 0.70
Retail (1 hit)	National Range	1.00 - 10.00	1.00 - 10.00	1.00 - 10.00	1.00 - 10.00
	New York	1.50 - 4.00	1.50 - 4.00	1.50 - 4.00	1.50 - 4.00
	Phoenix	2.00 - 5.00	2.00 - 5.00	2.00 - 5.00	2.00 - 5.00
	San Francisco	3.00 - 5.00	1.00 - 5.00	1.00 - 5.00	1.00 - 10.00

[1] Price per dosage unit or "hit."

Source: U.S. Department of Justice, Drug Enforcement Administration, *Illegal Drug Price/Purity Report, United States: January 1992-March 1995*, October 1995.

Sinsemilla in 1984 sold for $1,200 to $2,500 per pound, compared to $900 to $9,500 per pound in 1994. One of the primary factors influencing price was potency, which has increased substantially for both commercial grade and sinsemilla, with THC content averaging 4.30 and 7.41 percent, respectively, in 1994.

The term **"dangerous drugs"** refers to the broad category of illicitly manufactured controlled substances, other than cocaine, heroin, and marijuana. Dangerous drugs include depressants, stimulants, hallucinogens, and controlled substance analogs. Domestic clandestine laboratories were responsible for the overwhelming majority of illicitly manufactured dangerous drugs available in the United States.

Methamphetamine, a stimulant produced and distributed primarily in the western United States, was the most prevalent clandestinely manufactured controlled substance in the United States. Other significant dangerous drugs of abuse included the hallucinogens d-lysergic acid diethylamide (LSD), phencyclidine (PCP), 3,4-methylenedioxy-methamphetamine (MDMA), the stimulant methcathinone, and the depressant flunitrazepam. In addition, throughout the United States, criminals engaged in a wide variety of techniques to acquire and sell legitimately produced controlled substances and pharmaceuticals.

During 1994, 306 clandestine dangerous drug laboratories were seized, marking the first year that the number of seizures had increased since 1989. Laboratories came in all sizes and were found in a variety of locations, from sophisticated underground hideaways to motel rooms, kitchens, bathrooms, and garages. The most productive laboratories were located in secluded rural areas, a safe distance from the metropolitan distribution chains they served. Operators ran the gamut from high school dropouts to chemists with doctoral degrees.

In 1994, 263 **methamphetamine** laboratories were seized, primarily in the western and southwestern United States where most of the nation's methamphetamine production was centered and availability was highest. Methamphetamine production and distribution networks also were established in some of the rural regions in the East, such as southern Pennsylvania.

Numerous individuals, groups, and organizations, from independent entrepreneurs and outlaw motorcycle gangs to Hispanic polydrug trafficking organizations, manufactured and distributed methamphetamine. Outlaw motorcycle gangs influenced production in certain areas, such as California, Colorado, and Texas. In California, Mexican traffickers dominated the large-scale production and distribution of methamphetamine in the San Diego, Riverside, San Bernardino, and Fresno areas. Limited evidence suggested that Mexican traffickers attempted to expand their operations to other areas of the western United States.

"Ice" is a large-crystal form of d-methamphetamine hydrochloride, identical in both chemical and pharmacological properties to the powder (small crystal) form of methamphetamine. Although ice trafficking has remained prevalent in Hawaii since 1988, it has not emerged as a major drug problem in the continental United States. Much of the ice methamphetamine available in Hawaii was manufactured in clandestine laboratories in the Philippines, Taiwan, and China. In 1994, most of the ice available domestically was smuggled by ethnic Korean traffickers.

LSD was available in retail quantities in virtually every State, and availability increased in a number of States. LSD production facilities in all likelihood were located on the West Coast, in the San Francisco, northern California area, and the Pacific Northwest. Since 1977, only six LSD laboratories have been seized by DEA. The last seizure by DEA of an active LSD manufacturing laboratory in the United States occurred in 1981 in Bellevue, Washington.

Distribution of LSD is unique within the drug culture. A proliferation of mail order sales has created a marketplace where the sellers are virtually unknown to the buyers, providing the highest-level traffickers with considerable insulation from drug law enforcement operations. The vast majority of users were white, middle-class high school and college students who are attracted by the low prices and who perceived the drug as harmless.

PCP production appeared to be centered in the greater Los Angeles metropolitan area. Los Angeles-based street gangs, primarily the Crips, continued to distribute PCP to a number of cities in the United States through their cocaine trafficking operations. They posed a particular problem because of their propensity for violence. PCP abuse peaked in the early to mid-1980's, and was supplanted by the use of crack cocaine. However, there are recent indications that PCP abuse has increased somewhat in a limited number of cities. PCP laboratory seizures since the mid-1980's have ranged from 3 to 21 per year, totals considerably less than the high of 79 reported in 1978. Nine PCP laboratories were seized in 1994.

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1994: The Supply of Illicit Drugs to the United States*, August 1995.

"Ice": Ice is a large crystal form of high-purity d-methamphetamine hydrochloride. Ice derives its name from its appearance: large, clear crystals that resemble chunks of ice, shards of broken glass, or rock candy. Other terms for ice include quartz, glass, crystal meth, shabu, kaksonjae, hanyak, hiropon, batu, and crack meth.

Since the early 1990's, ice methamphetamine has been smuggled principally from Taiwan into Hawaii. Previously, the drug had been shipped from laboratories in South Korea. It was not until 1988 that its use became relatively widespread in Hawaii. By 1990, distribution of ice had spread to the U.S. mainland, although distribution remained limited to retail amounts in a few regions of the country.

In the fall of 1993, a methamphetamine laboratory capable of producing large quantities of ice was discovered in Taiwan. Police seized over 400 kilograms of semi-finished product, which would have yielded over 200 kilograms of ice. Post-seizure analysis revealed that most of the drug manufactured at the laboratory had been shipped to Japan and South Korea. More recently, in May 1995, the raid of a clandestine laboratory in Tainan, Taiwan, yielded 400 kilograms of ice. Additionally, intelligence indicated that multikilogram quantities of ice intended for the international market continued to be produced in Guangdong Province, China. In the United States, an operational ice laboratory was seized in the Los Angeles area in September 1993 by agents of the Bureau of Alcohol, Tobacco and Firearms. This was the first such laboratory confiscated in southern California.

Analyses of all samples of ice seized to date in the United States have shown purity levels of 90 to almost 100 percent. Ice sold for $300 to $500 per gram, and from $5,000 to $7,500 per ounce, and $38,000 to $85,000 per kilogram. Although the traffic was dominated by Korean businessmen, other individuals also shipped ice to Hawaii. Abusers in the United States ingested ice almost exclusively by smoking the drug in glass pipes.

Amphetamine: A total of 6 clandestine amphetamine laboratories was seized during the year, a decline from the 12 seized in 1992 and 1993. Five of the laboratories seized in 1994 were located in Texas.

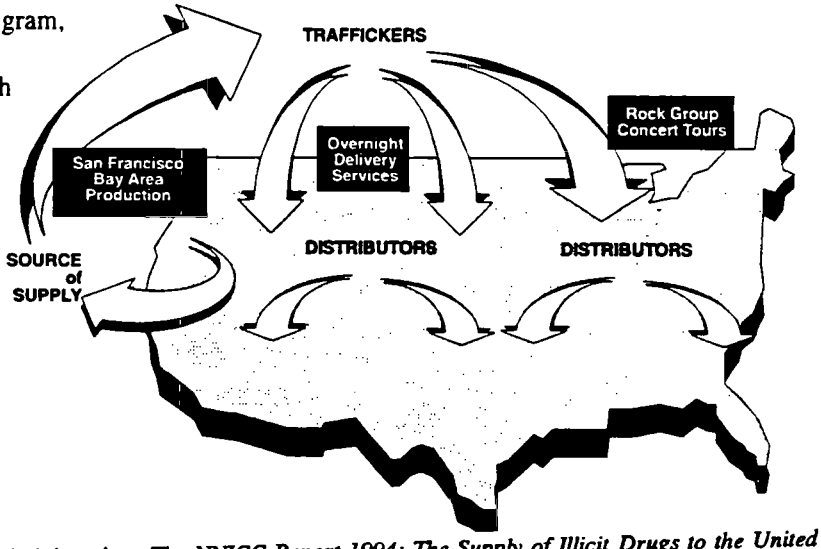
Hallucinogens

Hallucinogens are psychedelic or mind-altering drugs that interfere with normal perception, sensations, comprehension, self-awareness, and emotions. Hallucinogens have no accepted medical use in the United States. These drugs induce visual hallucinations, disorientation, confusion, paranoid delusions, euphoria, anxiety, panic, and increased pulse rate.

Lysergic acid Diethylamide (LSD): Drug law enforcement reporting and abuse indicators showed that LSD was available in at least retail quantities throughout the United States and that availability increased in a number of States. Reporting also indicated that an increased number of individuals or groups were manufacturing and distributing, or attempting to manufacture and distribute, LSD in the United States. The drug commonly was produced from lysergic acid, which is made from ergotamine tartrate, a substance derived from an ergot fungus on rye. LSD was sold under more than 80 street names including acid, blotter, cid, doses, and trips as well as names that reflect the designs on sheets of blotter acid.

LSD was manufactured in clandestine laboratories believed to be located in northern California. Initial distribution sources for the drug virtually were always located in the San Francisco Bay area. LSD was produced in crystalline form and then mixed with excipients or diluted as a liquid for production as ingestible forms. LSD was sold in tablet form (usually

LSD Trafficking from the San Francisco Bay Area



Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1994: The Supply of Illicit Drugs to the United States*, August 1995.

small tablets known as microdots), as thin squares of gelatin (commonly referred to as window pane), and even on sugar cubes. However, LSD most often was encountered in the form of small paper squares, often with printed designs, that have been soaked with LSD.

At the wholesale production and distribution level, LSD was controlled tightly by California-based "syndicates," which have operated with relative impunity for almost 20 years. The last known seizure by DEA of an operating LSD manufacturing laboratory in the United States occurred in 1981 in Bellevue, Washington. That laboratory made LSD tablets known as "Orange Sunshine."

Selected Dangerous Drugs Price Information

Methamphetamine (oz)	$500-$2,500	$300-$2,500	$400-$2,600	$400-$2,600
PCP (oz liquid)	$150-$1,000	$1500-$1,000	$200-$1,500	$200-$1,500
LSD (du)*	$0.25-$4.00	$0.30-$5.00	$0.30-$5.00	$0.30-$5.00
MDMA (du)	$2-$20	$5-$20	$5-$20	$6-$10
Methamphetamine (oz)	$50-$150	$30-$200	$45-$150	$40-$150
PCP (1 cigarette)**	$5-$70	$5-$70	$5-$70	$5-$70
LSD (du)	$1-$15	$1-$15	$1-$10	$1-$10
MDMA (du)	$7.50-$45	$10-$30	$8-$30	$8-$25

* DOSAGE UNIT.
** A full-length cigarette saturated with PCP sold in Los Angeles.

LSD producers fell into two groups. The first was composed of chemists and distributors, located primarily in northern California, who worked together in close association; they were normally major manufacturers capable of distributing LSD nationwide. The second type of producer worked independently. These individuals produced LSD intended for local consumption only.

Lower-level distribution of LSD usually occurred in three ways. First, an individual attends a rock concert, meets a source of supply, and exchanges telephone numbers with the source of supply. Normally, these purchases were for retail quantities of up to 100 doses. Second, the individual—deciding to continue to distribute—then calls the source for additional amounts. Usually, the source has either continued on the concert tour or has returned home, which is frequently in northern California. If the source intends to stay on the tour—making subsequent communication difficult—the source provides the telephone number of an associate for future orders. After the initial purchase, almost all transactions were made via the public and private mail systems. Payments to a source of supply usually were made through legitimate money wiring services. Third, some dealers traveled directly to California to meet their sources of supply.

Reporting indicated that shipment methods used to transport both large and small quantities of LSD were often similar. LSD frequently was concealed in greeting cards, in cassette tapes, or in articles of clothing that were mailed to a post office box established by the recipient. This post office box usually was listed under a fictitious name or business. Normally, no return address was provided on the package or envelope. Moreover, it was suspected that some multigram distributors traveled to their source in order to obtain supplies.

Traditionally, retail-level LSD distribution networks in the United States have been comprised of young adults who have known each other through long association and common interests. This has facilitated not only hand-to-hand sales of the drug, but a proliferation of mail order sales.

Retail or user level quantities range from 1- to 10-dosage units. Low-level distributors sell 50- to 100-dosage unit quantities. Mid-level distributors sell 1,000-dosage unit quantities as well as multiples of 1,000 units. These distributors normally had more than one source of supply and sold to several lower level dealers. The sources of supply for gram distributors were in all likelihood located in northern California. These sources normally converted LSD from powder or liquid form to blotter form. Multigram distributors traveled to California to obtain LSD personally and are associated with numerous lower level dealers.

Since 1978, the potency of this hallucinogen generally has varied in strength from 20 to 80 micrograms per dosage unit, considerably below that encountered during the late 1960's. At that time, users were ingesting LSD that ranged in concentration from 100 to 300 micrograms or higher, which often resulted in harmful reactions known as "bad trips." Lower potency doses probably have accounted for the relatively few LSD-related emergency room incidents noted during the past several years.

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1994: The Supply of Illicit Drugs to the United States*, August 1995.

The drug was relatively inexpensive, costing from $1 to $10 per dosage unit or hit, and often selling for as little as $1 or less in wholesale lots. The low cost combined with LSD's ready availability and intriguing blotter acid designs make LSD especially attractive to junior high school and high school populations, which use it primarily as a recreational drug.

Phencyclidine (PCP): Phencyclidine, commonly known as PCP, is a clandestinely manufactured hallucinogen. The chemicals needed to manufacture PCP are readily available and inexpensive, and require little formal chemical knowledge or laboratory equipment. Manufacturing and wholesale trafficking were controlled by a limited number of criminal groups based in Los Angeles. The drug was sold primarily in urban neighborhoods in a limited number of U.S. cities.

PCP was developed in 1957 as a human anesthetic. Its use for humans was discontinued in 1965, however, because of its adverse side effects of confusion and delirium. It continued to be used in veterinary medicine as a large primate anesthetic for a few more years, but that use also virtually has been discontinued. In 1978, commercial manufacture of PCP was discontinued, though small amounts still are manufactured legally as a drug standard and for research purposes. Since that time, clandestine laboratories have been virtually the sole street source of PCP available in the United States.

PCP enjoyed a brief popularity in the United States in the late 1960's and again from the mid-to-late 1970's. In 1978, PCP was transferred from Schedule III to Schedule II of the Controlled Substances Act, thus classifying it as a drug with a high potential for abuse. From 1981 through 1985, abuse of the drug escalated significantly, particularly among persons under the age of 21. Circa 1986, and continuing through the late 1980's and early 1990's, demand for PCP was displaced in large measure by the widespread availability and use of crack cocaine. More recently, however, there were indications that PCP abuse was increasing once again in a limited number of cities, including Baltimore, Boston, Chicago, Los Angeles, New Orleans, New York City, San Francisco, St. Louis, and Washington, DC.

Reporting indicated that Los Angeles-based street gangs manufactured and distributed most of the nation's PCP. Buses, trains, airlines, and private automobiles were used to transport PCP from California sources of supply to secondary source cities located across the country.

PCP has been sold under numerous street names including angel dust, crystal, hog, supergrass, killer joints, ozone, wack, embalming fluid, and rocket fuel, all of which reflect the range of its bizarre and volatile effects. In its pure form, PCP hydrochloride is a white crystalline powder that readily dissolves in water and can be compressed into tablets. Most PCP contains contaminants resulting from its makeshift manufacture, causing its color to range from tan to brown and its consistency to range from a powder to a gummy mass. The liquid form of PCP is actually PCP base dissolved most often in ether, a highly flammable, extremely dangerous solvent.

PCP typically was sprayed onto leafy material such as marijuana, mint, oregano, or parsley and smoked. PCP also has been used to adulterate commercially manufactured cigarettes, usually by dipping the cigarette in liquid PCP. The most popular commercial types were dark paper wrapper cigarettes such as Shermans or Tijuana Smalls. PCP also can be injected into cigarettes with a syringe.

In 1994, PCP in liquid form, the most common form available in the United States, sold for between $200 and $1,500 per ounce nationally. The lowest liquid ounce prices ($250 to $300) were reported in Los Angeles, the source for most of the PCP trafficked in the United States. Nationwide, the price for PCP in powder form ranged from $400 to $2,000 per ounce. The price for a gallon of PCP during 1994 ranged from $6,000 to $10,000 in Los Angeles and was approximately $13,000 in New York City. Individual cigarettes saturated with PCP cost from $5 to $70 nationwide.

Nine PCP laboratories were seized nationwide by DEA in 1994 compared to six in 1993. Authorities seized PCP/PCP analog laboratories in California, New York, and Georgia during 1994. While the number of seized laboratories has increased over the past 3 years, the total number was significantly below the number of laboratories seized during the late 1970's and early 1980's. However, drug law enforcement officials in southern California routinely identified PCP-related chemical waste sites, indicating that recent seizures did not represent the full extent of PCP manufacture.

3,4-methylenedioxymethamphetamine (MDMA): MDMA also is known by several street names such as ecstasy, XTC, adam, E, clarity, essence, and doctor. MDMA is a 3,4-methylenedioxymethamphetamine analog of amphetamine; it is related structurally and

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1994: The Supply of Illicit Drugs to the United States*, August 1995.

Race/Ethnicity	Percent of Admissions
White, not of Hispanic origin	44.7%
Black, not of Hispanic origin	40.3%
Hispanic	12.0%
Asian or Pacific Islander	0.5%
Native American (American Indian or Alaska Native)	1.0%
Other	0.5%
Not Reported	0.9%

A comparison of total drug client admissions with total alcohol client admissions in terms of race/ethnicity during FY 1993 indicates that Black persons represent a higher proportion of other drug treatment admissions than of alcohol admissions (40.3 percent and 16.6 percent respectively). Similarly, Hispanic persons represent a higher proportion of other drug admissions (12.0 percent) than of alcohol admissions (7.4 percent). White persons represent a higher proportion of alcohol treatment admissions than of other drug admissions (67.8 percent and 44.7 percent 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, Guam, 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 1993 were cocaine treatment admissions, which totaled 312,830 (44.5 percent of drug admissions). Of the 26 States reporting the percentage of cocaine admissions that were crack cocaine, Alabama reported the highest percentage with 91.2 percent of its cocaine admissions being for crack cocaine. Texas reported the highest absolute number of crack cocaine admissions (15,688). The lowest reporting of crack cocaine admissions was from Nebraska (0) and Rhode Island (10 percent or 136 admissions). Heroin treatment admissions had the second largest number with 154,522 (22.0 percent) treatment admissions. The third highest number of treatment admissions during FY 1993 by primary drug of abuse was for marijuana/hashish at 119,444 admissions (17.0 percent). The fourth, fifth, and sixth highest primary drugs of abuse specified related to treatment admissions were, respectively, amphetamines at 28,523 admissions (4.1 percent), other opiates/synthetics (beyond heroin and non-treatment methadone) at 12,137 admissions (1.7 percent), and tranquilizers at 4,802 admissions (0.7 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 52 jurisdictions that reported relevant data, the findings with regard to the specific primary drug of abuse, excluding the "other" and "not reported" categories, on drugs that ranked highest in each State were as follows:

Source: Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1993*, January 1995.

- Cocaine was the primary drug of abuse related to treatment admissions within 29 States, and the District of Columbia;

- Marijuana/hashish was the primary drug of abuse related to treatment admissions within 15 States and Guam;

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

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

A careful review of Table 18 demonstrates that during FY 1993 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 the two States that did not provide admissions data in FY 1992 but did do so in FY 1993 (i.e., Oregon and Washington), a comparison of the national treatment admissions totals by primary drug of abuse for those two years indicates the following:

- Substantial increase (defined as over 10 percent) in admissions related to amphetamines (15.0 percent), marijuana/hashish (14.8 percent), heroin (14.5 percent), PCP (14.5 percent), and inhalants (11.6 percent). However, it should also be noted that from FY 1992 to FY 1993 the State data reporting systems improved and the percent of admissions that were "Not reported" as to primary drug of abuse decreased by 43.9 percent, from 50,141 in FY 1992 to 32,652 in FY 1993, while overall drug admissions increased by only 21,761 (from 654,399 to 676,160) during that same time period. Therefore, it is likely that some of the apparent increase in admissions for different primary drugs of abuse in FY 1993 are due in part to a reporting artifact.

- Substantial decreases (defined as at least 10 percent) in admissions related to the "other" drug category (25.7 percent), other hallucinogens (19.0 percent), barbiturates (13.2 percent), other opiates/synthetics (11.7 percent), and non-treatment methadone (10.9 percent). Due to the reporting artifact noted above, it is possible that some of the apparent decreases in various drugs would have been even larger if the percent of admissions that were "Not reported" had not decreased from FY 1992 to FY 1993.

5. *Comparisons of Client Admissions Data for Fiscal Years 1988-1993*

This subsection includes comparisons of alcohol and other drug client treatment admissions data reported for FY 1993 with that reported for FYs 1988-1992. It includes data only from those States that reported in all 6 years. This material is organized under two topic headings as follows:

Source: Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1993*, January 1995.

TABLE 18

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE-SUPPORTED FACILITIES BY PRIMARY DRUG OF ABUSE AND BY STATE FOR FISCAL YEAR 1993

STATE	HEROIN	NON-RX METHADONE	OTHER OPIATES/ SYNTHETICS	BARBITURATES	TRANQUILIZERS	OTHER SEDATIVES/ HYPNOTICS	AMPHETAMINES	COCAINE
ALABAMA	91	43	412	9	118	39	56	4,733
ALASKA	46	2	38	9	5	3	26	536
ARIZONA	1,585	65	235	12	35	21	612	2,438 A
ARKANSAS	116	3	217	45	57	60	379	2,541
CALIFORNIA	31,196	35	683	115	148	161	16,002	20,902
COLORADO	1,611	32	358	22	106	10	537	4,274
CONNECTICUT	6,886	30	185	24	37	31	24	5,652
DELAWARE	750	0	23	7	21	12	18	1,303
DISTRICT OF COL	4,520	9	20	1	5	1	9	7,864
FLORIDA	1,111	21	638	48	109	46	117	16,593
GEORGIA	1,005	0	0	0	0	349	276	17,978
GUAM	7	0	0	0	1	1	0	37
HAWAII	179	2	45	1	9	1	408	349
IDAHO	55	1	17	5	13	9	127	238
ILLINOIS	8,749	13	330	50	59	37	247	27,014
INDIANA	440	8	273	41	150	89	128	3,233
IOWA	128	3	52	9	12	7	46	828
KANSAS	101	2	71	11	6	29	160	2,603
KENTUCKY	205	13	391	79	140	94	128	1,519
LOUISIANA	163	8	284	69	77	72	88	10,724
MAINE	84	4	35	20	34	12	17	238
MARYLAND	6,473	34	185	18	39	39	57	6,528
MASSACHUSETTS	17,470	80	390	53	401	22	85	15,874
MICHIGAN	4,313	67	641	59	80	139	194	13,541
MINNESOTA	365	11	229	42	102	23	243	3,663
MISSISSIPPI	12	2	124	17	14	87	45	2,618
MISSOURI	723	11	309	53	85	76	329	6,203
MONTANA	56	1	82	17	41	12	203	294
NEBRASKA	77	10	53	10	17	12	30	731
NEVADA	394	12	53	2	22	4	398	809
NEW HAMPSHIRE	236	4	24	2	7	6	9	1,035
NEW JERSEY	15,156	104	326	69	285	47	181	9,522
NEW MEXICO	450	46	24	4	17	4	85	473
NEW YORK	16,726	179	366	96	189	74	145	23,262
NORTH CAROLINA	1,274	10	534	17	185	91	46	11,235
NORTH DAKOTA	0	0	9	9	0	0	28	1
OHIO	1,535	31	850	125	222	201	555	11,501
OKLAHOMA	72	2	66	23	33	27	169	978
OREGON	3,226	11	255	34	60	59	3,069	3,998
PENNSYLVANIA	5,919	48	538	136	278	110	414	19,203
PUERTO RICO	7,118	2	2	12	25	6	0	1,537
RHODE ISLAND	1,921	13	143	15	40	3	22	1,359
SOUTH CAROLINA	390	5	128	36	102	92	52	4,599
SOUTH DAKOTA	4	1	21	1	9	2	19	91
TENNESSEE	35	4	390	15	244	98	6	2,587
TEXAS	5,342	41	356	61	118	157	1,070	20,642
UTAH	339	9	165	28	17	44	206	1,180
VERMONT	57	0	41	6	5	8	58	224
VIRGINIA	1,884	14	335	21	118	60	68	7,197
WASHINGTON	3,431	43	267	36	76	17	578	4,052
WEST VIRGINIA	84	13	223	20	128	27	54	686
WISCONSIN	412	21	701	701	701	701	700	5,610
WYOMING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	154,522	1,123	12,137	2,315	4,802	3,332	28,523	312,830
PERCENT OF TOTAL	22.0%	.2%	1.7%	.3%	.7%	.5%	4.1%	44.5%

A = Figures represent clients "served."

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile (SADAP), FY 1993; 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) 1993."

Source: Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1993*, January 1995.

TABLE 18

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE-SUPPORTED FACILITIES BY PRIMARY DRUG OF ABUSE AND BY STATE FOR FISCAL YEAR 1993 (con't.)

STATE	MARIJUANA/ HASHISH	PCP	OTHER HALLUCINOGENS	INHALANTS	OVER THE COUNTER	OTHER	NOT REPORTED	TOTAL
ALABAMA	1,604	3	42	60	0	30	108	7,348
ALASKA	612	1	11	16	2	41	194	1,542
ARIZONA	1,053	3	29	51	4	538	391	7,072 A
ARKANSAS	1,742	5	34	48	10	255	0	5,512
CALIFORNIA	8,082	1,190	294	99	34	318	0	79,259
COLORADO	3,106	10	116	232	22	93	0	10,529
CONNECTICUT	1,730	19	23	6	4	30	554	15,235
DELAWARE	200	34	8	0	3	13	194	2,586
DISTRICT OF COL	531	386	3	0	0	0	0	13,349
FLORIDA	7,121	21	186	97	6	170	2,672	28,956
GEORGIA	1,846	7	40	49	0	2,665	4,629	28,844
GUAM	66	0	0	3	0	7	0	122
HAWAII	608	2	10	3	0	10	0	1,627
IDAHO	619	1	47	19	9	18	2	1,180
ILLINOIS	5,585	265	109	128	27	3,679	0	46,292
INDIANA	1,905	0	39	49	6	60	7	6,428
IOWA	1,301	1	44	46	2	237	0	2,716
KANSAS	1,642	6	43	30	3	130	0	4,837
KENTUCKY	1,542	2	33	78	290	1,571	1,459	7,544
LOUISIANA	1,848	42	64	34	6	160	2,492	16,131
MAINE	845	0	10	6	3	49	0	1,357
MARYLAND	1,896	411	61	103	14	15	2	15,875
MASSACHUSETTS	3,024	81	94	12	21	92	0	37,699
MICHIGAN	5,741	18	62	80	20	82	2,877	27,914
MINNESOTA	2,598	16	92	98	20	40	0	7,542
MISSISSIPPI	490	0	17	12	6	547	467	4,458
MISSOURI	2,782	65	64	110	14	60	0	10,884
MONTANA	839	4	38	26	5	12	0	1,630
NEBRASKA	837	4	122	21	10	75	1,045	3,054
NEVADA	365	6	10	17	4	0	0	2,096
NEW HAMPSHIRE	527	0	32	2	2	18	207	2,111
NEW JERSEY	2,193	106	98	23	42	82	0	28,234
NEW MEXICO	558	6	14	40	2	426	12	2,161
NEW YORK	7,907	230	194	34	41	5,258	99	54,800
NORTH CAROLINA	2,350	4	32	60	16	163	153	16,170
NORTH DAKOTA	191	10	0	0	0	24	71	343
OHIO	4,577	15	135	155	22	115	8,302	28,341
OKLAHOMA	499	10	23	45	3	8	0	1,958
OREGON	4,525	5	184	75	14	32	64	15,611
PENNSYLVANIA	4,032	208	191	82	34	201	0	31,394
PUERTO RICO	625	0	3	24	1	882	4,196	14,433
RHODE ISLAND	838	2	27	7	8	15	51	4,464
SOUTH CAROLINA	1,325	4	20	98	19	68	0	6,938
SOUTH DAKOTA	561	2	19	140	2	61	1,145	2,078
TENNESSEE	1,269	2	28	98	8	98	0	4,882
TEXAS	6,166	18	170	564	11	92	114	34,922
UTAH	1,154	2	66	48	21	182	469	3,930
VERMONT	402	0	16	4	2	14	30	867
VIRGINIA	2,100	126	100	42	15	0	0	12,080
WASHINGTON	2,428	3	164	31	11	57	382	11,576
WEST VIRGINIA	901	16	30	131	4	68	242	2,627
WISCONSIN	12,156	468	234	468	234	234	468	23,809
WYOMING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	119,444	3,840	3,525	3,704	1,057	19,095	33,098	703,347
PERCENT OF TOTAL	17.0%	.5%	.5%	.5%	.2%	2.7%	4.7%	100%

A = Figures represent clients "served."

N/A = Information not available.

Note: Rounding increases total percent (100%) to 100.1%.

Source: State Alcohol and Drug Abuse Profile (SADAP), FY 1993; 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) 1993."

Source: Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1993*, January 1995.

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 1988-1993. Forty-three 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 1988 were as follows:

FISCAL YEAR	Total Drug Client Admissions
1988	504,890
1989	581,328
1990	651,300
1991	647,240
1992	642,997
1993	667,508

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 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.

Another comparison of drug client treatment admissions over FYs 1988-1993 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

[4] *Data used in this section do not include drug client admissions for American Samoa, Guam, Maine, Nebraska, New Mexico, Oklahoma, 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 1993*, January 1995.

chapter on admissions by primary drug of abuse for FY 1993. The following analysis was conducted on roughly comparable data provided by 43 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
1988	115,308	137,343	76,948
1989	122,612	206,480	95,253
1990	153,852	235,202	106,885
1991	142,372	229,703	96,421
1992	128,044	289,644	94,685
1993	147,175	302,245	109,686

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 (7.5 percent decrease) and from FY 1991 to FY 1992 (10.1 percent decrease), admissions for heroin increased in FY 1993 by 14.9 percent (19,131 admissions). Similarly, the treatment admissions for marijuana/hashish increased by 15,001 admissions (15.8 percent) from FY 1992 to FY 1993 after declining by 9.8 percent from FY 1990 to FY 1991 and 1.8 percent from FY 1991 to FY 1992. Admissions for cocaine treatment admissions as the primary drug of abuse continued to increase from FY 1992 to FY 1993 (4.4 percent), although at a lesser rate than between FY 1991 and FY 1992 (26 percent). Overall, from FY 1988 to FY 1993, cocaine admissions increased by 120.1 percent, marijuana/hashish admissions increased by 42.5 percent, and heroin admissions increased by 27.6 percent.

Source: Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1993*, January 1995

FOR MORE INFORMATION

Full copies of publications used to produce this information packet may be obtained by contacting the agencies below:

ONDCP Drugs & Crime Clearinghouse
PO Box 6000
Rockville, MD 20849-6000
1-800-666-3332

U.S. Department of Justice, Bureau of Justice Statistics, *Drugs and Jail Inmates, 1989*, August 1991. Order # NCJ-130836.

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

U.S. Department of Health and Human Services, National Institute on Drug Abuse, *NIDA Research Takes a New Look at LSD and Other Hallucinogens* in "NIDA Notes, Volume 8, Number 1," March/April 1993.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network, Annual Medical Examiner Data, 1993*, 1995. Order # BKD160.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse, 1994: Population Estimates*, September 1995.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse: Main Findings 1993*, 1995.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Preliminary Estimates of Drug-Related Emergency Department Episodes, Advance Report 11*, December 1995.

National Institute on Drug Abuse
Division of Epidemiology and Prevention Research
5600 Fishers Lane, Room 9-A-53
Rockville, MD 20857
301-443-6543

U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

Drug Enforcement Administration
Demand Reduction Section
Washington, DC 20537
202-307-7977

U.S. Department of Justice, Drug Enforcement Administration, *It Never Went Away: LSD, A Sixties Drug, Attracts Young Users in the Nineties*, 1993.

Drug Enforcement Administration
Office of Intelligence Liaison and Policy
Intelligence Division
Washington, DC 20537
202-307-8265

U.S. Department of Justice, Drug Enforcement Administration, *Annual Statistical Report, FY 1994*, January 1995.

Drug Enforcement Administration
Intelligence Production Unit
Intelligence Division
Washington, DC
202-307-8726

U.S. Department of Justice, Drug Enforcement Administration, *Illegal Drug Price/Purity Report, United States: January 1992-March 1995*, October 1995.

U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report: The Supply of Illicit Drugs to the United States*, August 1995.

U.S. Government Printing Office
Superintendent of Documents
Mail Stop: SSOP
Washington, DC 20402-9328
202-512-8100

U.S. Department of Justice, Federal Bureau of Investigation, *Crime in the United States, 1994, Uniform Crime Reports*, November 1995.

National Association of State Alcohol and Drug Abuse Directors
444 North Capitol Street, NW, Suite 642
Washington, DC 20001
202-783-6868

Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1993*, January 1995.

University of Michigan
News and Information Services
412 Maynard
Ann Arbor, MI 48109-1399
(313) 763-5043

Johnston, Lloyd, et.al., *Monitoring the Future Study*, "Drug Use Rises Again in 1995 Among American Teens," December 11, 1995 press release.

Johnston, Lloyd, et.al., *National Survey Results on Drug Use From the Monitoring the Future Study, 1975-1994, Volume II College Students and Young Adults*, preliminary tables, November 17, 1995.

Office of National Drug Control Policy
Drugs & Crime Clearinghouse



Drugs & Crime Data

Crack

Facts and Figures

February 1996

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INTRODUCTION

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

National Household Survey on Drug Abuse 1994: Population Estimates
National Household Survey on Drug Abuse: Main Findings 1993
Monitoring the Future Study, December 1, 1995 press release
National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1994, Volume II, College Students and Young Adults, preliminary tables
Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995
Drug Abuse Warning Network, Annual Medical Examiner Data, 1993
Drugs and Jail Inmates, 1989
Women in Jail, 1989
Survey of State Prison Inmates, 1991
Comparing Federal and State Prison Inmates, 1991
Women in Prison
Cocaine and the Federal Sentencing Policy
Illegal Drug Price/Purity Report, United State: January 1992-March 1995
The NNICC Report 1994, The Supply of Illicit Drugs to the United States
State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1993

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 Candice Byrne at the ONDCP Drugs & Crime Clearinghouse. This Clearinghouse is funded by the Office of National Drug Control Policy to support drug control policy research. The Clearinghouse is managed by the U.S. Department of Justice, Bureau of Justice Statistics and is a component of the National Criminal Justice Reference Service. For further information concerning the contents of this information packet or other drugs and crime issues, call 1-800-666-3332, or write ONDCP Drugs & Crime Clearinghouse, PO Box 6000, Rockville, MD 20849-6000.

Table 5A. Crack Use by Sex Within Age Group for Total Population in 1994

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
12-17	**0.6**	*(0.4 - 1.0)*	**0.4**	*(0.2 - 0.8)*	**0.1**	*(0.0 - 0.2)*
Male	**0.6**	*(0.3 - 1.0)*	**0.2**	*(0.1 - 0.6)*	**0.1**	*(0.0 - 0.4)*
Female	**0.7**	*(0.3 - 1.4)*	**0.6**	*(0.3 - 1.3)*	**0.1**	*(0.0 - 0.4)*
18-25	**2.9**	*(2.3 - 3.8)*	**1.0**	*(0.7 - 1.4)*	**0.3**	*(0.1 - 0.5)*
Male	**4.2**	*(3.1 - 5.6)*	**1.6**	*(1.0 - 2.3)*	**0.4**	*(0.2 - 0.9)*
Female	**1.7**	*(1.2 - 2.5)*	**0.4**	*(0.2 - 0.9)*	**0.1**	*(0.0 - 0.4)*
26-34	**4.5**	*(3.9 - 5.3)*	**1.3**	*(1.0 - 1.7)*	**0.6**	*(0.4 - 0.9)*
Male	**5.9**	*(4.8 - 7.2)*	**1.8**	*(1.3 - 2.4)*	**0.8**	*(0.5 - 1.3)*
Female	**3.2**	*(2.6 - 4.0)*	**0.9**	*(0.6 - 1.3)*	**0.4**	*(0.2 - 0.8)*
≥35	**1.2**	*(0.9 - 1.5)*	**0.3**	*(0.2 - 0.6)*	**0.2**	*(0.1 - 0.4)*
Male	**1.6**	*(1.1 - 2.3)*	**0.5**	*(0.3 - 1.0)*	**0.2**	*(0.1 - 0.6)*
Female	**0.8**	*(0.5 - 1.2)*	**0.2**	*(0.1 - 0.5)*	**0.1**	*(0.0 - 0.4)*
TOTAL	**1.9**	*(1.7 - 2.2)*	**0.6**	*(0.5 - 0.7)*	**0.2**	*(0.2 - 0.3)*
Male	**2.6**	*(2.2 - 3.1)*	**0.9**	*(0.7 - 1.1)*	**0.3**	*(0.2 - 0.5)*
Female	**1.3**	*(1.1 - 1.6)*	**0.4**	*(0.3 - 0.5)*	**0.2**	*(0.1 - 0.3)*
POPULATION ESTIMATES (In Thousands)						
12-17	**137**	*(85 - 222)*	**92**	*(49 - 170)*	**22**	*(9 - 54)*
Male	**65**	*(36 - 116)*	**27**	*(11 - 65)*	**8**	*(1 - 44)*
Female	**73**	*(36 - 145)*	**65**	*(30 - 138)*	**14**	*(4 - 42)*
18-25	**825**	*(631 - 1,076)*	**278**	*(197 - 391)*	**75**	*(41 - 140)*
Male	**583**	*(432 - 782)*	**215**	*(145 - 320)*	**59**	*(29 - 122)*
Female	**242**	*(163 - 359)*	**63**	*(32 - 121)*	**16**	*(4 - 59)*
26-34	**1,663**	*(1,424 - 1,941)*	**481**	*(371 - 622)*	**224**	*(147 - 341)*
Male	**1,059**	*(865 - 1,293)*	**314**	*(227 - 432)*	**142**	*(88 - 227)*
Female	**604**	*(485 - 753)*	**167**	*(111 - 251)*	**82**	*(45 - 152)*
≥35	**1,416**	*(1,069 - 1,874)*	**407**	*(241 - 689)*	**199**	*(92 - 431)*
Male	**906**	*(622 - 1,317)*	**297**	*(154 - 574)*	**109**	*(36 - 323)*
Female	**510**	*(327 - 794)*	**110**	*(34 - 359)*	**90**	*(29 - 277)*
TOTAL	**4,042**	*(3,524 - 4,633)*	**1,258**	*(1,023 - 1,546)*	**520**	*(369 - 732)*
Male	**2,612**	*(2,163 - 3,152)*	**854**	*(662 - 1,101)*	**318**	*(206 - 489)*
Female	**1,429**	*(1,175 - 1,739)*	**404**	*(273 - 597)*	**202**	*(115 - 358)*

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1994 National Household Survey on Drug Abuse, New Questionnaire Data (1994-B Sample)

Table 5B. Crack Use by Age Group and Sex for Whites in 1994

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
			RATE ESTIMATES (Percent)			
AGE						
12-17	**0.7**	*(0.4 - 1.3)*	**0.4**	*(0.2 - 1.0)*	**0.1**	*(0.0 - 0.3)*
18-25	**3.2**	*(2.3 - 4.5)*	**0.9**	*(0.6 - 1.5)*	**0.2**	*(0.1 - 0.6)*
26-34	**4.3**	*(3.4 - 5.3)*	**1.0**	*(0.7 - 1.5)*	**0.4**	*(0.2 - 0.8)*
≥35	**1.0**	*(0.6 - 1.5)*	**0.2**	*(0.1 - 0.5)*	**0.1**	*(0.0 - 0.4)*
SEX						
Male	**2.4**	*(1.8 - 3.0)*	**0.6**	*(0.4 - 0.9)*	**0.2**	*(0.1 - 0.5)*
Female	**1.2**	*(0.9 - 1.6)*	**0.3**	*(0.2 - 0.5)*	**0.1**	*(0.1 - 0.4)*
TOTAL	**1.8**	*(1.5 - 2.1)*	**0.5**	*(0.3 - 0.6)*	**0.2**	*(0.1 - 0.3)*
			POPULATION ESTIMATES (In Thousands)			
AGE						
12-17	**102**	*(55 - 188)*	**66**	*(29 - 150)*	**11**	*(2 - 50)*
18-25	**625**	*(445 - 876)*	**176**	*(107 - 287)*	**38**	*(13 - 110)*
26-34	**1,121**	*(900 - 1,394)*	**266**	*(177 - 398)*	**111**	*(56 - 221)*
≥35	**967**	*(628 - 1,487)*	**212**	*(84 - 533)*	**132**	*(41 - 425)*
SEX						
Male	**1,811**	*(1,402 - 2,334)*	**479**	*(322 - 711)*	**175**	*(87 - 351)*
Female	**1,005**	*(776 - 1,302)*	**241**	*(142 - 407)*	**117**	*(47 - 290)*
TOTAL	**2,816**	*(2,344 - 3,382)*	**720**	*(527 - 984)*	**292**	*(168 - 507)*

Table 5C. Crack Use by Age Group and Sex for Hispanics in 1994

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
			RATE ESTIMATES (Percent)			
AGE						
12-17	**0.8**	*(0.4 - 1.7)*	**0.5**	*(0.2 - 1.2)*	**0.2**	*(0.1 - 0.9)*
18-25	**1.9**	*(1.1 - 3.3)*	**1.0**	*(0.5 - 2.2)*	**0.7**	*(0.3 - 1.8)*
26-34	**4.3**	*(3.1 - 6.1)*	**1.1**	*(0.5 - 2.4)*	**0.3**	*(0.1 - 1.1)*
≥35	**0.9**	*(0.4 - 1.9)*	**0.3**	*(0.1 - 0.9)*	**0.3**	*(0.1 - 0.9)*
SEX						
Male	**2.7**	*(1.9 - 3.7)*	**0.9**	*(0.5 - 1.5)*	**0.4**	*(0.2 - 0.9)*
Female	**1.0**	*(0.7 - 1.6)*	**0.4**	*(0.2 - 0.9)*	**0.3**	*(0.1 - 0.7)*
TOTAL	**1.9**	*(1.4 - 2.5)*	**0.7**	*(0.4 - 1.0)*	**0.4**	*(0.2 - 0.6)*
			POPULATION ESTIMATES (In Thousands)			
AGE						
12-17	**22**	*(10 - 47)*	**12**	*(5 - 33)*	**6**	*(2 - 25)*
18-25	**70**	*(41 - 119)*	**36**	*(17 - 79)*	**26**	*(10 - 66)*
26-34	**188**	*(132 - 265)*	**49**	*(24 - 102)*	**12**	*(3 - 46)*
≥35	**74**	*(33 - 164)*	**28**	*(10 - 79)*	**23**	*(7 - 73)*
SEX						
Male	**255**	*(183 - 355)*	**83**	*(47 - 146)*	**40**	*(18 - 87)*
Female	**99**	*(65 - 149)*	**43**	*(21 - 87)*	**28**	*(12 - 66)*
TOTAL	**354**	*(267 - 469)*	**126**	*(82 - 194)*	**68**	*(38 - 121)*

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1994 National Household Survey on Drug Abuse, New Questionnaire Data (1994-B Sample)

Table 5D. Crack Use by Age Group and Sex for Blacks in 1994

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
AGE						
12-17	**0.4**	*(0.1 - 1.3)*	**0.4**	*(0.1 - 1.3)*	**0.1**	*(0.0 - 1.0)*
18-25	**1.8**	*(1.0 - 3.2)*	**1.1**	*(0.5 - 2.5)*	**0.3**	*(0.1 - 1.1)*
26-34	**7.5**	*(5.9 - 9.4)*	**3.7**	*(2.7 - 5.1)*	**2.3**	*(1.5 - 3.6)*
≥35	**3.1**	*(2.1 - 4.4)*	**1.4**	*(0.8 - 2.4)*	**0.4**	*(0.1 - 1.0)*
SEX						
Male	**4.6**	*(3.5 - 5.9)*	**2.6**	*(1.9 - 3.7)*	**1.0**	*(0.5 - 1.9)*
Female	**2.4**	*(1.7 - 3.2)*	**0.8**	*(0.5 - 1.3)*	**0.4**	*(0.2 - 0.8)*
TOTAL	**3.3**	*(2.7 - 4.1)*	**1.6**	*(1.2 - 2.2)*	**0.7**	*(0.4 - 1.1)*
POPULATION ESTIMATES (In Thousands)						
AGE						
12-17	**13**	*(4 - 40)*	**13**	*(4 - 40)*	**4**	*(1 - 31)*
18-25	**70**	*(39 - 122)*	**43**	*(19 - 94)*	**11**	*(3 - 40)*
26-34	**325**	*(257 - 409)*	**161**	*(116 - 223)*	**101**	*(65 - 156)*
≥35	**374**	*(261 - 535)*	**168**	*(97 - 287)*	**44**	*(15 - 127)*
SEX						
Male	**477**	*(368 - 617)*	**276**	*(194 - 390)*	**103**	*(53 - 200)*
Female	**305**	*(226 - 411)*	**109**	*(69 - 171)*	**58**	*(32 - 104)*
TOTAL	**782**	*(642 - 951)*	**384**	*(290 - 509)*	**161**	*(101 - 256)*

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1994 National Household Survey on Drug Abuse, New Questionnaire Data (1994-B Sample)

associations are not clear from the results alone, and factors correlated with education (e.g., income) may be strongly influential, the results suggest important issues for future research.[9]

Tables 4.1-4.3 indicate that unemployed persons used cocaine at higher rates than did employed persons. However, most cocaine users were employed (nearly 60% of past-year cocaine users were employed full-time). Persons in the "other" category, which includes students, retirees, and homemakers, were the least likely to have used cocaine. The data on past-year and current use provide the clearest picture of these associations. In the younger adult age group (18-25), as well as overall, unemployed persons reported higher rates of past-year cocaine use relative to employed persons or persons in the "other" category. In the middle adult age group (26-34), and overall, unemployed persons reported higher current use than those in the other employment categories.[10] In each of these comparisons, unemployed persons reported cocaine use at a rate two times that of persons in other categories.

Lifetime Frequency of Use

Table 4.6 provides a cumulative quantitative measure of cocaine use in the overall sample and among those who reported using cocaine at least once in their lives. About one-quarter of the cocaine users reported that they had used cocaine only 1-2 times, and well over half reported using 10 or fewer times.

An interesting result emerged from comparing Table 4.6 with its counterparts in previous NHSDA reports. People who had used cocaine at all, especially younger and middle adults (see Table 4.6, panel B), had reported steadily increasing frequencies of use from 1985 to 1992. For example, in 1985 7% of the 18-25 age group and 12% of the 26-34 age group who ever used cocaine reported having used it at least 100 times. The corresponding figures for 1988 were 8% and 10%; for 1990, 10% and 13%; for 1991, 12% and 14%; and for 1992, 12% and 18%[11] These percentages did not change from 1992 to 1993. Although these trends were not tested for statistical significance, they point toward higher average lifetime levels of cocaine use among proportionately smaller groups of young and middle adult users since 1985. The dynamics of this trend need to be studied in more detail.

Crack Cocaine Use and Routes of Administration

Crack cocaine has captured a great deal of media and public policy attention over the last decade. However, Table 4.7 makes clear that the most common route of cocaine administration has remained sniffing or snorting. The category that includes crack—freebasing or smoking—was the second most common route of administration mentioned by respondents, although sniffing/snorting was more prevalent by a margin of about two to one. Although the number of past-year cocaine users has dropped from 8

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[9]See also: NIDA, *Socioeconomic and Demographic Correlates of Drug and Alcohol Use*, Rockville, MD: US Department of Health and Human Services (1992), Table 4.4.

[10]See also, NIDA, *Socioeconomic and Demographic Correlates of Drug and Alcohol Use*, Rockville, MD: US Department of Health and Human Services (1992), Table 4.4

[11]Cf. NIDA, *National Household Survey on Drug Abuse: Main Findings 1985*, Rockville, MD: US Department of Health and Human Services (1988), Table 33; NIDA, *National Household Survey on Drug Abuse: Main Findings 1988*, Rockville, MD: US Department of Health and Human Services (1990), Table 4.6; NIDA, *National Household Survey on Drug Abuse: Main Findings 1990*, Rockville, MD: US Department of Health and Human Services (1991), Table 4.6; Office of Applied Studies, SAMHSA, *National Household Survey on Drug Abuse: Main Findings 1991*, Rockville, MD: US Department of Health and Human Services (1993), Table 4.6; Office of Applied Studies, SAMHSA, *National Household Survey on Drug Abuse: Main Findings 1992*, Rockville, MD: US Department of Health and Human Services (1995), Table 4.6.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse: Main Findings 1993*, 1995.

million in 1988 to 4.5 million in 1993, the percent of these users freebasing or smoking has remained relatively constant over time (31% in 1988 and 1990, 28% in 1991, 31% in 1992, and 36% in 1993). The number of past-year crack users has remained relatively constant since 1988 at around 1 million, or .5% of the surveyed population.

Tables 4.8-4.9 indicate that over three million members of the surveyed population had used crack in their lifetime and nearly one million had used crack in the past year. Compared with younger and older respondents (12-17 and 35 and older), younger and middle adults reported higher past-year use. In addition, males reported higher past-year crack use than females in every adult age group. Interestingly, adolescent females reported higher past-year crack use than adolescent males. Hispanics in the youngest age group reported more lifetime crack use than whites; blacks 26 and older were more likely to report lifetime and past-year crack use than either whites or Hispanics. Overall, crack use made up a much larger proportion of past-year cocaine use among blacks than among whites or Hispanics (56%, 15%, and 18%, respectively).

There was no clear association between crack use and population density, and there were few differences across regions. Nevertheless, residents of the West reported the highest lifetime prevalence and crack use was more commonly reported by those with less than a high school education—higher prevalence tended to be associated with less education and with unemployment.

Trends in Weekly and Occasional Cocaine Use

Table 4.10 presents trend data on weekly and occasional cocaine use since 1985. As mentioned in the table note, the weekly use estimates were unstable and showed no significant differences across the survey years. Therefore, one should not conclude, based on these data, that weekly cocaine use has decreased since 1985. The data on occasional use appear to coincide with other indicators that show fewer cocaine users in the general population (see Chapter 2); occasional use decreased by about two-thirds from 1985 to 1993. Moreover, these results support the hypothesis stated above that, while there are fewer cocaine users overall, more frequent cocaine users make up a larger proportion of those who do use.

Conclusion

Age and gender differences were the most notable facts of cocaine prevalence: adult males used more cocaine than adult females; young adults 18-34 used cocaine much more often than older or younger age groups. However, in contrast with the past several NHSDA reports, overall cocaine use did not decline; the level of use in 1993 was about the same as in 1992. Although some data sources, such as the Drug Abuse Warning Network (DAWN), indicate that emergency room mentions of cocaine increased substantially in the past several years,[12] several other national indicators suggest the leveling off of a 10-15 year decline in cocaine use, rather than an upward trend.[13] The increase in emergency room

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[12]Office of Applied Studies, SAMHSA, *Estimates From The Drug Abuse Warning Network*, Advance Report Number 4, Rockville, MD: SAMHSA (September 1993).

[13]See NIDA, *National Survey Results on Drug Use from the Monitoring the Future Study, 1975-1993: Volume I, Secondary Students*, Rockville, MD: US Department of Health and Human Services (1994); NIDA, *National Survey Results on Drug Use from the Monitoring the Future Study, 1975-1993: Volume II, College Students and Young Adults*, Rockville, MD: US Department of Health and Human Services (1994). See also Harrison, "Trends in Illicit Drug Use in the United States: Conflicting Results From National Surveys," *International Journal of the Addictions* 27:817-847 (1992).

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse: Main Findings 1993*, 1995.

Table 4.7 Percentage Reporting Various Routes of Administration for Cocaine for the Total Sample, Those Who Used at Least Once in the Past Year, and Those Who Used Once a Month or More Often in the Past Year, by Age Group: 1993

Route of Administration[1],[2] During the Past Year	Age Group (Years) 12-17	18-25	26-34	35+	Total
A. Total Sample					
Sniff/snort	0.5	4.1	3.3	0.8	1.7
Freebase/smoke[3]	0.3	1.9	1.6	0.3	0.8
Swallow/oral	0.1	0.3	0.2	*	0.1
IV/inject	0.1	0.3	0.2	0.1	0.2
Other	0.1	0.1	0.1	*	0.1
B. Used Cocaine at Least Once in the Past Year					
(Unweighted N)	(85)	(371)	(486)	(128)	(1,070)
Sniff/snort	*	81.8	74.6	76.1	76.9
Freebase/smoke[3]	*	38.1	37.2	30.3	35.6
Swallow/oral	*	6.8	4.0	2.3	4.8
IV/inject	*	5.6	4.2	11.6	7.0
Other	*	2.2	2.5	*	2.8
C. Used Cocaine Once a Month or More Often in the Past Year					
(Unweighted N)	(32)	(127)	(168)	(57)	(384)
Sniff/snort	*	*	*	*	77.9
Freebase/smoke[3]	*	*	*	*	45.9
Swallow/oral	*	*	*	*	5.6
IV/inject	*	*	9.8	*	12.0
Other	*	*	*	*	2.7

* Low precision; no estimate reported.

[1] Some column percentages total more than 100.0 because multiple routes of administration could be indicated by the same respondent.

[2] The weighted Ns are for each age group within the total subpopulations (i.e., past year or monthly cocaine users) in Parts B and C. The actual unweighted Ns for the estimates in each of the table cells may be smaller because of differing patterns of nonresponse for the different routes of administration.

[3] Freebasing is the processing of cocaine to free the more potent cocaine base, which is then smoked. Crack users are also included in this category.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse: Main Findings 1993*, 1995.

Table 4.8 Percentage Reporting Crack Use in Their Lifetime, by Age Group and Demographic Characteristics: 1993

Demographic Characteristic	Age Group (Years) 12-17	18-25	26-34	35+	Total
Total	0.4	3.5	4.2	0.9	1.8
Sex					
Male	0.2	4.6	5.9	1.5	2.6
Female	0.5	2.5	2.5	0.4	1.1
Race/Ethnicity[1]					
White	0.2	4.0	3.8	0.7	1.6
Black	0.3	2.1	7.2	3.3	3.4
Hispanic	1.2	3.5	3.2	0.9	2.0
Population Density					
Large metro	0.3	3.5	4.5	1.0	2.0
Small metro	0.6	3.8	4.0	1.2	2.0
Nonmetro	0.1	3.2	3.6	0.5	1.3
Region					
Northeast	0.2	3.3	3.5	1.1	1.7
North Central	0.1	2.4	3.0	0.6	1.2
South	0.4	3.5	4.4	0.5	1.7
West	0.7	4.9	5.7	1.9	3.0
Adult Education[2]					
Less than high school	N/A	7.3	6.4	0.5	2.3
High school graduate	N/A	3.4	5.3	0.8	2.1
Some college	N/A	2.1	4.7	1.6	2.4
College graduate	N/A	1.5	1.3	0.9	1.1
Current Employment[3]					
Full-time	N/A	4.1	3.8	0.9	2.1
Part-time	N/A	2.5	3.7	1.2	2.0
Unemployed	N/A	7.0	10.5	3.5	6.2
Other[4]	N/A	2.2	2.9	0.6	1.0

N/A: Not applicable.

[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 = 19,511).
[3] Data on current employment are not applicable for youth age 12-17. Total refers to adults age 18 and older (unweighted N = 19,511).
[4] Retired, disabled, homemaker, student, or "other."

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse: Main Findings 1993*, 1995.

Table 4.9 Percentage Reporting Crack Use in the Past Year, by Age Group and Demographic Characteristics: 1993

Demographic Characteristic	Age Group (Years) 12-17	18-25	26-34	35+	Total
Total	**0.2**	**1.0**	**1.0**	**0.2**	**0.5**
Sex					
Male	0.1	1.6	1.5	0.5	**0.8**
Female	0.4	0.5	0.4	*	**0.2**
Race/Ethnicity[1]					
White	0.2	1.0	0.5	0.1	**0.3**
Black	0.3	1.1	3.0	1.7	**1.6**
Hispanic	0.5	1.2	0.7	0.2	**0.6**
Population Density					
Large metro	0.2	1.1	1.1	0.2	**0.5**
Small metro	0.5	0.9	0.9	0.3	**0.5**
Nonmetro	*	1.2	0.6	*	**0.3**
Region					
Northeast	*	0.9	0.7	0.3	**0.4**
North Central	0.1	0.5	0.6	0.1	**0.2**
South	0.3	1.2	1.1	0.2	**0.5**
West	0.5	1.5	1.4	0.4	**0.8**
Adult Education[2]					
Less than high school	N/A	2.4	1.7	0.3	**0.8**
High school graduate	N/A	1.1	1.4	0.2	**0.6**
Some college	N/A	0.2	1.0	0.4	**0.5**
College graduate	N/A	0.8	0.1	0.2	**0.2**
Current Employment[3]					
Full-time	N/A	1.2	0.7	0.2	**0.5**
Part-time	N/A	0.3	1.1	*	**0.5**
Unemployed	N/A	3.2	3.7	0.8	**2.2**
Other[4]	N/A	0.6	0.6	0.2	**0.3**

N/A: Not applicable.

* Low precision; no estimate reported.

[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 = 19,511).
[3] Data on current employment are not applicable for youth age 12-17. Total refers to adults age 18 and older (unweighted N = 19,511).
[4] Retired, disabled, homemaker, student, or "other."

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse: Main Findings 1993*, 1995.

TABLE 1

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

	Lifetime						Annual						30-Day						Daily					
	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change
Any Illicit Drug[a]																								
8th Grade	18.7	20.6	22.5	25.7	28.5	+2.8ss	11.3	12.9	15.1	18.5	21.4	+2.9sss	5.7	6.8	8.4	10.9	12.4	+1.5s	—	—	—	—	—	—
10th Grade	30.6	29.8	32.8	37.4	40.9	+3.5ss	21.4	20.4	24.7	30.0	33.3	+3.3ss	11.6	11.0	14.0	18.5	20.2	+1.7s	—	—	—	—	—	—
12th Grade	44.1	40.7	42.9	45.6	48.4	+2.8	29.4	27.1	31.0	35.8	39.0	+3.2s	16.4	14.4	18.3	21.9	23.8	+1.9	—	—	—	—	—	—
Any Illicit Drug[a] Other Than Marijuana																								
8th Grade	14.3	15.6	16.8	17.5	18.8	+1.3	8.4	9.3	10.4	11.3	12.6	+1.3s	3.8	4.7	5.3	5.6	6.5	+0.9s	—	—	—	—	—	—
10th Grade	19.1	19.2	20.9	21.7	24.3	+2.6ss	12.2	12.3	13.9	15.2	17.5	+2.3ss	5.5	5.7	6.5	7.1	8.9	+1.8sss	—	—	—	—	—	—
12th Grade	26.9	25.1	26.7	27.6	28.1	+0.5	16.2	14.9	17.1	18.0	19.4	+1.4	7.1	6.3	7.9	8.8	10.0	+1.2s	—	—	—	—	—	—
Any Illicit Drug[a,b] Including Inhalants																								
8th Grade	28.5	29.6	32.3	35.1	38.1	+3.0ss	16.7	18.2	21.1	24.2	27.1	+2.9sss	8.8	10.0	12.0	14.3	16.1	+1.8ss	—	—	—	—	—	—
10th Grade	36.1	36.2	38.7	42.7	45.9	+3.2ss	23.9	23.5	27.4	32.5	35.6	+3.1ss	13.1	12.6	15.5	20.0	21.6	+1.6	—	—	—	—	—	—
12th Grade	47.6	44.4	46.6	49.1	51.5	+2.4	31.2	28.8	32.5	37.6	40.2	+2.6	17.8	15.5	19.3	23.0	24.8	+1.8	—	—	—	—	—	—
Marijuana/Hashish																								
8th Grade	10.2	11.2	12.6	16.7	19.9	+3.2sss	6.2	7.2	9.2	13.0	15.8	+2.8sss	3.2	3.7	5.1	7.8	9.1	+1.3s	0.2	0.2	0.4	0.7	0.8	+0.1
10th Grade	23.4	21.4	24.4	30.4	34.1	+3.7ss	16.5	15.2	19.2	25.2	28.7	+3.5sss	8.7	8.1	10.9	15.8	17.2	+1.4	0.8	0.8	1.0	2.2	2.8	+0.6ss
12th Grade	36.7	32.6	35.3	38.2	41.7	+3.5s	23.9	21.9	26.0	30.7	34.7	+4.0ss	13.8	11.9	15.5	19.0	21.2	+2.2s	2.0	1.9	2.4	3.6	4.6	+1.0ss
Inhalants[b,c]																								
8th Grade	17.6	17.4	19.4	19.9	21.6	+1.7s	9.0	9.5	11.0	11.7	12.8	+1.1	4.4	4.7	5.4	5.6	6.1	+0.5	0.2	0.3	0.3	0.2	0.2	0.0
10th Grade	15.7	16.6	17.5	18.0	19.0	+1.0	7.1	7.5	8.4	9.1	9.6	+0.5	2.7	2.7	3.3	3.6	3.5	-0.1	0.1	0.1	0.2	0.1	0.1	0.0
12th Grade	17.6	16.6	17.4	17.7	17.4	-0.3	6.6	6.2	7.0	7.7	8.0	+0.3	2.4	2.3	2.5	2.7	3.2	+0.5	0.2	0.1	0.1	0.1	0.1	+0.1
Nitrites[d]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.6	1.5	1.4	1.7	1.5	-0.2	0.9	0.5	0.9	1.1	1.1	0.0	0.4	0.3	0.6	0.4	0.4	0.0	0.2	0.1	0.1	0.2	0.2	-0.1
Hallucinogens[e]																								
8th Grade	3.2	3.8	3.9	4.3	5.2	+0.9	1.9	2.5	2.6	2.7	3.6	+0.9s	0.8	1.1	1.2	1.3	1.7	+0.4	0.1	0.1	0.1	0.1	0.1	+0.1
10th Grade	6.1	6.4	6.8	8.1	9.3	+1.2	4.0	4.3	4.7	5.8	7.2	+1.4ss	1.6	1.8	1.9	2.4	3.3	+0.9ss	•	0.1	0.1	0.1	•	0.0
12th Grade	9.6	9.2	10.9	11.4	12.7	+1.3	5.8	5.9	7.4	7.6	9.3	+1.7ss	2.2	2.1	2.7	3.1	4.4	+1.3sss	0.1	0.1	0.1	0.1	0.1	0.0
LSD																								
8th Grade	2.7	3.2	3.5	3.7	4.4	+0.7	1.7	2.1	2.3	2.4	3.2	+0.8s	0.6	0.9	1.0	1.1	1.4	+0.3	•	•	•	•	0.1	0.0
10th Grade	5.6	5.8	6.2	7.2	8.4	+1.2	3.7	4.0	4.2	5.2	6.5	+1.3ss	1.5	1.6	1.6	2.0	3.0	+1.0sss	•	0.1	•	•	•	0.0
12th Grade	8.8	8.6	10.3	10.5	11.7	+1.2	5.2	5.6	6.8	6.9	8.4	+1.5ss	1.9	2.0	2.4	2.6	4.0	+1.4sss	0.1	0.1	0.1	0.1	0.1	0.0
PCP[d]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	2.9	2.4	2.9	2.8	2.7	-0.1	1.4	1.4	1.4	1.6	1.8	+0.2	0.5	0.6	1.0	0.7	0.6	-0.1	0.1	0.1	0.1	0.3	0.3	0.0

(Table continued on next page)

Source: University of Michigan, *The Monitoring the Future Study*, December 11, 1995 press release.

TABLE 1 (cont.)

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

	Lifetime						Annual						30-Day						Daily					
	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change
Hallucinogens Other Than LSD																								
8th Grade	1.4	1.7	1.7	2.2	2.5	+0.3	0.7	1.1	1.0	1.3	1.7	+0.4s	0.3	0.4	0.5	0.7	0.8	+0.1	•	•	•	•	•	0.0
10th Grade	2.2	2.5	2.8	3.8	3.9	+0.1	1.3	1.4	1.9	2.4	2.8	+0.4	0.4	0.5	0.7	1.0	1.0	0.0	•	•	•	•	•	0.0
12th Grade	3.7	3.3	3.9	4.9	5.4	+0.5	2.0	1.7	2.2	3.1	3.8	+0.7s	0.7	0.5	0.8	1.2	1.3	+0.1	•	•	•	•	0.1	+0.1
Cocaine																								
8th Grade	2.3	2.9	2.9	3.6	4.2	+0.6	1.1	1.5	1.7	2.1	2.6	+0.5	0.5	0.7	0.7	1.0	1.2	+0.2	0.1	•	0.1	0.1	0.1	0.0
10th Grade	4.1	3.3	3.6	4.3	5.0	+0.7	2.2	1.9	2.1	2.8	3.5	+0.7	0.7	0.7	0.9	1.2	1.7	+0.5s	0.1	•	0.1	0.1	0.1	0.0
12th Grade	7.8	6.1	6.1	5.9	6.0	+0.1	3.5	3.1	3.3	3.6	4.0	+0.4	1.4	1.3	1.3	1.5	1.8	+0.3	0.1	0.1	0.1	0.1	0.2	+0.1
Crack																								
8th Grade	1.3	1.6	1.7	2.4	2.7	+0.3	0.7	0.9	1.0	1.3	1.6	+0.3s	0.3	0.5	0.4	0.7	0.7	0.0	•	•	0.1	•	•	0.0
10th Grade	1.7	1.5	1.8	2.1	2.8	+0.7ss	0.9	0.9	1.1	1.4	1.8	+0.4s	0.3	0.4	0.5	0.6	0.9	+0.3ss	•	•	•	•	•	0.0
12th Grade	3.1	2.6	2.6	3.0	3.0	0.0	1.5	1.5	1.5	1.9	2.1	+0.2	0.7	0.6	0.7	0.8	1.0	+0.2	0.1	0.1	0.1	0.1	0.1	0.0
Other Cocaine[e]																								
8th Grade	2.0	2.4	2.4	3.0	3.4	+0.4	1.0	1.2	1.3	1.7	2.1	+0.4	0.5	0.5	0.6	0.9	1.0	+0.1	•	•	•	•	•	0.0
10th Grade	3.8	3.0	3.3	3.8	4.4	+0.6	2.1	1.7	1.8	2.4	3.0	+0.6	0.6	0.6	0.7	1.0	1.4	+0.4s	•	•	•	•	•	0.0
12th Grade	7.0	5.3	5.4	5.2	5.1	-0.1	3.2	2.6	2.9	3.0	3.4	+0.4	1.2	1.0	1.2	1.3	1.3	0.0	0.1	•	0.1	0.1	0.1	+0.1
Heroin[f]																								
8th Grade	1.2	1.4	1.4	2.0	2.3	+0.3	0.7	0.7	0.7	1.2	1.4	+0.2	0.3	0.4	0.4	0.6	0.6	0.0	•	•	•	0.1	•	0.0
10th Grade	1.2	1.2	1.3	1.5	1.7	+0.2	0.5	0.6	0.7	0.9	1.1	+0.2	0.2	0.2	0.3	0.4	0.6	+0.2s	•	•	•	•	•	0.0
12th Grade	0.9	1.2	1.1	1.2	1.6	+0.4s	0.4	0.6	0.5	0.6	1.1	+0.5sss	0.2	0.3	0.2	0.3	0.6	+0.3sss	•	•	•	•	0.1	0.0
Other Opiates[g]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.6	6.1	6.4	6.6	7.2	+0.6	3.5	3.3	3.6	3.8	4.7	+0.9ss	1.1	1.2	1.3	1.5	1.8	+0.3	0.1	•	•	0.1	0.1	0.0
Stimulants[g]																								
8th Grade	10.5	10.8	11.8	12.3	13.1	+0.8	6.2	6.5	7.2	7.9	8.7	+0.8	2.6	3.3	3.6	3.6	4.2	+0.6s	0.1	0.1	0.1	0.1	0.2	0.0
10th Grade	13.2	13.1	14.9	15.1	17.4	+2.3ss	8.2	8.2	9.6	10.2	11.9	+1.7ss	3.3	3.6	4.3	4.5	5.3	+0.8s	0.1	0.1	0.3	0.1	0.2	+0.1
12th Grade	15.4	13.9	15.1	15.7	15.3	-0.4	8.2	7.1	8.4	9.4	9.3	-0.1	3.2	2.8	3.7	4.0	4.0	0.0	0.2	0.2	0.2	0.2	0.3	+0.1
Ice[h]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	3.3	2.9	3.1	3.4	3.9	+0.5	1.4	1.3	1.7	1.8	2.4	+0.6	0.6	0.5	0.6	0.7	1.1	+0.4	0.1	0.1	0.1	•	0.1	0.0
Barbiturates[g]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.2	5.5	6.3	7.0	7.4	+0.4	3.4	2.8	3.4	4.1	4.7	+0.6	1.4	1.1	1.3	1.7	2.2	+0.5ss	0.1	•	0.1	•	0.1	+0.1

Source: University of Michigan, *The Monitoring the Future Study*, December 11, 1995 press release.

(Table continued on next page)

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
8th Grade	17,500	18,600	18,300	17,300	17,500
10th Grade	14,800	14,800	15,300	15,800	17,000
12th Grade	15,000	15,800	16,300	15,400	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, 10th, and 12th graders: Data based on one form; N for 12th graders is one-sixth of N indicated and N for 8th and 10th graders is one-half 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 half of the questionnaire forms. Separate questions were asked for use with injection and without injection. Data presented here represents the combined data from all forms.

[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 1994–95 were based on all forms for all grades.

TABLE 2

Long-Term Trends in Lifetime Prevalence of Use of Various Types of 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	'94–'95 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	
Any Illicit Drug[a,b]	55.2	58.3	61.6	64.1	65.1	65.4	65.6	64.4	62.9	61.6	60.6	57.6	56.6	53.9	50.9	47.9	44.1	40.7	42.9	45.6	48.4	+2.8
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	+0.5
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	+3.5s
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	-0.3
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	-0.5
Amyl & Butyl Nitrites[e,f]	—	—	—	—	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	3.2	3.3	2.1	1.6	1.5	1.4	1.7	1.5	-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	+1.3
Hallucinogens, Adjusted[g]	—	—	—	—	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	+1.4
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	+1.2
PCP[e,f]	—	—	—	—	12.8	9.6	7.8	6.0	5.6	5.0	4.9	4.8	3.0	2.9	3.9	2.8	2.9	2.4	2.9	2.8	2.7	-0.1
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	+0.1
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	—	5.4	4.8	4.7	3.5	3.1	2.6	2.6	3.0	3.0	0.0
Other Cocaine[i]	—	—	—	—	—	—	—	—	—	—	—	—	14.0	12.1	8.5	8.6	7.0	5.3	5.4	5.2	5.1	-0.1
Heroin[j]	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	+0.4s
Other Opiates[k]	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	9.7	10.2	9.0	9.2	8.6	8.3	8.3	6.6	6.1	6.4	6.6	7.2	+0.6
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	-0.4
Crystal Meth. (Ice)[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.7	3.3	2.9	3.1	3.4	3.9	+0.5
Sedatives[k,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	+0.3
Barbiturates[k]	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	9.9	9.2	8.4	7.4	6.7	6.5	6.8	6.2	5.5	6.3	7.0	7.4	+0.4
Methaqualone[k,m]	8.1	7.8	8.5	7.9	8.3	9.5	10.6	10.7	10.1	8.3	6.7	5.2	4.0	3.3	2.7	2.3	1.3	1.6	0.8	1.4	1.2	-0.2
Tranquilizers[k]	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	9.4	7.6	7.2	7.2	6.0	6.4	6.6	7.1	+0.5
Alcohol[a]	90.4	91.9	92.5	93.1	93.0	93.2	92.6	92.8	92.6	92.6	92.2	91.3	92.2	92.0	90.7	89.5	88.0	87.5	87.0	—	—	—
																			80.0	80.4	80.7	+0.3
Been Drunk[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	65.4	63.4	62.5	62.9	63.2	+0.3
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	+2.2s
Smokeless Tobacco[e]	—	—	—	—	—	—	—	—	—	—	—	31.4	32.2	30.4	29.2	—	—	32.4	31.0	30.7	30.9	+0.2
Steroids[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.0	2.9	2.1	2.1	2.0	2.4	2.3	-0.1

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 3

Long-Term Trends in Annual Prevalence of Use of Various Types of 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	'94–'95 change
Approx. N =	*9400*	*16400*	*17100*	*17800*	*16500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*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	+3.2s
Any Illicit Drug Other Than Marijuana[a,b]	26.2	25.4	26.0	27.1	28.2	30.4	34.0	30.1	28.4	28.0	27.4	25.9	24.1	21.1	20.0	17.9	16.2	14.9	17.1	18.0	19.4	+1.4
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	+4.0ss
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	+0.3
Inhalants, Adjusted[c,d]	—	—	—	—	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	+0.2
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	0.0
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	+1.7ss
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	+1.9ss
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	+1.5ss
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	+0.2
Cocaine	5.6	6.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	11.6	13.1	12.7	10.3	7.9	6.5	5.3	3.5	3.1	3.3	3.6	4.0	+0.4
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	4.1	3.9	3.1	3.1	1.9	1.5	1.5	1.5	1.9	2.1	+0.2
Other Cocaine[i]	—	—	—	—	—	—	—	—	—	—	—	—	9.8	7.4	5.2	4.6	3.2	2.6	2.9	3.0	3.4	+0.4
Heroin[j]	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	+0.5sss
Other Opiates[k]	5.7	5.7	6.4	6.0	6.2	6.3	5.9	5.3	5.1	5.2	5.9	5.2	5.3	4.6	4.4	4.5	3.5	3.3	3.6	3.8	4.7	+0.9ss
Stimulants[k,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	-0.1
Crystal Meth. (Ice)[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.4	1.3	1.7	1.8	2.4	+0.6
Sedatives[k,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	+0.7s
Barbiturates[k]	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	+0.6
Methaqualone[k,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	-0.1
Tranquilizers[k]	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	+0.7s
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	+0.7
Been Drunk[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	52.7	50.3	49.6	51.7	52.5	+0.8
Cigarettes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smokeless Tobacco[o]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Steroids[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.9	1.7	1.4	1.1	1.2	1.3	1.5	+0.2

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. See Table 2 for relevant footnotes.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 4

Long-Term Trends in Thirty-Day Prevalence of Use of Various Types of 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	'94–'95 change
Approx. N =	*9400*	*16400*	*17100*	*17800*	*16500*	*16900*	*17500*	*17700*	*16300*	*16900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	
Any Illicit Drug[a,b]	30.7	34.2	37.6	38.9	38.9	37.2	36.9	32.5	30.5	29.2	29.7	27.1	24.7	21.3	19.7	17.2	16.4	14.4	18.3	21.9	23.8	+1.9
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	+1.2s
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	+2.2s
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	+0.5
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	+0.6
Amyl/Butyl Nitrites[e,f]	—	—	—	—	2.4	1.8	1.4	1.1	1.4	1.4	1.6	1.3	1.3	0.6	0.6	0.6	0.4	0.3	0.6	0.4	0.4	0.0
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	+1.3sss
Hallucinogens; Adjusted[g]	—	—	—	—	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	+1.4sss
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	+1.4sss
PCP[e,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	-0.1
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	+0.3
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.6	1.4	0.7	0.7	0.6	0.7	0.8	1.0	+0.2
Other Cocaine[i]	—	—	—	—	—	—	—	—	—	—	—	—	4.1	3.2	1.9	1.7	1.2	1.0	1.2	1.3	1.3	0.0
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	+0.3sss
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	+0.3
Stimulants[k,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	0.0
Crystal Meth. (Ice)[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.6	0.6	0.5	0.6	0.7	1.1	+0.4
Sedatives[k,m]	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	2.3	2.4	2.2	1.7	1.4	1.6	1.4	1.5	1.2	1.3	1.8	2.3	+0.5s
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	+0.5ss
Methaqualone[k,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	0.0
Tranquilizers[k]	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	+0.4s
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	+1.2
Been Drunk[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31.6	29.9	28.9	30.8	33.2	+2.4
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	+2.3s
Smokeless Tobacco[o]	—	—	—	—	—	—	—	—	—	—	—	11.5	11.3	10.3	8.4	—	—	11.4	10.7	11.1	12.2	+1.1
Steroids[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.8	1.0	0.8	0.6	0.7	0.9	0.7	-0.2

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. See Table 2 for relevant footnotes.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 5

Long-Term Trends in Thirty-Day Prevalence of Daily Use of Various Types of 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	'94–'95 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*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	+1.0ss
Inhalants[c]	—	*	*	0.1	*	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.2	0.2	0.3	0.2	0.1	0.1	0.1	0.1	+0.1
Inhalants, Adjusted[c,d]	—	—	—	—	0.1	0.2	0.2	0.2	0.2	0.2	0.4	0.4	0.4	0.3	0.3	0.3	0.5	0.2	0.2	—	—	—
Amyl & Butyl Nitrites[e,f]	—	—	—	—	*	0.1	0.1	0.0	0.2	0.1	0.3	0.5	0.3	0.1	0.3	0.1	0.2	0.1	0.1	0.2	0.2	-0.1
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	0.0
Hallucinogens, Adjusted[g]	—	—	—	—	0.2	0.2	0.1	0.2	0.2	0.2	0.3	0.3	0.2	*	0.3	0.3	0.1	0.1	0.1	—	—	—
LSD	*	*	*	*	*	*	0.1	*	0.1	0.1	0.1	*	0.1	*	*	0.1	0.1	0.1	0.1	0.1	0.1	0.0
PCP[e,f]	—	—	—	—	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.3	0.1	0.2	0.1	0.1	0.1	0.1	0.3	0.3	0.0
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	+0.1
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	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
Heroin[j]	0.1	*	*	*	*	*	*	*	0.1	*	*	*	*	*	0.1	*	*	*	*	*	0.1	0.0
Other Opiates[k]	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	*	*	0.1	0.1	0.0
Stimulants[b,k]	0.5	0.4	0.5	0.5	0.6	0.7	1.2	0.7	0.8	0.6	0.4	0.3	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	+0.1
Crystal Meth. (Ice)[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.1	0.1	*	0.1	0.0
Sedatives[k,m]	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	0.1	+0.1
Barbiturates[k]	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	*	0.1	+0.1
Methaqualone[k,m]	*	*	*	*	*	0.1	0.1	0.1	*	*	*	*	*	0.1	*	*	*	0.1	0.0	0.1	0.1	0.0
Tranquilizers[k]	0.1	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	*	0.1	*	0.1	0.1	0.1	*	*	0.1	*	0.0
Alcohol																						
Daily[n]	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	+0.6ss
Been drunk daily[j]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.9	0.8	0.9	1.2	1.3	+0.1
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	+1.6
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	+2.2s
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	+1.2
Smokeless Tobacco[o]	—	—	—	—	—	—	—	—	—	—	—	4.7	5.1	4.3	3.3	—	—	4.3	3.3	3.9	3.6	-0.4
Steroids[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.2	0.1	0.1	0.1	0.4	0.2	-0.2

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 2 for relevant footnotes.

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

Footnotes for Table 2–Table 5

[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 1989–95; 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 1989–95.

[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 1990–95.

[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 1990–95; 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 represents 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 1994–95 were based on all six forms.

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

TABLE 1

Trends in Lifetime[e] Prevalence of Various Types of Drugs Among College Students 1-4 Years Beyond High School

(Entries are percentages)

	Percent who used in lifetime															'93-'94
Approx. Wtd. N =	1980 *(1040)*	1981 *(1130)*	1982 *(1150)*	1983 *(1170)*	1984 *(1110)*	1985 *(1080)*	1986 *(1190)*	1987 *(1220)*	1988 *(1310)*	1989 *(1300)*	1990 *(1400)*	1991 *(1410)*	1992 *(1490)*	1993 *(1490)*	1994 *(1410)*	change
Any Illicit Drug[f]	69.4	66.8	64.6	66.9	62.7	65.2	61.8	60.0	58.4	55.6	54.0	50.4	48.8	45.9	45.5	-0.4
Any Illicit Drug[f] Other than Marijuana	42.2	41.3	39.6	41.7	38.6	40.0	37.5	35.7	33.4	30.5	28.4	25.8	26.1	24.3	22.0	-2.4
Marijuana	65.0	63.3	60.5	63.1	59.0	60.6	57.9	55.8	54.3	51.3	49.1	46.3	44.1	42.0	42.2	+0.2
Inhalants[b]	10.2	8.8	10.6	11.0	10.4	10.6	11.0	13.2	12.6	15.0	13.9	14.4	14.2	14.8	12.0	-2.8s
Hallucinogens	15.0	12.0	15.0	12.2	12.9	11.4	11.2	10.9	10.2	10.7	11.2	11.3	12.0	11.8	10.0	-1.8
LSD	10.3	8.5	11.5	8.8	9.4	7.4	7.7	8.0	7.5	7.8	9.1	9.6	10.6	10.6	9.2	-1.4
Cocaine	22.0	21.5	22.4	23.1	21.7	22.9	23.3	20.6	15.8	14.6	11.4	9.4	7.9	6.3	5.0	-1.4
Crack[c]	NA	NA	NA	NA	NA	NA	NA	3.3	3.4	2.4	1.4	1.5	1.7	1.3	1.0	-0.4
MDMA ("ecstasy")[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	3.8	3.9	2.0	2.9	2.3	2.1	-0.2
Heroin	0.9	0.6	0.5	0.3	0.5	0.4	0.4	0.6	0.3	0.7	0.3	0.5	0.5	0.6	0.1	-0.5s
Other Opiates[a]	8.9	8.3	8.1	8.4	8.9	6.3	8.8	7.6	6.3	7.6	6.8	7.3	7.3	6.2	5.1	-1.1
Stimulants[a]	29.5	29.4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted[a,d]	NA	NA	30.1	27.8	27.8	25.4	22.3	19.8	17.7	14.6	13.2	13.0	10.5	10.1	9.2	-0.9
Crystal meth. (ice)[h]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.0	1.3	0.6	1.6	1.3	-0.4
Sedatives[a]	13.7	14.2	14.1	12.2	10.8	9.3	8.0	6.1	4.7	4.1	NA	NA	NA	NA	NA	NA
Barbiturates[a]	8.1	7.8	8.2	6.6	6.4	4.9	5.4	3.5	3.6	3.2	3.8	3.5	3.8	3.5	3.2	-0.3
Methaqualone[a]	10.3	10.4	11.1	9.2	9.0	7.2	5.8	4.1	2.2	2.4	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	15.2	11.4	11.7	10.8	10.8	9.8	10.7	8.7	8.0	8.0	7.1	6.8	6.9	6.3	4.4	-1.9s
Alcohol[i]	94.3	95.2	95.2	95.0	94.2	95.3	94.9	94.1	94.9	93.7	93.1	93.6	91.8	91.2	—	—
More than a few sips														*87.1*	*88.1*	*+1.0*
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.
An asterisk indicates a percentage of less than 0.05%. NA indicates data not available.

[a]Only drug use which was not under a doctor's orders is included here.
[b]This drug was asked about in four of the five questionnaire forms in 1980-89, and in five of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 1175.
[c]This drug was asked about in two of the five questionnaire forms in 1987-89, and in all six questionnaire forms in 1990-1994.
[d]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.
[e]Data are uncorrected for cross-time inconsistencies in the answers.
[f]Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (until 1990), or tranquilizers not under a doctor's orders.
[g]This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 470.
[h]This drug was asked about in two of the six questionnaire forms. Total N in 1994 (for college students) is 470.
[i]In 1993, the question text was changed slightly in three of the questionnaire forms to indicate that a "drink" meant "more than a few sips." The data in the upper line came from forms using the original wording (N was approximately 750 in 1993), while the data in the lower line came from forms using the revised wording. Data is based on all six forms again in 1994, using the revised question wording.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 2

Trends in Annual Prevalence of Various Types of Drugs Among College Students 1-4 Years Beyond High School

(Entries are percentages)

	Percent who used in last twelve months															
	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	'93-'94 change
Approx. Wtd. N =	*(1040)*	*(1130)*	*(1150)*	*(1170)*	*(1110)*	*(1080)*	*(1190)*	*(1220)*	*(1310)*	*(1300)*	*(1400)*	*(1410)*	*(1490)*	*(1490)*	*(1410)*	
Any Illicit Drug[e]	56.2	55.0	49.5	49.8	45.1	46.3	45.0	40.1	37.4	36.7	33.3	29.2	30.6	30.6	31.4	+0.7
Any Illicit Drug[e] Other than Marijuana	32.3	31.7	29.9	29.9	27.2	26.7	25.0	21.3	19.2	16.4	15.2	13.2	13.1	12.5	12.2	-0.3
Marijuana	51.2	51.3	44.7	45.2	40.7	41.7	40.9	37.0	34.6	33.6	29.4	26.5	27.7	27.9	29.3	+1.5
Inhalants[b]	3.0	2.5	2.5	2.8	2.4	3.1	3.9	3.7	4.1	3.7	3.9	3.5	3.1	3.8	3.0	-0.8
Hallucinogens	8.5	7.0	8.7	6.5	6.2	5.0	6.0	5.9	5.3	5.1	5.4	6.3	6.8	6.0	6.2	+0.2
LSD	6.0	4.6	6.3	4.3	3.7	2.2	3.9	4.0	3.6	3.4	4.3	5.1	5.7	5.1	5.2	+0.1
Cocaine	16.8	16.0	17.2	17.3	16.3	17.3	17.1	13.7	10.0	8.2	5.6	3.6	3.0	2.7	2.0	-0.7
Crack[c]	NA	NA	NA	NA	NA	NA	1.3	2.0	1.4	1.5	0.6	0.5	0.4	0.6	0.5	-0.2
MDMA ("ecstasy")[f]	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.3	2.3	0.9	2.0	0.8	0.5	-0.3
Heroin	0.4	0.2	0.1	*	0.1	0.2	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.0
Other Opiates[a]	5.1	4.3	3.8	3.8	3.8	2.4	4.0	3.1	3.1	3.2	2.9	2.7	2.7	2.5	2.4	-0.1
Stimulants[a]	22.4	22.2	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted[a,d]	NA	NA	21.1	17.3	15.7	11.9	10.3	7.2	6.2	4.6	4.5	3.9	3.6	4.2	4.2	0.0
Crystal meth. (ice)[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.1	0.1	0.2	0.7	0.8	+0.1
Sedatives[a]	8.3	8.0	8.0	4.5	3.5	2.5	2.6	1.7	1.5	1.0	NA	NA	NA	NA	NA	NA
Barbiturates[a]	2.9	2.8	3.2	2.2	1.9	1.3	2.0	1.2	1.1	1.0	1.4	1.2	1.4	1.5	1.2	-0.3
Methaqualone[a]	7.2	6.5	6.6	3.1	2.5	1.4	1.2	0.8	0.5	0.2	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	6.9	4.8	4.7	4.6	3.5	3.6	4.4	3.8	3.1	2.6	3.0	2.4	2.9	2.4	1.8	-0.6
Alcohol[h]	90.5	92.5	92.2	91.6	90.0	92.0	91.5	90.9	89.6	89.6	89.0	88.3	86.9	86.5	NA	NA
More than just a few sips														*83.8***	*82.7*	*-1.1*
Cigarettes	36.2	37.6	34.3	36.1	33.2	35.0	35.3	38.0	36.6	34.2	35.5	35.6	37.3	38.8	37.6	-1.1

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.
An asterisk indicates a percentage of less than 0.05%. NA indicates data not available.

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

[b]This drug was asked about in four of the five questionnaire forms in 1980-89, and in five of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 1175.

[c]This drug was asked about in one of the five questionnaire forms in 1986, two of the five questionnaire forms in 1987-89, and in all six questionnaire forms in 1990-1994.

[d]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

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

[f]This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 470.

[g]This drug was asked about in two of the six questionnaire forms. Total N in 1994 (for college students) is 470.

[h]In 1993, the question text was changed slightly in three of the questionnaire forms to indicate that a "drink" meant "more than a few sips." The data in the upper line came from forms using the original wording (N was approximately 750 in 1993), while the data in the lower line came from forms using the revised wording. Data is based on all six forms again in 1994, using the revised question wording.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 3

Trends in Thirty-Day Prevalence of Various Types of Drugs Among College Students 1-4 Years Beyond High School

(Entries are percentages)

	Percent who used in last thirty days															
Approx. Wtd. N =	1980 *(1040)*	1981 *(1130)*	1982 *(1150)*	1983 *(1170)*	1984 *(1110)*	1985 *(1080)*	1986 *(1190)*	1987 *(1220)*	1988 *(1310)*	1989 *(1300)*	1990 *(1400)*	1991 *(1410)*	1992 *(1490)*	1993 *(1490)*	1994 *(1410)*	'93-'94 change
Any Illicit Drug[e]	38.4	37.6	31.3	29.3	27.0	26.1	25.9	22.4	18.5	18.2	15.2	15.2	16.1	15.1	16.0	+0.9
Any Illicit Drug[e] Other than Marijuana	20.7	18.6	17.1	13.9	13.8	11.8	11.6	8.8	8.5	6.9	4.4	4.3	4.6	5.4	4.6	-0.8
Marijuana	34.0	33.2	26.8	26.2	23.0	23.6	22.3	20.3	16.8	16.3	14.0	14.1	14.6	14.2	15.1	+0.8
Inhalants[b]	1.5	0.9	0.8	0.7	0.7	1.0	1.1	0.9	1.3	0.8	1.0	0.9	1.1	1.3	0.6	-0.7
Hallucinogens	2.7	2.3	2.6	1.8	1.8	1.3	2.2	2.0	1.7	2.3	1.4	1.2	2.3	2.5	2.1	-0.4
LSD	1.4	1.4	1.7	0.9	0.8	0.7	1.4	1.4	1.1	1.4	1.1	0.8	1.8	1.6	1.8	+0.2
Cocaine	6.9	7.3	7.9	6.5	7.6	6.9	7.0	4.6	4.2	2.8	1.2	1.0	1.0	0.7	0.6	-0.2
Crack[c]	NA	NA	NA	NA	NA	NA	NA	0.4	0.5	0.2	0.1	0.3	0.1	0.1	0.1	0.0
MDMA ("ecstasy")[f]	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.3	0.6	0.2	0.4	0.3	0.2	-0.1
Heroin	0.3	0.0	0.0	0.0	*	*	0.0	0.1	0.1	0.1	0.0	0.1	0.0	*	0.0	0.0
Other Opiates[a]	1.8	1.1	0.9	1.1	1.4	0.7	0.6	0.8	0.8	0.7	0.5	0.6	1.0	0.7	0.4	-0.3
Stimulants[a]	13.4	12.3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted[a,d]	NA	NA	9.9	7.0	5.5	4.2	3.7	2.3	1.8	1.3	1.4	1.0	1.1	1.5	1.5	-0.1
Crystal meth. (ice)[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.0	0.0	0.0	0.3	0.5	+0.2
Sedatives[a]	3.8	3.4	2.5	1.1	1.0	0.7	0.6	0.6	0.6	0.2	NA	NA	NA	NA	NA	NA
Barbiturates[a]	0.9	0.8	1.0	0.5	0.7	0.4	0.6	0.5	0.5	0.2	0.2	0.3	0.7	0.4	0.4	0.0
Methaqualone[a]	3.1	3.0	1.9	0.7	0.5	0.3	0.1	0.2	0.1	0.0	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	2.0	1.4	1.4	1.2	1.1	1.4	1.9	1.0	1.1	0.8	0.5	0.6	0.6	0.4	0.4	0.0
Alcohol[h]	81.8	81.9	82.8	80.3	79.1	80.3	79.7	78.4	77.0	76.2	74.5	74.7	71.4	72.0	—	—
More than a few sips														*67.7*	*67.5*	*-0.2*
Cigarettes	25.8	25.9	24.4	24.7	21.5	22.4	22.4	24.0	22.6	21.1	21.5	23.2	23.5	24.5	23.5	-1.0

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.
An asterisk indicates a percentage of less than 0.05%. NA indicates data not available.

[a]Only drug use which was not under a doctor's orders is included here.
[b]This drug was asked about in four of the five questionnaire forms in 1980-89, and in five of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 1175.
[c]This drug was asked about in two of the five questionnaire forms in 1987-89, and in all six questionnaire forms in 1990-1994.
[d]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.
[e]Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (until 1990), or tranquilizers not under a doctor's orders.
[f]This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 470.
[g]This drug was asked about in two of the six questionnaire forms. Total N in 1994 (for college students) is 470.
[h]In 1993, the question text was changed slightly in three of the questionnaire forms to indicate that a "drink" meant "more than a few sips." The data in the upper line came from forms using the original wording (N was approximately 750 in 1993), while the data in the lower line came from forms using the revised wording. Data is based on all six forms again in 1994, using the revised question wording.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 5

Trends in Lifetime[k] 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	'93-'94 change
Approx. Weighted N's =	*(6900)*	*(6800)*	*(6700)*	*(6600)*	*(6700)*	*(6600)*	*(6800)*	*(6700)*	*(6500)*	
Any Illicit Drug[h]	70.5	69.9	67.9	66.4	64.5	62.2	60.2	59.6	57.5	-2.2s
Any Illicit Drug[h] Other than Marijuana	48.4	47.0	44.6	42.7	40.8	37.8	37.0	34.6	33.4	-1.2
Marijuana	66.5	66.0	63.8	62.8	60.2	58.6	56.4	55.9	53.7	-2.1s
Inhalants[b]	12.3	12.7	12.6	13.2	12.5	13.4	13.5	14.1	13.2	-0.8
Inhalants, Adjusted[g]	18.6	15.7	15.0	NA	13.5	14.1	13.9	14.5	13.5	-1.0
Nitrites[f]	12.6	6.9	6.2	NA	1.9	1.4	1.2	1.3	1.0	-0.4
Hallucinogens	18.5	17.1	17.0	15.9	16.1	15.7	15.7	15.4	15.4	0.0
Hallucinogens, Adjusted[g]	20.1	17.2	17.2	NA	16.5	16.0	15.9	15.5	15.5	-0.1
LSD	14.6	13.7	13.8	12.7	13.5	13.5	13.8	13.6	13.8	+0.3
PCP[f]	8.4	4.8	5.0	NA	2.5	3.1	2.0	1.9	2.0	+0.1
Cocaine	32.0	29.3	28.2	25.8	23.7	21.0	19.5	16.9	15.2	-1.8ss
Crack[c]	NA	6.3	6.9	6.1	5.1	4.8	5.1	4.3	4.4	+0.1
Other Cocaine[j]	NA	28.2	25.2	25.4	22.1	19.8	18.4	15.1	13.9	-1.2
MDMA ("Ecstasy")[i]	NA	NA	NA	3.3	3.7	3.2	3.9	3.8	3.8	+0.1
Heroin	1.3	1.3	1.1	1.0	0.9	0.9	0.9	0.9	0.8	0.0
Other Opiates[a]	10.7	10.6	9.8	9.6	9.4	9.3	8.9	8.1	8.2	+0.1
Stimulants, Adjusted[a,d]	32.3	30.8	28.8	25.3	24.4	22.4	20.2	18.7	17.1	-1.6s
"Ice"[m]	NA	NA	NA	NA	2.5	2.9	2.2	2.7	2.5	-0.2
Sedatives[a]	16.7	15.0	13.2	12.1	NA	NA	NA	NA	NA	NA
Barbiturates[a]	11.1	9.7	8.9	7.9	8.7	8.2	7.4	6.5	6.4	0.0
Methaqualone[a]	13.1	11.6	9.7	8.7	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	17.6	16.5	15.1	13.5	12.9	11.8	11.3	10.5	9.9	-0.6
Alcohol[l]	94.8	94.9	94.8	94.5	94.3	94.1	93.4	93.7	—	—
More than a few sips								*90.4*	*91.2*	*+0.8*
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Steroids[f]	NA	NA	NA	1.1	1.2	1.7	1.9	1.5	1.3	-0.2

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.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 6

Trends in Annual Prevalence of Various Types of Drugs Among Respondents of Modal Age 19-28

(Entries are Percentages)

	Percent who used in last twelve months									
Approx. Weighted N's =	1986 *(6900)*	1987 *(6800)*	1988 *(6700)*	1989 *(6600)*	1990 *(6700)*	1991 *(6600)*	1992 *(6800)*	1993 *(6700)*	1994 *(6500)*	'93-'94 change
Any Illicit Drug[h]	41.9	39.3	36.3	32.8	30.7	27.0	28.3	28.4	28.4	0.0
Any Illicit Drug[h] Other than Marijuana	27.0	23.9	21.3	18.3	16.7	14.3	14.1	13.0	13.0	+0.1
Marijuana	36.5	34.8	31.8	29.0	26.1	23.8	25.2	25.1	25.5	+0.5
Inhalants[b]	1.9	2.1	1.8	1.9	1.9	2.0	1.9	2.1	2.1	0.0
Inhalants, Adjusted[g]	3.0	2.8	2.4	NA	2.1	2.2	1.9	2.3	2.2	-0.1
Nitrites[f]	2.0	1.3	1.0	NA	0.4	0.2	0.1	0.4	0.3	-0.2
Hallucinogens	4.5	4.0	3.9	3.6	4.1	4.5	5.0	4.5	4.8	+0.3
Hallucinogens, Adjusted[g]	4.9	4.1	3.9	NA	4.2	4.6	5.1	4.6	4.9	+0.3
LSD	3.0	2.9	2.9	2.7	3.3	3.8	4.3	3.8	4.0	+0.2
PCP[f]	0.8	0.4	0.4	NA	0.2	0.3	0.3	0.2	0.3	+0.1
Cocaine	19.7	15.7	13.8	10.8	8.6	6.2	5.7	4.7	4.3	-0.4
Crack[c]	3.2	3.1	3.1	2.5	1.6	1.2	1.4	1.3	1.1	-0.1
Other Cocaine[j]	NA	13.6	11.9	10.3	8.1	5.4	5.1	3.9	3.6	-0.3
MDMA ("Ecstasy")[i]	NA	NA	NA	1.4	1.5	0.8	1.0	0.8	0.7	-0.1
Heroin	0.2	0.2	0.2	0.2	0.1	0.1	0.2	0.2	0.1	0.0
Other Opiates[a]	3.1	3.1	2.7	2.8	2.7	2.5	2.5	2.2	2.5	+0.3
Stimulants, Adjusted[a,d]	10.6	8.7	7.3	5.8	5.2	4.3	4.1	4.0	4.5	+0.5
"Ice"[i]	NA	NA	NA	NA	0.4	0.3	0.4	0.8	0.9	+0.1
Sedatives[a]	3.0	2.5	2.1	1.8	NA	NA	NA	NA	NA	NA
Barbiturates[a]	2.3	2.1	1.8	1.7	1.9	1.8	1.6	1.9	1.8	-0.1
Methaqualone[a]	1.3	0.9	0.5	0.3	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	5.4	5.1	4.2	3.7	3.7	3.5	3.4	3.1	2.9	-0.2
Alcohol[l]	88.6	89.4	88.6	88.1	87.4	86.9	86.2	86.5	–	–
More than a few sips								*84.2*	*83.7*	*-0.5*
Cigarettes	40.1	40.3	37.7	38.0	37.1	37.7	37.9	37.8	38.3	+0.5
Steroids[f]	NA	NA	NA	0.5	0.3	0.5	0.4	0.3	0.4	+0.1

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.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Studen and Young Adults*, preliminary tables, November 1995.

TABLE 7

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									'93-'94
	1986	1987	1988	1989	1990	1991	1992	1993	1994	change
Approximate Weighted N =	*(6900)*	*(6800)*	*(6700)*	*(6600)*	*(6700)*	*(6600)*	*(6800)*	*(6700)*	*(6500)*	
Any Illicit Drug[h]	25.8	23.4	20.5	17.7	15.9	15.1	14.8	14.9	15.3	+0.4
Any Illicit Drug Other than Marijuana[h]	13.0	10.7	9.5	7.5	6.0	5.4	5.5	4.9	5.3	+0.4
Marijuana	22.0	20.7	17.9	15.5	13.9	13.5	13.3	13.4	14.1	+0.6
Inhalants[b]	0.4	0.6	0.6	0.5	0.6	0.5	0.6	0.7	0.5	-0.2
Inhalants, Adjusted[c]	0.7	0.9	0.9	NA	0.7	0.6	0.7	0.7	0.6	-0.1
Nitrites[f]	0.5	0.5	0.4	NA	0.1	*	0.1	0.2	0.1	-0.1
Hallucinogens	1.3	1.2	1.1	1.1	0.9	1.1	1.5	1.2	1.4	+0.3
Hallucinogens, Adjusted[g]	1.4	1.2	1.1	NA	1.0	1.2	1.6	1.2	1.4	+0.2
LSD	0.9	0.8	0.8	0.8	0.6	0.8	1.1	0.8	1.1	+0.3
PCP[f]	0.2	0.1	0.3	NA	0.2	0.1	0.2	0.2	0.1	-0.1
Cocaine	8.2	6.0	5.7	3.8	2.4	2.0	1.8	1.4	1.3	0.0
Crack[c]	NA	1.0	1.2	0.7	0.4	0.4	0.4	0.4	0.3	-0.1
Other Cocaine[j]	NA	4.8	4.8	3.4	2.1	1.8	1.7	1.1	1.0	-0.1
MDMA ("Ecstasy")[i]	NA	NA	NA	0.4	0.2	0.1	0.3	0.3	0.2	-0.1
Heroin	0.1	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.0
Other Opiates[a]	0.9	0.9	0.7	0.7	0.7	0.6	0.7	0.7	0.6	-0.1
Stimulants, Adjusted	4.0	3.2	2.7	2.1	1.9	1.5	1.5	1.5	1.7	+0.3
"Ice"[i]	NA	NA	NA	NA	0.1	*	0.1	0.3	0.5	+0.2
Sedatives[a]	0.9	0.8	0.7	0.5	NA	NA	NA	NA	NA	NA
Barbiturates[a]	0.7	0.7	0.7	0.5	0.6	0.5	0.5	0.6	0.6	0.0
Methaqualone[a]	0.3	0.2	0.1	0.0	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	1.8	1.6	1.4	1.2	1.1	0.9	1.0	1.0	0.8	-0.2
Alcohol[l]	75.1	75.4	74.0	72.4	71.2	70.6	69.0	69.7	—	—
More than a few sips								*66.9*	*67.7*	*+0.7*
Cigarettes	31.1	30.9	28.9	28.6	27.7	28.2	28.3	28.0	27.9	0.0
Steroids[f]	NA	NA	NA	0.2	0.1	0.2	0.1	0.0	0.1	+0.1

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 5.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

FOOTNOTES FOR TABLES 5-8

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

[b]This drug was asked about in four of the five questionnaire forms in 1986-89, and five of the six questionnaire forms in 1990-1994. Total N is approximately 5400 in 1994.

[c]This drug was asked about in two of the five questionnaire forms in 1987-89, and in all six questionnaire forms in 1990-1994.

[d]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

[e]Adjusted for underreporting of amyl and butyl nitrites.

[f]This drug was asked about in one questionnaire form. Total N in 1994 is approximately 1100.

[g]Adjusted for underreporting of PCP.

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

[i]This drug was asked about in two questionnaire forms. Total N in 1994 is approximately 2200.

[j]This drug was asked about in one of the five questionnaire forms in 1987-89, and in four of the six questionnaire forms in 1990-1994. Total N in 1994 is approximately 4300.

[k]Lifetime prevalence is uncorrected for any cross-time inconsistencies in responding. See text.

[l]In 1993, the question text was changed slightly in three of the questionnaire forms to indicate that a "drink" meant "more than a few sips." The data in the upper line came from forms using the original wording (N was approximately 3700 in 1993), while the data in the lower line came from forms using the revised wording (N was approximately 2400 in 1993 – one of the questionnaire forms, added in 1990, was deleted to insure a representative age distribution in the ten-year age grouping). Data is based on all six forms again in 1994, using the revised question wording.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

EXECUTIVE SUMMARY

COCAINE AND CRACK

Miami: "Problems appear more and more to be confined to an aging cohort of hard-core addicts and are not spreading to new users. More and more, cocaine is viewed with disdain, even among users of other drugs. In fact, cocaine's negative reputation may contribute to experimentation with other substances such as marijuana, heroin, and 'club drugs'..."

MORTALITY DATA

Recent Declines

Cocaine mortality figures appear to be declining in five of the cities where 1994 (or early 1995) data are available: Miami (cocaine-induced, as opposed to cocaine-related, deaths), Minneapolis/St. Paul, Philadelphia, Phoenix, and San Diego.

In Miami, after increasing between 1992 and 1993 (from 30 to 41), cocaine-induced deaths declined in 1994 (to 31) and appear to be further declining in 1995 (5 in the first quarter) (with corresponding quarterly rates per 100,000 population at 0.41, 0.57, 0.44, and 0.28). In Minneapolis/St. Paul, cocaine-related deaths declined slightly from 1993 (45 cases) to 1994 (43 cases) and totaled 19 in 1995 through April. Cocaine-positive toxicologies in Philadelphia similarly declined between 1993 and 1994 (from 427 to 368). In Phoenix, too, after a record high in 1992 (55 cases), cocaine-related deaths declined in 1993 (to 27) and again in 1994 (to 22). And, in San Diego, cocaine detections among accidental overdose deaths declined between 1993 and 1994 (from 57 to 54 cases).

Recent Increases

Six cities with 1994 (or early 1995) data show increased cocaine-related mortality between 1993 and 1994: Detroit, Honolulu, Miami (cocaine-related deaths), St. Louis, San Antonio, and Seattle.

Cocaine-positive toxicology reports increased in Detroit (from 281 to 324) and Honolulu (from 21 to 38). In Miami, cocaine-related deaths (which include cocaine-induced deaths) also increased between those 2 years (from 285 to 292, or 14.7 per 100,000 population). Similarly, cocaine-related deaths increased in St. Louis (from 101 to 128); recent figures there, however, involve mostly cocaine-related homicides, as opposed to earlier figures, which included more overdoses. San Antonio cocaine deaths increased from 14 to 23. And, in Seattle, cocaine overdose deaths similarly increased (from 40, or 2.5 per 100,000 population to 64, or 4.0 per 100,000 population) and appear to be increasing in 1995 (19 in the first quarter).

Speedball Deaths

Deaths involving "speedballs" (heroin-cocaine combinations) have been increasing steadily in Seattle (44 cases in

Source: U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

1994 and 16 in the first quarter of 1995), Philadelphia, and San Antonio (9 in 1993 and 14 in 1994).

Earlier Trends

Data in Denver, New York, and San Francisco were available only through 1993. Increases were reported in Denver (from 0.4 cocaine-related deaths per 100,000 population in 1990 to 1.9 in 1993) and in New York, where DAWN cocaine ME mentions increased between 1992 and 1993 (from 730 to 815 deaths) following prior declines. In San Francisco, conversely, following an increase between 1991 and 1992, cocaine ME mentions decreased in 1993 (from 174 to 138). No trend data were available in Los Angeles, where cocaine was directly related to 39 percent of drug-related deaths.

Cocaine Babies

Births to women in New York who admit to cocaine use during pregnancy have continued to decline since 1989: between 1992 and 1993 (preliminary figures), such births declined by 10 percent (to 1,611). Similarly, in a Chicago study, the quarter-to-quarter number of infants who tested positive for cocaine seems to be decreasing steadily (to 1,735, or 68 percent of drug-positive infants); among pregnant women in another Chicago study, 9 percent tested positive for drugs, 21 percent of whom were positive for cocaine. On a smaller scale, in Miami, too, infant deaths related to maternal cocaine exposure have been decreasing steadily, totaling 20 in 1991, 7 in 1992, 7 in 1993, 5 in 1994, and none in first quarter 1995. In Minneapolis, 20 percent of the 35 cocaine-related deaths in 1994 were newborns or stillborns.

EMERGENCY DEPARTMENT DATA

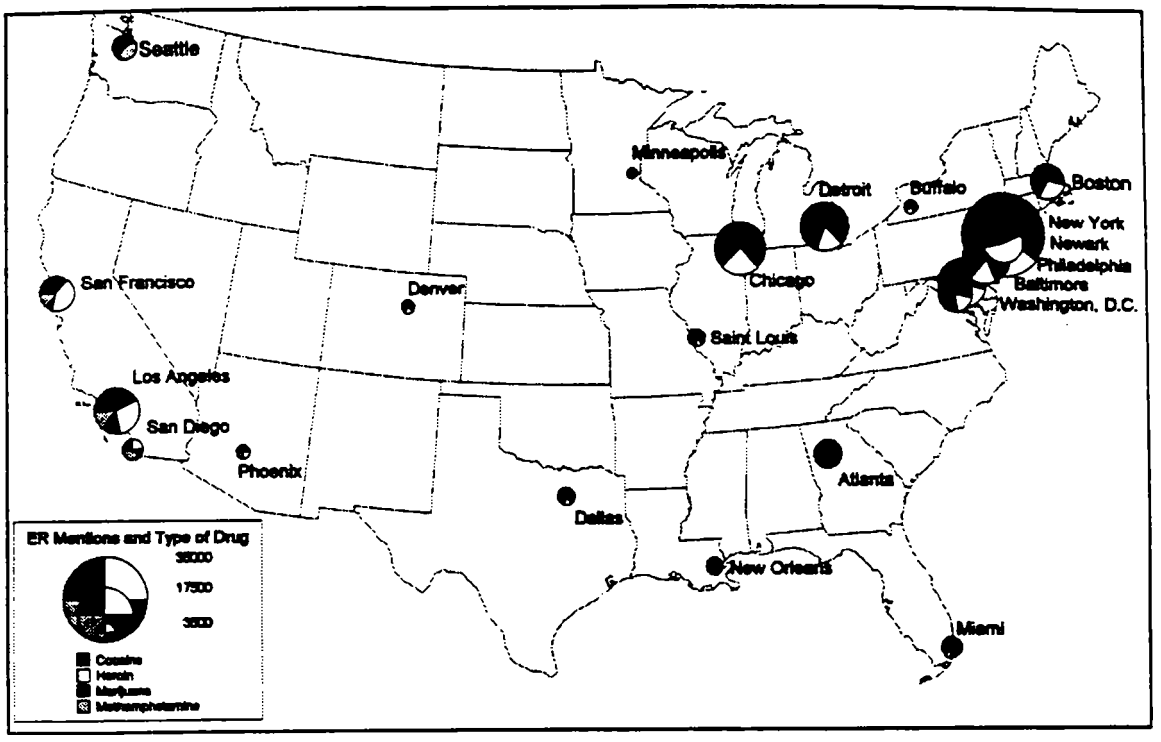
No new DAWN data have been released beyond those through 1993, when cocaine remained, by far, the most frequently reported nonalcohol drug ED mention in most cities; heroin, however, was more frequently mentioned in Newark and San Francisco, and the two drugs accounted for approximately equal proportions of mentions in Seattle (exhibit 1). New York and Miami had the highest proportions of cocaine ED mentions (32 percent and 31 percent) of their respective total ED drug mentions.

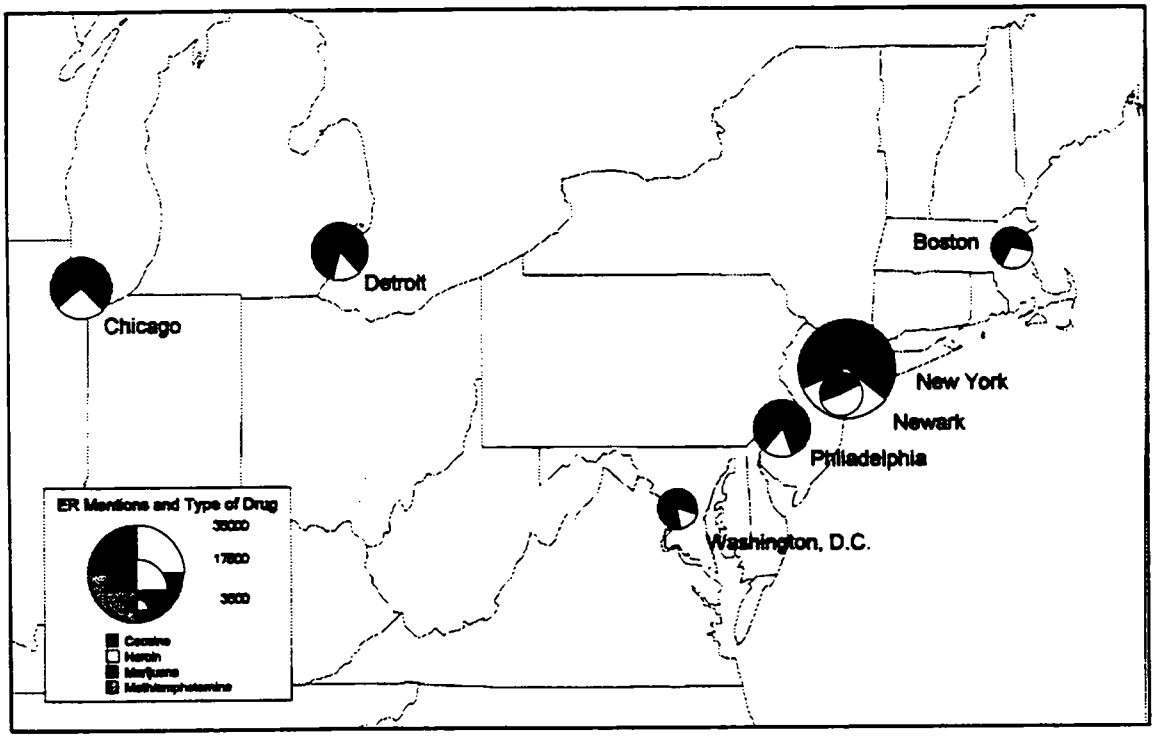
Cocaine ED rates declined or were stable between 1992 and 1993 in the majority of CEWG cities in DAWN. Hawaii Emergency Room Episode Data (HEED) cocaine mentions have been steadily increasing, from 462 in 1992 to 515 in 1993 to 638 in 1994. The 1993 DAWN data are presented in the December 1994 issue of this Executive Summary: please refer to that issue for a fuller discussion of the patterns and trends. This issue will elaborate on reasons for ED visits and on patient demographics.

Cocaine ED mentions in many cities have been increasingly cited as due to "dependency" and to "chronic effects of drug abuse"—suggesting that those seeking emergency treatment for cocaine consequences are increasingly the so-called "hard-core" or addicted users. Increases in patients "seeking admission to a detoxification program" reflect the increasing use of emergency departments for access to primary care among the "health-poor" as well as those unable to pay for addiction treatment services.

Source: U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

Exhibit 1. Proportions of total ED mentions composed of cocaine, heroin, marijuana, and methamphetamine in all DAWN cities, 1993





SOURCE: SAMHSA, Drug Abuse Warning Network, April 1994 files

Source: U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

TREATMENT DATA

Cocaine (including crack) as a primary drug of abuse accounts for the largest proportion of admissions (excluding alcohol-only admissions but including alcohol-in-combination) in all but seven of the CEWG areas where such data are available: heroin dominates the treatment proportions in Boston, Los Angeles, Newark, New York City, and San Francisco; and stimulants account for the largest percentage of admissions in Honolulu and San Diego (exhibit 2). Since the previous reporting periods, the percentages have declined in Atlanta, Boston, Newark, Philadelphia, San Francisco, and Texas; the percentages increased in Chicago, Honolulu, and Seattle; and the percentage remained stable in Detroit. Some of the declines, as in Newark, may be partly due to the effect of managed care on admissions to hospital-based detoxification programs.

Exhibit 2. Primary drugs of abuse as percentages of treatment admissions[a] in reporting CEWG areas

Area	Cocaine	Heroin	Marijuana	Stimulants	Period
Atlanta	70	5	7	--	7/1/94–12/31/94
Boston	33	36	5	1	7/1/94–12/31/94
Chicago	61	23	16	<1	7/1/93–6/30/94
Denver	41	10	34	6	1/94–12/94
Detroit	55	32	8	<1	10/94–3/95
Honolulu	27	12	28	32	1/94–12/94
Los Angeles	14	59	3	5	7/94–3/95
Miami	40	5	9	<1	1/94–6/94
Minneapolis/St. Paul[b]	17	1	15	1	1/94–12/94
Newark	21	66	3	<1	1/94–12/94
New Orleans	40	9	18	--	1/94–12/94
New York City	38	42	10	--	1/94–6/94
Philadelphia	60	30	6	1	7/1/94–12/31/94
St. Louis[c]	45	4	8	--	1/94–6/94
San Diego	16	20	6	38	1/94–12/94
San Francisco	27	38	3	5	1/94–6/94
Seattle[b]	31	30	26	8	7/94–12/94
Texas[d]	42	11	16	3	1/94–12/94

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

[a]Total admissions number excludes alcohol-only but includes alcohol-in-combination.

[b]Alcohol-only is NOT excluded.

[c]Includes St. Louis City, County, and five rural areas

[d]Includes Harris, Bexar, and Dallas Counties

Source: U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

DEMOGRAPHICS

Age

Chicago: "Rock smokers span a broad cross-section of ages and appear equally divided between males and females; however, a disproportionate number reside in economically depressed, inner-city neighborhoods."

New York City: "Field staff report that they are still seeing adults in their twenties, thirties, and forties at copping locations...Teenagers are still seen selling, but have not been observed using."

San Francisco: "Street outreach observers report...Young people (under 25) are rarely users; if anything, they deal but do not use, and regard crack users with derision."

As the opening excerpts of both this chapter and this section indicate, cocaine is increasingly acquiring a negative image among youth: their involvement in the cocaine scene in most areas appears limited largely to sales and distribution.

Available mortality figures for cocaine generally show the late thirties as the most common mean or median age for decedents. For example, average age was 35.2 in Miami (among cocaine-induced deaths in 1994) and 37.3 in Seattle, and the majority of New York City and San Francisco decedents in 1993 were older than 35.

Similarly, the rates of cocaine ED mentions by age group continue to indicate an aging pool of cocaine users (exhibit 3). The highest rate (627.0) is in the 26–34 age group in New York. That group has the highest rates in all cities except Denver and Seattle, where the highest rates are in the 18–25 age group. In every city, the lowest rates are in the 12–17 age group.

Exhibit 3. Rate of cocaine/crack ED mentions per 100,000 population by age group, 1993

Area	12–17	18–25	26–34	35+
Atlanta	6.7	183.5	392.7	123.5
Boston	7.1	177.5	301.6	60.8
Chicago	23.2	240.8	399.6	127.5
Dallas	19.3	109.1	111.1	39.8
Denver	19.0	137.6	127.1	40.5
Detroit	11.6	233.7	524.1	204.7
Los Angeles	16.1	86.5	128.7	51.6
Miami	8.3	211.0	384.0	108.0
Minneapolis	...	35.7	48.2	11.4
Newark	19.0	381.2	589.1	136.1
New Orleans	23.9	236.1	404.8	104.6
New York	10.1	251.5	627.0	225.0
Philadelphia	25.6	349.3	572.1	150.5
Phoenix	14.3	99.2	108.0	20.3
St. Louis	10.0	66.8	149.7	44.2
San Diego	11.3	37.5	75.2	29.4
San Francisco	21.5	226.1	349.5	149.5
Seattle	21.5	180.3	165.1	65.9
Washington, DC	15.6	164.4	284.8	73.9

NOTES: "..." denotes estimate does not meet standard of precision; shaded areas reflect rates that have increased since 1991.

SOURCE: SAMHSA, Drug Abuse Warning Network, April 1994 files

Source: U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

Between 1991 and 1993, the 35+ age group had increased rates ($p<0.05$) in all CEWG cities except for New Orleans; the 26–34 group increased in 10 cities and decreased in 9; the 18–25 group increased in only 6 cities and decreased in 13; and the 12–17 group increased in 10 cities and decreased in 6 (the changes in the other three cities did not meet the standard of precision).

Treatment demographics similarly suggest that cocaine users are aging as a group. Again, the 26–34 age group accounted for the highest percentage of cocaine admissions in all reporting cities (exhibit 4).

Exhibit 4. Percentages of primary cocaine admissions in reporting CEWG areas who are in the two oldest age groups

Area	26–34	35+
Atlanta	50	35
Boston	53	27
Chicago	51	30
Denver	50	35
Detroit	48	43
Los Angeles	53	37
Miami	45	36
Minneapolis/St. Paul	51	31
Newark	54	29
New York City	57	29
St. Louis	56	27
San Diego	49	38
San Francisco	51	37
Texas	46	35

NOTE: Reporting periods are the same as those in exhibit 2, except for Los Angeles, where the period covered is 1/95–3/95.

Gender

***Chicago:** "Ethnographic data suggest... Street dealers typically are young male gang members, although females are reported to be increasingly involved in drug sales as carriers."*

***Chicago:** "Street contacts continue to report that rock smoking has driven down the prices charged by prostitutes who are users because of their compulsion to acquire another rock to smoke as quickly as possible."*

***New York City:** "Field staff are reporting...a noticeable decrease in the number of women seen at these (copping) locations, either selling, buying, or loitering."*

In general, males continue to dominate the mortality, emergency, and treatment data, while females predominate at all reporting arrestee urinalysis sites, except Los Angeles.

For example, males constitute the majority of cocaine decedents in New York City and San Francisco. Males also outnumber females as a percentage of cocaine ED mentions in all the CEWG cities in DAWN (exhibit 5). The gender gap is widest in New Orleans. Between 1991 and 1993, the rates per 100,000 population increased for males in 12 cities and for females in 11 cities.

The New Orleans gender gap is even wider in treatment demographics, with males constituting 86 percent of cocaine admissions (exhibit 6). In most reporting cities, however, the male-to-female treatment ratios are similar to or lower than those for ED data. But males still

Source: U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

account for the majority of cocaine admissions in all reporting cities, except for Newark and San Diego. Among Detroit treatment admissions, for about the last 3 years, the percentage of females admitted for crack has declined; however, for cocaine hydrochloride (HC1) admissions, the male-to-female ratio, which has been stable for more than 4 years, has now narrowed. In Texas, the proportion of female admissions was stable between 1991 and 1994, but it declined in first quarter 1995.

Exhibit 5. Proportions of cocaine/ crack ED mentions by gender and area, and male-to-female ratios, 1993

City	Males	Females	Ratio
Atlanta	69	29	2.4
Boston	63	36	1.8
Chicago	70	30	2.4
Dallas	61	38	1.6
Denver	62	37	1.7
Detroit	68	32	2.1
Los Angeles	68	31	2.2
Miami	69	30	2.3
Minneapolis/St. Paul	63	37	1.7
Newark	67	30	2.1
New Orleans	73	27	2.7
New York City	72	28	2.6
Philadelphia	70	29	2.4
Phoenix	67	32	2.1
St. Louis	66	32	2.1
San Diego	62	38	1.6
San Francisco	65	34	1.9
Seattle	61	38	1.6
Washington DC	61	38	1.6

SOURCE: SAMHSA, Drug Abuse Warning Network, April 1994 files

Exhibit 6. Proportions of primary cocaine admissions by gender in reporting CEWG areas

Area	Males	Females	Ratio
Atlanta	75	25	3.0
Boston	64	36	1.8
Chicago	57	43	1.3
Denver	62	38	1.6
Detroit	61	39	1.6
Los Angeles	55	45	1.2
Miami	71	29	2.4
Minneapolis/ St. Paul	63	37	1.7
Newark	48	52	0.9
New Orleans	86	14	6.1
New York City	62	38	1.6
Philadelphia	68	32	2.1
St. Louis	57	43	1.3
San Diego	48	52	0.9
San Francisco	66	34	1.9
Texas	65	35	1.9

NOTE: Reporting periods are the same as those in exhibit 2, except for Los Angeles, where the period covered is 1/95–3/95.

Source: U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

Race/Ethnicity

San Francisco: "Street outreach observers report...Hispanics seem to be the only ethnic group showing any increase in crack prevalence.... (however,) Crack users are mostly black..."

Texas: "...while crack use is most common among African-Americans, its use is being seen more often among middle-to-high income whites."

Cocaine mortality figures show a mixed racial/ethnic picture across the country. In New York City, the decedents had a relatively even ethnic distribution: 39 percent African-American, 32 percent white, and 29 percent other ethnicities—unlike other New York indicators, in which African-Americans are involved in the majority of cocaine-related events. The proportions among Los Angeles decedents were similar, with African-Americans in the majority (42 percent), followed by whites (31 percent) and Hispanics (26 percent). In Phoenix, African-Americans were overly represented in cocaine-related deaths. By contrast, in San Francisco, whites were in the majority (59 percent), followed by African-Americans (33 percent). Similarly, the majority of Seattle overdose victims were white (approximately two-thirds), followed by African-Americans (23 percent) and Hispanics (6 percent). Among the five cocaine-induced deaths in Miami in 1995, two involved white males, one a black male, one a white female, one a black female.

African-Americans account for the majority of cocaine ED mentions in 10 of the CEWG cities in DAWN, and they are the modal group in another 4 cities; whites are in the majority in Boston, Minneapolis/St. Paul, and Phoenix, and they are the modal group in Seattle (exhibit 7).

Among cocaine treatment admissions, however, African-Americans continue to account for the majority in every reporting city, except for Denver, where whites constitute the modal group (exhibit 8). In Texas, however, the proportion of African-Americans among cocaine admissions has been declining steadily since 1993; conversely, the proportion of whites remained stable through 1994 but increased in first quarter 1995, and the proportion of Hispanics has been increasing since 1993.

USE PATTERNS

Route of Administration

Atlanta: "A number of crack users report that they now smoke instead of inject cocaine because they cannot get cocaine powder and fear human immunodeficiency virus (HIV) infection. Other users have shifted from smoking to injecting... 'speedballs'.... A limited number of cocaine users both smoke and inject the drug. Frequently, crack users smoke 'geekjoints' or 'blunts' (cigarettes or cigars filled with tobacco and crack). Crack is also increasingly used in combination with heroin; smoking the resultant blend has become a new form of speedballing."

Source: U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

Exhibit 7. Proportions of cocaine/crack ED mentions by race/ethnicity and area, 1993

Area	African-Americans	Whites	Hispanics
Atlanta	68	15	...
Boston	29	52	9
Chicago	71	13	10
Dallas	47	43	8
Denver	16	39	20
Detroit	80	18	1
Los Angeles	36	27	31
Miami	57	32	10
Minneapolis/ St. Paul	36	51	...
Newark	62	24	11
New Orleans	78	21	...
New York City	56	11	20
Philadelphia	70	22	6
Phoenix	15	56	24
St. Louis	76	21	...
San Diego	30	26	24
San Francisco	46	27	11
Seattle	24	41	3
Washington DC	75	21	...

SOURCE: SAMHSA, Drug Abuse Warning Network, April 1994 files

NOTE: "..." denotes estimate does not meet standard of precision.

Chicago: "Increases in availability and popularity are likely behind street reports of older injectors also smoking rock cocaine, either as a substitute or in addition to injecting drugs."

Chicago: "...ethnographic reports indicate that some individuals use a car antenna and a piece of scouring pad, as a screen, to smoke rock cocaine."

Exhibit 8. Proportions of primary cocaine admissions by race/ethnicity in reporting CEWG areas

Area	African-Americans	Whites	Hispanics
Atlanta	73	--	--
Boston	58	31	8
Denver	38	45	16
Detroit	85	15	2
Los Angeles	63	16	17
Miami	55	24	28
Minneapolis/ St. Paul	60	33	3
Newark	87	22	--
New Orleans	78	22	--
New York City	63	17	19
Philadelphia	87	7	5
St. Louis	82	18	--
San Diego	61	24	10
San Francisco	76	14	5
Texas	58	28	13

NOTE: Reporting periods are the same as those in exhibit 2, except for Los Angeles, where the period covered is 1/95–3/95.

Honolulu: "...levels of cocaine injection appear to have declined over 1994, according to needle exchange sources...probably due to increased availability of smokable cocaine."

Philadelphia: "Crack users often construct pipes using short pieces of hollow metal, often a radio aerial from an automobile. Little care is taken to protect oneself from cuts.... pipes often have stems that contain the blood of those who use the pipe.

Source: U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

Pipes then can become a mode of transmission for HIV."

Smoking (usually crack) remains the most reported primary route of administration among primary cocaine treatment admissions in every reporting CEWG area (exhibit 9). Interestingly, however, injection of crack has been reported in some areas: IDUs in poorer Texas areas use it, by diluting it with vinegar, because it is cheaper and can be bought in smaller units; and a field report from Chicago reports that crack—dissolved with lemon or pickle juice, vinegar, or Kool-Aid—is being injected because of the difficulty in obtaining powder cocaine. The technique is believed by users to have spread from New York and Philadelphia.

Exhibit 9. Route of administration among cocaine treatment admissions in reporting CEWG areas

Area	Smoking	Sniffing	Injecting
Atlanta	87	8	3
Boston	79	15	4
Denver	68	16	13
Detroit	95	4	<1
Los Angeles	88	9	1
Miami	67	31	<1
Minneapolis/ St. Paul	84	10	2
Newark	77	19	4
Philadelphia	88	8	4
St. Louis	89	3	7
San Diego	84	8	6
San Francisco	91	4	2
Texas	74	12	12

NOTE: Reporting periods are the same as those in exhibit 2, except for Los Angeles, where the period covered is 1/95-3/95.

Mode of administration is often correlated with gender, race/ethnicity, age, and other demographics. For example, in Texas, inhalers tend to be male, injectors are less likely than inhalers to be male, and crack smokers are the least likely to be male; among inhalers, Hispanics have increased, while whites and African-Americans have decreased; and injectors are less likely to be a minority.

Multisubstance Use

Chicago: "On the Northwest Side, ethnographic reports indicate that...the combination of rock cocaine and tobacco in a joint is called a 'bazooka.' The combination of rock cocaine and marijuana in a joint is called a 'diablito' or little devil. On the South and West Sides, the combination of rock cocaine and marijuana is called a 'dirty' joint."

St. Louis: "'Primos,' mixtures of cocaine and heroin that are smoked, are common among young black users."

San Antonio: "Cocaine-laced marijuana cigarettes, 'primos,' are popular with young gang members who have not graduated to crack or injecting drugs."

Houston: "Because of the plummeting price of cocaine, addicts are moving from heroin to cocaine. The problem is not availability, but the lack of money..."

Dallas: "Many reported smoking marijuana with powdered cocaine sprinkled over it."

These observations, as well as those in most other areas, indicate that multi-substance use is the norm, rather than the

Source: U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

exception. Among cocaine treatment admissions, alcohol and marijuana were the most frequently reported secondary and tertiary substances of abuse, respectively.

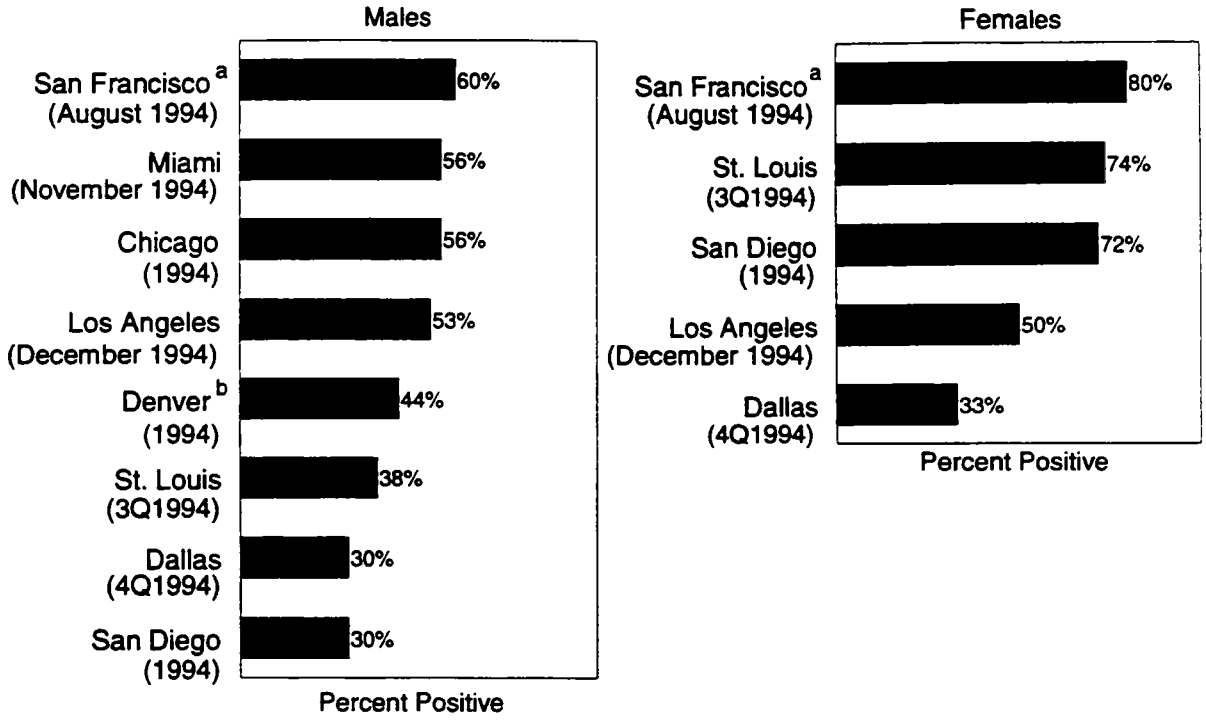
LAW ENFORCEMENT DATA

Arrestee Data

Cocaine arrest trends show a mixed picture across the country. Declines are reported in Boston, Miami, and New Orleans: in Boston, they declined from 66 percent of all drug arrests in 1992 to 54 percent in 1994; in Miami, they declined from 64 percent in 1993 to 60 percent in 1994; and in New Orleans, arrests for cocaine and other opiates have decreased 3 years in a row, through 1994. Increases, however, are reported in New York City and Honolulu: in the former, after a few years of declining numbers, cocaine arrests increased 22 percent between 1993 and 1994 (to 38,200); in the latter, cocaine cases increased over that same period (from 613 to 1,171).

Drug Use Forecasting (DUF) arrestee urinalysis data for 1994 were available in only eight sites (exhibit 10). Cocaine remains the most prevalent drug at all those sites, with positive urinalyses as high as 80 percent (for females in San Diego). Positive findings ranged from 33 percent to 80 percent for females and from 30 percent to 60 percent for males.

Exhibit 10. Percentage positive for cocaine among male and female booked arrestees at reporting sites



[a] Alameda County
[b] Includes males and females

SOURCE: National Institute of Justice, Drug Use Forecasting, individual sites

Source: U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

Crime and Violence

Atlanta: "According to ethnographers, most violent incidents involve individuals who participate in the cocaine business and scene."

Honolulu: "Pornographic movie theaters have been identified as Hawaii's answer to the crack houses found on the mainland, providing privacy and convenience."

Violence associated with crack has dramatically increased in several cities. In Atlanta, for example, the DEA reports a large increase in drug cases involving handguns. And, in Lubbock, Texas, where young Hispanic gang members are now distributing crack, turf wars and drive-by shootings have increased sharply.

Availability, Price, and Purity

New York: "One researcher was told, 'The slabs guarantee that what you're buying is crack and not a "beat," and that it's always good crack.'"

Cocaine remains readily available in all CEWG areas at both the distribution and street levels. Both forms—HCl and crack—are easily obtained in many cities, such as Denver, Miami, and Chicago (although HCl availability has declined on the North Side). Crack, however, is more prevalent than HCl in many cities, including Boston, Detroit, New Orleans, New York City, Phoenix, and St. Louis. In Newark, the form sold on the street varies: the most recent trend is for users to purchase HCl and then freebase it, rather than buy crack.

Exhibits 11 and 12 present prices and purity of crack and HCl, respectively, for areas reporting such data. No price increases were reported in any CEWG areas, but purity has increased in a few areas (such as Denver and Honolulu). Stable trends were reported in Boston (price and purity over the last four reporting periods), Detroit (price and purity of both HCl and crack), Miami (kilogram and street prices over the past 3 years), Minneapolis (gram prices), New Orleans (HCl prices), Phoenix (prices at all weight levels except kilograms), and Seattle (crack prices and HCl bulk prices). Declining prices were reported in Denver (slight, over the past several years), Honolulu (large-quantities), Los Angeles (HCl kilograms), Minneapolis (ounces and kilograms), New Orleans (half-ounces of crack), and Phoenix (kilograms).

In Seattle, preweighed small-quantity samples generally cost more than those weighed at street buy. In Chicago, large-quantity purchases have shown greater volatility in availability, price, and quality than smaller unit purchases.

A new method of selling crack in New York City involves a 1–6-inch "slab," from which quantities can be broken off as needed. In Texas, sales units of crack include "cookies," "bumps," "boulders," and "kibbles and bits."

Source: U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

Exhibit 11. Crack prices and purity in reporting CEWG areas

Area	Purity	Price/Unit
Atlanta	--	$900-$1,200/oz $10-$50/rock
Boston	80-90	$10-$20 per 1/8 g
Chicago	--	$3-$20/rock
Denver	--	$5-$20/rock
Detroit	--	$5-$50/rock
Honolulu	--	$5-$15/dose $50-$130/g
Los Angeles	50-70	$425/oz
Minneapolis/ St. Paul	--	$25/dose
Newark	--	$3/5 mg
New Orleans	50-90	$20/rock $550-$600/1/2 oz
New York City	--	$1-$20/vial $10-$50/slab
Phoenix	--	$10-$40/100-300-mg rock
St. Louis	50-90	$45-$60/gm $25/rock $1,000-$1,500/oz
San Diego	40-60	$20/0.2 g
San Francisco	--	$2-$20/rock
Seattle	50-80	$20-$40/ 0.1-0.25 g
Texas	--	$75/eightball

Seizures

Seizures have increased in Honolulu and Minneapolis. In the New Orleans area, many multikilogram seizures have been made on I-18 between Houston and Miami. Cocaine has accounted for 42-46 percent of seized drugs analyzed in Texas each year since 1991.

Trafficking and Distribution

Chicago: "Throughout the city, gangs strictly control and oversee sales of rock cocaine."

New York City continues to be one of the major cocaine retail and wholesale trafficking centers in the country. The DEA continues to uncover a multiplicity of trafficking networks: the Cali cartel connections; havens in San Juan, Puerto Rico; drivers between Los Angeles and New York; and traditional organized crime families.

New York City, Florida, and more recently, Houston, are the primary sources of cocaine for the Boston and Massachusetts areas, with Mexico a major transshipment center on the way to the Northeast. Media reports also indicate supply routes through the Bahamas, West Indies, and Canada.

The DEA named Atlanta as a major transit and distribution point for HCl and crack, with much of Georgia's cocaine coming from domestic distribution areas in New York City, Florida, Texas, and Washington, DC.

Detroit continues to be a source for cocaine destined for smaller cities and rural areas throughout the Midwest. Colombians reportedly control the source for cities such as Detroit, and they are frequently involved at the wholesale U.S. end. But a variety of groups are subsequently involved in trafficking and distribution in the various areas: Colombian, Dominican, and Puerto Rican groups in Boston; several ethnic organizations in Detroit; Mexican nationals

Source: U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

Exhibit 12. Cocaine hydrochloride prices and purity in reporting CEWG areas

Area	Gram		Ounce		Kilogram	
	Purity (%)	Price	Purity (%)	Price	Purity (%)	Price
Atlanta	--	$60–$100	--	$1,200–$1,400	--	$25,000–$28,000
Boston	35	$90	30–85	$600–$1,300	60–91	$17,000–$34,000
Chicago	--	--	--	$800–$2,000	--	$20,000–$40,000
Denver	--	$80–$125	--	$800–$1,100	--	$18,000–$23,000
Honolulu	20–50	$90–$125	--	$950–$2000	90	$20,000–$30,000
Los Angeles	--	--	--	--	--	$14,000–$18,000
Miami	--	$50–$75	--	$800–$1,000	--	$15,000–$20,000
Minneapolis/ St. Paul	--	$100	--	$900–$1,100	--	$18,000–$22,000
Newark	40–70	<75	--	--	--	--
New Orleans	17–90	$100	17–90	$1,000–$1,400	17–90	$18,000–$25,000
New York	--	--	--	--	--	$16,000–$23,000
Phoenix	--	$75	--	$600–$800	80–90	$12,000–$18,000
St. Louis	65–94	$30–$100	--	$900–$1,600	--	--
San Diego	20–50	$80–$100	20–50	$800–$1000	85–95	$13,000–$17,000
San Francisco	--	$60–$80	--	--	--	--
Seattle	20–60	$30–$50	50–80	$800–$1,500	55–95	$18,000–$25,000
Texas	35–90	$28–$100	35–90	$600–$1,200	75–90	$10,500–$25,000

in Denver; and Hispanic organizations (for flake cocaine) and multiethnic youth gangs (for crack) in Seattle.

New York City cocaine sellers usually remain separate from heroin sellers, with one exception: Colombian distributors allegedly force their dealers to purchase heroin along with cocaine; consequently some street operations sell both cocaine and heroin in the same location.

Source: U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

Table 2.16 - Percent distribution of drug mentions by route of administration according to drug group: 1993

Drug groups: therapeutic class by drug category	Route of drug administration								Number of mentions
	Oral	Injection	Inhaled	Smoked [2]	Sniffed	Other/ multiple	Unknown	TOTAL	
TRANQUILIZERS	32.9	1.9	-	-	0.2	2.2	62.9	100.0	1,131
Diazepam	34.9	2.0	-	-	-	2.0	61.2	100.0	605
Alprazolam	38.1	-	-	-	-	.9	61.1	100.0	113
Chlordiazepoxide	21.6	5.7	-	-	-	-	72.7	100.0	88
Clorazepate	...	...	...	...	...	...	...	...	1
Lorazepam	26.7	-	-	-	-	-	73.3	100.0	30
Meprobamate	36.4	-	-	-	-	7.6	56.1	100.0	66
Other/unspecified	29.4	1.8	-	-	.9	3.1	64.9	100.0	228
NARCOTIC ANALGESICS	9.4	25.6	.1	.4	.9	1.0	62.7	100.0	5,876
Heroin/Morphine [3]	2.8	33.8	.1	.6	1.2	1.1	60.4	100.0	3,805
d-Propoxyphene	45.6	1.5	-	-	-	1.5	51.5	100.0	338
Methadone	16.0	5.5	-	-	.4	.2	77.9	100.0	457
Oxycodone	41.7	-	-	-	-	2.1	56.3	100.0	48
Codeine	13.8	16.7	.1	-	.3	.8	68.3	100.0	990
Meperidine HCl	29.1	9.1	-	-	-	-	61.8	100.0	55
Hydromorphone	9.5	9.5	-	-	-	-	81.0	100.0	21
Other/unspecified	27.2	9.9	-	-	-	-	63.0	100.0	162
NON-NARCOTIC ANALGESICS	45.2	1.1	-	-	-	.6	53.2	100.0	476
Aspirin	39.8	1.8	-	-	-	-	58.4	100.0	113
Acetaminophen	46.5	1.0	-	-	-	1.0	51.5	100.0	301
Pentazocine	...	...	...	...	...	...	...	...	-
Butalbital combinations	...	...	...	...	...	...	...	...	1
Other/unspecified	47.5	-	-	-	-	-	52.5	100.0	61
NON-BARBITURATE SEDATIVES	44.4	1.9	-	-	-	.6	53.1	100.0	162
Methaqualone	...	...	...	...	...	...	...	...	1
Flurazepam	46.7	-	-	-	-	2.2	51.1	100.0	45
O.T.C. sleep aids	...	...	...	...	...	...	...	...	1
Ethchlorvynol	55.6	-	-	-	-	-	44.4	100.0	9
Glutethimide	35.7	-	-	-	-	-	64.3	100.0	14
Chloral hydrate	...	...	...	...	...	...	...	...	4
Other/unspecified	42.0	2.3	-	-	-	-	55.7	100.0	88
ANTIDEPRESSANTS	43.5	.6	-	.1	-	2.1	53.7	100.0	1,419
Amitriptyline	40.6	.7	-	-	-	.7	57.9	100.0	404
Amitriptyline combinations	...	...	...	...	...	...	...	...	-
Doxepin	50.8	1.0	-	-	-	3.0	45.2	100.0	197
Fluoxetine	50.0	.8	-	-	-	.8	48.3	100.0	118
Imipramine	54.5	-	-	-	-	-	45.5	100.0	99
Desipramine	52.8	-	-	-	-	1.6	45.7	100.0	127
Other/unspecified	36.5	.6	-	.2	-	3.8	58.9	100.0	474
ANTIPSYCHOTICS	31.4	.5	-	-	-	1.0	67.1	100.0	207
Chlorpromazine	48.9	-	-	-	-	2.2	48.9	100.0	45
Thioridazine	22.9	-	-	-	-	-	77.1	100.0	70
Haloperidol	28.6	-	-	-	-	7.1	64.3	100.0	14
Trifluoperazine	75.0	-	-	-	-	-	25.0	100.0	4
Other/unspecified	27.0	1.4	-	-	-	-	71.6	100.0	74
BARBITURATE SEDATIVES	40.7	2.6	-	-	-	1.5	55.2	100.0	391
Phenobarbital	35.5	4.1	-	-	-	2.4	58.0	100.0	169
Secobarbital/Amobarbital	-	-	-	-	-	-	-	-	-
Secobarbital	60.3	-	-	-	-	-	39.7	100.0	63
Pentobarbital	36.7	6.7	-	-	-	-	56.7	100.0	30
Other/unspecified	38.8	.8	-	-	-	1.6	58.9	100.0	129
AMPHETAMINES	3.7	12.0	.2	2.6	.9	.9	79.7	100.0	644
Amphetamine	4.2	9.3	-	3.1	.8	2.3	80.3	100.0	259
Methamphetamine/Speed	3.4	13.9	.3	2.4	1.0	-	79.1	100.0	382
Other/unspecified	...	...	...	...	...	...	...	...	3
HALLUCINOGENS	.5	1.0	-	1.4	-	1.9	95.2	100.0	210
PCP/PCP combinations	.5	1.0	-	1.5	-	1.5	95.6	100.0	206
LSD	...	...	...	...	...	...	...	...	4
Other/unspecified	-	-	-	-	-	-	-	-	-
OTHER DRUGS									
Alcohol-in-combination	100.0	-	-	-	-	-	-	100.0	3,444
Cocaine	1.2	12.6	1.0	3.9	3.7	9.3	68.4	100.0	3,910
Marijuana/Hashish	.7	-	1.1	18.6	-	.7	79.0	100.0	457
Codeine combinations	...	...	...	...	...	...	...	...	1
Diphenylhydantoin sodium	29.6	.9	-	-	-	.9	68.7	100.0	115
Diphenhydramine	27.6	.8	-	-	-	.3	71.3	100.0	369
O.T.C. diet aids	-	-	-	-	-	-	-	-	-
Inhalants/Solvents/Aerosols	5.1	-	44.2	-	3.6	.7	46.4	100.0	138
Methylphenidate	...	...	...	...	...	...	...	...	1
All other drugs	20.0	3.5	.4	.6	.1	.8	74.6	100.0	1,413
DRUG UNKNOWN [1]	-	27.3	9.1	-	-	9.1	54.5	100.0	11
TOTAL DRUG MENTIONS	29.4	10.7	.6	1.4	1.0	2.5	54.3	100.0	20,375

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

2 Includes freebase.

3 Includes opiates not specified as to type.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network, Annual Medical Examiner Data, 1993*, 1995.

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

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

In 1989 about a quarter of the inmates charged with drug offenses and a third of the violent and property offenders had juvenile records (table 5). About 65% of the drug offenders had been convicted as adults, almost the same percentage as those charged with violent offenses but lower than the 81% for public-order offenders and the 71% for property offenders.

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

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

Prior sentence	Most serious current offense: All inmates	Drug	Violent	Property	Public-order
Total	100.0%	100.0%	100.0%	100.0%	100.0%
None	23.2%	28.9%	29.0%	19.4%	15.9%
Juvenile only	7.6	6.2	9.6	10.1	3.3
Adult only	46.3	45.7	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	81,618	109,679	82,112

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

Prior drug use by jail inmates

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

Jail inmates were twice as likely as persons in the general population to have ever used drugs and 7 times more likely than those in the general population to have been current users of drugs. (For jail inmates *current use* refers to the month before the arrest; for the general population, to the month before the interview.) Based on estimates from the 1990 National Household Survey on Drug Abuse, conducted by the National Institute on Drug Abuse (NIDA), 37% of all persons age 12 or older had used some illicit drug at some time, and more than 6% were current users.[2]

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.

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

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

Type of drug	Percent of jail inmates who had used drugs: Ever 1989	Ever 1983	Regularly 1989	Regularly 1983	Percent of convicted jail inmates who had used drugs: In the month before the offense 1989	In the month before the offense 1983	Daily in the month before the offense 1989	Daily in the month before the offense 1983	At the time of the offense 1989	At the time of the offense 1983
Any drug	77.7%	76.1%	58.1%	60.8%	43.9%	46.1%	29.7%	32.9%	27.0%	29.6%
Major drug	55.4%	46.2%	37.4%	30.5%	27.7%	18.6%	17.3%	11.0%	18.2%	12.1%
Cocaine or crack	50.4	38.0	30.7	17.8	23.6	11.8	14.2	6.4	13.7	5.5
Heroin	18.2	22.4	11.4	16.0	7.0	7.9	5.1	5.8	4.6	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	.5	.6
Other drug	71.9%	74.5%	49.8%	57.9%	31.3%	41.8%	18.9%	28.2%	12.0%	22.8%
Marijuana	70.7	73.0	47.9	55.0	28.1	38.6	16.8	25.6	9.1	16.9
Amphetamines	22.1	32.8	12.1	19.6	5.4	9.4	3.2	5.1	2.2	4.2
Barbiturates	17.2	27.8	7.2	13.9	3.3	5.9	1.4	2.8	.9	2.9
Methaqualone	14.7	23.0	4.2	8.8	.8	3.8	.2	1.5	.3	1.7
T's and blues*	11.0	10.9	5.4	5.9	2.4	3.0	1.3	1.8	.2	1.7

*A combination of amphetamines and barbiturates.

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

Drug use among female inmates changed between 1983 and 1989 (table 13). The percentage of convicted female inmates who reported using cocaine or crack in the month before their offense more than doubled, from 15.2% in 1983 to 39.3% in 1989. The percentage who had reported use of marijuana or hashish declined from 33.4% to 23.4%. The use of other types of drugs either declined or remained about the same during the period.

The percentage of convicted female inmates reporting that they were under the influence of drugs at the time of the current offense increased from 31.2% in 1983 to 37.5% in 1989. More than 3 of every 10 convicted female inmates in 1989 had been under the influence of a major drug at the time of their offense. In 1989 an estimated 24.9% had been under the influence of cocaine or crack — more than triple the percentage in 1983 (7.4%). The reported use of drugs other than cocaine or crack at the time of the offense, however, declined from 1983 to 1989.

Many women in jail have a long history of prior drug use and past treatment for drug abuse. Nearly 1 in 5 convicted female inmates in 1989 said they committed their current offense in order to get money to buy drugs. A quarter of the convicted female inmates had a prior sentence to probation,

Table 13. Drug use by convicted female jail inmates, by type of drug, 1989 and 1983

Type of drug	Percent of convicted female inmates who had used drugs: In the month before the offense 1989	In the month before the offense 1983	At the time of the offense 1989	At the time of the offense 1983
Any drug	55.1%	50.5%	37.5%	31.2%
Major drug	43.8%	27.1%	31.3%	20.9%
Cocaine or crack	39.3	15.2	24.9	7.4
Heroin	15.0	17.3	12.0	12.9
LSD	.8	1.4	.1	.7
PCP	2.1	3.7	.8	2.2
Methadone	1.1	1.7	.7	2.2
Other drug	27.4%	39.8%	9.9%	16.6%
Marijuana	23.4	33.4	5.0	8.0
Amphetamines	6.6	8.7	4.1	4.0
Barbiturates	3.0	6.9	1.4	3.1
Methaqualone	1.0	2.6	.2	1.0

Note: Detail may add to more than total because an inmate may have been using more than one drug.

How sentenced jail inmates used their time, 1989

Data on how inmates spend their time while serving their jail sentences were collected for the first time in the 1989 survey. Each respondent was asked a series of questions concerning the amount of time spent inside and outside their cells, doing physical exercise or working at an assigned job.

	Inmates sentenced to jail: Female	Male
Average number of hours per day spent in cell or room	16.8 hrs.	14.6 hrs.
Average number of hours per day spent doing physical exercise outside cell	1.2 hrs.	1.5 hrs.

On average, female inmates said they spend almost 17 hours a day in their cells or other housing units and about an hour a day outside of their cells doing physical exercise. Male inmates said they spent fewer hours in their cells (an average of about 15 hours per day) and slightly more time exercising (1.5 hours per day).

Women were less likely than men to have work assignments: 43.8% of the women compared to 58.9% of the men said they had work assignments inside or outside the jail facility. About an equal percentage of female (37.7%) and male inmates (41.1%) reported they had been assigned work within the facility; however, female inmates were significantly less likely than male inmates to work outside the jail (8.1% versus 23.2%).

Among jail inmates with work assignments, females reported working an average of 4.2 hours per day; males reported an average of 5.9 hours per day. The most common work assignment cited by female inmates was janitorial work (39.2%), followed by food preparation (18.0%), and then by other service jobs including work in the library, stockroom, or office (12.9%). The most common work assignment cited by male inmates was maintenance (28.5%), followed by food preparation (25.5%) and janitorial work (23.3%).

	Inmates sentenced to jail: Female	Male
Percent of inmates with work assignments		
Total[a]	43.8%	58.9%
Inside the jail	37.7	41.1
Outside the jail	8.1	23.2
Average number of hours per day spent working[b]	4.2 hrs.	5.9 hrs.
Percent of inmates assigned work, by type of work[a,b]		
Janitorial	39.2%	23.3%
Maintenance	5.4	28.5
Goods production/farming	4.2	5.9
Food preparation	18.0	25.5
Hospital, infirmary or other medical services	4.6	.2
Laundry	9.8	5.0
Other services (library, stockroom, store, office help, etc.)	12.9	7.7
Other	10.5	12.7

[a]Detail may add to more than total because inmates may have had work assignment both inside and outside the facility or more than one work assignment.
[b]Based on inmates with work assignments.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Women in Jail 1989*, March 1992.

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

About 31,300 inmates were aliens

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

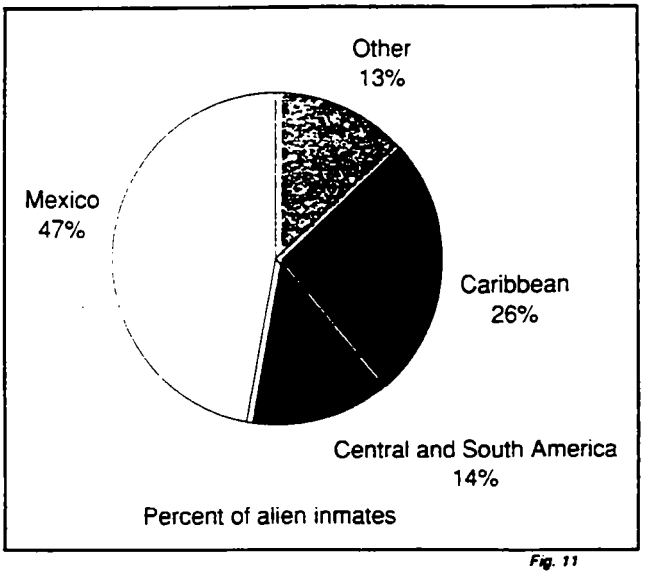


Fig. 11

• Mexicans accounted for about half of the aliens—

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

Young, Hispanic men predominated

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

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

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

About three-fifths of alien inmates had ever used drugs

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

Percent of alien inmates using drugs —

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

Fig. 12

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

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

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

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

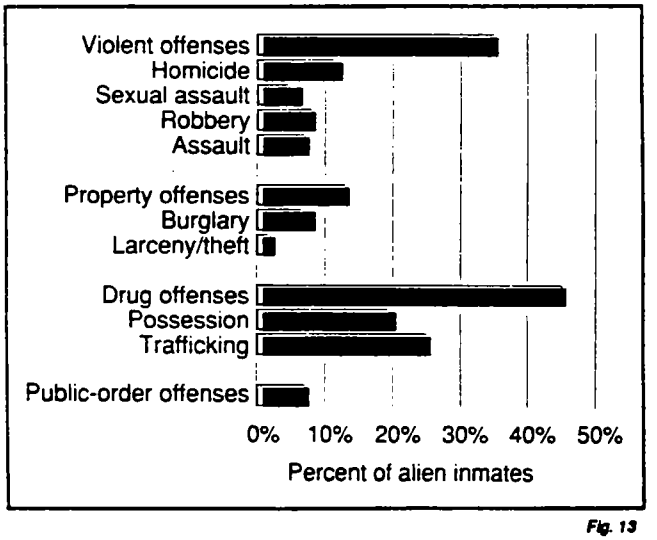


Fig. 13

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

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

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

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

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

Fig. 45

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

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

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

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

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

*For components of drug categories, see page 30.

Fig. 46

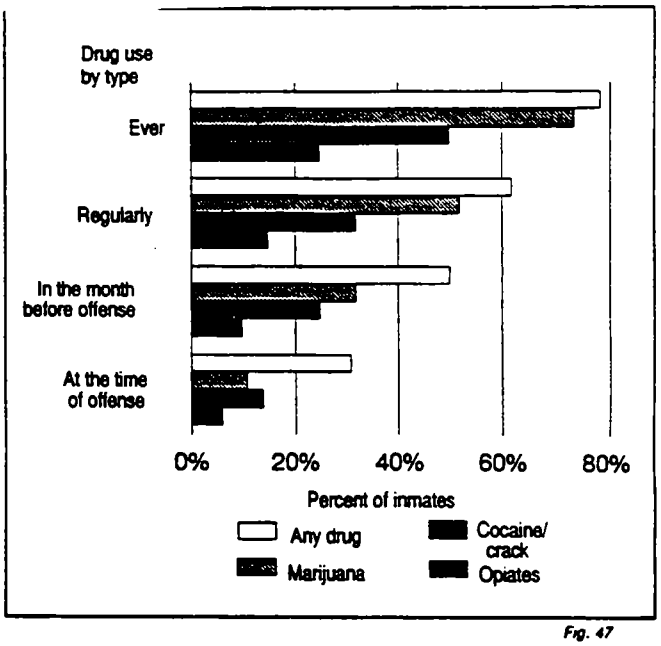


Fig. 47

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

Marijuana was still the most commonly used drug

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

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

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

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

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

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

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

Current offense	Percent of sentenced inmates					
			Recidivists			
	No previous sentence		No prior violent offenses		Prior violent offense	
	Federal	State	Federal	State	Federal	State
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Violent offenses	9.9%	64.6%	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	4.6	13.2	9.7	11.5	32.4	21.6
Assault	1.0	8.1	1.2	6.2	3.6	11.3
Other violent	1.5	1.7	1.3	1.5	2.7	2.1
Property offenses	7.8%	9.8%	13.4%	32.3%	8.4%	22.1%
Burglary	.1	4.4	1.2	16.4	1.1	11.1
Larceny	.5	1.8	1.1	6.3	1.3	4.3
Fraud	6.5	1.7	8.1	3.8	4.4	1.9
Other property	.6	1.8	2.9	5.8	1.6	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%	12.6%	7.9%	15.8%	7.3%
Number of inmates	23,005	133,487	21,377	352,296	8,769	207,590

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

Criminal history and current offense

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

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

Drug use

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

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

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

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

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

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

Race/Hispanic origin of inmates and type of current drug offense	Heroin			Crack			Cocaine			Marijuana		
	Number of inmates	Grams Median	Grams Mean	Number of inmates	Grams Median	Grams Mean	Number of inmates	Grams Median	Grams Mean	Number of inmates	Grams Median	Grams Mean
All inmates[a]												
Total[b]	3,127	240	2,510	2,980	40	940	16,528	1,580	77,690	6,015	100,000	3,028,330
Trafficking	2,436	300	2,770	2,358	40	970	12,515	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	...	...	...	588	1,970	112,060	454	30,840	581,990
Black non-Hispanic inmates												
Total[b]	1,156	230	1,960	2,513	30	690	4,439	500	13,860	442	910	491,390
Trafficking	947	400	2,050	1,986	30	650	3,356	500	17,760	263	660	761,040
Possession	189	60	970	463	50	700	992	500	1,720	178	910	93,480
Hispanic inmates												
Total[b]	1,314	170	1,090	348	250	2,980	7,297	3,000	106,960	2,675	129,730	2,452,230
Trafficking	957	170	880	257	280	3,880	5,111	4,000	118,340	1,773	145,150	2,161,140
Possession	357	150	1,660	...	...	...	2,071	3,000	81,490	864	79,000	3,131,860

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

[a]Includes inmates of all races and ethnic backgrounds.
[b]Includes inmates convicted of drug offenses other than trafficking and possession.

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

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

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

- Among offenders convicted of heroin offenses, half were involved with at least 240 grams of heroin. The average case concerned 2,510 grams. In Federal crack cases, half of the offenders were involved with at least 40 grams of crack (an 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.

Female inmates who used drugs differed from those who did not in the types of crimes they committed (table 13). Regardless of the measure of drug use, users were less likely than nonusers to be serving a sentence for a violent offense.

One in four of the women who had used drugs in the month before their offense and 2 in 5 of the nonusers were serving a sentence for a violent offense. Among women who had committed the offense under the influence of drugs, 24% were sentenced for a violent offense, and among those not under the influence, 37% were sentenced for a violent offense. Women who had not used drugs were about twice as likely as users to have committed homicide, but were less likely to have committed robbery.

Among women who said they committed their crimes to get money to buy drugs, 17% were serving a sentence for a violent offense and 43%, for a property offense. Female inmates who said that drug money was a motive for their crimes were about twice as likely as other inmates to be incarcerated for robbery, burglary, larceny, or fraud (54% versus 27%).

About half the women in prison in 1991 reported that they had never participated in a drug treatment or drug education program (table 14). Those prisoners reporting a more recent use of drugs were more likely to have been participants. Among female inmates who had ever used drugs, 64% had been in a clinic, therapy, self-help group, class, or some other treatment program. Of the women who had used drugs in the month before their offense, 71% had participated in a drug treatment program; 42% had been in treatment before admission. Twelve percent of the women using drugs in the month before their arrest were also in treatment at that time.

Table 12. Drug use by female State prison inmates, by type of drug, 1991 and 1986

Type of drug	Used in the month before the offense		Under the influence at the time of the offense	
	1991	1986	1991	1986
Any drug	53.9%	50.0%	36.3%	33.9%
Marijuana	20.5	30.5	4.6	8.5
Cocaine/crack*	36.5	23.3	22.6	12.1
Cocaine	26.2	23.3	14.2	12.1
Crack	19.1	...	10.1	...
Heroin/opiate	15.9	17.9	11.3	12.9
Heroin	14.8	17.2	10.8	12.3
Other opiates	3.4	2.1	1.0	1.0
Stimulants*	7.6	7.8	2.8	4.0
Amphetamines	4.6	7.8	.9	4.0
Methamphetamines	5.1	...	2.2	...
Depressants	5.0	9.1	1.4	4.5
Barbiturates	4.8	9.0	1.3	3.9
Methaqualone	.8	3.0	.1	.7
Hallucinogens	2.2	3.5	1.1	1.5
LSD	1.0	1.6	.4	.4
PCP	1.5	2.2	.7	1.1

Note: Detail may add to more than total because an inmate may have been using more than one drug.
...Not available.

*Percents in 1986 reflect either cocaine or amphetamines in general because the survey in that year did not ask about crack or methamphetamines separately.

Table 13. Most serious offense of female State prison inmates, by drug use history, 1991

Most serious offense	Used drugs in the month before current offense		Under the influence of drugs at the time of the offense		Committed offense to get money to buy drugs	
	Yes	No	Yes	No	Yes	No
Violent offenses	25.0%	40.8%	24.3%	37.0%	17.1%	37.0%
Homicide[a]	8.8	22.5	8.5	19.0	2.2	19.3
Sexual assault[b]	.4	3.0	.3	2.4	0	2.2
Robbery	9.6	5.7	10.7	6.1	13.2	6.0
Assault	5.2	7.3	3.7	7.6	1.5	7.7
Other violent	.9	2.2	1.0	1.8	.3	1.9
Property offenses	30.0%	27.1%	30.6%	27.6%	42.6%	24.4%
Burglary	5.7	3.2	5.4	4.1	7.2	3.7
Larceny/theft	12.9	8.9	13.9	9.5	21.9	7.8
Fraud	8.8	12.0	9.0	11.0	11.9	9.6
Other property	2.6	3.1	2.4	3.1	1.5	3.3
Drug offenses	39.0%	25.7%	39.6%	28.8%	36.0%	31.8%
Possession	15.4	7.5	15.8	9.3	11.2	11.9
Trafficking	21.9	17.4	21.7	18.7	23.3	18.7
Other drug	1.7	.7	2.1	.8	1.4	1.2
Public-order offenses	5.5%	5.8%	5.2%	5.9%	3.9%	6.1%
Weapons	.6	.4	.5	.4	.3	.5
Other public-order	4.9	5.4	4.7	5.5	3.7	5.6
Other offenses	.5%	.7%	.3%	.8%	.4%	.7%
Number of inmates	20,758	17,639	13,827	24,220	9,098	28,812

[a]Includes murder, negligent manslaughter, and nonnegligent manslaughter.
[b]Includes rape and other sexual assault.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Women in Prison*, March 1994.

Table 10

GENDER OF DEFENDANT BY DRUG TYPE*
(October 1, 1992 through September 30, 1993)

	TOTAL		MALE		FEMALE	
DRUG TYPE	**Number**	**Percent**	Number	Percent	Number	Percent
TOTAL	**14,297**	**100.0**	**12,752**	**89.2**	**1,545**	**10.8**
Powder Cocaine	**5,296**	4.6	4,682	88.4	614	11.6
Crack Cocaine	**3,109**	26.9	2,804	90.2	305	9.8
Heroin	**1,386**	9.7	1,188	85.7	198	14.3
Marijuana	**3,849**	21.8	3,509	91.2	340	8.8
Methamphetamine	**657**	37.0	569	86.6	88	13.4

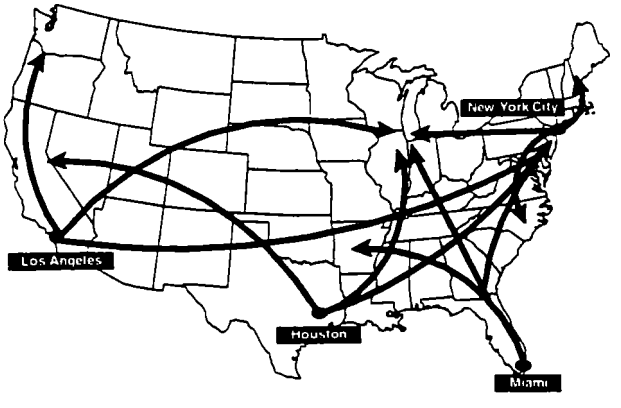
*Of the 42,107 guideline cases, 19,475 involved drugs. Of these 19,475 cases, 5,178 cases were excluded for one or more of the following reasons: incomplete guideline application information (3,283); missing drug type (33), cases in which the drug type is other than the five primary drugs listed (987); drug convictions in which the primary drug guideline applied was not §2D1.1 (2,382).

Source: U.S. Sentencing Commission, *Special Report to the Congress: Cocaine and Federal Sentencing Policy*, February 1995.

making process at the top level rather than the hierarchical decision-making process employed by the Cali drug mafia. At the lower levels, Medellin trafficking groups transacted business with fewer restrictions on their choice of business associates. Various ethnic groups were involved in domestic trafficking at all levels. Groups of Cubans, Dominicans, Jamaicans, and Mexicans, as well as African-American gangs, provided retail distribution in major U.S. cities. Nigerian cocaine distribution groups emerged in northern California, Oklahoma, North Carolina, South Carolina, Texas, and several other States across the nation. Asian groups, including Chinese, Filipino, and Vietnamese gangs, distributed kilogram amounts of cocaine in the West.

Despite this overall diversity, the wholesale distribution of cocaine within the United States was dominated by Hispanic organizations, particularly Colombian and Mexican groups. As noted, the Colombian drug mafias frequently employed Mexican transportation groups to smuggle cocaine through Mexico into the United States. Because Mexican transportation organizations frequently were paid percentages of the cocaine shipment for their services, they have become wholesale distributors of cocaine within the United States. Multiton quantities of cocaine frequently were divided into smaller quantities at staging points in Mexico near the northern border and transported into the United States by these organizations. Once in the United States, these shipments were reconsolidated in either distribution cities, such as Los Angeles or Houston, or warehouse facilities near the U.S.-Mexican border, for further transport to distribution cities.

Primary Cocaine Distribution Routes



"Crack" Cocaine Distribution Groups

There are numerous low- to mid-level distributors of crack. Crack trafficking groups are structured loosely and are characterized by high turnover rates at all organizational levels due to either imprisonment or mistrust and competition within and among groups. At the highest trafficking levels, the crack market is controlled by four groups: Los Angeles-based street gangs and their affiliates, and Jamaican, Dominican, and Haitian criminal groups. Each group is involved in interstate and intrastate transportation of cocaine and crack from source cities to their retail outlets.

A combination of factors—saturated markets, low prices, violent competition, and/or effective police pressure in major urban areas—has forced some crack distribution groups, in conjunction with local gangs, to develop new markets in smaller towns and rural areas. This menacing expansion creates new problems for local drug law enforcement officials and civic authorities. The more established distribution groups are crisscrossing the nation to find new markets, with the Jamaican "posses" spreading westward from New York City and the Los Angeles street gangs spreading eastward. In addition to drug distribution, crack groups engage in murder, kidnapping, arson, witness intimidation, weapons violations, robbery, fraud, and money laundering.

From central distribution points, cocaine was transported to markets throughout the United States. Traffickers used private vehicles, trains, buses, airlines*, and the postal service. Concealed compartments within vehicles such as campers, recreational vehicles, trucks, and vans commonly were encountered. A favored technique was to conceal cocaine in perishable cargo. In June 1994, 1.3 metric tons of cocaine were discovered within the false wall of a tractor-trailer transporting 30 pallets of watermelons from Edinburg, Texas, to Immokalee, Florida. In February 1995, 680 kilograms of cocaine were discovered at the U.S. Border Patrol checkpoint in Falfurrias, Texas, in a tractor-trailer shipment of limes being transported from Weslaco, Texas, to Brooklyn, New York. On March 6, 1995, over 1 metric ton of cocaine was seized from a truckload of cucumbers at the Falfurrias checkpoint.

*In one case, in September 1994, approximately 700 kilograms of cocaine were transported from Los Angeles to New York by air freight.

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1994: The Supply of Illicit Drugs to the United States*, August 1995.

"CRACK" PRICE DATA

"Crack" cocaine, also referred to as "rock," is packaged in vials, glassine bags, film canisters, etc. Rock sizes are imprecise, but they generally range from 1/10 to 1/2 gram. These rocks can sell for as little as $2 to as much as $50. Crack generally is converted locally from cocaine hydrochloride (HCl) and sold at the retail level. When available in kilogram quantities, prices for crack cocaine are comparable to those for kilogram quantities of cocaine HCl. The national range for ounce quantities of crack is from $475 to $2,800. A gram ranges in cost from $80 to $125.

Source: U.S. Department of Justice, Drug Enforcement Administration, *Illegal Drug Price/Purity Report, United States: January 1992-March 1995*, October 1995.

Race/Ethnicity	Percent of Admissions
White, not of Hispanic origin	44.7%
Black, not of Hispanic origin	40.3%
Hispanic	12.0%
Asian or Pacific Islander	0.5%
Native American (American Indian or Alaska Native)	1.0%
Other	0.5%
Not Reported	0.9%

A comparison of total drug client admissions with total alcohol client admissions in terms of race/ethnicity during FY 1993 indicates that Black persons represent a higher proportion of other drug treatment admissions than of alcohol admissions (40.3 percent and 16.6 percent respectively). Similarly, Hispanic persons represent a higher proportion of other drug admissions (12.0 percent) than of alcohol admissions (7.4 percent). White persons represent a higher proportion of alcohol treatment admissions than of other drug admissions (67.8 percent and 44.7 percent 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, Guam, 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 1993 were cocaine treatment admissions, which totaled 312,830 (44.5 percent of drug admissions). Of the 26 States reporting the percentage of cocaine admissions that were crack cocaine, Alabama reported the highest percentage with 91.2 percent of its cocaine admissions being for crack cocaine. Texas reported the highest absolute number of crack cocaine admissions (15,688). The lowest reporting of crack cocaine admissions was from Nebraska (0) and Rhode Island (10 percent or 136 admissions). Heroin treatment admissions had the second largest number with 154,522 (22.0 percent) treatment admissions. The third highest number of treatment admissions during FY 1993 by primary drug of abuse was for marijuana/hashish at 119,444 admissions (17.0 percent). The fourth, fifth, and sixth highest primary drugs of abuse specified related to treatment admissions were, respectively, amphetamines at 28,523 admissions (4.1 percent), other opiates/synthetics (beyond heroin and non-treatment methadone) at 12,137 admissions (1.7 percent), and tranquilizers at 4,802 admissions (0.7 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 52 jurisdictions that reported relevant data, the findings with regard to the specific primary drug of abuse, excluding the "other" and "not reported" categories, on drugs that ranked highest in each State were as follows:

Source: Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1993*, January 1995.

- Cocaine was the primary drug of abuse related to treatment admissions within 29 States, and the District of Columbia;

- Marijuana/hashish was the primary drug of abuse related to treatment admissions within 15 States and Guam;

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

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

A careful review of Table 18 demonstrates that during FY 1993 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 the two States that did not provide admissions data in FY 1992 but did do so in FY 1993 (i.e., Oregon and Washington), a comparison of the national treatment admissions totals by primary drug of abuse for those two years indicates the following:

- Substantial increase (defined as over 10 percent) in admissions related to amphetamines (15.0 percent), marijuana/hashish (14.8 percent), heroin (14.5 percent), PCP (14.5 percent), and inhalants (11.6 percent). However, it should also be noted that from FY 1992 to FY 1993 the State data reporting systems improved and the percent of admissions that were "Not reported" as to primary drug of abuse decreased by 43.9 percent, from 50,141 in FY 1992 to 32,652 in FY 1993, while overall drug admissions increased by only 21,761 (from 654,399 to 676,160) during that same time period. Therefore, it is likely that some of the apparent increase in admissions for different primary drugs of abuse in FY 1993 are due in part to a reporting artifact.

- Substantial decreases (defined as at least 10 percent) in admissions related to the "other" drug category (25.7 percent), other hallucinogens (19.0 percent), barbiturates (13.2 percent), other opiates/synthetics (11.7 percent), and non-treatment methadone (10.9 percent). Due to the reporting artifact noted above, it is possible that some of the apparent decreases in various drugs would have been even larger if the percent of admissions that were "Not reported" had not decreased from FY 1992 to FY 1993.

5. *Comparisons of Client Admissions Data for Fiscal Years 1988-1993*

This subsection includes comparisons of alcohol and other drug client treatment admissions data reported for FY 1993 with that reported for FYs 1988-1992. It includes data only from those States that reported in all 6 years. This material is organized under two topic headings as follows:

Source: Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1993*, January 1995.

TABLE 18

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE-SUPPORTED FACILITIES BY PRIMARY DRUG OF ABUSE AND BY STATE FOR FISCAL YEAR 1993

STATE	HEROIN	NON-RX METHADONE	OTHER OPIATES/ SYNTHETICS	BARBITURATES	TRANQUILIZERS	OTHER SEDATIVES/ HYPNOTICS	AMPHETAMINES	COCAINE
ALABAMA	91	43	412	9	118	39	56	4,733
ALASKA	46	2	38	9	5	3	26	536
ARIZONA	1,585	65	235	12	35	21	612	2,438 A
ARKANSAS	116	3	217	45	57	60	379	2,541
CALIFORNIA	31,196	35	683	115	148	161	16,002	20,902
COLORADO	1,611	32	358	22	106	10	537	4,274
CONNECTICUT	6,886	30	185	24	37	31	24	5,652
DELAWARE	750	0	23	7	21	12	18	1,303
DISTRICT OF COL	4,520	9	20	1	5	1	9	7,864
FLORIDA	1,111	21	638	48	109	46	117	16,593
GEORGIA	1,005	0	0	0	0	349	276	17,978
GUAM	7	0	0	0	1	1	0	37
HAWAII	179	2	45	1	9	1	408	349
IDAHO	55	1	17	5	13	9	127	238
ILLINOIS	8,749	13	330	50	59	37	247	27,014
INDIANA	440	8	273	41	150	89	128	3,233
IOWA	128	3	52	9	12	7	46	828
KANSAS	101	2	71	11	6	29	160	2,603
KENTUCKY	205	13	391	79	140	94	128	1,519
LOUISIANA	163	8	284	69	77	72	88	10,724
MAINE	84	4	35	20	34	12	17	238
MARYLAND	6,473	34	185	18	39	39	57	6,528
MASSACHUSETTS	17,470	80	390	53	401	22	85	15,874
MICHIGAN	4,313	67	641	59	80	139	194	13,541
MINNESOTA	365	11	229	42	102	23	243	3,663
MISSISSIPPI	12	2	124	17	14	87	45	2,618
MISSOURI	723	11	309	53	85	76	329	6,203
MONTANA	56	1	82	17	41	12	203	294
NEBRASKA	77	10	53	10	17	12	30	731
NEVADA	394	12	53	2	22	4	398	809
NEW HAMPSHIRE	236	4	24	2	7	6	9	1,035
NEW JERSEY	15,156	104	326	69	285	47	181	9,522
NEW MEXICO	450	46	24	4	17	4	85	473
NEW YORK	16,726	179	366	96	189	74	145	23,262
NORTH CAROLINA	1,274	10	534	17	185	91	46	11,235
NORTH DAKOTA	0	0	9	9	0	0	28	1
OHIO	1,535	31	850	125	222	201	555	11,501
OKLAHOMA	72	2	66	23	33	27	169	978
OREGON	3,226	11	255	34	60	59	3,069	3,998
PENNSYLVANIA	5,919	48	538	136	278	110	414	19,203
PUERTO RICO	7,118	2	2	12	25	6	0	1,537
RHODE ISLAND	1,921	13	143	15	40	3	22	1,359
SOUTH CAROLINA	390	5	128	36	102	92	52	4,599
SOUTH DAKOTA	4	1	21	1	9	2	19	91
TENNESSEE	35	4	390	15	244	98	6	2,587
TEXAS	5,342	41	356	61	118	157	1,070	20,642
UTAH	339	9	165	28	17	44	206	1,180
VERMONT	57	0	41	6	5	8	58	224
VIRGINIA	1,884	14	335	21	118	60	68	7,197
WASHINGTON	3,431	43	267	36	76	17	578	4,052
WEST VIRGINIA	84	13	223	20	128	27	54	686
WISCONSIN	412	21	701	701	701	701	700	5,610
WYOMING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	154,522	1,123	12,137	2,315	4,802	3,332	28,523	312,830
PERCENT OF TOTAL	22.0%	.2%	1.7%	.3%	.7%	.5%	4.1%	44.5%

A = Figures represent clients "served."

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile (SADAP), FY 1993; 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) 1993."

Source: Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1993*, January 1995.

TABLE 18

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE-SUPPORTED FACILITIES BY PRIMARY DRUG OF ABUSE AND BY STATE FOR FISCAL YEAR 1993 (con't.)

STATE	MARIJUANA/ HASHISH	PCP	OTHER HALLUCINOGENS	INHALANTS	OVER THE COUNTER	OTHER	NOT REPORTED	TOTAL
ALABAMA	1,604	3	42	60	0	30	108	7,348
ALASKA	612	1	11	16	2	41	194	1,542
ARIZONA	1,053	3	29	51	4	538	391	7,072 A
ARKANSAS	1,742	5	34	48	10	255	0	5,512
CALIFORNIA	8,082	1,190	294	99	34	318	0	79,259
COLORADO	3,106	10	116	232	22	93	0	10,529
CONNECTICUT	1,730	19	23	6	4	30	554	15,235
DELAWARE	200	34	8	0	3	13	194	2,586
DISTRICT OF COL	531	386	3	0	0	0	0	13,349
FLORIDA	7,121	21	186	97	6	170	2,672	28,956
GEORGIA	1,846	7	40	49	0	2,665	4,629	28,844
GUAM	66	0	0	3	0	7	0	122
HAWAII	608	2	10	3	0	10	0	1,627
IDAHO	619	1	47	19	9	18	2	1,180
ILLINOIS	5,585	265	109	128	27	3,679	0	46,292
INDIANA	1,905	0	39	49	6	60	7	6,428
IOWA	1,301	1	44	46	2	237	0	2,716
KANSAS	1,642	6	43	30	3	130	0	4,837
KENTUCKY	1,542	2	33	78	290	1,571	1,459	7,544
LOUISIANA	1,848	42	64	34	6	160	2,492	16,131
MAINE	845	0	10	6	3	49	0	1,357
MARYLAND	1,896	411	61	103	14	15	2	15,875
MASSACHUSETTS	3,024	81	94	12	21	92	0	37,699
MICHIGAN	5,741	18	62	80	20	82	2,877	27,914
MINNESOTA	2,598	16	92	98	20	40	0	7,542
MISSISSIPPI	490	0	17	12	6	547	467	4,458
MISSOURI	2,782	65	64	110	14	60	0	10,884
MONTANA	839	4	38	26	5	12	0	1,630
NEBRASKA	837	4	122	21	10	75	1,045	3,054
NEVADA	365	6	10	17	4	0	0	2,096
NEW HAMPSHIRE	527	0	32	2	2	18	207	2,111
NEW JERSEY	2,193	106	98	23	42	82	0	28,234
NEW MEXICO	558	6	14	40	2	426	12	2,161
NEW YORK	7,907	230	194	34	41	5,258	99	54,800
NORTH CAROLINA	2,350	4	32	60	16	163	153	16,170
NORTH DAKOTA	191	10	0	0	0	24	71	343
OHIO	4,577	15	135	155	22	115	8,302	28,341
OKLAHOMA	499	10	23	45	3	8	0	1,958
OREGON	4,525	5	184	75	14	32	64	15,611
PENNSYLVANIA	4,032	208	191	82	34	201	0	31,394
PUERTO RICO	625	0	3	24	1	882	4,196	14,433
RHODE ISLAND	838	2	27	7	8	15	51	4,464
SOUTH CAROLINA	1,325	4	20	98	19	68	0	6,938
SOUTH DAKOTA	561	2	19	140	2	61	1,145	2,078
TENNESSEE	1,269	2	28	98	8	98	0	4,882
TEXAS	6,166	18	170	564	11	92	114	34,922
UTAH	1,154	2	66	48	21	182	469	3,930
VERMONT	402	0	16	4	2	14	30	867
VIRGINIA	2,100	126	100	42	15	0	0	12,080
WASHINGTON	2,428	3	164	31	11	57	382	11,576
WEST VIRGINIA	901	16	30	131	4	68	242	2,627
WISCONSIN	12,156	468	234	468	234	234	468	23,809
WYOMING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	119,444	3,840	3,525	3,704	1,057	19,095	33,098	703,347
PERCENT OF TOTAL	17.0%	.5%	.5%	.5%	.2%	2.7%	4.7%	100%

A = Figures represent clients "served."

N/A = Information not available.

Note: Rounding increases total percent (100%) to 100.1%.

Source: State Alcohol and Drug Abuse Profile (SADAP), FY 1993; 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) 1993."

Source: Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1993*, January 1995.

FOR MORE INFORMATION

Full copies of publications used to produce this information packet may be obtained by contacting the agencies below:

ONDCP Drugs & Crime Clearinghouse
PO Box 6000
Rockville, MD 20849-6000
1-800-666-3332

U.S. Department of Justice, Bureau of Justice Statistics, *Comparing Federal and State Prison Inmates, 1991*, September 1994. Order # NCJ-145864.

U.S. Department of Justice, Bureau of Justice Statistics, *Drugs and Jail Inmates, 1989*, August 1991. Order # NCJ-130836.

U.S. Department of Justice, Bureau of Justice Statistics, *Survey of State Prison Inmates, 1991*, May 1993. Order # NCJ-136949.

U.S. Department of Justice, Bureau of Justice Statistics, *Women in Jail, 1989*, March 1992. Order # NCJ-134732.

U.S. Department of Justice, Bureau of Justice Statistics, *Women in Prison*, March 1994. Order # NCJ-145321.

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

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network, Annual Medical Examiner Data, 1993*, 1995. Order # BKD160.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services, *National Household Survey on Drug Abuse: Main Findings 1993*, 1995.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse, 1994: Population Estimates*, September 1995.

National Institute on Drug Abuse
Division of Epidemiology and Prevention Research
5600 Fishers Lane, Room 9-A-53
Rockville, MD 20857
301-443-6543

U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

Drug Enforcement Administration
Intelligence Production Unit
Intelligence Division
Washington, DC
202-307-8726

U.S. Department of Justice, Drug Enforcement Administration, *Illegal Drug Price/Purity Report, United States: January 1992-March 1995*, October 1995.

U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report: The Supply of Illicit Drugs to the United States*, August 1995.

U.S. Sentencing Commission
One Columbus Circle, NW
Washington, DC 20002-8002

U.S. Sentencing Commission, *Special Report to Congress: Cocaine and Federal Sentencing Policy*, February 1995.

National Association of State Alcohol and Drug Abuse Directors
444 North Capitol Street, NW, Suite 642
Washington, DC 20001
202-783-6868

Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1993*, January 1995.

University of Michigan
News and Information Services
412 Maynard
Ann Arbor, MI 48109-1399
(313) 763-5043

Johnston, Lloyd, et.al., *Monitoring the Future Study*, "Drug Use Rises Again in 1995 Among American Teens," December 11, 1995 press release.

Johnston, Lloyd, et.al., *National Survey Results on Drug Use From the Monitoring the Future Study, 1975-1994, Volume II College Students and Young Adults*, preliminary tables, November 17, 1995.

Office of National Drug Control Policy
Drugs & Crime Clearinghouse



Drugs & Crime Data

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INTRODUCTION

This information packet includes excerpts from selected Federal government publication which contain information on women and substance abuse. These data include drug arrests, drug use patterns, adjudication and incarceration for drug offenses, drug-related victimization and drug treatment.

Information from the following publications is presented in this information packet:

Preliminary Estimates From the 1994 National Household Survey on Drug Abuse
National Household Survey on Drug Abuse: 1994 Population Estimates
Summary Tables: Annualized Estimates From the National Pregnancy and Health Survey in *NIDA Press Briefing, September 12, 1994*
National Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume 1, Secondary School Students
National Results on Drug Use From The Monitoring the Future Study, 1975-1993, Volume 2, College Students and Young Adults
Preliminary Estimates of Drug-Related Emergency Department Episodes, Advance Report 11
Drug Abuse Warning Network, Annual Medical Examiner Data, 1993
Patterns of Substance Use and Substance-Related Impairment Among Participants in the Aid To Families With Dependent Children Program (AFDC)
Patterns of Substance Use and Program Participation
Substance Abuse Among Women and Parents
Uniform Crime Reports, Crime in the United States, 1994
Drug Use Forecasting, 1994 Annual Report on Adult and Juvenile Arrestees
Felony Defendants in Large Urban Counties, 1992
Felony Sentences in State Courts, 1992
Women in Jail, 1989
National Corrections Reporting Program, 1992
Women in Prison
Survey of State Prison Inmates, 1991
Cocaine and Federal Sentencing Policy
Murder in Large Urban Counties, 1988
Overview of the National Drug and Alcoholism Treatment Unit Survey (NDATUS): 1992 and 1980-1992

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

This information packet was prepared by Candice Byrne at the ONDCP Drugs & Crime Clearinghouse. This Clearinghouse is funded by the Office of National Drug Control Policy to support drug control policy research. The Clearinghouse is managed by the U.S. Department of Justice, Bureau of Justice Statistics and is a component of the National Criminal Justice Reference Service. For further information concerning the contents of this information packet or other drugs and crime issues, call 1-800-666-3332, or write ONDCP Drugs & Crime Clearinghouse, PO Box 6000, Rockville, MD 20849-6000.

PRELIMINARY DATA - AS OF JUNE 1995

Table 27A. Estimated Numbers (in Thousands) of Lifetime, Past Year, and Past Month Users of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Among Females, by Age Group 15-44, Parental Status, and Pregnancy Status: 1994-B

Drug	TIME PERIOD											
	Used in Lifetime				Used in Past Year				Used in Past Month			
	All Females Aged ≥12	Females Aged 15-44	Females Aged ≥12 with Child < Age 18[1]	Females Aged 12-44 Who Are Pregnant	All Females Aged ≥12	Females Aged 15-44	Females Aged ≥12 with Child < Age 18[1]	Females Aged 12-44 Who Are Pregnant	All Females Aged ≥12	Females Aged 15-44	Females Aged ≥12 with Child < Age 18[1]	Females Aged 12-44 Who Are Pregnant
Any Illicit Drug[2]	32,636	27,710	16,639	1,308	9,212	7,981	3,543	266	4,673	3,974	1,865	51
Marijuana and Hashish	29,242	25,296	15,438	1,217	6,486	5,997	2,293	234	3,389	3,107	1,319	42
Cocaine	8,910	8,218	4,852	403	1,217	1,119	511	52	475	432	191	*
Crack	1,429	1,342	864	76	404	376	200	9	202	194	76	*
Inhalants	4,235	3,787	1,411	140	795	596	68	19	275	191	45	*
Hallucinogens	6,988	6,489	3,518	293	800	713	122	14	335	316	61	*
PCP	2,279	2,007	1,420	91	72	46	4	*	22	17	*	*
LSD	5,331	4,982	2,904	206	512	475	39	*	119	114	3	*
Heroin	486	462	307	*	133	109	51	*	47	47	15	*
Nonmedical Use of Any Psychotherapeutic[3]	9,670	8,080	4,988	406	3,119	2,511	1,361	44	1,243	888	552	19
Stimulants	3,540	3,121	1,994	161	555	486	198	*	209	167	95	*
Sedatives	1,773	1,620	1,141	77	257	227	116	*	63	58	37	*
Tranquilizers	3,941	3,337	2,221	145	1,236	992	598	25	486	296	203	*
Analgesics	5,831	4,765	2,895	246	2,149	1,677	960	27	832	568	365	15
Any Illicit Drug other than Marijuana[4]	17,347	14,957	8,366	682	4,843	3,969	1,866	110	2,123	1,656	812	28
Alcohol	87,599	50,633	31,580	2,500	68,042	42,363	24,926	1,974	52,273	32,177	18,828	650
Heavy Alcohol Use[5]	--	--	--	--	--	--	--	--	2,660	2,243	689	8
Cigarettes	73,979	41,718	26,126	2,105	31,593	20,578	11,355	908	28,332	18,112	10,291	597
Smokeless Tobacco	5,248	3,276	1,527	142	994	391	154	28	735	167	83	*
Anabolic Steroids	191	146	60	9	26	10	*	*	*	*	*	*

*Low precision; no estimate reported.

-- Not available.

NOTE: The population distributions for the 1993 and 1994 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 significant effect on estimates of number of drug users in some subpopulation groups.

NOTE: Estimates for 1994-B are derived from the NHSDA new-version questionnaire.

[1]The female respondent and the child are both resident in the same household.

[2]Nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including LSD and PCP), heroin or psychotherapeutics at least once.

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

[4]Nonmedical use of cocaine (including crack), inhalants, hallucinogens (including LSD and PCP), heroin or psychotherapeutics at least once; includes marijuana users who also have used any of these listed drugs; does not include users of marijuana only.

[5]Heavy Alcohol Use is defined as drinking five or more drinks per day on each of five or more days in the past 30 days.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Preliminary Estimates From the 1994 National Household Survey on Drug Abuse*, 1995.

The new NHSDA questionnaire includes a question asking women under age 45 whether they are currently pregnant. Based on these data, it is possible to study drug use patterns among pregnant women. Data on pregnant women were compared with data on three other subpopulations of women: all women of childbearing age (i.e., age 15-44), all women who have children under age 18, and all women age 12 and older.

Reporting of pregnancy by NHSDA respondents appears reasonably accurate, producing an estimate of about 2.8 million pregnant women (based on 371 sample cases). This is close to the number of pregnant women on a given day that would be expected based on counts of live births from the birth registration system, and estimates of induced abortions and fetal loss rates (Ventura, Taffel, Mosher, et al 1995).

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Preliminary Estimates From the 1994 National Household Survey on Drug Abuse*, 1995.

Results

- Pregnant women and other women of childbearing age are equally likely to have used licit and illicit substances at some time in their lives. Among all women age 15-44, 47 percent have ever used illicit drugs, compared with 46 percent among currently pregnant women.

- Rates of past year alcohol and cigarette use also showed no differences between pregnant women and all women age 15-44.

- However, pregnant women were significantly less likely to use alcohol (any use or heavy use), cigarettes, and illicit drugs in the past month than other women of childbearing age. This is evidence that most substance-using women reduce their use during pregnancy.

- Among pregnant women, 1.8 percent used an illicit drug within the past month, compared with 6.7 percent of all women aged 15-44. Among all women with children, the rate is 5.2 percent, suggesting that many drug using women resume their drug use after their pregnancy. This finding supports efforts to intervene with pregnant substance abusers.

- A similar pattern is seen for use of alcohol and cigarettes. Fifty-four percent of women age 15-44 were current drinkers, but 23 percent of pregnant women were drinkers in the past month. The rate of heavy alcohol use was 3.9 percent among women 15-44, but only 0.3 percent among pregnant women. The data indicate that pregnant women have more difficulty trying to reduce their cigarette use than their alcohol or illicit drug use. Twenty-one percent of pregnant women were current smokers compared with 31 percent of all women age 15-44.

- We tested these results to make certain that age and marital status differences did not account for them (Women without children are generally younger and less likely to be married than pregnant women; women with children are generally older than pregnant women). The patterns persist after adjusting for differences in the age and marital status distribution of pregnant women, nonpregnant women with children, and nonpregnant women without children. This adjustment was made to the data for nonpregnant women, making their distribution similar to that of pregnant women. For example, after adjusting for age and marital status, 8.3 percent of nonpregnant women with no children were current illicit drug users in 1994, and 6.7 percent of nonpregnant women with children were current illicit drug users (Figure 13).

- Adjusted rates of lifetime use indicate that pregnant women, nonpregnant women with children, and nonpregnant women without children have similar patterns. Rates of illicit drug use were 46 percent, 47 percent, and 49 percent for these three groups respectively.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Preliminary Estimates From the 1994 National Household Survey on Drug Abuse*, 1995.

Table 2A. Any Illicit Drug Use by Sex Within Age Group for Total Population in 1994

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	**20.3**	*(18.7 - 22.1)*	**15.5**	*(14.1 - 17.0)*	**8.2**	*(7.2 - 9.3)*
Male	**20.9**	*(18.9 - 23.0)*	**15.6**	*(13.8 - 17.5)*	**8.5**	*(7.2 - 10.0)*
Female	**19.8**	*(17.5 - 22.3)*	**15.4**	*(13.5 - 17.4)*	**7.8**	*(6.5 - 9.4)*
18-25	**46.3**	*(43.9 - 48.7)*	**24.6**	*(22.6 - 26.8)*	**13.3**	*(11.8 - 15.0)*
Male	**50.2**	*(47.0 - 53.4)*	**29.8**	*(27.0 - 32.8)*	**17.1**	*(14.9 - 19.5)*
Female	**42.4**	*(39.3 - 45.7)*	**19.5**	*(17.0 - 22.3)*	**9.6**	*(7.9 - 11.6)*
26-34	**56.1**	*(54.1 - 58.0)*	**14.8**	*(13.6 - 16.2)*	**8.5**	*(7.6 - 9.6)*
Male	**59.8**	*(56.5 - 62.9)*	**18.4**	*(16.2 - 20.7)*	**11.6**	*(9.9 - 13.5)*
Female	**52.5**	*(50.2 - 54.9)*	**11.5**	*(10.1 - 13.0)*	**5.6**	*(4.7 - 6.7)*
≥35	**27.7**	*(25.9 - 29.5)*	**5.7**	*(4.9 - 6.5)*	**3.2**	*(2.6 - 3.9)*
Male	**33.6**	*(30.6 - 36.7)*	**7.5**	*(6.2 - 8.9)*	**4.3**	*(3.3 - 5.7)*
Female	**22.4**	*(20.2 - 24.8)*	**4.1**	*(3.3 - 5.0)*	**2.2**	*(1.6 - 3.0)*
TOTAL	**34.4**	*(33.1 - 35.7)*	**10.8**	*(10.1 - 11.6)*	**6.0**	*(5.5 - 6.6)*
Male	**39.2**	*(37.1 - 41.2)*	**13.4**	*(12.3 - 14.6)*	**7.9**	*(6.9 - 8.9)*
Female	**29.9**	*(28.4 - 31.5)*	**8.4**	*(7.7 - 9.2)*	**4.3**	*(3.8 - 4.9)*
			POPULATION ESTIMATES (In Thousands)			
12-17	**4,429**	*(4,067 - 4,814)*	**3,372**	*(3,070 - 3,698)*	**1,778**	*(1,563 - 2,019)*
Male	**2,325**	*(2,106 - 2,560)*	**1,735**	*(1,541 - 1,947)*	**947**	*(806 - 1,109)*
Female	**2,104**	*(1,860 - 2,371)*	**1,637**	*(1,441 - 1,855)*	**831**	*(689 - 998)*
18-25	**12,972**	*(12,294 - 13,655)*	**6,899**	*(6,326 - 7,506)*	**3,731**	*(3,300 - 4,208)*
Male	**6,966**	*(6,522 - 7,410)*	**4,134**	*(3,739 - 4,552)*	**2,369**	*(2,067 - 2,706)*
Female	**6,007**	*(5,559 - 6,463)*	**2,765**	*(2,411 - 3,158)*	**1,362**	*(1,123 - 1,645)*
26-34	**20,513**	*(19,801 - 21,220)*	**5,431**	*(4,959 - 5,939)*	**3,120**	*(2,775 - 3,503)*
Male	**10,695**	*(10,112 - 11,264)*	**3,288**	*(2,908 - 3,706)*	**2,070**	*(1,773 - 2,410)*
Female	**9,818**	*(9,377 - 10,257)*	**2,142**	*(1,889 - 2,425)*	**1,050**	*(884 - 1,244)*
≥35	**34,020**	*(31,836 - 36,295)*	**6,961**	*(6,038 - 8,015)*	**3,925**	*(3,186 - 4,828)*
Male	**19,313**	*(17,610 - 21,094)*	**4,294**	*(3,579 - 5,138)*	**2,494**	*(1,899 - 3,265)*
Female	**14,707**	*(13,265 - 16,258)*	**2,667**	*(2,147 - 3,307)*	**1,431**	*(1,028 - 1,986)*
TOTAL	**71,935**	*(69,244 - 74,674)*	**22,663**	*(21,202 - 24,211)*	**12,553**	*(11,422 - 13,788)*
Male	**39,299**	*(37,244 - 41,393)*	**13,451**	*(12,365 - 14,616)*	**7,880**	*(6,966 - 8,903)*
Female	**32,636**	*(30,941 - 34,383)*	**9,212**	*(8,409 - 10,084)*	**4,673**	*(4,101 - 5,320)*

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1994 National Household Survey on Drug Abuse, New Questionnaire Data (1994-B Sample)

Table 3A. Marijuana Use by Sex Within Age Group for Total Population in 1994

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	**13.6**	*(12.4 - 14.9)*	**11.4**	*(10.2 - 12.7)*	**6.0**	*(5.1 - 7.1)*
Male	**14.7**	*(13.0 - 16.6)*	**12.0**	*(10.5 - 13.8)*	**6.8**	*(5.7 - 8.2)*
Female	**12.5**	*(10.8 - 14.3)*	**10.8**	*(9.2 - 12.6)*	**5.2**	*(4.0 - 6.7)*
18-25	**41.9**	*(39.5 - 44.3)*	**21.8**	*(19.9 - 23.8)*	**12.1**	*(10.6 - 13.8)*
Male	**46.0**	*(42.6 - 49.5)*	**27.1**	*(24.3 - 30.0)*	**15.6**	*(13.5 - 18.0)*
Female	**37.8**	*(35.1 - 40.7)*	**16.6**	*(14.6 - 18.8)*	**8.7**	*(7.1 - 10.5)*
26-34	**52.7**	*(50.8 - 54.6)*	**11.5**	*(10.4 - 12.7)*	**6.9**	*(6.0 - 7.9)*
Male	**56.1**	*(52.6 - 59.5)*	**15.1**	*(13.2 - 17.1)*	**9.9**	*(8.4 - 11.6)*
Female	**49.5**	*(47.2 - 51.9)*	**8.1**	*(7.0 - 9.3)*	**4.0**	*(3.3 - 5.0)*
≥35	**25.4**	*(23.7 - 27.2)*	**4.1**	*(3.4 - 4.8)*	**2.3**	*(1.8 - 3.0)*
Male	**31.2**	*(28.4 - 34.2)*	**6.2**	*(5.0 - 7.5)*	**3.5**	*(2.7 - 4.7)*
Female	**20.3**	*(18.1 - 22.7)*	**2.2**	*(1.7 - 2.9)*	**1.3**	*(0.9 - 1.9)*
TOTAL	**31.1**	*(30.0 - 32.4)*	**8.5**	*(7.9 - 9.2)*	**4.8**	*(4.3 - 5.4)*
Male	**35.9**	*(33.9 - 37.8)*	**11.3**	*(10.3 - 12.3)*	**6.7**	*(5.9 - 7.6)*
Female	**26.8**	*(25.3 - 28.4)*	**5.9**	*(5.4 - 6.6)*	**3.1**	*(2.7 - 3.6)*
			POPULATION ESTIMATES (In Thousands)			
12-17	**2,964**	*(2,703 - 3,247)*	**2,491**	*(2,232 - 2,775)*	**1,315**	*(1,115 - 1,547)*
Male	**1,638**	*(1,449 - 1,846)*	**1,339**	*(1,167 - 1,532)*	**760**	*(634 - 910)*
Female	**1,326**	*(1,154 - 1,521)*	**1,152**	*(983 - 1,344)*	**555**	*(429 - 715)*
18-25	**11,737**	*(11,069 - 12,416)*	**6,105**	*(5,583 - 6,662)*	**3,389**	*(2,967 - 3,862)*
Male	**6,383**	*(5,907 - 6,863)*	**3,753**	*(3,372 - 4,161)*	**2,161**	*(1,866 - 2,494)*
Female	**5,355**	*(4,963 - 5,758)*	**2,352**	*(2,069 - 2,665)*	**1,228**	*(1,006 - 1,493)*
26-34	**19,297**	*(18,596 - 19,994)*	**4,208**	*(3,815 - 4,637)*	**2,522**	*(2,205 - 2,881)*
Male	**10,040**	*(9,417 - 10,652)*	**2,698**	*(2,372 - 3,060)*	**1,768**	*(1,502 - 2,074)*
Female	**9,257**	*(8,816 - 9,698)*	**1,511**	*(1,305 - 1,746)*	**754**	*(614 - 925)*
≥35	**31,231**	*(29,151 - 33,407)*	**5,009**	*(4,235 - 5,916)*	**2,886**	*(2,260 - 3,680)*
Male	**17,927**	*(16,292 - 19,648)*	**3,537**	*(2,883 - 4,327)*	**2,034**	*(1,533 - 2,691)*
Female	**13,304**	*(11,874 - 14,858)*	**1,472**	*(1,127 - 1,918)*	**852**	*(576 - 1,259)*
TOTAL	**65,229**	*(62,725 - 67,787)*	**17,813**	*(16,518 - 19,199)*	**10,112**	*(9,087 - 11,247)*
Male	**35,987**	*(34,048 - 37,973)*	**11,327**	*(10,379 - 12,349)*	**6,723**	*(5,940 - 7,602)*
Female	**29,242**	*(27,585 - 30,960)*	**6,486**	*(5,858 - 7,176)*	**3,389**	*(2,949 - 3,893)*

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1994 National Household Survey on Drug Abuse, New Questionnaire Data (1994-B Sample)

Table 4A. Cocaine Use by Sex Within Age Group for Total Population in 1994

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	**1.7**	*(1.3 - 2.2)*	**1.1**	*(0.8 - 1.6)*	**0.3**	*(0.2 - 0.6)*
Male	**1.4**	*(0.9 - 2.0)*	**0.8**	*(0.5 - 1.3)*	**0.3**	*(0.1 - 0.7)*
Female	**2.0**	*(1.4 - 2.9)*	**1.4**	*(0.9 - 2.3)*	**0.3**	*(0.1 - 0.7)*
18-25	**12.1**	*(10.4 - 14.0)*	**3.6**	*(2.9 - 4.4)*	**1.2**	*(0.9 - 1.7)*
Male	**14.1**	*(11.9 - 16.6)*	**5.0**	*(3.9 - 6.3)*	**1.9**	*(1.3 - 2.8)*
Female	**10.1**	*(8.1 - 12.4)*	**2.3**	*(1.5 - 3.3)*	**0.6**	*(0.3 - 1.1)*
26-34	**23.0**	*(21.1 - 24.9)*	**3.5**	*(2.9 - 4.2)*	**1.3**	*(1.0 - 1.7)*
Male	**26.6**	*(23.9 - 29.5)*	**4.9**	*(4.0 - 6.1)*	**1.9**	*(1.3 - 2.6)*
Female	**19.4**	*(17.5 - 21.6)*	**2.1**	*(1.6 - 2.7)*	**0.8**	*(0.5 - 1.2)*
≥35	**7.9**	*(6.9 - 8.9)*	**0.9**	*(0.7 - 1.3)*	**0.4**	*(0.2 - 0.7)*
Male	**10.5**	*(9.0 - 12.3)*	**1.4**	*(0.9 - 2.0)*	**0.5**	*(0.2 - 1.0)*
Female	**5.5**	*(4.4 - 7.0)*	**0.5**	*(0.3 - 0.9)*	**0.3**	*(0.1 - 0.7)*
TOTAL	**10.4**	*(9.7 - 11.2)*	**1.7**	*(1.5 - 2.0)*	**0.7**	*(0.5 - 0.8)*
Male	**12.9**	*(11.6 - 14.3)*	**2.4**	*(2.0 - 2.9)*	**0.9**	*(0.7 - 1.2)*
Female	**8.2**	*(7.3 - 9.1)*	**1.1**	*(0.9 - 1.4)*	**0.4**	*(0.3 - 0.7)*
POPULATION ESTIMATES (In Thousands)						
12-17	**365**	*(279 - 477)*	**240**	*(167 - 343)*	**70**	*(36 - 136)*
Male	**153**	*(105 - 223)*	**89**	*(54 - 145)*	**35**	*(15 - 83)*
Female	**212**	*(145 - 309)*	**151**	*(95 - 240)*	**35**	*(15 - 78)*
18-25	**3,384**	*(2,919 - 3,911)*	**1,008**	*(824 - 1,232)*	**346**	*(248 - 481)*
Male	**1,958**	*(1,655 - 2,305)*	**688**	*(542 - 871)*	**259**	*(174 - 384)*
Female	**1,426**	*(1,152 - 1,756)*	**320**	*(217 - 470)*	**87**	*(48 - 158)*
26-34	**8,398**	*(7,723 - 9,114)*	**1,273**	*(1,065 - 1,521)*	**477**	*(356 - 638)*
Male	**4,763**	*(4,278 - 5,282)*	**884**	*(717 - 1,089)*	**331**	*(234 - 467)*
Female	**3,635**	*(3,263 - 4,039)*	**389**	*(301 - 501)*	**146**	*(93 - 229)*
≥35	**9,674**	*(8,543 - 10,940)*	**1,142**	*(835 - 1,561)*	**490**	*(297 - 806)*
Male	**6,036**	*(5,146 - 7,059)*	**785**	*(524 - 1,174)*	**282**	*(143 - 553)*
Female	**3,638**	*(2,855 - 4,618)*	**357**	*(210 - 607)*	**208**	*(96 - 448)*
TOTAL	**21,821**	*(20,255 - 23,494)*	**3,664**	*(3,188 - 4,209)*	**1,382**	*(1,102 - 1,733)*
Male	**12,911**	*(11,626 - 14,314)*	**2,447**	*(2,042 - 2,929)*	**907**	*(693 - 1,186)*
Female	**8,910**	*(7,956 - 9,968)*	**1,217**	*(956 - 1,548)*	**475**	*(315 - 716)*

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1994 National Household Survey on Drug Abuse, New Questionnaire Data (1994-B Sample)

Table 5A. Crack Use by Sex Within Age Group for Total Population in 1994

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
			RATE ESTIMATES (Percent)			
12-17	**0.6**	*(0.4 - 1.0)*	**0.4**	*(0.2 - 0.8)*	**0.1**	*(0.0 - 0.2)*
Male	**0.6**	*(0.3 - 1.0)*	**0.2**	*(0.1 - 0.6)*	**0.1**	*(0.0 - 0.4)*
Female	**0.7**	*(0.3 - 1.4)*	**0.6**	*(0.3 - 1.3)*	**0.1**	*(0.0 - 0.4)*
18-25	**2.9**	*(2.3 - 3.8)*	**1.0**	*(0.7 - 1.4)*	**0.3**	*(0.1 - 0.5)*
Male	**4.2**	*(3.1 - 5.6)*	**1.6**	*(1.0 - 2.3)*	**0.4**	*(0.2 - 0.9)*
Female	**1.7**	*(1.2 - 2.5)*	**0.4**	*(0.2 - 0.9)*	**0.1**	*(0.0 - 0.4)*
26-34	**4.5**	*(3.9 - 5.3)*	**1.3**	*(1.0 - 1.7)*	**0.6**	*(0.4 - 0.9)*
Male	**5.9**	*(4.8 - 7.2)*	**1.8**	*(1.3 - 2.4)*	**0.8**	*(0.5 - 1.3)*
Female	**3.2**	*(2.6 - 4.0)*	**0.9**	*(0.6 - 1.3)*	**0.4**	*(0.2 - 0.8)*
≥35	**1.2**	*(0.9 - 1.5)*	**0.3**	*(0.2 - 0.6)*	**0.2**	*(0.1 - 0.4)*
Male	**1.6**	*(1.1 - 2.3)*	**0.5**	*(0.3 - 1.0)*	**0.2**	*(0.1 - 0.6)*
Female	**0.8**	*(0.5 - 1.2)*	**0.2**	*(0.1 - 0.5)*	**0.1**	*(0.0 - 0.4)*
TOTAL	**1.9**	*(1.7 - 2.2)*	**0.6**	*(0.5 - 0.7)*	**0.2**	*(0.2 - 0.3)*
Male	**2.6**	*(2.2 - 3.1)*	**0.9**	*(0.7 - 1.1)*	**0.3**	*(0.2 - 0.5)*
Female	**1.3**	*(1.1 - 1.6)*	**0.4**	*(0.3 - 0.5)*	**0.2**	*(0.1 - 0.3)*
			POPULATION ESTIMATES (In Thousands)			
12-17	**137**	*(85 - 222)*	**92**	*(49 - 170)*	**22**	*(9 - 54)*
Male	**65**	*(36 - 116)*	**27**	*(11 - 65)*	**8**	*(1 - 44)*
Female	**73**	*(36 - 145)*	**65**	*(30 - 138)*	**14**	*(4 - 42)*
18-25	**825**	*(631 - 1,076)*	**278**	*(197 - 391)*	**75**	*(41 - 140)*
Male	**583**	*(432 - 782)*	**215**	*(145 - 320)*	**59**	*(29 - 122)*
Female	**242**	*(163 - 359)*	**63**	*(32 - 121)*	**16**	*(4 - 59)*
26-34	**1,663**	*(1,424 - 1,941)*	**481**	*(371 - 622)*	**224**	*(147 - 341)*
Male	**1,059**	*(865 - 1,293)*	**314**	*(227 - 432)*	**142**	*(88 - 227)*
Female	**604**	*(485 - 753)*	**167**	*(111 - 251)*	**82**	*(45 - 152)*
≥35	**1,416**	*(1,069 - 1,874)*	**407**	*(241 - 689)*	**199**	*(92 - 431)*
Male	**906**	*(622 - 1,317)*	**297**	*(154 - 574)*	**109**	*(36 - 323)*
Female	**510**	*(327 - 794)*	**110**	*(34 - 359)*	**90**	*(29 - 277)*
TOTAL	**4,042**	*(3,524 - 4,633)*	**1,258**	*(1,023 - 1,546)*	**520**	*(369 - 732)*
Male	**2,612**	*(2,163 - 3,152)*	**854**	*(662 - 1,101)*	**318**	*(206 - 489)*
Female	**1,429**	*(1,175 - 1,739)*	**404**	*(273 - 597)*	**202**	*(115 - 358)*

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1994 National Household Survey on Drug Abuse, New Questionnaire Data (1994-B Sample)

Table 18. Heroin Use by Age, Sex, Race, and Region for Total Population in 1994

	Ever Used		Used Past Year	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)				
AGE				
12-17	**0.3**	*(0.1 - 0.7)*	**0.2**	*(0.1 - 0.5)*
18-25	**0.8**	*(0.5 - 1.2)*	**0.1**	*(0.0 - 0.3)*
26-34	**1.5**	*(1.2 - 2.0)*	**0.3**	*(0.2 - 0.5)*
≥35	**1.0**	*(0.7 - 1.4)*	**0.1**	*(0.0 - 0.2)*
SEX				
Male	**1.6**	*(1.2 - 2.0)*	**0.1**	*(0.1 - 0.3)*
Female	**0.4**	*(0.3 - 0.6)*	**0.1**	*(0.1 - 0.2)*
RACE				
White	**0.9**	*(0.7 - 1.1)*	**0.1**	*(0.0 - 0.2)*
Black	**1.5**	*(1.1 - 2.1)*	**0.5**	*(0.3 - 0.9)*
Hispanic	**1.1**	*(0.8 - 1.6)*	**0.3**	*(0.2 - 0.5)*
REGION				
Northeast	**0.9**	*(0.6 - 1.3)*	**0.2**	*(0.1 - 0.4)*
North Central	**0.9**	*(0.6 - 1.4)*	**0.1**	*(0.1 - 0.3)*
South	**0.7**	*(0.5 - 1.1)*	**0.1**	*(0.1 - 0.2)*
West	**1.6**	*(1.1 - 2.3)*	**0.1**	*(0.1 - 0.3)*
TOTAL	**1.0**	*(0.8 - 1.2)*	**0.1**	*(0.1 - 0.2)*
POPULATION ESTIMATES (In Thousands)				
AGE				
12-17	**68**	*(32 - 144)*	**49**	*(22 - 111)*
18-25	**212**	*(138 - 325)*	**30**	*(11 - 80)*
26-34	**563**	*(435 - 729)*	**103**	*(62 - 172)*
≥35	**1,240**	*(918 - 1,674)*	**98**	*(33 - 286)*
SEX				
Male	**1,597**	*(1,254 - 2,031)*	**147**	*(83 - 261)*
Female	**486**	*(361 - 654)*	**133**	*(76 - 234)*
RACE				
White	**1,377**	*(1,069 - 1,773)*	**113**	*(51 - 249)*
Black	**358**	*(259 - 492)*	**116**	*(65 - 210)*
Hispanic	**210**	*(146 - 300)*	**51**	*(29 - 89)*
REGION				
Northeast	**364**	*(250 - 528)*	**64**	*(26 - 155)*
North Central	**471**	*(310 - 715)*	**65**	*(27 - 159)*
South	**544**	*(360 - 823)*	**89**	*(44 - 181)*
West	**703**	*(476 - 1,037)*	**62**	*(28 - 140)*
TOTAL	**2,083**	*(1,709 - 2,537)*	**281**	*(188 - 419)*

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1994 National Household Survey on Drug Abuse, New Questionnaire Data (1994-B Sample)

Table 1

Estimated use of selected substances during pregnancy: Total U.S.

Substance	Percentage		Population (*Thousands*)	
	Estimate	95% C.I.	Estimate	95% C.I.
Illicit drug use and nonmedical use of psychotherapeutics				
Any illicit drug use[1]	5.5	4.2 - 7.2	220.9	168.1 - 289.2
Marijuana	2.9	1.9 - 4.5	118.7	77.1 - 181.6
Cocaine	1.1	0.8 - 1.7	45.1	30.5 - 66.6
Crack	0.9	0.6 - 1.4	34.8	22.3 - 54.3
Other cocaine	0.3	0.1 - 0.7	12.7	6.0 - 26.6
Methamphetamine	0.1	0.0 - 0.4	4.5	1.2 - 17.3
Heroin	0.1	0.0 - 0.4	3.6	0.8 - 17.1
Methadone	0.1	0.0 - 0.4	3.4	0.8 - 14.2
Inhalants	0.3	0.1 - 0.7	12.1	5.1 - 28.6
Hallucinogens	0.2	0.1 - 0.6	8.7	3.0 - 25.1
Nonmedical use of any psychotherapeutics[2]	1.5	1.0 - 2.3	61.2	40.1 - 93.2
Amphetamines	0.0	0.0 - 0.3	1.2	0.1 - 13.4
Sedatives	0.3	0.1 - 0.8	10.3	3.4 - 30.8
Tranquilizers	0.0	0.0 - 0.3	1.9	0.3 - 12.9
Analgesics	1.2	0.8 - 1.9	48.7	30.2 - 78.4
Alcohol	18.8	16.2 - 21.7	756.9	653.4 - 872.7
Cigarettes	20.4	18.5 - 22.4	819.7	744.0 - 901.0
Medical use of any psychotherapeutics[3]	10.2	7.7 - 13.6	412.3	308.2 - 546.3
Amphetamines	0.3	0.2 - 0.7	13.4	6.4 - 28.0
Sedatives	3.6	2.3 - 5.6	144.1	91.3 - 225.7
Tranquilizers	1.4	0.8 - 2.4	55.4	31.2 - 97.9
Analgesics	7.6	5.6 - 10.2	305.2	226.2 - 408.9

[1]Use of marijuana, cocaine (all forms), methamphetamine, heroin, methadone, inhalants, hallucinogens, or nonmedical use of psychotherapeutics during pregnancy.
[2]Nonmedical use of any prescription amphetamines, sedatives, tranquilizers, or analgesics during pregnancy.
[3]Medical use of any prescription amphetamines, sedatives, tranquilizers, or analgesics during pregnancy.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, "Summary Tables: Annualized Estimates From the National Pregnancy and Health Survey" in *NIDA Press Briefing*, September 12, 1994.

Table 3

Estimated use of selected substances during pregnancy, by race/ethnicity: Percentage, total U.S.

Substance	Race/Ethnicity: White, non-Hispanic Estimate	White, non-Hispanic 95% C.I.	Black, non-Hispanic Estimate	Black, non-Hispanic 95% C.I.	Hispanic Estimate	Hispanic 95% C.I.
Illicit drug use or nonmedical use of psychotherapeutics						
Any illicit drug use[1]	4.4	2.8 - 6.7	11.3	8.2 - 15.4	4.5	2.9 - 7.0
Marijuana	3.0	1.6 - 5.4	4.6	3.0 - 7.1	1.5	0.5 - 3.9
Cocaine	0.4	0.1 - 1.1	4.5	2.9 - 7.0	0.7	0.2 - 2.7
Crack	0.3	0.1 - 1.1	4.1	2.6 - 6.5	0.1	0.0 - 2.1
Other cocaine	0.1	0.0 - 0.6	0.7	0.2 - 2.1	0.6	0.1 - 2.8
Methamphetamine	0.1	0.0 - 0.7	0.1	0.0 - 1.9	(no)	(no) - (no)
Heroin	0.0	0.0 - 0.7	0.2	0.0 - 1.7	(no)	(no) - (no)
Methadone	0.1	0.0 - 0.5	0.2	0.0 - 1.7	(no)	(no) - (no)
Inhalants	0.2	0.1 - 0.8	0.4	0.1 - 1.8	0.4	0.1 - 2.7
Hallucinogens	0.1	0.0 - 0.6	0.3	0.1 - 1.7	0.7	0.2 - 2.2
Nonmedical use of any psychotherapeutics[2]	1.1	0.6 - 2.0	3.1	1.7 - 5.4	1.8	0.8 - 3.8
Amphetamines	0.0	0.0 - 0.6	(no)	(no) - (no)	(no)	(no) - (no)
Sedatives	***	*** - ***	1.0	0.3 - 3.5	0.4	0.1 - 1.8
Tranquilizers	***	*** - ***	(no)	(no) - (no)	0.2	0.0 - 1.7
Analgesics	1.0	0.5 - 1.9	2.2	1.2 - 4.1	1.3	0.5 - 3.3
Alcohol	22.7	19.3 - 26.4	15.8	11.5 - 21.3	8.7	5.4 - 13.7
Cigarettes	24.4	21.7 - 27.2	19.8	14.9 - 25.8	5.8	3.8 - 8.6
Medical use of any psychotherapeutics[3]	11.2	8.0 - 15.5	10.4	7.2 - 15.0	6.2	3.9 - 9.7
Amphetamines	0.3	0.1 - 0.9	0.4	0.1 - 1.8	0.3	0.1 - 1.7
Sedatives	4.0	2.2 - 7.0	4.4	2.0 - 9.5	1.4	0.5 - 4.2
Tranquilizers	1.1	0.7 - 2.0	2.9	0.8 - 9.6	0.9	0.3 - 3.3
Analgesics	8.3	5.8 - 11.7	7.7	5.6 - 10.7	4.4	2.7 - 6.9

[1]Use of marijuana, cocaine (all forms), methamphetamine, heroin, methadone, inhalants, hallucinogens, or nonmedical use of psychotherapeutics during pregnancy.

[2]Nonmedical use of any prescription amphetamines, sedatives, tranquilizers, or analgesics during pregnancy.

[3]Medical use of any prescription amphetamines, sedatives, tranquilizers, or analgesics during pregnancy.

*** *** - *** Low precision, no estimate reported.

(no) No observations, C.I. not computed.

0.0 Estimate <0.05, rounded to 0.0 with valid C.I.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, "Summary Tables: Annualized Estimates From the National Pregnancy and Health Survey" in *NIDA Press Briefing*, September 12, 1994.

Table 5

Estimated use of selected substances during pregnancy, by age: Percentage, total U.S.

Substance	Age in Years: Under 25 Estimate	Under 25 95% C.I.	25 - 29 Estimate	25 - 29 95% C.I.	30 and older Estimate	30 and older 95% C.I.
Illicit drug use or nonmedical use of psychotherapeutics						
Any illicit drug use[1]	5.7	3.5 - 9.3	5.1	3.4 - 7.6	5.5	3.9 - 7.6
Marijuana	3.5	1.7 - 7.1	2.4	1.3 - 4.2	2.8	1.8 - 4.3
Cocaine	0.4	0.1 - 1.3	1.6	0.9 - 3.0	1.6	0.9 - 2.8
Crack	0.2	0.0 - 0.8	1.3	0.7 - 2.6	1.3	0.7 - 2.5
Other cocaine	0.2	0.0 - 1.3	0.5	0.1 - 1.5	0.3	0.1 - 1.1
Methamphetamine	0.2	0.0 - 1.2	0.1	0.0 - 1.2	(no)	(no) - (no)
Heroin	(no)	(no) - (no)	0.1	0.0 - 1.4	0.2	0.0 - 1.0
Methadone	0.1	0.0 - 0.8	0.1	0.0 - 1.4	0.1	0.0 - 1.0
Inhalants	0.3	0.1 - 1.2	0.3	0.1 - 1.3	0.3	0.0 - 1.7
Hallucinogens	0.0	0.0 - 1.1	0.2	0.0 - 1.2	0.4	0.1 - 1.3
Nonmedical use of any psychotherapeutics[2]	1.7	1.0 - 2.8	1.2	0.5 - 2.6	1.5	0.7 - 3.4
Amphetamines	0.1	0.0 - 0.8	(no)	(no) - (no)	(no)	(no) - (no)
Sedatives	0.5	0.2 - 1.7	0.2	0.0 - 1.2	(no)	(no) - (no)
Tranquilizers	0.1	0.0 - 0.9	0.1	0.0 - 1.3	(no)	(no) - (no)
Analgesics	1.1	0.6 - 2.1	0.9	0.3 - 2.4	1.5	0.7 - 3.4
Alcohol	12.4	9.6 - 15.8	21.8	17.7 - 26.5	24.0	20.2 - 28.2
Cigarettes	21.9	18.5 - 25.8	19.4	16.5 - 22.8	19.3	15.3 - 24.0
Medical use of any psychotherapeutics[3]	10.1	6.9 - 14.4	10.1	7.6 - 13.3	10.6	6.9 - 15.9
Amphetamines	0.1	0.0 - 0.8	0.8	0.3 - 2.1	0.2	0.0 - 1.0
Sedatives	5.0	2.9 - 8.5	2.9	1.6 - 5.0	2.5	1.3 - 4.5
Tranquilizers	1.0	0.3 - 3.4	2.6	1.4 - 4.9	0.9	0.3 - 3.0
Analgesics	6.5	4.4 - 9.6	7.9	5.6 - 11.1	8.6	5.6 - 12.9

[1]Use of marijuana, cocaine (all forms), methamphetamine, heroin, methadone, inhalants, hallucinogens, or nonmedical use of psychotherapeutics during pregnancy.

[2]Nonmedical use of any prescription amphetamines, sedatives, tranquilizers, or analgesics during pregnancy.

[3]Medical use of any prescription amphetamines, sedatives, tranquilizers, or analgesics during pregnancy.

*** *** - *** Low precision, no estimate reported.

(no) No observations, C.I. not computed.

0.0 Estimate <0.05, rounded to 0.0 with valid C.I.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, "Summary Tables: Annualized Estimates From the National Pregnancy and Health Survey" in *NIDA Press Briefing*, September 12, 1994.

PREVALENCE COMPARISONS FOR IMPORTANT SUBGROUPS

Sex Differences

In general, higher proportions of males than females are involved in illicit drug use, especially heavy drug use; however, this picture is a somewhat complicated one (see Tables 6 through 9).

- Overall the proportion of twelfth graders using ***marijuana*** is higher among males (annual prevalence of 35% vs. 26% among females), and daily use of marijuana is even more concentrated among males (5.1% vs. 2.0% for females). This is also true among eighth and tenth grade students. (See Tables 7 and 9.)

- Males have considerably higher prevalence rates on most other illicit drugs, too. The annual prevalence rates in senior year tend to be at least one and one-half to two and one-half times as high among males as among females for ***nitrites*** and the specific drugs ***LSD, PCP, heroin, cocaine, crack cocaine, inhalants***, and ***ice***. Further, males account for an even greater share of the frequent or heavy users of these various classes of drugs. For many of these drugs there is little sex difference among eighth and tenth graders. In fact, for some drugs females have slightly higher rates of use in eighth grade, including ***inhalants, stimulants, tranquilizers*** and ***other cocaine***. Thus, the sex differences in twelfth grade, with males more likely to use, seem to emerge over the course of middle to late adolescence.

- The ***nitrite inhalants*** show a particularly high sex difference among twelfth graders (1.7% for males vs. 0.4% for females).

- Twelfth grade females approach the annual prevalence rates for males in the case of ***opiates other than heroin*** and ***barbiturates***. Females have higher annual prevalence rates than males for ***stimulants*** at all grade levels (though the difference is very small in senior year). Similarly, ***tranquilizers*** are used by more females than males in grades eight and ten.

- The number of high school seniors of both sexes who report using ***some illicit drug other than marijuana*** during the last year are not substantially different (19% for males vs. 17% for females; see Figure 12 in Chapter 5). If going beyond marijuana is an important threshold point in the sequence of illicit drug use, then fairly similar proportions of both sexes were willing to cross that threshold at least once during the year. However, on the average, the female "users" take fewer types of drugs and tend to use them with less frequency than their male counterparts.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1994, Volume 1 Secondary School Students*, 1995.

- The use of ***anabolic steroids*** is heavily concentrated in the male population, with use among senior males at 2.1% in the past year compared to 0.5% among females. In eighth grade the difference is 1.8% vs. 0.6%.

- Frequent use of ***alcohol*** tends to be disproportionately concentrated among males. ***Daily use***, for example, is reported by 4.8% of the senior males vs. only 1.2% of the senior females—a ratio of four to one. Also, males are more likely than females to drink large quantities of alcohol in a single sitting; 37% of senior males report drinking ***five or more drinks in a row*** in the prior two weeks vs. 20% of senior females.[18] These sex differences are observable at all three grade levels, but they are considerably larger among the older students.

- In recent years, ***smoking rates*** among seniors have been similar for males and females. In 1994, slightly more twelfth grade males report ***daily smoking*** in the past month (20% vs. 18% for females), as well as smoking ***half-pack or more per day*** (12.7% for males vs. 9.5% for females). Males are more likely to be heavy smokers in the lower grades, as well, but the daily smoking rates are fairly close for the two sexes.

- ***Smokeless tobacco*** is used almost exclusively by males. While 20% of the twelfth grade males reported some use in the prior month, only 3% of the females did. Rates of daily use by males are 3.2% among eighth graders, 5.9% among tenth graders, and 7.2% among twelfth graders. The comparable statistics for females are only 0.3%, 0.2%, and 0.3%.

Differences Related to College Plans

Overall, students who say they probably or definitely will complete four years of college (referred to here as the "college-bound") have lower rates of illicit drug use than those who say they probably or definitely will not. (See Tables 6 through 9 and Figure 13 in Chapter 5). It is interesting to note that while the great majority of students at all three grade levels expect to complete college (see Table 7), the proportion decreases as grade level increases, even though the lower grades contain 15%-20% who will eventually drop out of high school.

For any given drug, the differences between these two self-identified groups of college- or noncollege-bound students tend to be greatest in the eighth grade. This could reflect an earlier age of onset for the noncollege-bound, and/or the fact that fewer of the eventual dropouts have left school yet, thus increasing the differences in the lower grades.

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[18]Because females tend to weigh less than males, and may metabolize alcohol somewhat differently, the same amount of ingested alcohol would, on average, lead to higher blood alcohol concentrations for females, compared to males. Therefore, the difference in terms of a fixed number of drinks, such as five or more drinks, may not reflect the difference in intoxication rates. The difference in self-reported prevalence of drunkenness among seniors is 8% (35% for males and 27% for females, 30-day), which is half the 17% difference in having five or more drinks in a row (37% vs. 20%).

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1994, Volume 1 Secondary School Students*, 1995.

TABLE 6

Lifetime Prevalence of Use of Various Types of Drugs by Subgroups, Twelfth Graders, 1994

(Entries are percentages)

	Marijuana	Inhalants[a]	Amyl/Butyl Nitrites	Hallucinogens[a]	LSD	PCP	Cocaine	Crack	Other Cocaine	Heroin	Other Opiates[b]	Stimulants[b]	Crystal Meth. (Ice)	Sedatives[b]	Barbiturates[b]	Methaqualone[b]	Tranquilizers[b]	Alcohol	Been Drunk	Cigarettes	Smokeless	Steroids
Total	38.2	17.7	1.7	11.4	10.5	2.8	5.9	3.0	5.2	1.2	6.6	15.7	3.4	7.3	7.0	1.4	6.6	80.4	62.9	62.0	30.7	2.4
Sex:																						
Male	42.8	20.8	2.6	13.0	12.0	4.0	7.0	3.5	6.2	1.6	7.2	14.6	4.0	7.3	7.1	1.0	6.6	81.0	65.1	63.0	47.4	3.8
Female	33.7	14.9	0.6	9.6	9.0	1.8	4.8	2.3	4.1	0.8	5.9	16.3	2.5	7.2	6.9	1.5	6.5	80.1	60.8	60.6	15.6	0.9
College Plans:																						
None or under 4 yrs	44.6	22.1	3.3	13.6	12.8	5.0	8.9	5.0	7.7	2.1	7.8	22.2	5.3	9.7	9.4	1.5	8.0	84.3	65.3	71.2	38.1	3.1
Complete 4 yrs	35.6	16.5	1.2	10.4	9.6	2.3	4.9	2.3	4.3	0.9	6.3	13.6	2.7	6.5	6.3	1.3	6.1	79.5	61.6	59.1	28.1	2.1
Region:																						
Northeast	44.3	20.3	2.4	12.1	11.1	4.4	4.8	2.1	4.4	1.1	5.7	13.6	2.2	6.5	6.4	1.3	6.1	84.4	69.3	65.1	29.2	2.1
North Central	37.3	20.6	1.9	11.3	10.5	2.4	6.1	3.3	6.0	1.5	7.8	19.2	3.9	7.0	7.0	1.4	5.7	82.6	66.1	64.4	35.6	3.6
South	36.1	15.6	1.1	10.5	10.0	2.5	5.6	2.9	4.3	1.2	6.3	14.9	2.7	8.5	7.9	1.4	8.0	79.5	60.7	61.7	29.3	2.0
West	37.7	15.5	1.9	12.5	11.2	2.9	7.3	3.6	6.6	0.9	6.2	14.1	5.0	6.0	5.8	1.6	5.8	75.8	57.0	56.7	28.3	1.4
Population Density:																						
Large MSA	40.3	18.5	1.0	11.5	10.7	3.7	5.0	2.2	4.6	0.8	6.9	12.2	3.7	6.3	6.0	0.9	6.7	80.1	61.0	59.6	24.7	1.8
Other MSA	39.7	17.4	2.0	13.0	12.1	3.3	6.5	3.3	5.7	1.4	6.5	15.6	3.5	7.3	7.0	1.2	6.8	80.2	62.8	62.0	29.4	2.3
Non-MSA	33.2	17.8	1.6	8.0	7.2	1.4	5.4	2.9	4.7	1.2	6.5	18.4	3.1	7.8	7.7	2.2	6.2	81.2	64.6	64.0	38.2	2.8
Parental Education:[c]																						
1.0-2.0 (Low)	35.4	14.6	3.4	8.9	7.9	5.0	7.1	4.3	5.4	1.4	6.1	16.1	4.9	10.2	8.5	5.0	7.5	76.6	56.6	61.2	27.2	4.2
2.5-3.0	38.5	18.8	2.5	10.7	10.0	2.7	6.8	3.7	5.7	1.6	6.3	17.8	4.4	7.0	7.0	0.6	6.6	81.5	62.3	63.8	35.0	2.7
3.5-4.0	39.3	17.5	1.2	12.3	11.6	2.4	6.1	2.9	5.6	1.0	6.2	16.0	3.0	7.2	7.1	0.9	6.3	81.3	62.9	61.7	29.6	2.2
4.5-5.0	38.3	18.6	0.4	11.4	10.5	2.1	5.1	2.2	4.6	1.0	7.3	14.7	2.6	7.1	6.9	1.6	6.5	81.4	66.0	61.7	31.8	1.7
5.5-6.0 (High)	37.6	19.2	2.4	12.6	11.2	4.1	4.3	2.0	4.0	1.3	7.5	12.6	1.7	6.2	6.2	0.6	6.9	80.5	63.1	61.6	29.4	1.8

NOTES: Prevalence of use of each drug was included in all six questionnaire forms with the following exceptions: Inhalants was in five forms; other cocaine was in four forms; crystal methamphetamine (ice), steroids, and "been drunk" were in two forms; and nitrites, PCP, methaqualone and smokeless tobacco were in one form. The N's in Table 7 should be adjusted accordingly (i.e., the approximate N for inhalants is five-sixths of the 12th grade N given in Table 7). See Table 7 for sample sizes.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1994, Volume 1 Secondary School Students*, 1995.

[a]Unadjusted for known underreporting of certain drugs. See text for details.

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

[c]Parental education is an average score of mother's education and father's education reported on the following scale: (1) Completed grade school or less, (2) Some high school, (3) Completed high school, (4) Some college, (5) Completed college, (6) Graduate or professional school after college. Missing data was allowed on one of the two variables.

SEX DIFFERENCES IN PREVALENCE AMONG COLLEGE STUDENTS

Tabular data are provided separately for male and female college students, and their same age-peers, in Tables 18 to 22.

- It may be seen that most of the sex differences among college students replicate those discussed earlier for all young adults (one to fourteen years past high school), which in turn replicated sex differences in high school for the most part. That means that among college students, males have higher annual prevalence rates for most drugs, with the largest proportional sex differences evident for ***MDMA*** (1.7% vs. 0.1%), ***crack*** (1.1% vs. 0.3%), ***ice*** (1.2% vs. 0.4%), ***hallucinogens*** in general (8.6% vs. 3.9%), ***barbiturates*** (2.2% vs. 1.0%), ***LSD*** (7.1% vs. 3.6%), ***cocaine*** in general (3.7% vs. 1.9%), and ***inhalants*** (5.1% vs. 2.7%).

- Males also have slightly higher rates of use on ***marijuana*** (30% vs. 26% annual prevalence), ***stimulants*** (4.9% vs. 3.7%) and ***opiates other than heroin*** (3.0% vs. 2.2%).

- Female college students had the same annual prevalence as their male counterparts on ***tranquilizers*** (2.4%) and ***heroin*** (0.1%).

- As is true for the entire young adult sample, substantial sex differences are to be found in ***daily marijuana use*** (2.6% for males vs. 1.3% for females).

- Annual and 30-day prevalence rates for ***alcohol*** are only slightly higher for male than for female college students. Males are much higher on ***daily drinking*** (5.9% vs. 1.1%), and ***occasional heavy drinking*** (49% vs. 33%).

  Among males, college students report having ***five or more drinks in a row*** more often (49%) than their noncollege counterparts (44%). This difference occurs also for females (33% and 25%, respectively).

- One drug-using behavior which has shown a sex difference among college students somewhat different from that observed in the sample of all young adults is ***cigarette smoking***. While the noncollege segment of this age group consistently has shown little or no sex difference in smoking rates in recent years, among college students there *has* been a consistent sex difference, with college women a bit more likely to smoke than college men. In 1993, 16% of the females vs. 14% of the males indicated daily smoking. A glance at Figure 48 in the next chapter shows that there has been a sex difference among college students fairly consistently since our first measurement in 1980.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1993, Volume 2 College Students and Young Adults*, 1994.

students increased their rate of smoking. The net effect has been to narrow the differences in smoking rates between the college students and their noncollege age peers since 1980.

- In sum, the trends in substance use among American college students have generally paralleled closely those occurring among their age group as a whole. One important exception occurred for occasions of ***heavy drinking***, which fell off among those not enrolled full-time in college (as well as among high school seniors) but remained fairly constant among college students.

  For many drugs (***stimulants, barbiturates, tranquilizers, LSD, daily marijuana use***, and ***cigarettes***) there has been a narrowing of differences over the years between college students and their noncollege age peers. Much of this is due to overall declines in usage rates generally, but some may also reflect the increasing proportion of the age group going to college.

  The overall drug use trends among college students are also parallel, for the most part, to the trends among high school seniors, although declines in many drugs over the decade (1980-1990) were proportionately larger among college students, and for that matter among all young adults of college age, than among seniors. Despite parallel trends up to 1991, only seniors continue to show a decline in ***marijuana*** use in 1992 as the older two groups began to show an increase in use. In 1993, the seniors followed with a sharp increase, making their rate once again equal that to the two 19-22 year-old subgroups.

SEX DIFFERENCES IN TRENDS AMONG COLLEGE STUDENTS

One trend which is not obvious from the figures included here is the fact that the proportion of college students who are female has been rising slowly. Females constituted 50% of our 1980 sample of college students and 56% of our 1993 sample. Given that substantial sex differences exist in the use of some drugs, we have been concerned that apparent long-term trends in the levels of drug use among college students might actually be attributable to changes in the sex composition of that population. For that reason, in particular, we present separate trend lines for the male and female components of the college student population. Differences in the trends observed for these two groups are illustrated in the lower panels of Figures 35 through 48, and are discussed below.

In general, trends in the use of the various drugs, and in the overall drug use indexes, have been highly parallel for male and female college students, as an examination of the relevant figures will show. The most noteworthy exceptions are mentioned below.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1993, Volume 2 College Students and Young Adults*, 1994.

- After 1986, ***cocaine*** dropped more steeply for males than for females in general, and among male college students in particular; narrowing the gap between the sexes (see Figure 42).

- Certain other drug use measures have shown a convergence of usage levels between the sexes, mainly because they are converging toward zero. ***Daily marijuana use*** is one such example, with the decline among males between 1980 and 1986 narrowing the gap between the sexes. Since 1986 there has been no further narrowing, however. In 1993 the rates were 2.6% vs. 1.3% for male and female college students, respectively. (See Figure 37b.)

- ***Methaqualone*** also showed a convergence in use through 1989, with males declining more (no figure given).

- ***Stimulant*** use (Figure 44) also showed some convergence in the early eighties due to a greater decline among males. In fact, male and female college student use has been essentially equal for the past five years, though males showed some increase in use in 1993 not yet paralleled by any increase among females.

- The annual prevalence of ***alcohol*** use has been virtually identical for the two sexes throughout the period (Figure 47a), but daily and binge drinking consistently have been higher among males. ***Binge drinking*** among college females has fluctuated very little since 1980 (contrary to recent reports in the press) while drinking among college males increased some in the mid-eighties (widening the sex difference) and then narrowed some since (narrowing the sex difference). See Figure 47c.

  There are also some interesting comparisons by sex which can be made between college students and their same-sex noncollege peers. Among college males, occasions of heavy drinking clearly became more prevalent (by about 5%) in the 1984-1986 period than they had been at the beginning of the eighties; and, if anything, they became less prevalent among noncollege males (by about 4%). This led to college males overtaking and surpassing noncollege males in occasions of heavy drinking (58% vs. 52%, respectively, in 1986). At the same time the prevalence for college females held steady while for noncollege females it dropped about 3%. The result of these trends was that college students looked somewhat more different from the noncollege segment on this measure in the mid-eighties and beginning of the nineties than they had in the early eighties.

- Between 1980 and 1988, ***cigarette smoking*** has consistently been higher among females than males in college, despite decreases for both sexes during the first half of the decade (Figures 48a-c). However, since about 1984 the gap has been narrower than it was in the early eighties,

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1993, Volume 2 College Students and Young Adults*, 1994.

because use by female college students declined some, while use by male college students did not. There was a fairly stable period from about 1984-1990, but college students of both sexes have shown increases in use since 1989.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1993, Volume 2 College Students and Young Adults*, 1994.

TABLE 18

Lifetime[c] Prevalence for Various Types of Drugs, 1993: 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[e]	45.9	55.5	45.7	57.8	46.0	53.4
Any Illicit Drug[e] Other than Marijuana	24.3	30.6	24.3	31.8	24.3	29.5
Marijuana	42.0	50.8	42.6	52.5	41.5	49.2
Inhalants[d]	14.8	15.2	18.4	21.2	12.0	9.9
Hallucinogens	11.8	14.4	13.4	17.9	10.6	11.3
LSD	10.6	13.5	12.1	17.0	9.4	10.3
Cocaine	6.3	11.3	7.7	12.4	5.3	10.2
Crack	1.3	3.9	1.7	4.9	1.1	3.0
MDMA ("Ecstasy")[f]	2.3	1.9	4.6	3.5	0.7	0.4
Heroin	0.6	0.8	0.5	0.9	0.6	0.7
Other Opiates[a]	6.2	7.2	6.4	7.7	6.1	6.7
Stimulants, Adjusted[a,b]	10.1	16.4	9.8	17.2	10.3	15.8
"Ice"[f]	1.6	3.1	2.3	4.8	1.1	1.6
Barbiturates[a]	3.5	6.1	4.3	7.0	2.9	5.3
Tranquilizers[a]	6.3	6.6	6.4	6.9	6.2	6.3
Alcohol[g]	91.2	90.9	92.5	90.8	90.3	90.9
Cigarettes	NA	NA	NA	NA	NA	NA
Approximate Weighted N =	1490	1490	660	710	830	770

NOTE: NA indicates data not available.

[a]Only drug use which was not under a doctor's orders is included here.
[b]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.
[c]Data are uncorrected for cross-time inconsistencies in the answers.
[d]This drug was asked about in five of the six questionnaire forms. Total N in 1993 for college students is approximately 1260.
[e]Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, barbiturates, or tranquilizers not under a doctor's orders.
[f]This drug was asked about in two questionnaire forms. Total N in 1993 for college students is approximately 530.
[g]This drug was asked about in three questionnaire forms. Total N in 1993 for college students is approximately 750.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1993, Volume 2 College Students and Young Adults*, 1994.

TABLE 19

Annual Prevalence for Various Types of Drugs, 1993: 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[e]	30.6	30.0	32.6	33.1	29.1	27.2
Any Illicit Drug[e] Other than Marijuana	12.5	14.6	15.0	16.4	10.5	13.0
Marijuana	27.9	26.4	30.0	28.8	26.2	24.1
Inhalants[d]	3.8	2.7	5.1	3.8	2.7	1.8
Hallucinogens	6.0	6.1	8.6	7.9	3.9	4.5
LSD	5.1	5.5	7.1	7.1	3.6	4.0
Cocaine	2.7	4.6	3.7	5.4	1.9	3.8
Crack	0.6	1.7	1.1	2.3	0.3	1.1
MDMA ("Ecstasy")[f]	0.8	0.9	1.7	1.7	0.1	0.1
Heroin	0.1	0.3	0.1	0.2	0.1	0.3
Other Opiates[a]	2.5	2.8	3.0	2.8	2.2	2.8
Stimulants, Adjusted[a,b]	4.2	6.0	4.9	6.4	3.7	5.7
"Ice"[f]	0.7	1.7	1.2	2.0	0.4	1.5
Barbiturates[a]	1.5	2.0	2.2	2.6	1.0	1.6
Tranquilizers[a]	2.4	2.7	2.4	2.8	2.4	2.6
Alcohol[g]	86.5	83.5	86.9	84.2	86.3	82.8
Cigarettes	38.8	45.2	38.0	44.6	39.3	45.7
Approximate Weighted N =	1490	1490	660	710	830	770

NOTE: NA indicates data not available.

[a]Only drug use which was not under a doctor's orders is included here.
[b]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.
[c]Data are uncorrected for cross-time inconsistencies in the answers.
[d]This drug was asked about in five of the six questionnaire forms. Total N in 1993 for college students is approximately 1260.
[e]Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, barbiturates, or tranquilizers not under a doctor's orders.
[f]This drug was asked about in two questionnaire forms. Total N in 1993 for college students is approximately 530.
[g]This drug was asked about in three questionnaire forms. Total N in 1993 for college students is approximately 750.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1993, Volume 2 College Students and Young Adults*, 1994.

TABLE 20

Thirty-Day Prevalence for Various Types of Drugs, 1993: 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[e]	15.1	16.3	16.0	18.9	14.5	13.9
Any Illicit Drug[e] Other than Marijuana	5.4	5.8	7.3	6.8	3.8	4.8
Marijuana	14.2	14.4	15.4	16.9	13.3	12.0
Inhalants[d]	1.3	0.9	1.7	1.1	0.9	0.8
Hallucinogens	2.5	1.4	4.2	2.3	1.1	0.6
LSD	1.6	1.0	2.4	1.7	0.9	0.4
Cocaine	0.7	1.5	1.0	1.8	0.5	1.1
Crack	0.1	0.5	0.2	0.5	0.0	0.6
MDMA ("Ecstasy")[f]	0.3	0.6	0.5	1.2	0.1	0.0
Heroin	*	0.2	0.0	0.2	*	0.3
Other Opiates[a]	0.7	1.0	0.6	0.9	0.7	1.1
Stimulants. Adjusted[a,b]	1.5	2.3	1.2	2.0	1.9	2.7
"Ice"[f]	0.3	0.7	0.2	0.9	0.4	0.4
Barbiturates[a]	0.4	0.9	0.6	0.9	0.2	0.9
Tranquilizers[a]	0.4	1.0	0.5	0.8	0.4	1.2
Alcohol[g]	72.0	63.3	75.0	69.3	69.6	57.4
Cigarettes	24.5	33.7	23.6	34.1	25.3	33.3
Approximate Weighted N =	1490	1490	660	710	830	770

NOTE: NA indicates data not available. *Indicates a prevalence rate of less than 0.05% but greater than true zero.

[a]Only drug use which was not under a doctor's orders is included here.
[b]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.
[c]Data are uncorrected for cross-time inconsistencies in the answers.
[d]This drug was asked about in five of the six questionnaire forms. Total N in 1993 for college students is approximately 1260.
[e]Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, barbiturates, or tranquilizers not under a doctor's orders.
[f]This drug was asked about in two questionnaire forms. Total N in 1993 for college students is approximately 530.
[g]This drug was asked about in three questionnaire forms. Total N in 1993 for college students is approximately 750.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1993, Volume 2 College Students and Young Adults*, 1994.

TABLE 21

Thirty-Day Prevalence of Daily Use for Various Types of Drugs, 1993: 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
Marijuana	1.9	2.7	2.6	3.3	1.3	2.1
Cocaine	0.0	0.1	0.0	0.1	0.0	0.1
Stimulants, Adjusted[a,b]	0.1	0.2	0.0	0.1	0.1	0.3
Alcohol						
Daily[c]	3.2	4.3	5.9	4.8	1.1	3.7
5+ drinks in a row in past 2 weeks	40.2	34.2	48.7	43.8	33.4	25.2
Cigarettes						
Daily (any)	15.2	26.5	13.8	25.6	16.4	27.3
Half-pack or more per day	8.9	20.2	8.9	20.6	8.9	19.9
Approximate Weighted N =	1490	1490	660	710	830	770

NOTE: NA indicates data not available.

[a]Only drug use which was not under a doctor's orders is included here.
[b]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.
[c]This drug was asked about in three questionnaire forms. Total N in 1993 for college students is approximately 750.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1993, Volume 2 College Students and Young Adults*, 1994.

TABLE 22

Lifetime, Annual, and Thirty-Day Prevalence of an Illicit Drug Use Index[a], 1993: 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
	Percent Reporting Use in Lifetime[b]					
Any Illicit Drug	45.9	55.5	45.7	57.8	46.0	53.4
Any Illicit Drug Other than Marijuana	24.3	30.6	24.3	31.8	24.3	29.5
	Percent Reporting Use in Last Twelve Months					
Any Illicit Drug	30.6	30.0	32.6	33.1	29.1	27.2
Any Illicit Drug Other than Marijuana	12.5	14.6	15.0	16.4	10.5	13.0
	Percent Reporting Use in Last Thirty Days					
Any Illicit Drug	15.1	16.3	16.0	18.9	14.5	13.9
Any Illicit Drug Other than Marijuana	5.4	5.8	7.3	6.8	3.8	4.8
Approximate Weighted N =	1490	1490	660	710	830	770

NOTE: NA indicates data not available.

[a]Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, sedatives or tranquilizers not under a doctor's orders.

[b]Data are uncorrected for cross-time inconsistencies in the answers.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1993, Volume 2 College Students and Young Adults*, 1994.

TABLE 27

Trends in Lifetime, Annual, and Thirty-Day Prevalence of An Illicit Drug Use Index[a] Among College Students 1-4 Years Beyond High School, by Sex

(Entries are percentages)

	1980[b]	*1981*[b]	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	'92-'93 change
							Percent reporting use in lifetime[c]								
Any Illicit Drug	*69.4*	*66.8*	64.6	66.9	62.7	65.2	61.8	60.0	58.4	55.6	54.0	50.4	48.8	45.9	-2.9
Males	*71.0*	*67.5*	68.1	71.3	66.4	69.8	64.7	63.5	56.0	56.5	52.5	51.3	50.8	45.7	-5.1
Females	*67.5*	*66.3*	61.5	63.0	59.2	61.6	59.4	57.4	60.2	54.9	55.1	49.7	47.1	46.0	-1.1
Any Illicit Drug Other than Marijuana	*42.2*	*41.3*	39.6	41.7	38.6	40.0	37.5	35.7	33.4	30.5	28.4	25.8	26.1	24.3	-1.8
Males	*42.8*	*39.8*	45.1	44.6	40.9	42.1	38.2	37.2	31.8	30.6	26.2	27.6	26.3	24.3	-2.0
Females	*41.6*	*42.6*	34.7	39.2	36.4	38.3	37.0	34.6	34.6	30.4	30.1	24.3	26.1	24.3	-1.7
							Percent reporting use in last twelve months								
Any Illicit Drug	*56.2*	*55.0*	49.5	49.8	45.1	46.3	45.0	40.1	37.4	36.7	33.3	29.2	30.6	30.6	+0.1
Males	*58.9*	*56.2*	54.6	53.4	48.4	50.9	49.8	43.3	37.0	38.2	34.2	30.2	32.8	32.6	-0.1
Females	*53.3*	*54.0*	44.9	46.7	41.9	42.7	41.1	37.7	37.6	35.4	32.5	28.4	28.7	29.1	+0.3
Any Illicit Drug Other than Marijuana	*32.3*	*31.7*	29.9	29.9	27.2	26.7	25.0	21.3	19.2	16.4	15.2	13.2	13.1	12.5	-0.6
Males	*33.7*	*32.8*	33.4	33.5	29.2	29.7	28.6	23.5	19.4	18.7	15.7	14.4	13.8	15.0	+1.2
Females	*31.1*	*30.8*	26.9	26.8	25.2	24.4	22.1	19.6	19.0	14.6	14.8	12.1	12.6	10.5	-2.0
							Percent reporting use in last thirty days								
Any Illicit Drug	*38.4*	*37.6*	31.3	29.3	27.0	26.1	25.9	22.4	18.5	18.2	15.2	15.2	16.1	15.1	-1.0
Males	*42.9*	*40.6*	37.7	33.8	30.4	29.9	31.0	24.0	18.8	20.0	18.2	16.0	18.0	16.0	-2.0
Females	*34.0*	*34.8*	25.6	25.5	23.7	23.2	21.7	21.1	18.3	16.7	12.7	14.6	14.5	14.5	0.0
Any Illicit Drug Other than Marijuana	*20.7*	*18.6*	17.1	13.9	13.8	11.8	11.6	8.8	8.5	6.9	4.4	4.3	4.6	5.4	+0.7
Males	*22.8*	*18.6*	20.2	16.0	16.1	12.6	14.4	9.0	8.2	8.0	4.9	4.8	5.1	7.3	+2.2
Females	*18.7*	*18.5*	14.2	12.1	11.5	11.2	9.3	8.5	8.8	6.0	4.0	3.9	4.2	3.8	-0.4
							Approximate Weighted N								
All Respondents	1040	1130	1150	1170	1110	1080	1190	1220	1310	1300	1400	1410	1490	1490	
Males	520	530	550	550	540	490	540	520	560	580	620	640	680	660	
Females	520	600	610	620	570	600	650	700	750	720	780	770	810	830	

NOTES: Level of significance of difference between the two most recent years: s = .05, ss = .01, sss = .001.

[a]Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, sedatives, or tranquilizers not under a doctor's orders.

[b]Revised questions about stimulant use were introduced in 1982 to exclude more completely the inappropriate reporting of non-prescription stimulants. The data in italics are therefore not strictly comparable to the other data.

[c]Data are uncorrected for cross-time inconsistencies in the answers.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1993, Volume 2 College Students and Young Adults*, 1994.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG MENTIONS BY AGE, SEX, RACE/ETHNICITY, HOSPITAL LOCATION, DRUG USE MOTIVE, AND REASON FOR EMERGENCY DEPARTMENT VISIT: 1988 - 1994

CATEGORY: DRUG MENTIONS

DOMAIN	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993	TOTAL 1994*	P-VAL 1993 1994 @	P-VAL 1992 1994 @
TOTAL U.S.***	668,153	713,392	635,460	674,861	751,731	796,762	884,389	0.000 +	0.000 +
AGE 6-34	483,386	497,262	428,126	440,437	476,533	492,356	543,736	0.000 +	0.000 +
AGE 12-17	82,632	84,286	75,375	72,545	72,970	77,134	90,915	0.000 +	0.000 +
AGE 18-25	189,104	184,050	153,993	153,202	166,680	167,275	186,498	0.002 +	0.003 +
AGE 26-34	210,817	227,298	196,987	213,864	235,322	246,224	265,142	0.029 +	0.001 +
AGE 35+	182,157	214,190	205,788	232,532	273,609	302,025	336,595	0.000 +	0.000 +
MALE	319,743	341,846	301,455	325,953	382,788	400,195	456,005	0.000 +	0.000 +
FEMALE	342,623	365,119	326,563	342,839	361,572	388,552	419,633	0.000 +	0.000 +
WHITE	398,098	427,653	386,693	396,904	426,793	440,188	489,379	0.001 +	0.000 +
BLACK	149,463	153,051	143,186	173,347	205,800	214,960	241,469	0.014 +	0.004 +
HISPANIC	51,466	59,175	47,278	51,928	67,384	76,337	77,903	0.809 +	0.137 +
OTHER RACE	4,272	4,932	6,008	5,537	7,125	8,608	8,096	0.714 -	0.421 +
RACE UNK.	64,854	68,582	52,295	47,145	44,629	56,669	67,542	0.058 +	0.002 +
CENTRAL CITY	201,801	201,844	183,946	217,701	261,137	268,395	284,435	0.002 +	0.010 +
OUTSIDE CEN. CITY	119,803	131,971	110,807	114,288	125,297	132,833	149,038	0.001 +	0.001 +
NATIONAL PANEL	346,548	379,577	340,707	342,872	365,297	394,524	450,916	0.003 +	0.000 +
RECREATIONAL USE	65,116	63,807	47,865	47,320	55,700	60,381	68,787	0.013 +	0.004 +
DEPENDENCE	172,702	190,978	155,457	184,101	221,472	235,976	275,288	0.012 +	0.003 +
SUICIDE	308,347	338,492	313,923	315,936	321,991	335,426	361,739	0.003 +	0.001 +
OTHER/UNK MOTIVE	121,988	120,115	118,216	127,504	152,568	164,979	178,574	0.139 +	0.014 +
UNEXPECTED REACT.	71,074	76,219	59,976	62,606	82,938	88,951	107,594	0.001 +	0.000 +
OVERDOSE	397,567	424,528	400,167	403,791	424,935	440,343	471,416	0.002 +	0.001 +
CHRONIC EFFECTS	63,996	66,946	54,834	66,551	71,489	74,141	87,441	0.000 +	0.001 +
SEEKING DETOX.	65,377	69,200	54,451	63,071	77,834	83,318	91,339	0.482 +	0.381 +
WITHDRAWAL	14,100	15,060	11,920	11,121	14,856	17,151	20,855	0.126 +	0.000 +
OTHER/UNK REASON	56,039	61,439	54,112	67,720	79,679	92,858	105,744	0.013 +	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 IN 1995 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: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Preliminary Estimates of Drug-Related Emergency Department Episodes, Advance Report 11*, December 1995.

MEDICAL EXAMINER DATA [1]

Table 2.02 - Distribution of drug abuse deaths by race/ethnicity and age according to sex: 1993

Race/ethnicity and age	TOTAL [2]		Male		Female	
	Number	Percent	Number	Percent	Number	Percent
ALL RACES/ETHNICITIES [3]						
6-11 years	7	0.1	3	*	4	0.2
12-17 years	91	1.1	69	1.1	21	1.0
18-25 years	805	9.4	633	9.9	167	8.0
26-34 years	2,315	27.1	1,754	27.4	551	26.4
35-44 years	3,386	39.6	2,625	40.9	751	36.0
45-54 years	1,199	14.0	885	13.8	304	14.6
55 years and older	698	8.2	417	6.5	277	13.3
Unknown/no response	40	.5	27	.4	10	.5
TOTAL	8,541	100.0	6,413	100.0	2,085	100.0
WHITE						
6-11 years	6	.1	3	.1	3	.2
12-17 years	51	1.1	38	1.1	12	.9
18-25 years	432	9.0	323	9.2	106	8.2
26-34 years	1,297	26.9	990	28.3	300	23.3
35-44 years	1,867	38.8	1,438	41.1	423	32.9
45-54 years	627	13.0	428	12.2	193	15.0
55 years and older	516	10.7	266	7.6	247	19.2
Unknown/no response	17	.4	13	.4	3	.2
TOTAL	4,813	100.0	3,499	100.0	1,287	100.0
BLACK						
6-11 years	-	-	-	-	-	-
12-17 years	22	.9	17	.9	5	.8
18-25 years	194	7.7	158	8.3	35	5.7
26-34 years	609	24.2	417	21.9	191	31.2
35-44 years	1,118	44.3	851	44.7	266	43.4
45-54 years	424	16.8	333	17.5	91	14.8
55 years and older	140	5.6	117	6.1	22	3.6
Unknown/no response	14	.6	11	.6	3	.5
TOTAL	2,521	100.0	1,904	100.0	613	100.0
HISPANIC						
6-11 years	-	-	-	-	-	-
12-17 years	12	1.1	11	1.2	1	.7
18-25 years	156	14.9	134	14.9	21	14.8
26-34 years	358	34.3	310	34.5	47	33.1
35-44 years	352	33.7	302	33.6	49	34.5
45-54 years	133	12.7	115	12.8	17	12.0
55 years and older	33	3.2	26	2.9	7	4.9
Unknown/no response	-	-	-	-	-	-
TOTAL	1,044	100.0	898	100.0	142	100.0
OTHER RACE/ETHNICITY						
6-11 years	-	-	-	-	-	-
12-17 years	4	4.5	2	2.9	2	10.0
18-25 years	14	15.7	12	17.6	2	10.0
26-34 years	32	41.6	27	39.7	9	45.0
35-44 years	23	25.8	18	26.5	5	25.0
45-54 years	6	6.7	5	7.4	1	5.0
55 years and older	5	5.6	4	5.5	1	5.0
Unknown/no response	-	-	-	-	-	-
TOTAL	89	100.0	68	100.0	20	100.0

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

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

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

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network, Annual Medical Examiner Data, 1993*, 1995.

EXECUTIVE SUMMARY

This report provides data on substance use and substance-related impairment among participants in the Aid to Families with Dependent Children (AFDC) program. The study is based on data from the 1991 and 1992 National Household Surveys on Drug Abuse (NHSDA), and was sponsored jointly by the Office of the Assistant Secretary for Planning and Evaluation, the Substance Abuse and Mental Health Services Administration, and the National Institute on Drug Abuse. Estimates from the NHSDA should be regarded as conservative because of potential underreporting of both drug use and program participation.

Another study has examined the prevalence of drug and alcohol use in households participating in AFDC, medicaid, and food stamps.[1] This study expands on that work and examines not only the prevalence of substance use in households participating in AFDC, but importantly further analyzes a combined 1991 and 1992 data set to examine extent of use and impairment related to that use.

Substance abuse issues are generally not part of the eligibility/intake process for AFDC at this time, and usually do not arise even in a family needs assessment process, although they may be suspected. Instead, such issues are more likely to be recognized if a recipient has a high absentee rate in a training program or other activity. In this way it is similar to substance abuse in the work place. A 1992 report of the HHS Office of Inspector General found that only 14 percent of states' AFDC intake forms and 55 percent of JOBS intake assessment forms included questions on substance abuse problems[2]. In addition,

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[1] U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation and the National Institute on Drug Abuse, Patterns of Substance Use and Program Participation, 1994.

[2] U.S. Department of Health and Human Services, Office of Inspector General, Functional Impairments of AFDC Clients, OEI-02-90-00400, 1992.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Patterns of Substance Use and Substance-Related Impairment Among Participants in the Aid to Families with Dependent Children Program (AFDC)*, December 1994.

because denial of the disease is typical in substance abusers, problems may not be easily detected simply through intake questions.

Because proposals for welfare reform would require participating parents to take part in education and job training programs and benefits would be time limited, intervention with substance abusing beneficiaries takes on an importance it has not held previously. Substance abuse is clearly a barrier to self sufficiency for some welfare recipients. In the absence of intervention, at the end of two years beneficiaries with substance abuse problems could be ineligible for the program without the ability to be self supporting.

As family self sufficiency becomes an increasingly important goal within the welfare system, treatment and rehabilitation of substance abusers becomes a focus. The question then arises, how many AFDC recipients might be expected to need such treatment, and for how many would intense treatment needs preclude concurrent participation in education, training and employment activities?

Typically, analyses of substance abuse focus on prevalence and frequency of individuals' use of particular substances. While prevalence rates of drug and alcohol use are important indicators, the questions of greater interest in the context of welfare reform and potential intervention are ones of impairment and need for services. Drug and alcohol use prevalence analyses by themselves do not address the question of the extent to which substance abuse interferes with individuals' ability to work or participate in job training. Such an impairment oriented analysis, however, represents a more complex approach than, for example, an analysis of prevalence of drug use in the past month.

The impairment analysis described in this study was undertaken to answer the more specific question of the extent to which recipients' substance abuse problems might pose a barrier to the employment related objectives of welfare reform. The methodology employed in the impairment analysis represents a new approach to the use of data from the National Household Survey on Drug Abuse. This report represents an attempt to use questions in the

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Patterns of Substance Use and Substance-Related Impairment Among Participants in the Aid to Families with Dependent Children Program (AFDC)*, December 1994.

National Household Survey on Drug Abuse about individual functioning and problems associated with substance use and combine them with prevalence data to approach more closely the issue of functional impairment and need for treatment. As part of the impairment analysis a new ratio estimation procedure was used to improve estimates of so-called "hard core" drug use by accounting for the underestimation of these populations in the Household Survey. For comparative purposes, this report also includes prevalence data on the AFDC population from another analysis[3] which focused primarily on past-month and past-year use.

The impairment analysis divides the population into groups according to their patterns of alcohol and other drug use. Those identified as having "significant impairment" include persons identified as dependent on alcohol and drunk at least weekly **OR** as dependent on an illicit drug other than marijuana **AND** used an illicit drug at least monthly or used heroin at least once in the past year. Those identified as having "some impairment" include individuals identified as not dependent on an illicit drug but used an illicit drug at least weekly **OR** not dependent on alcohol but was drunk at least weekly **OR** dependent on an illicit drug other than marijuana but used an illicit drug less than monthly and did not use heroin **OR** dependent on marijuana **OR** dependent on alcohol but was drunk less than weekly.

The impairment analysis found that[4]:

- Approximately 4.9 percent of female AFDC recipients are estimated to have significant functional impairment related to substance abuse. These

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[3] op. cit, U.S. Department of Health and Human Services, Patterns of Substance Use and Program Participation.

[4] It should be noted that preliminary analyses reported on in the press contained slightly different figures from those reported here. The numbers reported here are different for two reasons. First, the earlier analysis used 18 - 64 year olds as the basis for analysis while the current estimates focus on younger individuals, age 18 - 44, in order to be more consistent with the younger age composition of the AFDC population. In addition, the ratio estimation technique used to produce this report's estimates has been refined since the preliminary figures.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Patterns of Substance Use and Substance-Related Impairment Among Participants in the Aid to Families with Dependent Children Program (AFDC)*, December 1994.

individuals' substance abuse problems may be sufficiently debilitating to preclude immediate participation in employment or training activities. When both female and male AFDC recipients are included, the estimated rate of impairment is slightly higher (5.2 percent). It is important to note, however, that the vast majority of individuals identified in this significant impairment category are not AFDC recipients. An estimated 204,600 AFDC recipients and 2,662,600 non-AFDC recipients ages 18-44 were estimated to have this level of impairment. In addition, while we believe that many of these individuals will need intervention prior to other activities, it should be recognized that in the general population many individuals with this level of impairment report being employed.

- An additional 10.6 percent of female AFDC recipients are estimated to be somewhat impaired by substance abuse problems, indicating a likely need for substance abuse treatment concurrent with participation in employment and training activities. When male AFDC recipients are included as well, the rate rises slightly to 11.2 percent.

- AFDC recipients have somewhat higher rates of substance abuse related impairments than persons not receiving AFDC. Because the AFDC population is poorer than the general population, this is not surprising. Persons living in poverty are known to have higher rates of drug and heavy alcohol use than do those with higher incomes, regardless of program participation.

- The vast majority of persons impaired by substance abuse are **not** AFDC recipients. Just seven percent of all adults (age 18-44) estimated to be significantly impaired by substance abuse report receiving AFDC.

- Because women make up such a large proportion of adults receiving AFDC, a women only comparison is also relevant. Analysis again finds that most

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Patterns of Substance Use and Substance-Related Impairment Among Participants in the Aid to Families with Dependent Children Program (AFDC)*, December 1994.

women in the group we have defined as significantly impaired by alcohol and other drug use are not AFDC recipients. Of these women, only 20 percent receive AFDC.

- Impaired AFDC recipients are more likely than other impaired persons to report receiving treatment for their substance abuse in the past year. Half of AFDC recipients estimated to be significantly impaired by substance abuse reported receiving some form of substance abuse treatment in the past year. Only 23 percent of the non-AFDC household adults (age 18 - 44) in this impairment category reported receiving any treatment for their substance abuse problem in the past year.

The study of the basic prevalence of substance use in the AFDC population[5] found that:

- The prevalence rates of self-reported non-medical drug use are somewhat higher among persons who participate in AFDC than in the general population. In 1991, past-month drug use for persons 15 years of age and older is 10.5 percent for those in AFDC households compared to 6.5 percent in the overall population in that age group. Marijuana is the most frequently reported illicit drug, with nearly 9 percent of individuals in AFDC households reporting past-month use. Past month cocaine use is reported by 1.0 percent of the general population age 15 and older and by 1.6 percent of individuals in AFDC households.

- Three or more episodes of binge drinking in the past month is reported by 8.2 percent of women in AFDC households and 3.8 percent of all women age 15 and older. Among men and women combined, this level of heavy episodic

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[5] op. cit. U.S. Department of Health and Human Services, Patterns of Substance Use and Program Participation.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Patterns of Substance Use and Substance-Related Impairment Among Participants in the Aid to Families with Dependent Children Program (AFDC)*, December 1994.

drinking is reported by 8.6 percent of all persons 15 years of age and older and 8.7 percent of those in AFDC households. Binge drinking is defined as having had five or more drinks in a row.

- The vast majority of past month drug users are **not** AFDC recipients. Among the past-month users, 2.7 percent of males and 9.2 percent of females live in households participating in AFDC. In fact, a previous analysis of substance use among parents has shown that more parents who have used illicit drugs in the past month have incomes above 300 percent of the poverty line than have incomes below poverty[6].

The findings of relatively higher rates of reported drug and binge alcohol use among AFDC program participants is not surprising. This program serves persons in poverty, and poor people are at a higher risk for a number of problems including alcohol and drug abuse.

These findings suggest that AFDC program administrators should recognize the presence of persons with substance abuse problems in their caseloads, in order to improve the ability to serve these persons and better focus prevention and treatment efforts.

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[6] U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation and the National Institute on Drug Abuse, Substance Abuse Among Women and Parents, July 1994, p. 37.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Patterns of Substance Use and Substance-Related Impairment Among Participants in the Aid to Families with Dependent Children Program (AFDC)*, December 1994.

Table 1B

Prevalence of drug and alcohol use by persons 15 years of age and older Total persons and by AFDC program participation: 1991 (FEMALES ONLY)

Alcohol and Drug Use Pattern	Total persons in category		AFDC	
	Number	Rate	Number	Rate
FEMALES ONLY				
Alcohol				
Weekly or almost weekly for past year	14,290,401	14.2	662,701	14.8
Daily or almost daily for past year	5,517,397	5.5	296,565	6.6
Five or more drinks one or more times in past 30 days	8,217,084	8.2	558,849	12.5
Five or more drinks three or more times in past 30 days	3,834,926	3.8	368,579	8.2
Any illicit drug use				
Past year	11,098,258	11.0	943,893	21.1
Past month	5,275,629	5.2	482,820	10.8
Marijuana				
Past year	7,593,606	7.5	721,971	16.2
Past month	3,529,467	3.5	385,211	8.6
Weekly for past year	1,491,354	1.5	232,931	5.2
Daily or almost daily for past year	822,250	0.8	134,303	3.0
Cocaine				
Past year	2,095,005	2.1	243,895	5.5
Past month	616,075	0.6	76,595	1.7
Weekly for past year	275,030	0.3	45,928	1.0
Total females in population	100,619,957	100.0	4,468,498	100.0

NOTE: The "any illicit drug" category includes any nonmedcal use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutic drugs. Numbers and percentages may not sum to totals because of rounding. Past-year use includes use in the past month. Program participation is counted if any member of the family received benefits. Selected comparisons of drug use rates in this table have been subjected to statistical difference testing; the results of these tests are shown in the appendix.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Patterns of Substance Use and Substance-Related Impairment Among Participants in the Aid to Families with Dependent Children Program (AFDC)*, December 1994.

Table 3A

Number of Females (18-44) Receiving AFDC by Impairment Group and by Treatment

Impairment Group	Percent	Number of Adults	Number Who Received Substance Abuse Treatment in Past Year
No impairment	64.0	2,187,100	13,800
Little impairment	20.5	700,300	30,100
Some impairment	10.6	363,300	53,000
Significant impairment	4.9	167,600	93,000
TOTAL	100.0	3,418,300	189,900

See notes on the previous page.
Due to rounding, percentages may not add to 100.

Table 3B

Number of Females (18-44) NOT Receiving AFDC by Impairment Group and by Treatment

Impairment Group	Percent	Number of Adults	Number Who Received Substance Abuse Treatment in Past Year
No impairment	71.7	36,066,300	327,900
Little impairment	20.9	10,511,400	82,900
Some impairment	6.0	3,036,300	187,000
Significant impairment	1.3	671,800	180,200
TOTAL	99.9	50,285,800	778,000

See notes on the previous page.
Due to rounding, percentages may not add to 100.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Patterns of Substance Use and Substance-Related Impairment Among Participants in the Aid to Families with Dependent Children Program (AFDC)*, December 1994.

Table 1 - Number and percent of persons 15 years of age and older in households participating in selected programs according to drug use pattern, and rate of drug use: 1991

Program participation	Past-month use			Past-year use			Total persons in category	
	Number	Percent	Rate	Number	Percent	Rate	Number	Percent
Males								
AFDC	194,719	2.7	9.9	447,410	3.2	22.8	1,965,862	2.1
Medicaid	360,870	5.0	8.4	615,231	4.4	14.3	4,305,673	4.7
Food Stamps	504,163	7.0	12.2	963,543	6.9	23.4	4,116,599	4.5
Total males, whether or not participating	7,230,037	100.0	7.8	13,901,751	100.0	15.1	92,258,879	100.0
Females								
AFDC	482,820	9.2	10.8	943,893	8.5	21.1	4,468,498	4.4
Medicaid	757,683	14.4	9.9	1,346,736	12.1	17.6	7,656,641	7.6
Food Stamps	736,176	14.0	9.0	1,430,454	12.9	17.6	8,140,241	8.1
Total females, whether or not participating	5,275,629	100.0	5.2	11,098,258	100.0	11.0	100,619,957	100.0
Both sexes								
AFDC	677,539	5.4	10.5	1,391,304	5.6	21.6	6,434,359	3.3
Medicaid	1,118,553	8.9	9.4	1,961,968	7.8	16.4	11,962,314	6.2
Food Stamps	1,240,339	9.9	10.1	2,393,997	9.6	19.5	12,256,840	6.4
Total persons, whether or not participating	12,505,666	100.0	6.5	25,000,010	100.0	13.0	192,878,836	100.0

NOTE: Drug use includes any nonmedical use of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP), heroin, or psychotherapeutic drugs. Numbers and percentages may not sum to totals because of rounding. Past-year use includes use in the past month. Program participation is counted if any member of the family received benefits. Selected comparisons of drug use rates in this table have been subjected to statistical difference testing; the results of these tests are shown in the appendix.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Patterns of Substance Use and Program Participation*, December 1994.

Table 2 - Prevalence of drug and alcohol use by persons 15 years of age and older according to program participation: 1991 (continued)

Alcohol and drug use pattern	AFDC		Medicaid		Food Stamps		Total persons in category	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
FEMALES								
Alcohol								
Weekly or almost weekly for past year	662,701	14.8	949,014	12.4	1,053,554	12.9	14,290,401	14.2
Daily or almost daily for past year	296,565	6.6	429,136	5.6	533,896	6.6	5,517,397	5.5
Five or more drinks one or more times in past 30 days	558,849	12.5	747,666	9.8	869,444	10.7	8,217,084	8.2
Five or more drinks three or more times in past 30 days	368,579	8.2	433,248	5.7	558,608	6.9	3,834,926	3.8
Marijuana								
Past year	721,971	16.2	921,834	12.0	1,100,592	13.5	7,593,606	7.5
Past month	385,211	8.6	470,675	6.1	520,748	6.4	3,529,467	3.5
Weekly for past year	232,931	5.2	266,641	3.5	361,687	4.4	1,491,354	1.5
Daily or almost daily for past year	134,303	3.0	173,280	2.3	200,534	2.5	822,250	0.8
Cocaine								
Past year	243,895	5.5	358,743	4.7	419,044	5.1	2,095,005	2.1
Past month	76,595	1.7	144,447	1.9	117,815	1.4	616,075	0.6
Weekly for past year	45,928	1.0	72,265	0.9	79,109	1.0	275,030	0.3
Psychotherapeutic drugs (nonmedical use)								
Past year	309,797	6.9	488,064	6.4	509,583	6.3	4,627,952	4.6
Past month	137,176	3.1	252,106	3.3	200,209	2.5	1,712,771	1.7
Any illicit drug use								
Past year	943,893	21.1	1,346,736	17.6	1,430,454	17.6	11,098,258	11.0
Past month	482,820	10.8	757,683	9.9	736,176	9.0	5,275,629	5.2
Total females in population	4,468,498	100.0	7,656,641	100.0	8,140,241	100.0	100,619,957	100.0

See footnotes at end of table.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Patterns of Substance Use and Program Participation*, December 1994.

EXECUTIVE SUMMARY

This report provides data on substance abuse by women of childbearing age and by parents and examines the number of children potentially at risk because of parental drug abuse. The study is based primarily on data from the 1991 National Household Survey on Drug Abuse (NHSDA) but also includes 1991 data from the Drug Abuse Warning Network (DAWN). This study reflects the first attempt to address this topic using data from some of these sources, notably the NHSDA. The study was sponsored jointly by the Office of the Assistant Secretary for Planning and Evaluation and the National Institute on Drug Abuse, with technical assistance from the Substance Abuse and Mental Health Services Administration. Estimates from the NHSDA should be regarded as conservative because of potential underreporting of drug use.

PRIMARY FINDINGS

The basic findings of this study are:

(1) Parents with children in the household use illicit drugs less often than do men and women ages 15-44 without children. Past-month illicit drug use is reported by 5.7 percent of women ages 15 - 44 with children in the home compared to 11.2 percent of women ages 15 - 44 without children. Rates for men show similar patterns.

(2) Based on this analysis, it is estimated that there are approximately 6 million children under 18 years of age (9 percent of all such children) whose parent(s) have used illicit drugs in the past month. Marijuana is the illicit drug used most often by parents.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Substance Abuse Among Women and Parents*, July 1994.

(3) Contrary to expectations, there is little difference in rates of illicit drug use among parents in large metropolitan areas, small metropolitan areas, and nonmetropolitan areas.

(4) The prevalence of illicit drug use among parents has similar demographic patterns as does drug use in the general population. Use rates differ according to income/poverty status, employment, education, age, race/ethnicity, and marital status.

(5) In addition to illicit drug use, the study examined the prevalence of binge alcohol consumption among parents. Consumption of five or more drinks at one time on at least three occasions in the past 30 days is reported by 5.2 million parents (4 percent of mothers and 13 percent of fathers).

PARENTAL SUBSTANCE ABUSE AND CHILDREN AT RISK

Nationwide, an estimated 12.8 million children under 18 years of age live with a parent who reportedly has used illicit drugs in the past year. This figure, which is derived from the 1991 NHSDA, represents approximately 18 percent of all children in this age group. Of the 12.8 million children, approximately 6 million -- 9 percent of children under 18 years old -- have parents who report having used illicit drugs in the past month. Illicit drug use includes any use of illegal drugs such as cocaine, marijuana, heroin, or hallucinogens and nonmedical use of prescription psychotherapeutic drugs such as tranquilizers, stimulants, sedatives, and analgesics. Marijuana is the illicit drug used most often by parents.

Children under 18 years old who live with at least one parent who uses drugs tend to be younger than children overall. For example, 20 percent of children of both past-year and past-month drug users are under 3 years old, whereas 17 percent of all children are in this age group. This is consistent with the findings, discussed below, that drug use is more prevalent among younger parents than among older parents.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Substance Abuse Among Women and Parents*, July 1994.

Overall, 4.6 million self-reported past-month drug users have biologically-related minor children, and 63 percent of these parents, including 78 percent of mothers and 49 percent of fathers, have at least one of their children living with them. With the addition of stepchildren and adopted children, an estimated 3.4 million past-month drug users are parents and have their minor children living with them. Among all parents in this category, the prevalence rate of past-month drug use is 5.3 percent.

Analyses of data on parents' use of specific drugs show the following:

- The prevalence of past-month marijuana use among parents is 4.1 percent overall (2.6 million parents), 3.6 percent for mothers, and 4.7 percent for fathers. Weekly use of marijuana over the past year is reported by 1.4 million parents, and daily or almost daily use of this drug over the past year is reported by almost 900,000 parents.

- Use of cocaine (including crack) in the past 12 months is reported by 1.8 million parents (a prevalence rate of 2.9 percent), and past-30-day use of this drug is reported by approximately 625,000 parents. An estimated 170,000 parents reportedly used cocaine weekly for the past year.

- Although not included in the category of illicit drugs, episodic heavy (binge) drinking -- consumption of five or more drinks of alcohol on at least three occasions in the past 30 days -- is reported by 5.2 million parents (a prevalence rate of 8.1 percent overall, 4 percent for mothers, and 13 percent for fathers). Daily or almost daily alcohol use over the past year is reported by 5.2 million parents (a prevalence rate of 8.2 percent overall, 3.8 percent for mothers, and 14 percent for fathers).

As noted above, drug use patterns differ by age, race/ethnicity, marital status, education, employment status, and family income. These patterns are similar to what previous research has shown occurs in the general population. Some important patterns are:

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, ***Substance Abuse Among Women and Parents***, July 1994.

- As with drug users generally, illicit drug use rates generally are higher for younger parents than for older parents. The highest rates of drug use are seen for parents 20 to 25 years of age. In this group, the prevalence rates for any illicit drug use are 24 percent for past-year use and 12 percent for past-month use.

- Prevalence rates differ according to parents' marital status. The rate of past-month use of any illicit drug, for example, is 13.2 percent among never-married parents, 10.8 percent among divorced or separated parents, and 4.0 percent among currently married parents. Age differences among these groups may explain some of the differences in drug use rates. These findings are similar to those previous research has established for the general population.

- Rates of drug use also differ according to employment status and educational level. Rates of past-month drug use are 17 percent for parents who are unemployed and just under 5 percent for those who are employed either full time or part time. Based on educational level, the highest rate of past-month drug use, 9.8 percent, is found for persons who did not complete high school.

- Population density is less strongly associated with differences in drug use rates than was expected. For example, the prevalence rates for past-month drug use are 5.2 percent in metropolitan areas of over 1 million, 6.0 percent in smaller metropolitan areas, and 4.7 percent in nonmetropolitan areas. Past-year drug use prevalence rates across the three types of areas vary less than 1 percentage point (from 11.0 percent for large metropolitan areas to 11.9 percent for nonmetropolitan areas).

- Consistent with findings about drug use in the general population, differences in drug use rates are found for parents of different family income levels. For example, the prevalence rate for past-month illicit drug use among parents below the poverty line, 9.5 percent, is higher than the rate for those above the poverty line, 4.6 percent. It is important to note that while the rates of drug use are

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, ***Substance Abuse Among Women and Parents***, July 1994.

higher among poor parents, most substance-abusing parents and their children are not poor. In fact, nearly three-fourths of past-month drug-using parents have incomes above the poverty line, and over one-fourth have incomes more than three times the poverty line.

CONCLUSION

Parents with children in the home use illicit drugs less frequently than do men and women (ages 15 - 44) without children. Still, this analysis found that an estimated 12.8 million children live with parent(s) who report illicit drug use in the past year, and 6.2 million live with parents(s) who report past month illicit drug use. Where substance abuse is serious enough to affect parental functioning, some of these children may suffer deleterious social and emotional effects. In addition, some of the children in substance-abusing families will have been exposed to alcohol and other drugs prenatally. The data presented in this report show that drug use among parents, as among the general household population, appears to be closely related to age, income/poverty status, and a host of other factors which are themselves interrelated.

The fact that many families and children are directly affected by alcohol and drug abuse strongly suggests that mainstream service providers working with families in health, social services, and education systems need to be aware of the potential for abuse of alcohol and drugs among their clients, and should play an active role in identifying and intervening with families, including referral for appropriate treatment. Drug treatment programs must recognize that a portion of individuals seeking their services are likely to be families with young children, and that services appropriate to families are needed. Moreover, the effectiveness of services for children and families at risk would be enhanced through better coordination among providers.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Substance Abuse Among Women and Parents*, July 1994.

Table 40.—Female Arrests, Distribution by Age, 1994

[10,654 agencies; 1994 estimated population 207,624,000]

Offense charged	Total all ages	Ages under 15	Ages under 18	Ages 18 and over	Age									
					Under 10	10-12	13-14	15	16	17	18	19	20	21
TOTAL	**2,372,426**	**221,037**	**549,126**	**1,823,300**	**6,073**	**42,137**	**172,827**	**118,880**	**112,856**	**96,353**	**85,263**	**82,274**	**77,471**	**73,379**
Percent distribution[1]	**100.0**	**9.3**	**23.1**	**76.9**	**.3**	**1.8**	**7.3**	**5.0**	**4.8**	**4.1**	**3.6**	**3.5**	**3.3**	**3.1**
Murder and nonnegligent manslaughter	1,839	36	185	1,654	1	5	30	25	52	72	51	86	66	82
Forcible rape	331	60	94	237	4	14	42	8	8	18	12	12	10	5
Robbery	13,591	1,596	4,315	9,276	10	246	1,340	1,017	927	775	630	541	451	390
Aggravated assault	74,696	4,975	13,018	61,678	115	937	3,923	2,757	2,749	2,537	2,559	2,370	2,373	2,507
Burglary	33,424	5,320	11,018	22,406	352	1,285	3,683	2,119	1,908	1,671	1,466	1,236	1,051	993
Larceny-theft	411,331	58,289	131,813	279,518	1,791	14,774	41,724	25,823	25,033	22,668	18,968	15,577	13,505	12,047
Motor vehicle theft	20,559	4,001	10,264	10,295	19	413	3,569	2,663	2,099	1,501	890	694	559	489
Arson	2,460	783	1,143	1,317	112	217	454	159	107	94	58	45	33	37
Violent crime[2]	90,457	6,667	17,612	72,845	130	1,202	5,335	3,807	3,736	3,402	3,252	3,009	2,900	2,984
Percent distribution[1]	100.0	7.4	19.5	80.5	.1	1.3	5.9	4.2	4.1	3.8	3.6	3.3	3.2	3.3
Property crime[3]	467,774	68,393	154,238	313,536	2,274	16,689	49,430	30,764	29,147	25,934	21,382	17,552	15,148	13,566
Percent distribution[1]	100.0	14.6	33.0	67.0	.5	3.6	10.6	6.6	6.2	5.5	4.6	3.8	3.2	2.9
Crime Index total[4]	558,231	75,060	171,850	386,381	2,404	17,891	54,765	34,571	32,883	29,336	24,634	20,561	18,048	16,550
Percent distribution[1]	100.0	13.4	30.8	69.2	.4	3.2	9.8	6.2	5.9	5.3	4.4	3.7	3.2	3.0
Other assaults	185,111	20,364	45,204	139,907	533	4,510	15,321	9,311	8,253	7,276	6,181	6,004	5,697	6,040
Forgery and counterfeiting	33,206	357	2,559	30,647	10	59	288	379	710	1,113	1,437	1,450	1,463	1,518
Fraud	130,239	1,340	4,872	125,367	59	211	1,070	1,121	949	1,462	2,973	4,248	5,192	5,481
Embezzlement	4,783	28	285	4,498	4	6	18	17	85	155	252	316	284	275
Stolen property; buying, receiving, possessing	18,057	1,393	4,087	13,970	29	217	1,147	899	935	860	939	823	711	665
Vandalism	33,305	6,388	12,542	20,763	477	1,768	4,143	2,268	2,050	1,836	1,300	1,221	999	1,075
Weapons; carrying, possessing, etc.	17,262	1,886	4,219	13,043	50	387	1,449	875	777	681	712	587	554	561
Prostitution and commercialized vice	53,313	66	496	52,817	3	5	58	76	134	220	806	1,231	1,391	1,694
Sex offenses (except forcible rape and prostitution)	6,896	616	1,103	5,793	71	185	360	191	147	149	200	249	220	265
Drug abuse violations	184,160	3,886	15,428	168,732	43	479	3,364	3,072	3,852	4,618	5,871	5,770	5,652	5,778
Gambling	2,340	13	73	2,267	.....	3	10	15	24	21	30	31	30	44
Offenses against family and children	19,133	613	1,510	17,623	44	114	455	304	328	265	437	466	497	600
Driving under the influence	153,382	76	1,501	151,881	16	7	53	102	430	893	1,937	2,645	3,224	4,858
Liquor laws	83,275	4,381	27,005	56,270	42	364	3,975	4,899	7,790	9,935	12,722	11,654	8,772	2,127
Drunkenness	66,271	616	2,424	63,847	18	61	537	493	574	741	1,226	1,234	1,259	1,714
Disorderly conduct	125,835	13,358	32,192	93,643	258	2,533	10,567	6,821	6,396	5,617	5,121	4,510	4,294	4,446
Vagrancy	4,455	232	683	3,772	.....	26	206	143	159	149	154	126	99	114
All other offenses (except traffic)	546,304	26,629	75,690	470,614	1,243	4,535	20,851	15,413	16,877	16,771	18,280	19,100	19,050	19,544
Suspicion	1,794	132	329	1,465	9	24	99	76	63	58	51	48	35	30
Curfew and loitering law violations	30,473	10,568	30,473	.....	118	1,366	9,084	7,551	7,244	5,110	.....	.....	.....	.....
Runaways	114,601	53,035	114,601	.....	642	7,386	45,007	30,283	22,196	9,087	.....	.....	.....	.....

See footnotes at end of table.

Source: U.S. Department of Justice, Federal Bureau of Investigation, *Crime in the United States, 1994*, November 1995.

Table 40.—Female Arrests, Distribution by Age, 1994—Continued

Offense charged	Age											
	22	23	24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and over
TOTAL	**73,548**	**76,977**	**76,664**	**358,206**	**363,772**	**263,681**	**145,116**	**72,281**	**34,478**	**16,801**	**9,915**	**13,474**
Percent distribution[1]	**3.1**	**3.2**	**3.2**	**15.1**	**15.3**	**11.1**	**6.1**	**3.0**	**1.5**	**.7**	**.4**	**.6**
Murder and nonnegligent manslaughter	81	72	71	342	264	236	140	76	41	19	15	12
Forcible rape	10	10	7	50	47	37	16	15	5	.....	.....	1
Robbery	422	440	438	2,104	1,899	1,183	515	160	54	28	12	9
Aggravated assault	2,566	2,650	2,700	12,370	12,802	9,075	4,928	2,391	1,172	565	307	343
Burglary	991	942	1,002	4,654	4,524	2,955	1,444	646	278	112	52	60
Larceny-theft	11,550	11,456	11,160	50,387	48,422	35,585	20,934	11,823	6,589	3,876	2,730	4,909
Motor vehicle theft	507	484	490	2,278	2,017	1,097	473	195	78	22	10	12
Arson	37	28	35	224	288	230	127	90	47	22	8	8
Violent crime[2]	3,079	3,172	3,216	14,866	15,012	10,531	5,599	2,642	1,272	612	334	365
Percent distribution[1]	3.4	3.5	3.6	16.4	16.6	11.6	6.2	2.9	1.4	.7	.4	.4
Property crime[3]	13,085	12,910	12,687	57,543	55,251	39,867	22,978	12,754	6,992	4,032	2,800	4,989
Percent distribution[1]	2.8	2.8	2.7	12.3	11.8	8.5	4.9	2.7	1.5	.9	.6	1.1
Crime Index total[4]	16,164	16,082	15,903	72,409	70,263	50,398	28,577	15,396	8,264	4,644	3,134	5,354
Percent distribution[1]	2.9	2.9	2.8	13.0	12.6	9.0	5.1	2.8	1.5	.8	.6	1.0
Other assaults	6,177	6,391	6,256	28,618	27,945	19,743	10,211	5,197	2,530	1,305	736	876
Forgery and counterfeiting	1,430	1,478	1,497	6,717	6,096	3,918	2,107	910	367	149	50	60
Fraud	5,811	6,303	6,101	26,426	23,696	17,279	10,826	5,880	2,606	1,165	630	750
Embezzlement	237	216	213	856	666	519	305	198	84	40	18	19
Stolen property; buying, receiving, possessing	642	648	642	2,854	2,610	1,844	907	402	148	70	24	41
Vandalism	893	975	981	4,366	3,845	2,596	1,289	626	281	128	76	112
Weapons; carrying, possessing, etc.	605	603	588	2,431	2,421	1,762	1,040	575	300	138	74	92
Prostitution and commercialized vice	1,820	2,194	2,464	13,339	14,110	8,673	3,634	1,049	275	83	31	23
Sex offenses (except forcible rape and prostitution)	287	254	275	1,313	1,223	792	387	188	65	31	12	32
Drug abuse violations	5,961	6,661	7,157	36,624	39,824	27,955	13,498	5,148	1,758	583	273	219
Gambling	33	59	53	295	355	376	317	220	173	110	73	68
Offenses against family and children	620	675	659	3,369	4,049	3,332	1,521	722	290	174	82	130
Driving under the influence	5,168	5,746	5,693	27,635	32,770	26,145	16,520	9,588	4,912	2,388	1,308	1,344
Liquor laws	1,506	1,307	1,074	4,329	4,445	3,571	2,162	1,216	639	331	184	231
Drunkenness	1,832	1,989	1,947	10,855	14,628	12,155	7,464	3,857	1,863	836	496	492
Disorderly conduct	4,208	4,518	4,157	18,578	18,267	12,589	6,558	3,120	1,524	716	466	571
Vagrancy	146	170	182	906	911	550	218	115	37	16	12	16
All other offenses (except traffic)	19,962	20,647	20,764	95,939	95,301	69,252	37,447	17,829	8,347	3,885	2,231	3,036
Suspicion	46	61	58	347	347	232	128	45	15	9	5	8
Curfew and loitering law violations	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Runaways	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

[1]Because of rounding, the percentages may not add to total.
[2]Violent crimes are offenses of murder, forcible rape, robbery, and aggravated assault.
[3]Property crimes are offenses of burglary, larceny-theft, motor vehicle theft, and arson.
[4]Includes arson.

Source: U.S. Department of Justice, Federal Bureau of Investigation, *Crime in the United States, 1994*, November 1995.

Table 42.—Total Arrests, Distribution by Sex, 1994

[10,654 agencies; 1994 estimated population 207,624,000]

Offense charged	Number of persons arrested			Percent male	Percent female	Percent distribution[1]		
	Total	Male	Female			Total	Male	Female
TOTAL	**11,877,188**	**9,504,762**	**2,372,426**	**80.0**	**20.0**	**100.0**	**100.0**	**100.0**
Murder and nonnegligent manslaughter	18,497	16,658	1,839	90.1	9.9	.2	.2	.1
Forcible rape	29,791	29,460	331	98.9	1.1	.3	.3	[2]
Robbery	146,979	133,388	13,591	90.8	9.2	1.2	1.4	.6
Aggravated assault	449,716	375,020	74,696	83.4	16.6	3.8	3.9	3.1
Burglary	319,926	286,502	33,424	89.6	10.4	2.7	3.0	1.4
Larceny-theft	1,236,311	824,980	411,331	66.7	33.3	10.4	8.7	17.3
Motor vehicle theft	166,260	145,701	20,559	87.6	12.4	1.4	1.5	.9
Arson	16,764	14,304	2,460	85.3	14.7	.1	.2	.1
Violent crime[3]	644,983	554,526	90,457	86.0	14.0	5.4	5.8	3.8
Property crime[4]	1,739,261	1,271,487	467,774	73.1	26.9	14.6	13.4	19.7
Crime Index total[5]	2,384,244	1,826,013	558,231	76.6	23.4	20.1	19.2	23.5
Other assaults	991,881	806,770	185,111	81.3	18.7	8.4	8.5	7.8
Forgery and counterfeiting	93,003	59,797	33,206	64.3	35.7	.8	.6	1.4
Fraud	330,752	200,513	130,239	60.6	39.4	2.8	2.1	5.5
Embezzlement	11,614	6,831	4,783	58.8	41.2	.1	.1	.2
Stolen property; buying, receiving, possessing	134,930	116,873	18,057	86.6	13.4	1.1	1.2	.8
Vandalism	259,579	226,274	33,305	87.2	12.8	2.2	2.4	1.4
Weapons; carrying, possessing, etc.	213,494	196,232	17,262	91.9	8.1	1.8	2.1	.7
Prostitution and commercialized vice	86,818	33,505	53,313	38.6	61.4	.7	.4	2.2
Sex offenses (except forcible rape and prostitution)	81,887	74,991	6,896	91.6	8.4	.7	.8	.3
Drug abuse violations	1,118,346	934,186	184,160	83.5	16.5	9.4	9.8	7.8
Gambling	15,845	13,505	2,340	85.2	14.8	.1	.1	.1
Offenses against family and children	92,133	73,000	19,133	79.2	20.8	.8	.8	.8
Driving under the influence	1,079,533	926,151	153,382	85.8	14.2	9.1	9.7	6.5
Liquor laws	424,452	341,177	83,275	80.4	19.6	3.6	3.6	3.5
Drunkenness	571,420	505,149	66,271	88.4	11.6	4.8	5.3	2.8
Disorderly conduct	601,002	475,167	125,835	79.1	20.9	5.1	5.0	5.3
Vagrancy	21,413	16,958	4,455	79.2	20.8	.2	.2	.2
All other offenses (except traffic)	3,046,100	2,499,796	546,304	82.1	17.9	25.6	26.3	23.0
Suspicion	11,395	9,601	1,794	84.3	15.7	.1	.1	.1
Curfew and loitering law violations	105,888	75,415	30,473	71.2	28.8	.9	.8	1.3
Runaways	201,459	86,858	114,601	43.1	56.9	1.7	.9	4.8

[1]Because of rounding, the percentages may not add to total.

[2]Less than one-tenth of 1 percent.

[3]Violent crimes are offenses of murder, forcible rape, robbery, and aggravated assault.

[4]Property crimes are offenses of burglary, larceny-theft, motor vehicle theft, and arson.

[5]Includes arson.

Source: U.S. Department of Justice, Federal Bureau of Investigation, *Crime in the United States, 1994*, November 1995.

1994 DUF Annual Report on Drug Use Among Arrestees

In 1994, the DUF program collected data from 20,015 adult male booked arrestees at 23 sites in major metropolitan areas across the United States. Data from 7,839 adult female booked arrestees were collected at 21 of these sites. In addition, 12 sites collected data from 4,558 juvenile male arrestees/detainees.[1]

The 1994 DUF Annual Report differs from previous DUF reports in one important respect. Whereas prior reports showed only the frequency distribution of offense at arrest, this report includes urinalysis results (percentages positive for cocaine, marijuana, or any drug) by offense at arrest. The number of cases in a particular offense category is small for some sites. However, the overall distribution of urinalysis results by offense at arrest helps to illuminate the drugs-crime nexus in a new way. Information about the categorization of offense at arrest is provided in the Guide to the DUF site data tables on page 47.

Drug Use Among Adult Male Arrestees

- In general, the 1994 data for adult male arrestees reveal somewhat lower rates of cocaine use, increased rates of marijuana use, and largely unchanged rates of opiate use.
- At most sites, cocaine remained the most prevalent drug used by male arrestees.

In a pattern that is consistent with DUF data from previous years, the percentage of male arrestees testing positive for cocaine was consistently higher than the percentage testing positive for marijuana. Rates of marijuana use exceeded cocaine use at only five sites, compared with seven sites in 1993 and only two sites in 1992.

Use of marijuana:

- Eleven of the 23 sites reported an increased percentage of arrestees testing positive for marijuana, with increases of 5 percent or more at 3 sites. Eleven sites reported lower percentages, but no rate declined by more than 3 or 4 percent.

Rates of marijuana use continued the slight upward trend noted in 1993. The median rate across sites increased from 26 percent in 1992 to 28 percent in 1993 to 30 percent in 1994. Urinalysis results for marijuana in 1994 ranged from 20 to 44 percent, compared with a range of 21 to 42 percent for 1993. The greatest increases in marijuana use were reported among the youngest adult arrestees; these results are discussed in detail later in this report.

Use of cocaine:

- The percentage of adult male arrestees testing positive for cocaine decreased slightly in 1994, although cocaine remained the most commonly used drug among male arrestees.

Rates of cocaine use decreased at 13 of the 23 sites from 1993 to 1994; only 6 sites reported higher rates of cocaine use. Four sites reported a drop of at least 5 percent: Dallas, Houston, Miami, and San Diego. Only two sites—Omaha and Indianapolis—reported increases of 5 percent or more. The outliers that constitute the range of values across sites changed only slightly (19 to 66 percent in 1993 compared with 19 to 68 percent in 1994), while the median rate fell from 43 percent in 1993 to 41 percent in 1994.

Use of opiates:

- Use of opiates showed little change among male arrestees and remained at relatively low levels.

Overall rates of opiate use showed little change from 1993, and rates at specific sites fluctuated only slightly. Ten sites reported lower rates, five sites reported increases, and eight sites reported no change. The range and median rate remained virtually unchanged, with a low rate of 1 percent, a high of 28 percent (in Chicago, which reported a rate of 27 percent in 1993), and a median rate of 6 percent. Opiate use is clearly linked to the age of arrestees: at 14 of the 23 sites, those age 36 and older had higher rates of opiate use than any other age group.

Use of at least one drug:

- In 1994, 13 of the 23 sites reported an increase in the percentage of male arrestees testing positive for at least 1 drug, and the median increased to 66 percent from 63 percent in 1993.

The percentage of male arrestees testing positive for any of the 10 illicit drugs included in the DUF survey ranged from 48 to 82 percent, slightly wider than the range reported for 1993 (54 to 81 percent). However, the median increased by 3 percentage points, establishing a trend that began in 1992, when the median rate was 60 percent.

Drug Use Among the Youngest Adult Male Arrestees

Drug use among adult male arrestees ages 15 to 20 continued in a pattern first noted in the 1993 data. (See the Guide to the DUF Site Data Tables on page 47 regarding the interpretation of age categories used in this report.)

- At all 23 sites, male arrestees ages 15 to 20 had the lowest rates of cocaine use.
- Eighteen of the 23 sites reported that the rate of marijuana use among male arrestees ages 15 to 20 was higher than the rate for any other age group.

Cocaine use among the youngest adult male arrestees ranged from 9 to 38 percent, with a median rate of 21 percent. Among older male arrestees, the rate of cocaine use ranged from 21 to 74 percent, with a median of 44 percent. Similarly, opiate use was generally lower for the youngest adult male arrestees.

For marijuana, however, rates were highest among the youngest adult arrestees. Across

Source: U.S. Department of Justice, National Institute of Justice, *Drug Use Forecasting 1994 Annual Report on Adult and Juvenile Arrestees*, November 1995.

the sites, marijuana use among 15- to 20-year-old male arrestees ranged from 26 to 66 percent, with a median rate of 49 percent. Among older male arrestees, rates ranged from 18 to 42 percent, with a median of 26 percent. This difference in rates was established in the 1993 data, though rates among the youngest male arrestees have increased slightly in the past year. (In 1993, rates of marijuana use among 15- to 20-year-old male arrestees ranged from 30 to 60 percent, with a median of 44 percent.)

The percentage of adult male arrestees ages 15 to 20 testing positive for at least one drug was somewhat lower than the rate for older arrestees. Percentages positive for at least one drug among 15- to 20-year-old arrestees ranged from 50 to 73 percent, with a median rate of 60 percent. Among all older male arrestees, rates ranged from 47 to 84 percent, with a median of 66 percent.

Drug Use Among Adult Female Arrestees

Data on a total of 7,839 adult female booked arrestees were collected at 21 sites during 1994. (Data from 20 sites were included in the 1993 DUF Annual Report on Adult Arrestees. Presented for the first time in 1994 are adult female arrestee data from Omaha.)

- Adult female arrestees showed a slight increase in cocaine use and relatively unchanged rates of marijuana and opiate use.
- Cocaine remained the most widely used drug among adult female arrestees.

At all but one site, San Diego, the percentage of female arrestees testing positive for cocaine was higher than the percentage testing positive for marijuana. In many cases, the rate of cocaine use was at least double the rate of marijuana use, a pattern consistent with the 1993 data.

Use of marijuana:

- Marijuana use among adult female arrestees remained largely unchanged from 1993 to 1994. Rates of use in 1994 ranged from 7 to 28 percent, with a median rate of 17 percent. These rates were considerably lower than those for male arrestees.

Compared with rates in 1993, rates of marijuana use in 1994 were higher at 8 sites and lower at 11 sites. Changes of greatest magnitude tended to be downward, with three sites—Manhattan, New Orleans, and San Diego—reporting decreases of 5 or more percentage points and only a single site—Birmingham—reporting an increase of at least 5 percent.

Use of cocaine:

- In 1994, the percentage of adult female arrestees testing positive for cocaine increased slightly and cocaine remained the most common drug used, with rates typically higher than those for adult male arrestees.

Both the range and the median rate of cocaine use increased slightly from 1993 to 1994. The range was from 18 to 80 percent, compared with a range of 19 to 70 percent in 1993. The median rate in 1994 rose to 50 percent from 46 percent in 1993. Rates of cocaine use increased at 9 sites and decreased at 10 sites, and many of these increases and decreases were of substantial magnitude. Increases of 5 percentage points or more were reported at six sites; the largest increase over 1993 was 20 percent, reported in Indianapolis. Decreases of 5 percentage points or more were reported at seven sites, with the largest drops, 18 and 12 percent, occurring in Detroit and New Orleans, respectively.

Use of opiates:

- Use of opiates showed little change among female arrestees but remained generally higher than use by male arrestees.

Overall rates of use showed little change from 1993. Seven sites reported increases and nine sites reported decreases. Opiate use rates ranged from 2 to 30 percent, compared with 3 to 23 percent in 1993. The median rate in 1994 was 8 percent, compared with 9 percent the previous year. Among the various age groups, a general tendency was found toward higher rates of use among older age brackets, with 17 sites reporting that the highest age-specific rate was for arrestees ages 36 and over.

Use of at least one drug:

- Overall drug use, as indicated by the use of at least one drug, remained largely unchanged from 1993 to 1994.

In 1994, 10 sites reported an increase in the percentage of female arrestees testing positive for at least one drug, whereas 9 reported lower rates in 1994. The range of rates across sites widened slightly (32 to 90 percent in 1994, compared with 42 to 83 percent in 1993), but the median rate was essentially unchanged at 67 percent.

Drug Use Among the Youngest Adult Female Arrestees

- Among adult female arrestees ages 15 to 20, use of marijuana is very common, while the use of cocaine and other drugs is fairly limited. Female arrestees in this age group recorded rates of marijuana use higher than all other age groups at 14 of the 21 sites, but this age group also recorded the lowest rates of cocaine use at 18 sites.

In 1994, the overall percentage of 15- to 20-year-old female arrestees testing positive for at least one drug—23 to 68 percent—was generally lower than the rate for older arrestees—33 to 91 percent. The range of cocaine use among these youngest female arrestees was 0 to 53 percent, compared with 19 to 82 percent for older arrestees. For marijuana, however, the range for the youngest arrestees was 16 to 45 percent, whereas the range for older arrestees was 6 to 25 percent. Opiate use continued to be less common than cocaine or marijuana use among these youngest arrestees, ranging from 0 to 29 percent.[2]

Source: U.S. Department of Justice, National Institute of Justice, *Drug Use Forecasting 1994 Annual Report on Adult and Juvenile Arrestees*, November 1995.

Drug Use Among Juvenile Male Arrestees/Detainees

- In general, data for juvenile male arrestees/detainees showed a continued dramatic increase in marijuana use (an increase that was first noted in the 1993 DUF annual report on juvenile arrestees/detainees), a slight increase in the rate of cocaine use, and a continued very low rate of opiate use. Influenced largely by the increased use of marijuana, rates for any drug also increased markedly.

- Marijuana remained the most prevalent drug used by juvenile male arrestees/detainees, exceeding cocaine by a wide margin at all sites.

Eleven of the 12 juvenile sites reported increased rates of marijuana use among male juvenile arrestees/detainees, continuing a broad trend established in 1993, when all 12 sites reported increases in marijuana use. Eight sites reported increases of 5 percent or more over 1993 rates, and five of these sites reported increases of 10 percent or more. (See the chart on the back cover for marijuana trends over the past 3 years.)

- There was a slight upward trend in the percentage of juvenile male arrestees/detainees testing positive for cocaine, though cocaine use remained much less common among juvenile arrestees/detainees than use of marijuana.

Rates for cocaine use increased at eight sites and decreased at four sites. The median percentage positive across the sites rose to 8.5 percent, up from 6.5 percent in 1993.

Drug use and school attendance:

On each site data page for juvenile arrestees/detainees, urinalysis results are presented by correlation to school attendance. (See the Guide to DUF Site Tables on page 47 for an explanation of how school attendance was measured.) These data reveal important information about the relationship between drug use and school attendance.

The proportion of arrestees/detainees who reported attending school ranged from 65 to 90 percent (excluding graduates), figures that are comparable to results for 1993.

- At 11 of 12 sites, the percentage of juvenile arrestees/detainees not in school testing positive for cocaine was higher than the percentage among those in school.

- The rate of cocaine use among those not attending school was up to 3.7 times as high as the rate among those who reported attending school.

- Marijuana use tended to be slightly higher among juveniles not attending school—up to 2.2 times higher than the rate among those who reported attending school.

Of particular interest is the percentage positive for cocaine and marijuana use among juveniles not in school compared with the percentage positive for those in school. For both drugs, rates tended to be higher among those not in school. However, cocaine use distinguished the two groups more than marijuana use. Sharp increases over 1993 in the use of marijuana and cocaine was reported for both groups at most sites.

Drug Use Related to the Offense at Arrest

Researchers have identified links between drug use and several specific categories of crime. Many studies have linked drug use to particular income-generating crimes such as robbery, burglary, or prostitution. Others have focused on the connection between drug use and violent crime.

Researchers frequently rely on self-reports for measuring drug use and other criminal activity. Data from the DUF program, however, provide a unique assessment of these behaviors because they contain an objective measure of drug use (urinalysis) and because they focus on arrestees/detainees apprehended for specific offenses.

At the same time, DUF data have certain limitations for positing a relationship between drug use and other criminal activity. In particular, the DUF urinalysis reveals evidence of drug use within the hours prior to arrest (for most drugs) and cannot be universally interpreted as evidence of drug use at the time of an alleged offense. This is because arrest may occur days or weeks after the alleged offense was committed. The data are further complicated by the possibility that an arrestee may be booked for several offenses. Only the most serious offense is currently recorded in the DUF data, and this offense may be unrelated to the arrestee's use of drugs.[3] Finally, an alleged offense at arrest may or may not adequately characterize an individual's typical criminal activities or the full range of his or her criminal activities.

Data in this report on adult and juvenile offense at arrest is presented for four broad categories (five for female arrestees) and for specific offenses within each category. Offense at arrest is taken from the official arrest register at the site. (See the Guide to the Site Data Tables on page 47 for a description of the categorization of offenses.)

Urinalysis results are reported by offense categories for each site. A thorough examination of the relationship between drug use and offense at arrest requires a multivariate model that controls for a host of other factors including age, ethnicity, and site differences. NIJ is planning a comprehensive analysis of these data for a later publication.

Conclusions

As a number of law enforcement professionals and drug use experts have reported, marijuana use is increasing across the country. For the second year in a row, broad increases in the level of marijuana use among juvenile arrestees/detainees were reported at nearly all juvenile DUF sites. Young adult arrestees—both male and female—also showed significant increases in marijuana use.

This increase has occurred just as many sites are reporting a slight downturn in cocaine use, especially among adult male arrestees. Because adult male arrestees ages 15 to 20 are already among the least likely to test positive for cocaine, it is tempting to forecast a cohort effect that will result in a continued overall decline in cocaine rates as these cohorts age.

Unfortunately, the 1994 juvenile DUF data temper this forecast somewhat: cocaine use was higher in 1994 at 8 of 12 sites. This trend, coupled with high rates of marijuana use, raises questions concerning the relatedness of cocaine use and marijuana use. For instance, to what extent does marijuana use serve as a gateway to cocaine use? To what degree do marijuana and cocaine markets overlap, exposing marijuana users to sources of other drugs?

Although the data presented here cannot answer these questions completely, they give dramatic testimony to the need for a continued focus on the extensive use of drugs among persons entering the criminal justice system. Particular attention must be given to juveniles and young adults. As succeeding cohorts of young persons wrestle with the decision of whether to use drugs, our cities and neighborhoods continue to face the consequences of their decisions. Over the next decade, as the number of teenagers grows in proportion to the general population, drug use and its attendant delinquency may exact an even greater cost from society.

Thomas E. Feucht, Ph.D.
DUF Program Director

[1] Eight sites gathered data on juvenile female arrestees/detainees. Because these samples were typically very small, these data are not presented.

[2] Small sample sizes at some sites limits the statistical significance of some age-specific rates. Sample size is reported on each site data page.

[3] In July 1995, a revised DUF interview form was implemented that will capture information on multiple offenses at arrest.

Methodology

Each quarter, trained local DUF staff obtain voluntary and anonymous urine specimens and interviews from adult arrestees and juvenile arrestees/detainees who have been in a booking facility for not more than 48 hours. Data and urine samples are collected at selected booking facilities throughout the United States. At each of the 23 adult sites, approximately 225 adult males are interviewed each quarter. In all except 2 sites, approximately 100 adult females are also sampled. At 12 of these sites, data and samples are collected each quarter for approximately 100 juvenile male arrestees/detainees. Ten of these sites also collect data on female juvenile arrestees/detainees. However, given the small sample size of DUF female juvenile arrestees/detainees, these data are not presented here.

Response rates for both adults and juveniles are consistently high. More than 90 percent of the total sample consent to be interviewed and over 80 percent agree to provide a urine specimen.

Adult arrestees are selected at the discretion of site personnel, who are guided by a target sample size and crime charge priority system. To obtain samples of adult male arrestees with a sufficient distribution of serious arrest charges, DUF interviewers, where possible, place a priority on felony arrestees and those arrested for offenses other than the sale or possession of drugs. Analyses have shown that those arrested for drug offenses are more likely than other arrestees to be using drugs; as a result, DUF statistics are likely minimum estimates of drug use among the population of those adults arrested for serious offenses. With the exception of Omaha, where all arrestees are included to obtain a sample of sufficient size, males charged with driving offenses generally are excluded from the sample due to DUF's emphasis on more serious crimes. Because they are fewer in number, all adult female arrestees and all juvenile male and female arrestees/detainees brought to the booking center during the data collection period are included in the DUF sample, regardless of the charge.

At most sites, adult and juvenile catchment areas are identical. In 10 adult sites, the catchment area is the entire city. In another 10 adult sites and in 9 of 12 juvenile sites, it is the entire county or parish. (The city of Denver is Denver County in its entirety.) However, in Birmingham and San Diego, the catchment area includes the city and part of the county. In St. Louis and Washington, D.C., it is only the city, excluding the surrounding county, and in Los Angeles it comprises parts of the city and county.

All urine specimens are sent to a central laboratory for analysis for 10 drugs: cocaine, opiates, marijuana, PCP, methadone, benzodiazepines, methaqualone, propoxphene, barbiturates, and amphetamines. All positive results for amphetamines are confirmed by gas chromatography to eliminate those caused only by over-the-counter medications. For most drugs, urinalysis can detect use within the previous 2 to 3 days; use of marijuana and PCP can sometimes be detected several weeks after use.

 Source: U.S. Department of Justice, National Institute of Justice, *Drug Use Forecasting 1994 Annual Report on Adult and Juvenile Arrestees*, November 1995.

Eighty-five percent of felony defendants in the 75 largest counties were male (table 3). By arrest offense, men comprised the largest percentages among defendants charged with rape (97%), weapons offenses (95%), robbery (92%), or burglary (91%). About 1 in 5 defendants charged with property offenses other than burglary, and with drug offenses not involving the sale of drugs were female. Overall, about 1 in 6 defendants charged with a nonviolent offense were female, compared to about 1 in 9 defendants charged with a violent offense.

Without consideration of Hispanic origin, which was poorly reported in some jurisdictions (see *Methodology*), 60% of defendants were black, 39% were white, and 1% were members of other racial groups. About three-fourths of murder and robbery defendants were black, as were about two-thirds of weapons defendants. About 3 in 5 defendants charged with drug sales, aggravated assault, or burglary were black. A large majority of the defendants whose most serious arrest charge was a driving-related offense were white (82%). Whites (48%) and blacks (49%) comprised roughly equal percentages of rape defendants.

Black males accounted for a majority of the defendants whose most serious arrest charge was robbery (71%), murder (66%), or a weapons offense (64%). White males (71%) comprised a majority among the defendants facing driving-related charges.

Table 3. Sex and race of felony defendants, by most serious arrest charge, 1992

Most serious arrest charge	Number of defendants	Percent of felony defendants in the 75 largest counties											
		All defendants				Male				Female			
		Total	Black	White	Other	Total	Black	White	Other	Total	Black	White	Other
All offenses	49,437	100%	60%	39%	1%	85%	51%	33%	1%	15%	9%	6%	–
Violent offenses	13,213	100%	65%	33%	1%	89%	57%	30%	1%	11%	8%	3%	–
Murder	532	100	75	24	1	89	66	22	1	11	9	2	0
Rape	713	100	49	48	2	97	49	45	2	3	0	3	0
Robbery	4,178	100	77	22	1	92	71	20	1	8	6	3	0
Assault	6,414	100	61	38	1	85	51	34	1	15	10	4	–
Other violent	1,377	100	55	44	1	89	46	42	1	11	9	2	0
Property offenses	17,427	100%	56%	43%	2%	83%	46%	36%	1%	17%	10%	7%	–
Burglary	5,800	100	59	39	2	91	53	37	2	9	6	2	–
Theft	6,393	100	55	44	1	79	44	34	1	21	11	10	–
Other property	5,234	100	53	45	2	80	41	37	2	20	12	8	–
Drug offenses	14,682	100%	61%	38%	1%	83%	52%	31%	1%	17%	9%	7%	–
Sales/trafficking	7,907	100	62	37	1	86	54	31	1	14	8	6	–
Other drug	6,775	100	60	39	1	80	50	30	1	20	11	9	–
Public-order offenses	4,116	100%	56%	44%	1%	84%	45%	38%	1%	16%	10%	5%	–
Weapons	1,245	100	68	32	–	95	64	31	–	5	4	1	0
Driving-related	613	100	16	82	2	88	16	71	2	12	1	11	0
Other public-order	2,259	100	59	39	1	77	43	34	1	23	17	6	–

Note: Data on sex and race of defendants were available for 89% of all cases.
Detail may not add to total because of rounding.
–Less than 0.5%.

 Source: U.S. Department of Justice, Bureau of Justice Statistics, *Felony Defendants in Large Urban Counties, 1992*, July 1995.

About half of murder defendants, robbery defendants, and weapons defendants were under age 25, compared to 40% of defendants overall (figure 3). About a third of murder (35%) and robbery (31%) defendants were under age 21, compared to a fifth of defendants overall. Murder (11%) and robbery (10%) defendants were also more likely to be under age 18 than other defendants.

A higher percentage of defendants under the age of 21 (91%) were male than other age groups (table 6). A majority of the defendants in each age group were black, ranging from nearly three-fourths of those under age 18 to just over half of those age 40 or older.

Felony defendants under age 21 or 25 in the 75 largest counties, by most serious arrest charge, 1992

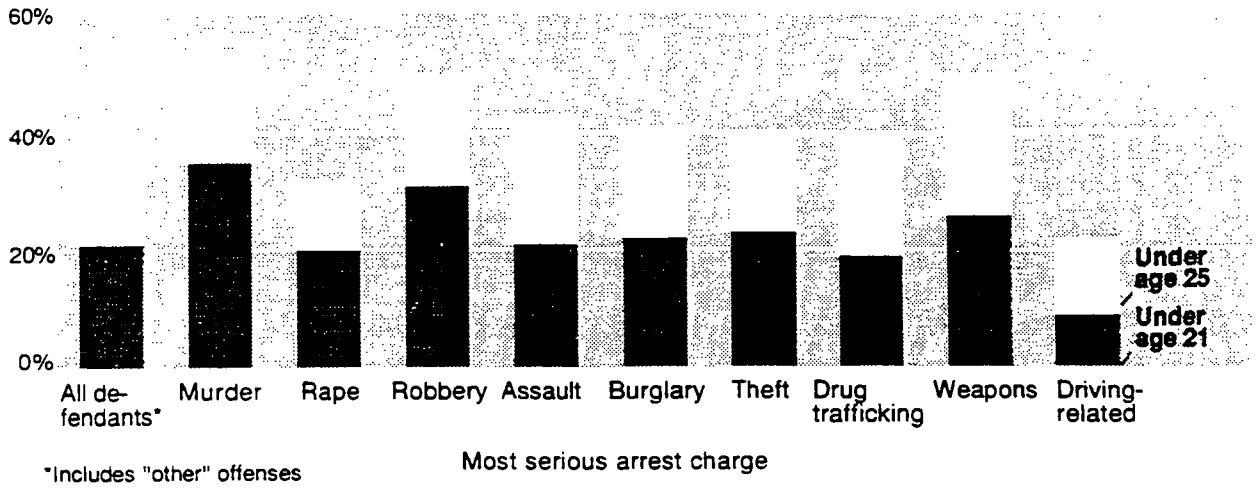


Figure 3

Table 6. Sex and race of felony defendants, by age at arrest, 1992

Age at arrest	Number of defendants	Percent of felony defendants in the 75 largest counties: All defendants Total	All defendants Male	All defendants Female	Black Total	Black Male	Black Female	White Total	White Male	White Female	Other Total	Other Male	Other Female
All ages	48,835	100%	85%	15%	60%	51%	9%	39%	33%	6%	1%	1%	–
Under 18	1,823	100%	92%	8%	71%	65%	6%	27%	25%	2%	1%	1%	–
18-20	8,277	100	91	9	62	57	5	36	33	3	2	2	–
21-24	8,923	100	86	14	58	49	8	41	36	5	1	1	–
25-29	9,934	100	84	16	61	51	10	38	32	6	1	1	–
30-34	8,417	100	81	19	59	48	11	40	32	8	1	1	–
35-39	5,823	100	81	19	61	49	12	38	32	6	1	1	–
40 or older	5,639	100	83	17	55	46	9	44	36	8	1	1	–

Note: Data on age, sex, and race of defendants were available for 88% of all cases.
Detail may not add to total because of rounding.
–Less than 0.5%.

 Source: U.S. Department of Justice, Bureau of Justice Statistics, *Felony Defendants in Large Urban Counties, 1992*, July 1995.

Black males accounted for a majority of the defendants in the under 18 and 18-20 age categories (figure 4). They comprised approximately half of other age groups. White males comprised about a fourth of defendants under age 18 and about a third of older age groups. Black and white females each comprised relatively small percentages of the defendants in each age group.

Race and sex of felony defendants in the 75 largest counties, by age at arrest, 1992

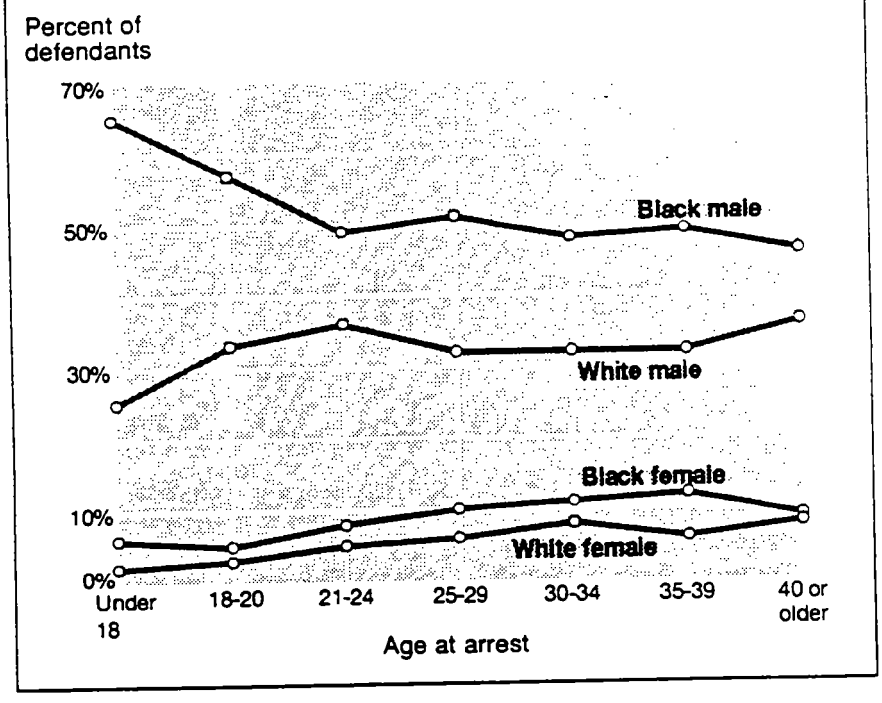


Figure 4

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Felony Defendants in Large Urban Counties, 1992*, July 1995.

Convicted felon populations: Sex, race, and age

In 1992 men comprised nearly 50% of the adult U.S. population but 87% of persons convicted of a felony and 93% of persons convicted of a violent felony (table 5). Whites were 86% of the adult U.S. population but 52% of persons convicted of a felony and 48% of the persons convicted of a violent felony. Corresponding figures for blacks were 11% of the adult U.S. population but 47% of convicted felons and 50% of felons convicted of a

Table 5. Demographic characteristics of persons convicted of felonies by State courts, 1992

Most serious conviction offense	Percent of convicted felons													
	Total	Sex		Race			Age at sentencing							
		Male	Female	White	Black	Other	13-19	20-29	30-39	40-49	50-59	60+	Mean	Median
All offenses	100%	87%	13%	52%	47%	1%	9%	46%	31%	10%	3%	1%	30	28
Violent offenses	100%	93%	7%	48%	50%	2%	13%	46%	27%	9%	3%	2%	29	27
Murder[a]	100	90	10	41	58	1	18	46	23	9	3	1	28	25
Rape	100	98	2	66	30	4	6	38	33	13	6	4	33	31
Robbery	100	94	6	34	65	1	18	53	23	5	1	–	26	25
Aggravated assault	100	90	10	50	48	2	10	45	29	10	4	2	30	28
Other violent[b]	100	93	7	72	27	1	7	37	32	15	5	4	33	31
Property offenses	100%	83%	17%	58%	41%	1%	11%	48%	29%	9%	2%	1%	29	27
Burglary	100	95	5	60	39	1	14	52	26	7	1	–	27	25
Larceny[c]	100	81	19	57	42	1	12	46	29	10	2	1	29	27
Fraud[d]	100	62	38	57	42	1	4	45	35	12	3	1	31	30
Drug offenses	100%	85%	15%	44%	55%	1%	7%	46%	34%	10%	2%	1%	30	29
Possession	100	83	17	44	55	1	7	42	37	12	2	–	31	30
Trafficking	100	86	14	44	55	1	7	49	33	9	2	–	30	28
Weapons offenses	100%	96%	4%	39%	60%	1%	13%	49%	25%	10%	2%	1%	29	27
Other offenses*	100%	90%	10%	64%	34%	2%	7%	41%	34%	13%	4%	1%	31	30

Note: Data on sex were available for 781,681 cases; on race, 550,405; and on age, 712,679.
–Less than 0.5%.
[a]Includes nonnegligent manslaughter.
[b]Includes offenses such as negligent manslaughter, sexual assault, and kidnaping.
[c]Includes motor vehicle theft.
[d]Includes forgery and embezzlement.
*Composed of nonviolent offenses such as receiving stolen property and vandalism.

Felony convictions and sentences relative to the numbers of arrests, 1992

Using data from the NJRP and the FBI's Uniform Crime Reports (UCR) on offenses and arrests, the number of felony convictions in 1992 was compared with the number of crimes reported to police for offenses likely to be felonies and the number of arrests made for these crimes in 1992. These numbers are aggregates and should not be interpreted as representing the disposition of individual cases tracked across processing stages of the criminal justice system. In fact, a person arrested for a specific offense may be convicted of a different crime. Nevertheless, the comparisons illustrate the approximate odds of conviction and a prison sentence, given an arrest for a felony.

For example, the FBI reports that in 1992 about 19,246 adults were arrested for murder (including nonnegligent manslaughter). NJRP data show that 12,548 persons were convicted of murder and 11,670 murderers received a prison sentence. Together the data show that for every 100 persons arrested for murder in the United States in 1992, 65 were convicted of murder, and 61 were sentenced to prison for that offense. Corresponding figures for drug traffickers were 55 convictions and 26 prison sentences for every 100 arrests for drug trafficking.

Offense	Uniform Crime Reports		Number of felony convictions	Number of felony sentences		For 100 arrests		
	Number of crimes reported to police	Number of adults arrested		Incarceration	Prison	Number of felony convictions	Number of felony sentences: Incarceration	Prison
Murder*	23,760	19,246	12,548	12,172	11,670	65	63	61
Rape	109,060	32,805	21,655	18,840	14,725	66	57	45
Robbery	672,480	127,729	51,878	45,653	38,390	41	36	30
Aggravated assault	1,126,970	432,650	58,969	42,458	25,946	14	10	6
Burglary	2,979,900	279,416	114,630	85,973	59,608	41	31	21
Motor vehicle theft	1,610,800	110,063	19,332	14,112	7,926	18	13	7
Drug trafficking	...	311,005	170,806	128,105	81,987	55	41	26

Note: The offenses selected have the greatest comparability across reporting series. A majority, but not all of the presented offenses, are felonies. The offense designations in convictions and sentences came from the most serious offense.
...Data not available.
*Includes nonnegligent manslaughter.
Source: *Crime in the United States, 1992* (FBI, 1993) provided data on reported crime and arrests.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Felony Sentences in State Courts, 1992*, January 1995.

Overall, female inmates reported lower levels of monthly income than male inmates: 55.7% of the women and 42.3% of the men reported a monthly income of less than $500. Those women who had been out of jail or prison for at least a year before their current arrest reported slightly lower monthly incomes than those who had been free for less than a year.

Current offense

The distribution of offenses for female inmates shifted dramatically between 1983 and 1989 (table 3). Over the 6 years, as the proportion of accused or convicted drug offenders among women in jail rose, the proportions of property and violent offenders fell. In 1983 about 1 of every 8 female inmates were in jail for a drug offense; in 1989 nearly 1 of every 3 were in jail for drugs. The increase in female drug offenders between 1983 and 1989 accounted for nearly half of the total increase of the female jail population.

The percentage of women in jail for property offenses decreased from 42.7% in 1983 to 31.9% in 1989. Larceny/theft and fraud, the two most prevalent crime types among female inmates in 1983, declined from 33.6% to 24.5% in 1989.

Table 3. Most serious offense of jail inmates, by sex, 1989 and 1983

Most serious offense	Percent of jail inmates			
	1989		1983	
	Female	Male	Female	Male
All offenses	100.0%	100.0%	100.0%	100.0%
Violent offenses	13.2%	23.5%	21.3%	31.4%
Murder[a]	1.8	2.9	3.8	4.1
Negligent manslaughter	.4	.5	1.5	.6
Kidnaping	1.1	.7	.6	1.4
Rape	0	.9	.1	1.6
Other sexual assault	.2	2.8	.2	2.2
Robbery	3.9	7.0	6.2	11.5
Assault	5.2	7.4	8.1	8.7
Other violent[b]	.6	1.1	.7	1.3
Property offenses	31.9%	29.9%	42.7%	38.3%
Burglary	4.0	11.4	5.1	15.0
Larceny/theft	12.9	7.4	18.4	11.2
Motor vehicle theft	.9	3.0	.7	2.5
Arson	.6	.7	.6	.9
Fraud	11.6	3.2	15.2	4.2
Stolen property	1.4	2.5	1.7	2.6
Other property[c]	.5	1.7	1.0	2.0
Drug offenses	33.6%	21.9%	13.1%	9.0%
Possession	14.9	9.2	7.1	4.6
Trafficking	16.9	11.5	4.6	4.0
Other/unspecified	1.9	1.2	1.4	.5
Public-order offenses	19.0%	23.2%	22.0%	20.5%
Weapons	1.4	2.0	1.1	2.4
Obstruction of justice	3.6	2.8	3.1	1.9
Traffic	1.3	2.8	1.3	2.2
Driving while intoxicated[d]	3.6	9.3	5.2	7.1
Drunkenness/morals[e]	5.3	1.3	8.3	3.0
Violation of parole/probation[f]	3.6	3.0	2.0	2.3
Other public-order[g]	.2	2.0	.9	1.7
Other offenses[h]	2.2%	1.5%	.9%	.8%
Number of inmates	35,625	344,535	15,259	204,314

Note: Excludes an estimated 15,393 inmates in 1989 and 3,979 inmates in 1983 because their offense was unknown. Detail may not add to total because of rounding.
[a]Includes nonnegligent manslaughter.
[b]Includes blackmail, extortion, hit-and-run driving with bodily injury, child abuse, and criminal endangerment.
[c]Includes destruction of property, vandalism, hit-and-run driving without bodily injury, trespassing, and possession of burglary tools.
[d]Includes driving while intoxicated and driving under the influence of drugs or alcohol.
[e]Includes drunkenness, vagrancy, disorderly conduct, unlawful assembly, morals, and commercialized vice.
[f]Includes parole or probation violations, escape, AWOL, and flight to avoid prosecution.
[g]Includes rioting, abandonment, non-support, immigration violations, invasion of privacy, liquor law violations, tax evasion, and bribery.
[h]Includes juvenile offenses and unspecified offenses.

The percentage of women in jail for violent offenses also declined, from 21.3% in 1983 to 13.2% in 1989. Assault and robbery remained the two most prevalent violent crimes, accounting for more than two-thirds of violent offenses committed by the women in 1989.

Female inmates were far more likely than male inmates to be in jail for a drug offense. An estimated 33.6% of the women, compared to 21.9% of the men, were in jail for a drug offense. Male inmates, however, were nearly twice as likely as female inmates to be in jail for a violent offense and about equally likely as female inmates to be in jail for a property or public-order offense.

Detention status

In 1989 more than 6 in 10 women in jail were convicted of an offense (table 4). An estimated 52.2% of the female inmates were sentenced to jail or prison, while an additional 9.2% were awaiting a sentence. Nearly 39% of the female inmates were unconvicted: 22.6% had been arraigned and were awaiting or standing trial at the time of the survey, and 16.0% were awaiting arraignment.

Among jail inmates, women were somewhat more likely than men to have been convicted of an offense. About 57% of the male inmates had been convicted — 49.9% were sentenced and 7.2% were awaiting a sentence.

Table 4. Detention status of jail inmates, by sex, 1989

Detention status	Percent of jail inmates	
	Female	Male
Convicted	61.4%	57.1%
Sentenced	52.2	49.9
Awaiting sentence	9.2	7.2
Unconvicted	38.6%	43.0%
Arraigned and awaiting trial or on trial	22.6	26.5
Not yet arraigned	16.0	16.5
Number of inmates	35,625	345,441

Note: Excludes an estimated 14,488 inmates whose detention status was unknown.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Women in Jail 1989*, March 1992.

Convicted and unconvicted female inmates differed greatly in the types of offenses for which they were currently held (table 5). Convicted female inmates were more likely than those awaiting trial or arraignment to be in jail for a property or public-order offense, but less likely to be in jail for a violent offense. Nearly 20% of the unconvicted female inmates were in jail for a violent offense, compared to less than 10% of the convicted female inmates.

Among convicted female inmates, the percentage of black women in jail for a violent offense was almost twice that of white women (12.6% compared to 6.4%). More than 1 in 4 white women were convicted of a public-order offense, compared to about 1 in 8 black women.

Sentence length

About half of the female jail inmates in 1989 were sentenced. More than three-quarters of these women expected to serve their sentences in a local jail (table 6). An estimated 15.4% of the sentenced female inmates were expected to serve their time in prison, compared to 11.6% of the sentenced male inmates.

On average, women and men sentenced to jail received very similar sentences: half of both women and men reported a jail sentence of 6 months or less. Among female jail inmates sentenced to State or Federal prison, half received a maximum sentence of 60 months or less. On average, women received shorter sentences than men; the mean prison sentence for women was 72 months and for men, 103 months. This difference is explained in part by the larger percentage of violent offenders among men awaiting transfer to prison.

More than a third of the sentenced female jail inmates had special conditions imposed as part of their sentence, while about a quarter of the male inmates had a special condition imposed. Women were more likely than men to have a sentence that included drug treatment (13.7% versus 4.5%), victim restitution (9.4% versus 5.5%), or community service (7.7% versus 3.0%).

Table 5. Most serious current offense of female jail inmates, by conviction status and race, 1989

Most serious offense	Percent of convicted female inmates			Percent of unconvicted female inmates		
	All*	White	Black	All*	White	Black
All offenses	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Violent offenses	9.2%	6.4%	12.6%	19.6%	16.7%	20.0%
Homicide	1.1	.8	1.7	3.9	3.7	4.4
Robbery	3.5	2.0	5.3	4.6	3.1	6.6
Assault	3.6	2.9	4.4	7.7	7.4	8.4
Other violent	.9	.7	1.1	3.4	2.5	0.6
Property offenses	34.5%	31.8%	38.8%	27.9%	26.3%	30.1%
Burglary	2.9	3.5	2.4	5.7	5.6	5.6
Larceny/theft	15.4	13.7	17.9	9.0	7.5	11.4
Fraud	13.3	11.5	15.6	8.9	9.3	8.2
Other property	2.5	3.1	2.9	4.2	3.9	4.9
Drug offenses	32.7%	32.2%	33.8%	35.1%	36.2%	36.5%
Possession	16.5	15.1	17.7	12.3	11.4	14.5
Trafficking	15.4	16.1	15.3	19.3	21.5	18.2
Other drug	.8	.9	.8	3.6	3.3	3.8
Public-order offense	21.4%	27.9%	11.9%	15.3%	18.2%	11.7%
Obstruction of justice	2.8	3.8	1.7	5.0	5.5	4.8
Driving while intoxicated	5.3	9.4	.4	1.0	2.0	0
Commercialized vice	5.7	5.5	5.0	2.2	1.5	2.5
Violation of parole/probation	4.1	4.4	3.1	2.8	3.1	2.0
Other public-order	3.5	4.9	1.7	4.4	6.1	2.3
Other offenses	2.3%	1.7%	2.9%	2.1%	2.6%	1.8%
Number of inmates	21,854	11,596	9,637	13,771	6,703	6,457

Note: Excludes an estimated 1,758 jail inmates whose conviction status or offense was unknown.
Detail may not add to 100% because of rounding.
*Includes Asians, Pacific Islanders, American Indians, Alaska Natives, and other racial groups.

Table 6. Sentence length and special sentencing conditions of jail inmates, by sex, 1989

	Sentenced jail inmates, 1989	
	Female	Male
Location where sentence was to be served		
Jail	77.0%	76.1%
Prison	15.4	11.6
Unknown	7.6	12.3
Maximum sentence length		
Sentenced to jail		
Median	6 mos.	6 mos.
Mean	16	18
Awaiting transfer to State or Federal prison		
Median	60 mos.	72 mos.
Mean	72	103
Special conditions*		
Any condition or restriction	35.8%	26.8%
Restitution	9.2	5.5
Community service	7.7	3.0
Drug treatment	13.7	4.5
Alcohol treatment	7.2	6.4
Psychiatric/psychological counseling	1.3	1.9
Regular employment	6.1	2.4
House arrest	1.6	1.0
Other	15.5	13.0
Number of inmates	16,375	147,281

Note: Data include only those inmates who were new court commitments with a valid sentence length.
*Detail may add to more than 100% because an inmate may have received more than one special sentencing condition.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Women in Jail 1989*, March 1992.

example, women currently in jail for a violent offense were more likely than those in for other offenses to have a prior sentence for a violent offense (table 10). An estimated 15.5% of the female offenders currently in jail for a violent offense had been convicted of a violent offense in the past, compared to 9.7% of the property offenders and 7.9% of the drug offenders.

The current offenses of nonviolent offenders, considered in relation to past convictions, showed the same pattern. An estimated 64.1% of the female inmates in jail for a property offense had a prior conviction for a property offense; 32.9% of the drug offenders had a prior drug conviction; and 55.9% of those in jail for a public-order offense had a prior public-order offense.

Violent female inmates and their victims

Most women in local jails who had been convicted of a violent crime reported that they had victimized either someone close to them or someone they knew (table 11). In 1989 an estimated 16.0% had victimized a relative; 15.4% had victimized an intimate (a boyfriend, girlfriend or ex-spouse); 16.8% had victimized a friend or other person they had known well; and 13.3% had victimized a casual acquaintance.

About half of the women (49.6%) and men (49.3%) in jail following conviction for a violent crime had victimized a female. A smaller percentage of female inmates than of male inmates had victimized a minor (14.4% versus 24.8%).

Table 11. Characteristics of victims of convicted violent jail inmates, by sex of inmates, 1989

Victim characteristic	Percent of convicted jail inmates	
	Female	Male
Sex		
Male	50.4%	50.7%
Female	48.5	40.7
Both	1.1	8.6
Race		
White	57.0%	65.7%
Black	39.0	28.3
Other	4.0	2.4
Mixed	0	3.6
Age		
Minor	13.5%	22.7%
Adult	85.6	75.2
Both	.9	2.1
Victim/offender relationship		
Close	31.4%	22.9%
Relative	16.0	16.1
Intimate	15.4	6.8
Known	30.1%	32.9%
Well-known	16.8	13.1
Casual	13.3	19.8
Stranger	38.4%	44.1%
Number of inmates	1,850	31,816

Note: For sex, race, and age of the victim, the categories "both" and "mixed" refer only to multiple-victim crimes where the characteristics of the victims differed. The victim-offender relationship is based on the closest relation from among multiple victims, if relationships differed.

Drug use

In general, female inmates used more drugs and used those drugs more frequently than male inmates (table 12). More than half of the convicted female inmates had used drugs in the month prior to their current offense. A higher percentage of women than men had used drugs daily in the month prior to the offense (40.1% compared to 28.6%) and at the time of the current offense (37.5% compared to 25.9%).

Women were more likely than men to have used a major drug (heroin, cocaine or crack, LSD, PCP, or methadone) in the month before their current offense. More than twice as many women as men had used a major drug daily. Nearly a third of the convicted women, but less than a fifth of the men, committed their offense under the influence of a major drug.

Table 12. Drug use history of convicted jail inmates, by sex, 1989

Drug use	Percent of inmates	
	Female	Male
Any drug[a]		
Ever used	83.6%	77.4%
Ever used on a regular basis	70.0	56.8
Used in the month before current offense	55.1	42.7
Used daily in the month before current offense	40.1	28.6
Under the influence at the time of current offense	37.5	25.9
Major drug[b]		
Ever used	70.7%	54.5%
Ever used on a regular basis	56.7	35.4
Used in the month before current offense	43.9	25.9
Used daily in the month before current offense	31.8	15.7
Under the influence at the time of current offense	31.3	16.8
Number of inmates	21,782	196,620

[a]Includes cocaine, heroin, PCP, LSD, methadone, marijuana or hashish, amphetamines, barbiturates, methaqualone, and all other drugs.
[b]Includes only cocaine, heroin, PCP, LSD, and methadone.

Table 10. Criminal history of female jail inmates, by most serious current offense, 1989

Criminal history	Most serious current offense				
	Total	Violent	Property	Drug	Public-order
Total	100.0%	100.0%	100.0%	100.0%	100.0%
First offense	31.5%	45.4%	23.3%	36.6%	26.0%
Previous offenses	68.5%	54.6%	76.7%	63.4%	74.0%
Violent offenses	10.0	15.5	9.7	7.9	10.8
Property offenses	40.2	27.1	64.1	30.3	30.3
Drug offenses	20.6	12.9	11.4	32.9	19.4
Public-order offenses	30.5	21.4	23.5	27.1	55.9
Number of inmates	35,087	4,656	11,233	11,771	6,642

Note: Excludes an estimated 2,296 inmates for whom data on present or prior offenses were unknown. Subtotals may add to more than total because inmates may have been sentenced more than once or for more than one type of offense.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Women in Jail 1989*, March 1992.

Drug use among female inmates changed between 1983 and 1989 (table 13). The percentage of convicted female inmates who reported using cocaine or crack in the month before their offense more than doubled, from 15.2% in 1983 to 39.3% in 1989. The percentage who had reported use of marijuana or hashish declined from 33.4% to 23.4%. The use of other types of drugs either declined or remained about the same during the period.

The percentage of convicted female inmates reporting that they were under the influence of drugs at the time of the current offense increased from 31.2% in 1983 to 37.5% in 1989. More than 3 of every 10 convicted female inmates in 1989 had been under the influence of a major drug at the time of their offense. In 1989 an estimated 24.9% had been under the influence of cocaine or crack — more than triple the percentage in 1983 (7.4%). The reported use of drugs other than cocaine or crack at the time of the offense, however, declined from 1983 to 1989.

Many women in jail have a long history of prior drug use and past treatment for drug abuse. Nearly 1 in 5 convicted female inmates in 1989 said they committed their current offense in order to get money to buy drugs. A quarter of the convicted female inmates had a prior sentence to probation,

Table 13. Drug use by convicted female jail inmates, by type of drug, 1989 and 1983

Type of drug	Percent of convicted female inmates who had used drugs: In the month before the offense 1989	In the month before the offense 1983	At the time of the offense 1989	At the time of the offense 1983
Any drug	55.1%	50.5%	37.5%	31.2%
Major drug	43.8%	27.1%	31.3%	20.8%
Cocaine or crack	39.3	15.2	24.9	7.4
Heroin	15.0	17.3	12.0	12.9
LSD	.8	1.4	.1	.7
PCP	2.1	3.7	.8	2.2
Methadone	1.1	1.7	.7	2.2
Other drug	27.4%	39.8%	9.9%	16.6%
Marijuana	23.4	33.4	5.0	8.0
Amphetamines	6.6	8.7	4.1	4.0
Barbiturates	3.0	6.9	1.4	3.1
Methaqualone	1.0	2.6	.2	1.0

Note: Detail may add to more than total because an inmate may have been using more than one drug.

How sentenced jail inmates used their time, 1989

Data on how inmates spend their time while serving their jail sentences were collected for the first time in the 1989 survey. Each respondent was asked a series of questions concerning the amount of time spent inside and outside their cells, doing physical exercise or working at an assigned job.

	Inmates sentenced to jail: Female	Male
Average number of hours per day spent in cell or room	16.8 hrs.	14.6 hrs.
Average number of hours per day spent doing physical exercise outside cell	1.2 hrs.	1.5 hrs.

On average, female inmates said they spend almost 17 hours a day in their cells or other housing units and about an hour a day outside of their cells doing physical exercise. Male inmates said they spent fewer hours in their cells (an average of about 15 hours per day) and slightly more time exercising (1.5 hours per day).

Women were less likely than men to have work assignments: 43.8% of the women compared to 58.9% of the men said they had work assignments inside or outside the jail facility. About an equal percentage of female (37.7%) and male inmates (41.1%) reported they had been assigned work within the facility; however, female inmates were significantly less likely than male inmates to work outside the jail (8.1% versus 23.2%).

Among jail inmates with work assignments, females reported working an average of 4.2 hours per day; males reported an average of 5.9 hours per day. The most common work assignment cited by female inmates was janitorial work (39.2%), followed by food preparation (18.0%), and then by other service jobs including work in the library, stockroom, or office (12.9%). The most common work assignment cited by male inmates was maintenance (28.5%), followed by food preparation (25.5%) and janitorial work (23.3%).

	Inmates sentenced to jail: Female	Male
Percent of inmates with work assignments		
Total[a]	43.8%	58.9%
Inside the jail	37.7	41.1
Outside the jail	8.1	23.2
Average number of hours per day spent working[b]	4.2 hrs.	5.9 hrs.
Percent of inmates assigned work, by type of work[a,b]		
Janitorial	39.2%	23.3%
Maintenance	5.4	28.5
Goods production/farming	4.2	5.9
Food preparation	18.0	25.5
Hospital, infirmary or other medical services	4.6	.2
Laundry	9.8	5.0
Other services (library, stockroom, store, office help, etc.)	12.9	7.7
Other	10.5	12.7

[a]Detail may add to more than total because inmates may have had work assignment both inside and outside the facility or more than one work assignment.
[b]Based on inmates with work assignments.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Women in Jail 1989*, March 1992.

jail, or prison for a drug law violation. More than a third had participated in a drug treatment program. About a 10th were receiving treatment at the time of the survey.

	Percent of convicted female inmates, 1989
Who committed offense to get money for drugs	21.6%
Who had a prior sentence for a drug offense	24.5%
Who had ever received drug treatment	36.6%
Who were in treatment at time of the survey	11.2%

Table 14. Alcohol use and treatment of jail inmates, 1989

	Percent of jail inmates	
	Female	Male
Who had ever been an alcoholic	13.2%	21.7%
Who had ever participated in an alcohol abuse treatment program	9.5%	15.3%
Who were under the influence of alcohol at the time of the current offense*	20.6%	43.5%
Who reported drinking for 5 or more hours before the current offense*	9.0%	19.2%
Who reported being drunk or very drunk at time of the current offense*	8.4%	20.8%

*Based on convicted inmates only.

Alcohol abuse and treatment

The percentages of convicted female inmates were half those of convicted male inmates for each of three measures of alcohol use — being under the influence of alcohol at the time of the offense, drinking for 5 or more hours before the current offense, or being drunk and very drunk when committing the offense (table 14). About 21% of the women in jail said that they had committed their offense under the influence of alcohol, compared to an estimated 44% of the men. Nine percent of the women reported drinking for 5 or more hours before the offense, and 8% said they were drunk. Among the men about 20% had been drinking for 5 or more hours and more than 20% reported committing their offense while drunk.

Women also had lower levels of prior alcohol abuse than men. About 1 in every 8 female inmates versus 1 in 5 male inmates said they had been alcoholics at some time before their admission to jail. A smaller percentage of the female inmates (9.5%) than male inmates (15.3%) had participated in an alcohol abuse treatment program.

Mothers in jail

A large majority of women in jail were mothers. Nearly three-quarters of the women in jail had children, and more than two-thirds of the women had a child or children under age 18 (table 15). At the time of the survey, these 25,173 women had more than 52,000 children under age 18. Two-thirds of the women with young children were living with their children before entering jail. Black women were slightly more likely than white women to have children under age 18 and to have been living with them before entering jail.

Relatives cared for most of the children of mothers in jail. About a quarter of the mothers with young children said that one or more of their children were living with the father at the time of the survey. Half of the women said their children were living with a grandparent, most often a maternal grandparent, and a fifth said their children were living with other relatives. Less than a tenth of the mothers indicated that their children were in a foster home or other institutional setting.

An estimated 84.5% of the women indicated that they intended to live with their young children after release from jail. More than 90% of the black mothers, compared to 77.7% of the white mothers, said they would live with their children after their release.

Table 15. Children of female jail inmates, by race, 1989

Characteristic	Percent of female inmates		
	All[a]	White	Black
Have children			
No	26.2%	28.6%	23.3%
Yes	73.8	71.5	76.7
Any under age 18	67.9	64.9	71.3
Adult only	5.9	6.6	5.4
Number of inmates	37,071	19,306	16,513
Number of children under age 18[b]			
1	37.8%	38.9%	35.5%
2	33.4	37.0	31.3
3	17.9	14.9	21.1
4	6.4	5.3	7.9
5 or more	4.4	3.9	4.2
Lived with child(ren) under 18 before entering jail[b]			
No	32.8%	35.9%	27.7%
Yes	67.2	64.1	72.3
Where child(ren) under 18 live(s) now[a,b]			
Child's father	23.5%	30.1%	15.8%
Maternal grandparents	41.6	34.9	50.0
Paternal grandparents	8.7	9.3	7.1
Other relative	22.9	18.6	27.0
Friends	4.3	4.2	4.5
Foster home	6.5	7.2	6.1
Agency/institution	1.6	2.2	0.9
Other	4.0	5.0	1.9
Plan to live with child(ren) under 18 after release from jail[b]			
Yes	84.5%	77.7%	91.7%
No	12.4	18.1	6.3
Don't know	3.1	4.3	1.9

Note: Female inmates had an estimated total of 52,267 children under age 18.
[a]Includes Asians, Pacific Islanders, American Indians, Alaska Natives, and other racial groups.
[b]Percents are based on those inmates with children under age 18.
[b]Percents add to more than 100% because inmates with more than one child may have provided multiple responses.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Women in Jail 1989*, March 1992.

State prison admissions Most of the 431,279 admissions to State prison in 1992 were members of a racial minority, men, under age 30, and entering directly from court. Almost three-quarters of them were entering for a nonviolent offense.

- 92% male
- 54% black and 45% white
- 20% Hispanic of any race
- 54% under age 30

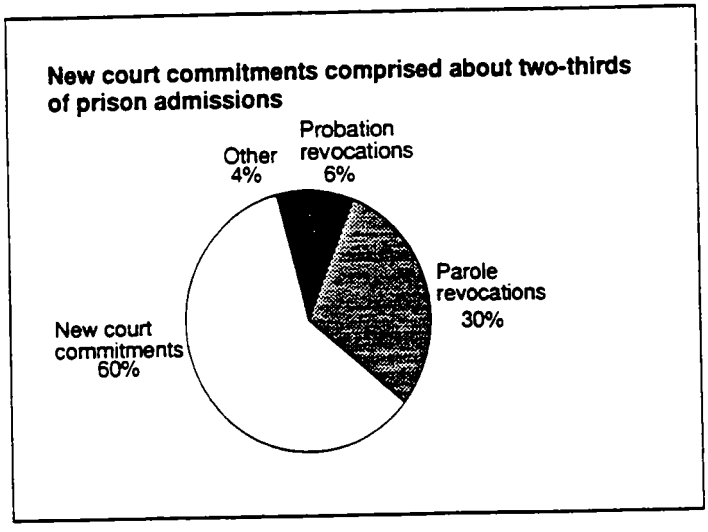


Fig 1a

Black, Asian, Native American, and Hispanic inmates made up 67% of all new court commitments.

Race	Percent of new court commitments with a sentence greater than a year		
	All	Male	Female
All	100%	100%	100%
White	33	33	36
Black	47	47	52
Other	1	1	1
Hispanic	19	20	12
Total number	204,197	187,043	17,154

Offenses Nonviolent inmates comprised 71% of new court admissions, while violent offenders made up 29%. Six offenses made up 65% of the admissions to prison following a court sentence. Two of the six were drug offenses, which were responsible for almost a quarter of the admissions.

Offenses	Percent of new court commitments
Drug trafficking	19%
Burglary	13
Robbery	10
Assault	8
Larceny/theft	8
Drug possession	7

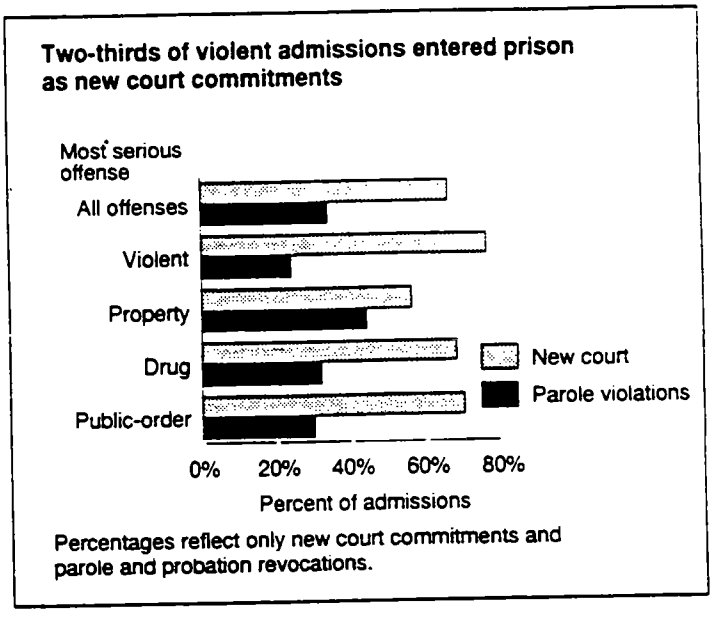


Fig 1b

- Murderers comprised 2% of new court commitments.

Drug trafficking accounted for the largest percentage of both men (18%) and women (24%) admitted to prison for the first time on their sentence in 1992. Whites were more likely to enter prison for burglary, and blacks, for drug trafficking.

New court commitments			
Male inmates		Female inmates	
18%	Drug trafficking	24%	Drug trafficking
14	Burglary	16	Larceny/theft
10	Robbery	12	Fraud
White inmates		**Black inmates**	
17%	Burglary	22%	Drug trafficking
14	Drug trafficking	13	Robbery
9	Larceny/theft	11	Burglary

Sentence length Almost 94% of new court commitments entered prison with a maximum sentence greater than 1 year but less than life. Half of State prison admissions were serving a maximum sentence of 4 years or less.

- Violent offenders entering prison in 1992 had an average sentence of 104 months, almost twice the sentence of property and drug offenders and almost 2½ times that of public-order offenders.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *National Corrections Reporting Program, 1992*, October 1994.

Table 1–10. Parole revocations returned to State prison, 1992: Offense, by sex, race, and Hispanic origin

Most serious offense	Parole revocations returned to State prison						
		Sex		Race			
	All	Male	Female	White	Black	Other	Hispanic
All offenses	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %
Violent offenses	24.0 %	24.7 %	14.3 %	21.6 %	26.1 %	33.4 %	20.6 %
Homicide	2.1	2.1	2.0	1.9	2.2	4.0	1.5
Murder/nonnegligent manslaughter	1.6	1.6	1.4	1.3	1.7	1.8	1.2
Murder	1.3	1.3	1.0	1.1	1.4	1.2	0.9
Nonnegligent manslaughter	0.3	0.3	0.4	0.3	0.3	0.6	0.4
Negligent manslaughter	0.5	0.5	0.6	0.6	0.4	2.0	0.3
Unspecified homicide	0.0 *	0.0 *	0.1	0.0 *	0.0 *	0.2	0.0 *
Kidnaping	0.4	0.5	0.2	0.5	0.4	0.9	0.4
Rape	1.8	1.9	0.1	1.9	1.7	3.4	1.0
Other sexual assault	1.5	1.6	0.1	2.2	0.9	3.1	1.2
Robbery	12.2	12.5	7.5	9.0	15.0	9.0	10.5
Assault	5.6	5.8	3.8	5.5	5.6	12.2	5.6
Other violent	0.5	0.4	0.6	0.6	0.3	0.7	0.3
Property offenses	40.3 %	40.1 %	43.6 %	45.7 %	35.6 %	44.5 %	37.1 %
Burglary	20.0	20.7	9.2	22.3	17.7	21.2	19.7
Larceny/theft	10.8	10.2	20.5	12.2	9.9	12.3	10.9
Motor vehicle theft	3.6	3.8	1.1	4.5	2.8	4.8	4.3
Arson	0.4	0.4	0.6	0.6	0.3	0.4	0.2
Fraud	3.6	3.0	11.2	4.4	2.9	3.9	1.3
Stolen property	1.3	1.4	0.7	1.2	1.5	0.8	0.6
Other property	0.5	0.5	0.2	0.6	0.5	1.0	0.1
Drug offenses	26.4 %	25.7 %	36.1 %	20.4 %	31.3 %	11.4 %	32.7 %
Possession	5.2	5.1	6.7	4.2	5.8	1.9	4.8
Trafficking	14.8	14.6	17.4	10.2	18.4	6.5	18.3
Other/unspecified drug	6.3	5.9	12.0	5.9	7.1	3.0	9.6
Public–order offenses	6.8 %	6.9 %	4.2 %	9.2 %	4.7 %	9.2 %	6.8 %
Weapons	2.5	2.6	0.9	2.3	2.6	1.9	2.6
Driving while intoxicated	1.9	2.0	0.6	3.7	0.4	3.5	3.1
Other public–order	2.3	2.3	2.7	3.2	1.7	3.9	1.1
Other offenses	2.5 %	2.6 %	1.9 %	3.1 %	2.3 %	1.5 %	2.7 %
Number of admissions	123,637	115,786	7,795	54,147	61,925	953	20,899

*Less than 0.05%.

 Source: U.S. Department of Justice, Bureau of Justice Statistics, *National Corrections Reporting Program, 1992*, October 1994.

Table 1–11. New court commitments to State prison, 1992: Offense, by sex and race

Most serious offense	New court commitments to State prison			
	Male		Female	
	White	Black	White	Black
All offenses	100.0 %	100.0 %	100.0 %	100.0 %
Violent offenses	29.4 %	29.7 %	15.2 %	17.4 %
Homicide	4.0	4.1	4.2	3.9
Murder/nonnegligent manslaughter	2.5	3.0	2.4	2.4
Murder	2.1	2.6	1.9	1.7
Nonnegligent manslaughter	0.4	0.4	0.5	0.6
Negligent manslaughter	1.4	1.0	1.7	1.5
Unspecified homicide	0.1	0.1	0.1	0.1
Kidnaping	0.7	0.5	0.5	0.2
Rape	3.4	1.8	0.4	0.1
Other sexual assault	6.4	1.7	0.9	0.1
Robbery	6.7	13.2	4.3	6.1
Assault	7.4	7.8	3.8	6.2
Other violent	0.9	0.5	1.1	0.7
Property offenses	37.3 %	26.5 %	41.3 %	35.0 %
Burglary	17.4	11.5	7.3	3.7
Larceny/theft	8.6	6.9	15.2	17.5
Motor vehicle theft	3.0	2.2	1.4	0.6
Arson	0.8	0.4	0.7	0.8
Fraud	4.1	2.5	14.7	10.2
Stolen property	2.2	2.2	1.5	1.8
Other property	1.1	0.8	0.5	0.4
Drug offenses	20.5 %	35.7 %	34.7 %	42.2 %
Possession	3.5	8.7	6.1	8.8
Trafficking	13.3	21.3	20.3	25.0
Other/unspecified drug	3.6	5.7	8.3	8.4
Public–order offenses	11.6 %	7.4 %	7.1 %	4.7 %
Weapons	1.8	3.1	0.4	0.9
Driving while intoxicated	5.1	0.8	2.4	0.2
Other public–order	4.7	3.4	4.3	3.5
Other offenses	1.3 %	0.8 %	1.7 %	0.8 %
Number of admissions	108,272	129,702	9,198	13,335

Source: U.S. Department of Justice, Bureau of Justice Statistics, *National Corrections Reporting Program, 1992*, October 1994.

Table 1–22. New court commitments to State prison, 1992: Sentence length and minimum time to be served, by offense and sex

Most serious offense	New court commitments to State prison									
	Maximum sentence length in months[a]				Minimum time to be served in months[b]				Percent of sentence expected to be served[c]	
	Male		Female		Male		Female			
	Median[d]	Mean[e]	Median	Mean	Median	Mean	Median	Mean	Male	Female
All offenses	48 mos.	77 mos.	36 mos	56 mos.	24 mos.	38 mos.	18 mos	25 mos	49.4 %	44.6 %
Violent offenses	84 mos.	120 mos.	60 mos.	101 mos.	36 mos.	63 mos	29 mos.	47 mos.	52.5 %	46.5 %
Homicide	252	229	180	167	97	136	60	85	59.4	50.9
Murder/nonnegligent manslaughter	420	310	288	224	216	188	100	125	60.6	55.8
Murder	600	333	300	228	240	210	143	140	63.1	61.4
Nonnegligent manslaughter	252	226	252	215	84	80	72	71	35.4	33.0
Negligent manslaughter	120	139	84	119	48	61	36	48	43.9	40.3
Unspecified homicide	Life	175	--	--	Life	82	--	--	46.9	--
Kidnaping	120	147	63	112	40	71	38	52	48.3	46.4
Rape	120	152	180	179	53	74	44	71	48.7	39.7
Other sexual assault	72	110	67	113	30	53	30	44	48.2	38.9
Robbery	78	111	60	92	36	54	28	38	48.6	41.3
Assault	60	90	48	70	30	48	24	32	53.3	45.7
Other violent	54	67	36	51	24	40	15	26	59.7	51.0
Property offenses	42 mos.	58 mos.	30 mos.	44 mos.	20 mos.	27 mos.	15 mos.	18 mos.	46.6 %	40.9 %
Burglary	48	72	48	68	24	33	24	28	45.8	41.2
Larceny/theft	36	44	24	36	15	18	12	15	40.9	41.7
Motor vehicle theft	36	47	33	36	24	29	20	24	61.7	66.7
Arson	60	86	54	77	24	34	22	27	39.5	35.1
Fraud	36	51	34	48	18	21	15	19	41.2	39.6
Stolen property	36	43	24	35	13	19	10	15	44.2	42.9
Other property	36	45	24	27	14	25	6	14	55.6	51.9
Drug offenses	48 mos.	63 mos.	36 mos.	51 mos.	22 mos.	29 mos.	18 mos.	22 mos.	46.0 %	43.1 %
Possession	48	59	40	49	21	27	18	22	45.8	44.9
Trafficking	48	66	36	56	24	30	20	24	45.5	42.9
Other/unspecified drug	36	51	24	35	16	23	6	15	45.1	42.9
Public–order offenses	36 mos.	45 mos.	30 mos.	38 mos.	18 mos	24 mos.	12 mos.	17 mos.	53.3 %	44.7 %
Weapons	36	49	24	33	20	26	16	18	53.1	54.5
Driving while intoxicated	36	42	36	40	12	16	12	17	38.1	42.5
Other public–order	30	41	30	38	15	24	12	17	58.5	44.7
Other offenses	48 mos.	60 mos.	36 mos.	58 mos.	27 mos.	44 mos.	24 mos.	34 mos.	73.3 %	58.6 %
Number of admissions	144,841		13,819		144,841		13,819			

Note: Data are based on new court commitments for whom the most serious offense, sentence length, and sex were reported.

-- No statistic was calculated because there were fewer than 10 cases

[a]Maximum sentence length is the sentence length that an offender may be required to serve for the most serious offense.

[b]Minimum time to be served is the jurisdiction's estimate of the shortest time that each admitted prisoner must serve before becoming eligible for release.

[c]The percent of sentence that authorities expect prisoners to serve is calculated by dividing the mean minimum time to be served by the mean maximum sentence length.

[d]Includes sentences of life without parole, life plus additional years, life, and death.

[e]Excludes sentences of life without parole, life plus additional years, life, and death.

Table 3–4. First entries to parole supervision from State prison, 1992: Offense, by sex and race

Most serious offense	First entries to parole supervision			
	Male		Female	
	White	Black	White	Black
All offenses	100.0 %	100.0 %	100.0 %	100.0 %
Violent offenses	24.4 %	27.7 %	12.6 %	16.7 %
Homicide	2.7	2.6	3.2	3.6
Murder/nonnegligent manslaughter	1.4	1.7	1.6	2.2
Murder	1.0	1.2	1.2	1.3
Nonnegligent manslaughter	0.4	0.6	0.5	0.9
Negligent manslaughter	1.2	0.8	1.6	1.4
Unspecified homicide	0.0 *	0.0 *	0.0 *	0.0
Kidnaping	0.5	0.4	0.2	0.2
Rape	2.2	1.5	0.2	0.2
Other sexual assault	4.3	1.4	0.6	0.1
Robbery	7.2	14.5	4.4	6.5
Assault	6.7	6.9	3.0	5.5
Other violent	0.7	0.5	1.0	0.6
Property offenses	37.7 %	29.0 %	41.9 %	34.7 %
Burglary	18.9	13.3	8.3	4.1
Larceny/theft	8.6	7.6	14.5	17.7
Motor vehicle theft	3.2	2.6	1.6	0.6
Arson	0.9	0.4	0.9	0.7
Fraud	3.9	2.7	15.6	10.2
Stolen property	1.4	1.8	0.6	1.2
Other property	0.9	0.6	0.3	0.3
Drug offenses	22.3 %	34.8 %	35.7 %	42.2 %
Possession	4.5	10.2	9.2	12.3
Trafficking	14.0	21.1	18.6	24.1
Other/unspecified drug	3.8	3.5	7.9	5.8
Public–order offenses	13.9 %	7.7 %	7.9 %	5.4 %
Weapons	1.7	2.8	0.4	0.8
Driving while intoxicated	7.4	1.3	2.8	0.3
Other public–order	4.8	3.6	4.6	4.2
Other offenses	1.7 %	0.8 %	2.0 %	1.0 %
Number of parole entries	65,044	77,966	6,136	8,301

*Less than 0.05%.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *National Corrections Reporting Program, 1992*, October 1994.

Table 4–11. Successful first State parole discharges, 1992: Time served in prison and on parole, by offense and sex

Most serious offense	Successful first State parole discharges					
	Male			Female		
	Percent of discharges	Mean time served		Percent of discharges	Mean time served	
		Prison	Parole		Prison	Parole
All offenses	100.0 %	21 mos.	17 mos.	100.0 %	15 mos.	15 mos.
Violent offenses	25.7 %	35 mos.	23 mos.	16.6 %	28 mos.	21 mos.
Homicide	3.1	56	30	4.7	42	25
Murder/nonnegligent manslaughter	1.7	73	36	2.6	52	29
Murder	1.1	88	33	1.4	65	26
Nonnegligent manslaughter	0.6	48	40	1.2	38	31
Negligent manslaughter	1.4	34	23	2.1	29	21
Kidnaping	0.5	43	21	0.2	25	14
Rape	1.7	53	29	0.2	45	29
Other sexual assault	3.3	31	25	0.4	26	27
Robbery	9.2	37	26	5.3	25	25
Assault	7.2	21	14	5.0	17	14
Other violent	0.6	23	20	0.9	22	19
Property offenses	32.3 %	19 mos.	14 mos.	39.8 %	12 mos.	12 mos.
Burglary	14.5	24	17	5.0	16	15
Larceny/theft	8.3	13	11	17.7	10	12
Motor vehicle theft	1.9	15	12	0.6	10	9
Arson	0.7	29	21	0.6	24	18
Fraud	3.5	15	11	13.8	14	12
Stolen property	2.2	17	12	1.5	10	10
Other property	1.0	14	10	0.5	14	14
Drug offenses	27.5 %	16 mos.	17 mos.	35.1 %	14 mos.	16 mos.
Possession	5.8	12	16	7.3	11	15
Trafficking	18.0	18	17	21.3	16	17
Other/unspecified drug	3.6	13	16	6.6	10	15
Public–order offenses	12.9 %	12 mos.	10 mos.	6.9 %	9 mos.	8 mos.
Weapons	2.4	18	19	0.5	14	16
Driving while intoxicated	6.4	11	8	2.4	9	7
Other public–order	4.2	10	7	4.0	8	7
Other offenses	1.7 %	17 mos.	17 mos.	1.5 %	11 mos.	18 mos
Number of parole discharges	59,839			6,365		

Source: U.S. Department of Justice, Bureau of Justice Statistics, *National Corrections Reporting Program, 1992*, October 1994.

Female inmates in 1991 were significantly less likely than male inmates to be employed at the time of their arrest. An estimated 47% of women in prison were working, compared to 68% of the men. More than a third of the women were unemployed and not looking for a job.

Current offense

From 1986 to 1991 a large increase occurred in the percentage of women in prison for drug offenses, and this was matched by a decline in the percentage in prison for property offenses (table 2). Nearly 1 in 3 female inmates were serving a sentence for drug offenses in 1991, compared to 1 in 8 in 1986. This increase in sentenced drug offenders accounted for 55% of the increase in the female prison population between 1986 and 1991.

The percentage of women in prison for property offenses declined from 41% in 1986 to 29% in 1991. Sentences for fraud decreased more than for any other single offense type, dropping from 17% of the women in prison to 10%.

Women incarcerated for violent offenses included about 3 in 10 female inmates in 1991, down from 4 in 10 in 1986. Despite this decrease in the proportion of violent female inmates, the number of women sentenced for a violent offense rose from 8,045 to 12,400 during the 5-year period. Murder, the most prevalent violent offense among female inmates in 1991, accounted for just over a third of the women sentenced for a violent offense.

Table 2. Most serious offense of State prison inmates, by sex, 1991 and 1986

Most serious offense	Percent of prison inmates			
	1991		1986	
	Female	Male	Female	Male
All offenses	100.0%	100.0%	100.0%	100.0%
Violent offenses	32.2%	47.4%	40.7%	55.2%
Murder[a]	11.7	10.5	13.0	11.2
Negligent manslaughter	3.4	1.7	6.8	3.0
Kidnaping	.4	1.2	.9	1.7
Rape	.4	3.7	.2	4.5
Other sexual assault	1.3	6.2	.9	4.7
Robbery	7.8	15.2	10.6	21.3
Assault	6.2	8.3	7.1	8.1
Other violent[b]	1.1	.5	1.2	.8
Property offenses	28.7%	24.6%	41.2%	30.5%
Burglary	4.5	12.9	5.9	17.0
Larceny/theft	11.1	4.5	14.7	5.6
Motor vehicle theft	.7	2.3	.5	1.4
Arson	1.0	.7	1.2	.7
Fraud	10.2	2.4	17.0	3.2
Stolen property	1.0	1.4	1.6	2.0
Other property[c]	.1	.5	.4	.5
Drug offenses	32.8%	20.7%	12.0%	8.4%
Possession	11.8	7.3	4.0	2.9
Trafficking	19.8	13.0	7.3	5.3
Other/unspecified	1.3	.4	.7	.2
Public-order offenses	5.7%	7.0%	5.1%	5.2%
Weapons	.5	1.9	.9	1.5
Other public-order[d]	5.1	5.1	4.3	3.7
Other offenses	.6%	.4%	.9%	.7%
Number of inmates	38,462	665,719	19,761	430,151

Note: Excludes an estimated 7,462 inmates in 1991 and 505 inmates in 1986 for whom offense was unknown. Detail may not add to total because of rounding.
[a]Includes nonnegligent manslaughter.
[b]Includes blackmail, extortion, hit-and-run driving with bodily injury, child abuse, and criminal endangerment.
[c]Includes destruction of property, vandalism, hit-and-run driving without bodily injury, trespassing, and possession of burglary tools.
[d]Includes escape from custody, driving while intoxicated, offenses against morals and decency, and commercialized vice.

Violent female inmates and their victims

In 1991 nearly two-thirds of the women in prison for a violent offense had victimized a relative, intimate, or someone else they knew (table 3). Women serving a sentence for a violent offense were about twice as likely as their male counterparts to have committed their offense against someone close to them (36% versus 16%). Another third of the women, but half of the men, had victimized a stranger.

Women in prison for homicide were almost twice as likely to have killed an intimate (husband, ex-husband, or boyfriend) as a relative like a parent or sibling (32% versus 17%). Female inmates were more likely to have killed relatives or intimates (49%) than nonrelatives (30%) or strangers (21%).

Relationship of victim to offender	Percent of females serving a sentence for homicide*
Intimate	31.9%
Relative	17.0
Well known	14.3
Acquaintance	12.8
Known by sight only	2.7
Stranger	21.3

*Homicide includes murder, negligent manslaughter, and nonnegligent manslaughter.

Table 3. Relationship of violent offenders to their victims, by sex, 1991

Relationship	Percent of violent State prison inmates	
	Female	Male
Total	100.0%	100.0%
Close	35.7%	16.3%
Intimate	19.9	6.8
Relative	15.9	9.6
Known	29.2%	33.2%
Well known	14.1	14.6
Acquaintance	10.8	12.0
By sight only	4.3	6.5
Strangers	35.1%	50.5%
Number of inmates	11,800	299,380

Note: Excludes an estimated 16,778 inmates who did not report their relationship to the victim. Detail may not add to total because of rounding.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Women in Prison*, March 1994.

Criminal history

Female inmates generally had not been sentenced to incarceration or probation as often as male inmates, and their record of past convictions was generally less violent than that of male inmates (table 4). About 28% of the women reported no previous sentences to incarceration or probation, compared to 19% of the men. Four in ten women had a history of violence, compared to more than 6 in 10 men.

Nearly half of all women in prison were currently serving a sentence for a nonviolent offense and had only nonviolent offenses for prior convictions. Among women with no prior sentences, more than half were serving a sentence for a violent offense. Among those women with a previous sentence, about a third were serving a sentence or had served a sentence for a violent offense.

Female inmates also had shorter criminal records than male inmates (table 5). An estimated 51% of all women in prison had one or no prior offenses, and 66% had two or fewer offenses, compared to 39% and 55% of the men, respectively. About 2 in 10 women had a criminal record as a juvenile, compared to 4 in 10 men. Half of all women in prison had criminal records as adults only.

Sentence length

Overall, female prisoners had shorter maximum sentences than men (table 6). Half of the women had a maximum sentence of 60 months or less, while half of the men had a sentence of 120 months or less. Excluding sentences to life or death, women in prison had received sentences that, on average, were 48 months shorter than those of men (mean sentences of 105 and 153 months, respectively). An estimated 7% of the women and 9% of the men received sentences to life or death.

Maximum sentence length	Percent of inmates Female	Male
Less than 36 months	24.2%	12.4%
36-59	18.7	15.0
60-119	20.5	22.3
120-179	11.9	13.2
180 or more	17.7	27.9
Life/death	7.0	9.2

The differences in sentence length are, partly, the result of variation in the distribution of offenses among female and male inmates. Women were more likely than men to be in prison for drug and property offenses, which had shorter average sentences than violent offenses.

For each category of offense, women received shorter average maximum sentences than men. For property offenses, female prisoners had a mean sentence 42 months shorter than men; for drug offenses, 18 months shorter; and for violent offenses, 39 months shorter.

Family background

More than half of the women in prison had grown up in a household without the presence of both parents (table 7). An estimated 42% had lived in a single-parent household — 39% with their mothers and 3% with their fathers. An additional 16% had lived in a household with neither parent present.

Table 4. Criminal history of State prison inmates, by sex, 1991

Criminal history	Female	Male
No previous sentence	28.2%	18.7%
Current violent offense	15.8	12.5
Current nonviolent offense	12.4	6.2
Violent recidivists	25.7%	50.2%
Current and prior violent	6.9	17.9
Current violent only	10.8	19.3
Prior violent only	8.0	13.0
Nonviolent recidivists	46.1%	31.1%
Prior minor public-order offenses only	2.1	1.2
Other prior offenses	44.0	29.9
Number of inmates	38,158	660,007

Note: Excludes an estimated 13,477 inmates for whom current offense and prior probation/incarceration offense were unknown.

Table 5. Prior sentences of State prison inmates, by sex, 1991

Prior sentence	Female	Male
None	28.9%	19.6%
Juvenile	3.5	8.4
Adult only	50.7	40.6
Both	17.0	31.4
Number of times		
0	28.9%	19.6%
1	22.0	19.2
2	14.9	16.3
3-5	20.1	26.2
6-10	9.1	12.7
11 or more	5.1	6.1
Number of inmates	38,038	661,021

Note: Excludes an estimated 12,584 inmates for whom data on prior sentences to probation or incarceration were unknown.

Table 6. Total maximum sentence length of State prison inmates, by most serious offense and sex, 1991

Most serious offense	Maximum sentence length in months: Female inmates Number	Median	Mean	Male inmates Number	Median	Mean
All offenses	37,429	60 mo	105 mo	653,292	120 mo	153 mo
Violent offenses	12,118	180 mo	178 mo	310,946	180 mo	217 mo
Murder	4,432	840	310	69,405	Life	386
Negligent manslaughter	1,309	120	158	11,333	156	188
Sexual assault*	–	–	–	65,223	180	211
Robbery	2,913	120	145	99,730	144	201
Assault	2,309	72	109	54,004	120	160
Property offenses	10,743	44 mo	74 mo	160,702	72 mo	116 mo
Burglary	1,747	60	81	84,490	96	142
Larceny/theft	4,140	36	53	29,125	48	74
Fraud	3,836	60	92	15,660	60	100
Drug offenses	12,264	54 mo	79 mo	134,539	60 mo	97 mo
Possession	4,410	36	64	47,515	56	82
Trafficking	7,379	60	89	84,310	72	106
Public-order offenses	2,075	36 mo	60 mo	44,515	48 mo	84 mo

Note: Excludes an estimated 1,367 female inmates and 19,555 male inmates for whom current offense or sentence length was unknown. Sentence length refers to the total maximum sentence for all inmates, including consecutive sentences for inmates with multiple offenses. Suspended sentences were excluded from the total.
–Too few cases to estimate.
*Includes rape and other sexual assault.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Women in Prison*, March 1994.

Relative to the general population, female inmates were nearly twice as likely to have grown up in a single-parent household. In 1975 — when most of the inmates in 1991 were between ages 10 and 18 — 80% of the 66.1 million children in the Nation's households were living with both parents.*

The composition of the childhood household differed among white, black, and Hispanic women in prison. More than half of white women and less than a third of black women grew up with both parents present. Black female inmates were the most likely to have grown up in a home with only their mothers (46%). Hispanic women were equally likely to have lived with both parents (40%) or their mothers only (41%).

Among female inmates of all races, about 17% had lived in a foster home, agency, or other institution at some time while they were growing up. White women were more likely than other women to have ever lived in such an alternative care facility when young.

Women in prison were more likely than the men to have had at least one member of their immediate family who had been incarcerated: 47% of female inmates and 37% of male inmates. About 35% of the women had a brother and 10% had a sister who had served a jail or prison sentence.

Higher percentages of black women than of white women had family members who had been in jail or prison. Among women 42% of black inmates, 36% of Hispanic inmates, and 26% of white inmates said a brother had been incarcerated. White women (11%) were more likely than black women (5%) to have had a father with jail or prison time.

A third of the female inmates and a quarter of the males said that a parent or guardian had abused drugs or alcohol while the inmate was growing up. Alcohol was more often cited than drugs. Thirty-two percent of the women had a parent who abused alcohol, and 7% had a parent who used drugs. Of white women in prison, 42% reported parental abuse of drugs or alcohol, compared to 33% of Hispanic women and 26% of black women.

Statistical Abstract of the United States, 1978, U.S. Bureau of the Census, table 68.

Table 7. Family structure, incarceration of family members, and parental abuse of alcohol or drugs reported by State prison inmates, 1991

	Percent of female inmates				Percent of male inmates
	All[a]	White	Black	Hispanic	All[a]
Person(s) lived with most of the time while growing up:					
Both parents	42.0%	55.1%	31.9%	40.3%	43.1%
Mother only	38.9	29.3	46.1	41.0	39.2
Father only	3.4	3.7	3.0	3.8	4.0
Grandparents	9.3	6.1	11.3	10.3	7.6
Other relatives	3.0	1.1	4.7	2.8	3.0
Friends	.4	.4	.4	.5	.4
Foster home	1.8	2.7	1.5	.8	1.5
Agency or institution	.8	1.1	.6	.2	.8
Other	.5	.5	.5	.2	.5
Ever lived in a foster home, agency, or institution while growing up					
No	82.8%	78.9%	85.9%	85.6%	82.7%
Yes	17.2	21.1	14.1	14.4	17.3
Family member ever incarcerated					
No	53.4%	61.1%	47.3%	53.0%	63.1%
Yes[b]	46.6	38.9	52.7	47.0	36.9
Spouse	1.8%	3.1%	1.1%	1.4%	.2%
Mother	4.0	3.5	4.5	3.6	1.5
Father	7.8	10.9	5.4	6.7	6.3
Brother	35.1	26.1	42.0	35.9	30.9
Sister	10.0	5.6	12.4	14.6	4.2
Child	1.6	1.3	1.6	2.3	.2
Parent/guardian abused alcohol or drugs					
No	66.4%	57.7%	74.0%	67.1%	73.5%
Yes	33.6	42.3	26.0	32.9	26.5
Alcohol only	26.3%	32.7%	20.7%	25.4%	21.9%
Drugs only	1.6	1.0	2.0	2.2	.8
Both alcohol and drugs	5.7	8.6	3.2	5.2	3.6
Number of inmates	38,630	13,969	17,739	5,521	669,578

Note: Excludes 3,435 inmates for whom information on family history was missing.
[a]Includes Asians, Pacific Islanders, American Indians, Alaska Natives, and other racial groups.
[b]Detail adds to more than total because more than one family member may have been incarcerated.

Physical and sexual abuse of prisoners

In 1991 survey participants responded to a series of questions about any abuse experienced and their age at the time of abuse. For the first time in a BJS inmate survey, inmates reported their relationship to their abusers, and female inmates indicated if sexual abuse involved rape.

More than 4 in every 10 women reported that they had been abused at least once before their current admission to prison (table 8). An estimated 34% of female inmates reported being physically abused, and 34% reported being sexually abused. About 32% said the abuse had occurred before age 18, and 24% said they had been abused since age 18.

Table 8. Prior physical or sexual abuse of State prison inmates, by sex, 1991

	Percent of State prison inmates		
	Total	Female	Male
Ever physically or sexually abused before current incarceration			
No	86.1%	56.8%	87.8%
Yes	13.9	43.2	12.2
Before age 18	11.9%	31.7%	10.7%
After age 18	4.2	24.5	3.0
Physically abused	11.3	33.5	10.0
Sexually abused	6.8	33.9	5.3
Number of inmates	700,475	38,109	662,367
Relationship of abuser to inmate*			
Intimate	11.2%	49.8%	3.0%
Spouse/ex-spouse	6.1	30.5	1.0
Boyfriend/girlfriend	6.6	27.6	2.2
Relative	68.1	56.1	70.6
Parent/guardian	53.7	37.7	57.1
Other relative	22.6	26.5	21.7
Friend/acquaintance	22.8	20.1	23.4
Someone else	21.2	19.6	21.6
Refusal to answer	1.1	1.3	1.1

Note: Sexual abuse includes fondling, incest, molestation, sodomy, rape, and other types of sexual assault. Detail adds to more than total because some inmates were abused both before and after age 18 or were both sexually and physically abused; inmates may also have reported more than one abuser.
*Based on those inmates who were abused and knew their abuser.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Women in Prison*, March 1994.

Compared to men in prison, women were at least 3 times more likely to report any prior abuse and at least 6 times more likely to report sexual abuse or abuse since age 18.

Among inmates who reported prior abuse, women differed somewhat from men in their relationships to their abusers. An estimated 50% of women in prison who reported abuse said they had experienced abuse at the hands of an intimate, compared to 3% of men. While both female and male inmates were most likely to name a relative as an abuser, women were less likely than men to say that a parent had abused them (38% compared to 57%).

More than three-quarters of the female inmates who had a history of abuse reported being sexually abused. An estimated 56% of the abused women said that their abuse had involved a rape, and another 13% reported an attempted rape.

Type of abuse	Percent of female inmates who were abused
Physical only	21.2%
Sexual only	21.9
Both	56.9
Type of sexual abuse	
Total	78.8%
Completed rape	55.8
Attempted rape	13.0
Other sexual abuse	10.0
Refusal	.8

Among the women in prison, those who reported abuse had different types of offenses than those who did not. The victims of abuse were more likely to be in prison for a violent offense (42% versus 25%) and less likely to be serving a sentence for a drug offense (25% versus 38%) or a property offense (25% versus 31%).

Most serious offense	Percent of female inmates who experienced	
	Prior abuse*	No prior abuse
Violent	41.7%	25.0%
Property	25.3	31.4
Drug	25.3	38.5
Public-order	6.9	4.6
Other	.7	.5
Number of inmates	16,385	21,439

*Includes those inmates who experienced physical or sexual abuse prior to their current incarceration.

Half of the violent female inmates who had been abused were sentenced for homicide, compared to two-fifths of other violent female inmates.

Violent offense	Percent of violent female inmates who experienced	
	Prior abuse	No prior abuse
Homicide	50.8%	41.9%
Sexual assault	6.1	3.9
Robbery	20.1	29.4
Assault	18.0	20.7
Other violent	5.0	4.2
Number of inmates	6,827	5,369

Mothers in prison

More than three-quarters of all women in prison had children, and two-thirds of the women had children at the time of the survey (table 9). An estimated 25,700 female inmates had more than 56,000 children under age 18. Male inmates were slightly less likely to have children: 64% reported having any children and 56% had children under age 18.

Black (69%) and Hispanic (72%) female inmates were more likely than white (62%) women to have children under age 18. Black women were slightly more likely than other women to have lived with their young children before entering prison.

Among inmates with children under age 18, 25% of the women, but nearly 90% of the men, said that their children were living with the other parent. More than a third of white female inmates reported that one or more of their children were living with their fathers at the time of the interview, compared to a quarter of Hispanic women and less than a fifth of black women. Regardless of race, the children's grandparents were the most common single category of caregivers: 57% of black mothers, 55% of Hispanic mothers, and 41% of white mothers. Nearly 10% of the women reported that their children were in a foster home, agency, or other institution.

Table 9. Children of State prison inmates, by race and sex of inmates, 1991

Characteristic	Percent of female inmates				Percent of male inmates
	All[a]	White	Black	Hispanic	All[a]
Have children					
No	21.9%	26.1%	20.4%	17.8%	36.1%
Yes	78.1	73.9	79.6	82.2	63.9
Under age 18	66.6%	61.6%	69.0%	71.6%	56.1%
Adult only	11.4	12.3	10.6	10.6	7.6
Number of inmates	38,658	13,983	17,754	5,521	669,732
Number of children under age 18[b]					
1	37.3%	40.7%	37.0%	31.2%	43.2%
2	29.9	30.8	28.4	33.3	28.9
3	18.1	17.5	18.2	19.8	15.2
4	8.5	6.5	9.0	10.0	6.8
5 or more	6.1	4.5	7.4	5.7	5.9
Lived with child(ren) under age 18 before entering prison[b]					
No	28.3%	31.3%	24.5%	34.3%	47.1%
Yes	71.7	68.7	75.5	65.7	52.9
Where child(ren) under 18 live(s) now[b,c]					
Father/mother	25.4%	35.2%	18.7%	24.4%	89.7%
Grandparents	50.6	40.6	56.7	54.9	9.9
Other relatives	20.3	14.7	23.7	22.8	2.9
Friends	4.1	5.7	2.7	4.2	.4
Foster home	8.6	12.6	5.8	6.5	1.7
Agency or institution	2.1	2.1	1.8	2.1	.5
Alone	2.0	1.9	2.3	1.5	1.1

Note: Female prison inmates had an estimated total of 56,123 children under age 18, and male inmates had 770,841 minor children.
[a]Includes Asians, Pacific Islanders, American Indians, Alaska Natives, and other racial groups.
[b]Percents are based on those inmates with children under age 18.
[c]Percents add to more than 100% because inmates with more than one child may have provided multiple responses.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Women in Prison*, March 1994.

Among inmates with children, women were more likely than men to have had contact with their children since admission to prison, regardless of the children's ages (table 10). Nearly 90% of women with children under age 18 had contact with their children, compared to about 80% of men. An estimated 87% of women with only adult children, compared to 72% of men, had contact with those children during their incarceration.

Since entering prison, half of the women had been visited by their children, four-fifths had corresponded by mail, and three-quarters had talked with them on the phone.

An estimated 46% of women with minor children said they talked with those children on the phone at least once a week; 45% had contact by mail at least once a week; and 9% were visited by their children. Female inmates with children younger than 18 were more likely than those with only adult children to make daily telephone calls to their children (16% versus 11%).

Drug use history

Women in prison in 1991 used more drugs and used those drugs more frequently than men (table 11). About 54% of the women had used drugs in the month before their current offense, compared to 50% of the men. Female inmates were also more likely than male inmates to have used drugs regularly (65% versus 62%), to have used drugs daily in the month preceding their offense (41% versus 36%), and to have been under the influence at the time of the offense (36% versus 31%). Nearly 1 in 4 female inmates reported committing their offense to get money to buy drugs, compared to 1 in 6 males.

Compared to the women in prison in 1986, higher percentages of female inmates in 1991 reported that they had used drugs in the month before their offense (54% compared to 50%) (table 12). Among women using a drug in the month before the offense, the percentage using cocaine or crack rose from 23% in 1986 to 36% in 1991. However, marijuana use during the same period declined from 30% of the women to 20%. The use of other types of drugs either declined or remained about the same during this period.

About the same percentage of women in both years said they were under the influence of drugs at the time of their offense. At the time of their offense, 23% of female inmates were using cocaine or crack in 1991, up from 12% in 1986. Marijuana use dropped from 8% to 5%. Use of heroin and other opiates remained about the same.

Table 10. State prison inmates' contact with their children, by age of children and sex of inmate, 1991

Type of contact	Percent of female inmates: Children under age 18	Percent of female inmates: Adult children only	Percent of male inmates: Children under age 18	Percent of male inmates: Adult children only
Any contact	89.6%	87.2%	79.5%	71.9%
Calls to/from children	100.0%	100.0%	100.0%	100.0%
Daily	16.4	11.0	8.2	3.1
Once a week	29.7	29.2	22.4	19.1
Once a month	17.0	19.6	16.9	16.5
Less than once a month	8.8	13.7	12.5	15.2
Never	28.1	26.6	39.9	46.0
Mail to/from children	100.0%	100.0%	100.0%	100.0%
Daily	8.9	8.4	6.9	3.6
Once a week	36.4	32.6	24.2	20.0
Once a month	22.5	24.8	22.0	21.8
Less than once a month	11.0	14.4	15.3	20.2
Never	21.3	19.8	31.6	34.4
Visits by children	100.0%	100.0%	100.0%	100.0%
Daily	.4	.2	1.0	.1
Once a week	8.7	9.5	7.4	4.0
Once a month	18.0	16.8	14.9	12.6
Less than once a month	20.8	25.2	21.8	25.9
Never	52.2	48.4	54.9	57.4
Number of inmates	25,610	4,393	373,770	50,698

Note: Detail does not add to total because inmates may have reported more than one type of contact.

Table 11. Drug use history of State prison inmates, by sex, 1991

Drug use	Percent of inmates: Female	Percent of inmates: Male
Ever used	79.5%	79.4%
Ever used regularly*	65.3	62.0
Used in the month before current offense	53.9	49.6
Used daily in the month before current offense	41.4	35.7
Under the influence at the time of the current offense	36.3	30.6
Committed offense to get money to buy drugs	23.9	16.5
Number of inmates	38,743	672,055

Note: Excludes an estimated 844 inmates who did not report their use of drugs.
*Regular use is defined as once a week or more for at least 1 month.

Among inmates, women were more likely than men to report having used a needle to inject illegal drugs: a third of female inmates, compared to a quarter of male inmates. An estimated 18% of the women and 12% of the men also said that they had shared a needle at least once in the past.

Prisoners	Ever used a needle	Ever shared a needle
Female*	34.0%	18.0%
White	41.6	25.0
Black	24.0	10.3
Hispanic	45.9	24.5
Male	24.3%	11.5%

*Includes Asians, Pacific Islanders, American Indians, Alaska Natives, and other racial groups.

Injecting drugs was more widespread among Hispanic and white women than among black women. About 46% of the Hispanic women, 42% of the white women, and 24% of the black women used a needle to inject illegal drugs before admission to prison. About a fourth of the Hispanic and white women and about a tenth of the black women had shared a needle for drugs.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Women in Prison*, March 1994.

Female inmates who used drugs differed from those who did not in the types of crimes they committed (table 13). Regardless of the measure of drug use, users were less likely than nonusers to be serving a sentence for a violent offense.

One in four of the women who had used drugs in the month before their offense and 2 in 5 of the nonusers were serving a sentence for a violent offense. Among women who had committed the offense under the influence of drugs, 24% were sentenced for a violent offense, and among those not under the influence, 37% were sentenced for a violent offense. Women who had not used drugs were about twice as likely as users to have committed homicide, but were less likely to have committed robbery.

Among women who said they committed their crimes to get money to buy drugs, 17% were serving a sentence for a violent offense and 43%, for a property offense. Female inmates who said that drug money was a motive for their crimes were about twice as likely as other inmates to be incarcerated for robbery, burglary, larceny, or fraud (54% versus 27%).

About half the women in prison in 1991 reported that they had never participated in a drug treatment or drug education program (table 14). Those prisoners reporting a more recent use of drugs were more likely to have been participants. Among female inmates who had ever used drugs, 64% had been in a clinic, therapy, self-help group, class, or some other treatment program. Of the women who had used drugs in the month before their offense, 71% had participated in a drug treatment program; 42% had been in treatment before admission. Twelve percent of the women using drugs in the month before their arrest were also in treatment at that time.

Table 12. Drug use by female State prison inmates, by type of drug, 1991 and 1986

Type of drug	Used in the month before the offense		Under the influence at the time of the offense	
	1991	1986	1991	1986
Any drug	53.9%	50.0%	36.3%	33.9%
Marijuana	20.5	30.5	4.6	8.5
Cocaine/crack*	36.5	23.3	22.6	12.1
Cocaine	26.2	23.3	14.2	12.1
Crack	19.1	...	10.1	...
Heroin/opiate	15.9	17.9	11.3	12.9
Heroin	14.8	17.2	10.8	12.3
Other opiates	3.4	2.1	1.0	1.0
Stimulants*	7.6	7.8	2.8	4.0
Amphetamines	4.6	7.8	.9	4.0
Methamphetamines	5.1	...	2.2	...
Depressants	5.0	9.1	1.4	4.5
Barbiturates	4.8	9.0	1.3	3.9
Methaqualone	.8	3.0	.1	.7
Hallucinogens	2.2	3.5	1.1	1.5
LSD	1.0	1.6	.4	.4
PCP	1.5	2.2	.7	1.1

Note: Detail may add to more than total because an inmate may have been using more than one drug.
...Not available.

*Percents in 1986 reflect either cocaine or amphetamines in general because the survey in that year did not ask about crack or methamphetamines separately.

Table 13. Most serious offense of female State prison inmates, by drug use history, 1991

Most serious offense	Used drugs in the month before current offense		Under the influence of drugs at the time of the offense		Committed offense to get money to buy drugs	
	Yes	No	Yes	No	Yes	No
Violent offenses	25.0%	40.8%	24.3%	37.0%	17.1%	37.0%
Homicide[a]	8.8	22.5	8.5	19.0	2.2	19.3
Sexual assault[b]	.4	3.0	.3	2.4	0	2.2
Robbery	9.6	5.7	10.7	6.1	13.2	6.0
Assault	5.2	7.3	3.7	7.6	1.5	7.7
Other violent	.9	2.2	1.0	1.8	.3	1.9
Property offenses	30.0%	27.1%	30.6%	27.6%	42.6%	24.4%
Burglary	5.7	3.2	5.4	4.1	7.2	3.7
Larceny/theft	12.9	8.9	13.9	9.5	21.9	7.8
Fraud	8.8	12.0	9.0	11.0	11.9	9.6
Other property	2.6	3.1	2.4	3.1	1.5	3.3
Drug offenses	39.0%	25.7%	39.6%	28.8%	36.0%	31.8%
Possession	15.4	7.5	15.8	9.3	11.2	11.9
Trafficking	21.9	17.4	21.7	18.7	23.3	18.7
Other drug	1.7	.7	2.1	.8	1.4	1.2
Public-order offenses	5.5%	5.8%	5.2%	5.9%	3.9%	6.1%
Weapons	.6	.4	.5	.4	.3	.5
Other public-order	4.9	5.4	4.7	5.5	3.7	5.6
Other offenses	.5%	.7%	.3%	.8%	.4%	.7%
Number of inmates	20,758	17,639	13,827	24,220	9,098	28,812

[a]Includes murder, negligent manslaughter, and nonnegligent manslaughter.
[b]Includes rape and other sexual assault.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Women in Prison*, March 1994.

After admission to prison 38% of the women had participated in a drug treatment program. The most frequently used programs were group counseling (30%) and self-help treatment groups (21%). More than half of those who had used drugs in the month before their offense had participated since admission; nearly a third were enrolled in a program at the time of the survey.

Type of treatment	Percent of female inmates in drug treatment program after admission to prison
All types*	37.7%
Inpatient	8.6%
Counseling	
Group	30.2%
Individual	10.5
Peer/self-help	21.4
Drug education	10.7%

*Detail adds to more than total because inmates may have participated in more than one type of treatment program.

Table 14. Drug use among female State prison inmates, by drug treatment program, 1991

Drug treatment program	Percent of female inmates		
		Using drugs	
	All	Ever in the past	In the month before offense
Participation*			
Ever	50.5%	63.6%	70.8%
Since admission	37.7	47.4	53.0
Before admission	28.6	36.1	41.8
Times			
1	16.2	20.5	23.3
2	6.0	7.6	8.8
3-5	4.8	6.1	7.3
6 or more	1.3	1.7	2.1
Participated in the month before the current admission	9.1%	11.5%	12.3%
Most recent participation was while incarcerated	40.2%	50.6%	55.9%
Participating at the time of the survey	20.7%	26.0%	30.2%
Number of inmates	38,221	30,292	20,691

*Categories of participation before and after admission include inmates who participated during both periods.

HIV and AIDS

Among State prison inmates who were tested for the human immunodeficiency virus (HIV) and reported the results of that test, women were more likely than men to test positive. An estimated 3.3% of the women reported being HIV positive, compared to 2.1% of the men.

Among female inmates who were tested for HIV, 6.8% of Hispanics and 3.5% of blacks tested positive, compared to 1.9% of whites.

An estimated 6.7% of women who had used a needle to inject illegal drugs reported testing positive for HIV, compared to 4.7% of their male counterparts. Among women who reported needle use, Hispanics were most likely to be HIV positive (11.6%), followed by blacks (8.3%) and whites (3.9%).

	Percent of inmates who tested HIV positive	
	All	Ever used a needle
Female*	3.3%	6.7%
White	1.9	3.9
Black	3.5	8.3
Hispanic	6.8	11.6
Male	2.1%	4.7%

*Includes Asians, Pacific Islanders, American Indians, Alaska Natives, and other racial groups.

Among inmates who had shared a needle to inject drugs, women were more likely than men to be HIV positive (10.0% versus 6.7%).

For a more detailed discussion of HIV testing and AIDS, see *HIV in U.S. Prisons and Jails*, BJS Special Report, NCJ-143299.

Alcohol use

Although women in prison were more likely than men to have committed their offense under the influence of drugs (36% versus 30%), women were less likely to have been drinking alcohol (22% versus 32%) (table 15). Nearly half of both women and men were under the influence of either drugs or alcohol at the time of the offense.

Table 15. Alcohol use of State prison inmates, by sex, 1991

	Percent of State prison inmates	
	Female	Male
Used alcohol in the year before the current offense	57.7%	72.8%
Frequency of alcohol use		
Daily	19.0%	29.5%
At least once a week	16.8	25.9
Less than once a week	6.3	6.5
At least once a month	7.1	5.6
Less than once a month	8.2	5.3
Under influence of drugs or alcohol at time of offense		
No	52.6%	52.0%
Yes	47.4	48.0
Alcohol only	11.6	17.9
Drugs only	25.5	16.2
Both	10.3	13.9

Table 16. Participation in alcohol-abuse programs by State prison inmates, by alcohol use and sex, 1991

	Percent of State prison inmates	
	Ever in alcohol-abuse or treatment program	After admission, in alcohol-related program
All inmates		
Female	30.3%	15.0%
Male	36.2	13.5
Consumed alcohol in the year before the offense		
At least once a week		
Female	40.9%	23.0%
Male	42.0	17.8
At least once a month		
Female	20.9%	12.8%
Male	25.4	11.0
Less than once a month		
Female	16.0%	12.4%
Male	24.3	9.5
Committed the offense under influence of alcohol		
Female	50.7%	28.1%
Male	51.7	22.2

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Women in Prison*, March 1994.

Inmates sentenced for a drug offense accounted for 44% of the increase in the prison population from 1986 to 1991

Violent crimes accounted for the largest percentage of the inmates' most serious current offense in both 1991 and 1986

	Percent of inmates	
	1991	1986
Violent offenses	46.6%	54.6%
Murder	10.6	11.2
Negligent manslaughter	1.8	3.2
Kidnaping	1.2	1.7
Rape	3.5	4.3
Other sexual assault	5.9	4.5
Robbery	14.8	20.8
Assault	8.2	8.0
Other violent	.6	.8
Property offenses	24.8%	31.0%
Burglary	12.4	16.5
Larceny/theft	4.9	6.0
Motor vehicle theft	2.2	1.4
Arson	.7	.8
Fraud	2.8	3.8
Stolen property	1.4	2.0
Other property	.4	.5
Drug offenses	21.3%	8.6%
Possession	7.6	2.9
Trafficking	13.3	5.4
Other/unspecified	.5	.3
Public-order offenses	6.9%	5.2%
Weapons	1.8	1.4
Other public-order	5.1	3.7
Other offenses	.4%	.7%
Number of prison inmates	704,181	449,912

See page 30 for descriptions of the offense categories.
Survey numbers on which statistics are based are also reported in the *Explanatory notes.*

Fig. 1

Among the inmates in 1991 —
- fewer than half were sentenced for a violent crime
- a fourth were sentenced for a property crime
- about a fifth were sentenced for a drug crime.

Violent inmates

- The percentage of prisoners serving time for violent crimes fell from 55% in 1986 to 47% in 1991, but the number increased from 245,600 to 328,000 in 1991. This was a 34%-increase in the number of violent inmates.

Inmates convicted of homicide

- 12% of inmates in 1991 and 14% in 1986 were serving a sentence for homicide (murder or manslaughter).
- The number of inmates convicted of homicide rose from 65,000 to 87,500, a 35%-increase.

Inmates convicted of robbery

- Of the individual offense categories, robbery had the largest percentage decrease, from 21% of all inmates in 1986 to 15% in 1991.

Inmates serving time for a property offense

Property offenders were 25% of all inmates in 1991, a decrease from 31% in 1986.

- Most of this decline resulted from a decreased percentage of inmates sentenced for burglary.
- Nevertheless, the estimate of inmates in State prison for burglary in 1991 (87,500) exceeded the estimated 74,400 of 5 years earlier.

Sentenced drug offenders

- The percentage of inmates in prison for a drug crime rose from 9% in 1986 to 21% in 1991.
- Over 3 times as many inmates were serving a prison sentence for a drug charge in 1991 (150,300) as in 1986 (38,500).

In 1991 women in prison were more likely than men to be serving a sentence for drug offenses

Current offense	Women		Men	
	1991	1986	1991	1986
Violent	32%	41%	47%	55%
Property	29	41	25	31
Drug	33	12	21	8
Public-order	6	5	7	5
Number of inmates	38,462	19,761	665,719	430,151

Fig. 2

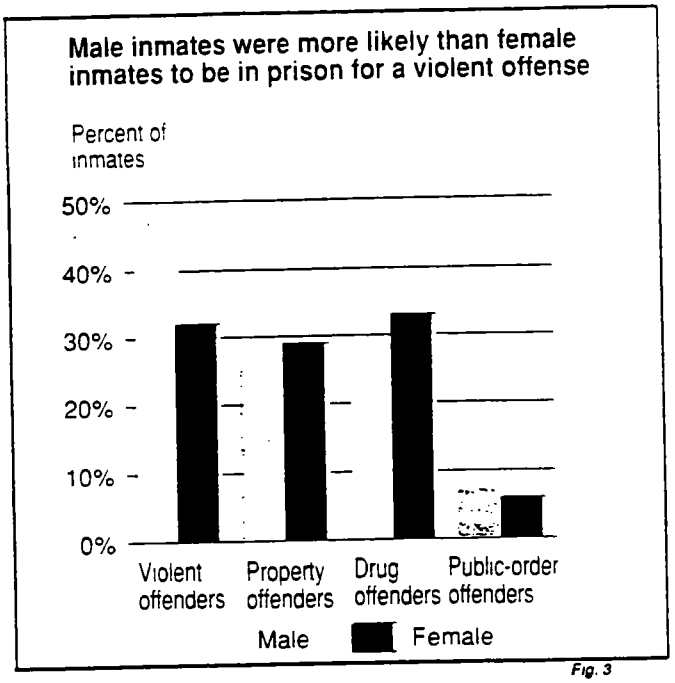


Fig. 3

• Women were about equally likely to be in prison for a violent, a property, or a drug offense.

• 12,600 women were serving a sentence for drug offenses in 1991, a 432%-increase from about 2,400 female inmates serving time for drugs in 1986.

• 137,700 male drug offenders in 1991 represented a 281%-increase from the 36,100 in prison in 1986.

• In 1991 women in prison were more likely than men to be serving time for —
homicide (15% versus 12%)
larceny (11% versus 5%)
fraud (10% versus 2%)
drugs (33% versus 21%).

• Men were more likely than women to be in prison for —
robbery (15% versus 8%)
assault (8% versus 6%)
burglary (13% versus 5%).

In 1991 black and Hispanic inmates were more likely than white inmates to be serving a sentence for a drug offense

• From 1986 to 1991, the number of black inmates serving a sentence for drugs increased 447%, the number of convicted Hispanic drug offenders went up 324%, and the number of whites in prison for drugs grew 115%.

• In 1991, among inmates serving time for a drug offense—

— 77% of whites, 75% of Hispanics, and 85% of blacks had been sentenced in the past to probation or incarceration

— 16% of whites, 15% of Hispanics, and 28% of blacks had served time for a prior violent offense.

In 1986 and 1991 about half the white inmates were serving time for violent crimes

• The percentage of white inmates serving a sentence for —
— sexual assault rose, from 11% in 1986 to 15% in 1991
— robbery declined, from 15% to 10%
— homicide remained 14%
— assault remained 7%.

The percentages of black and Hispanic inmates in prison for violent offenses declined between 1986 and 1991

• The percentage of black inmates serving a sentence for —
— homicide declined, from 15% to 12%
— robbery declined, from 26% to 19%.

• The percentage of Hispanic inmates serving a sentence for —
— homicide declined, from 15% to 11%
— robbery declined, from 19% to 13%.

The current offense of white, black, and Hispanic inmates was more likely to be a drug offense in 1991 than in 1986

Most serious offense	Percent of inmates							
	White		Black		Other race		Hispanic	
	1991	1986	1991	1986	1991	1986	1991	1986
Violent	49%	50%	47%	59%	54%	62%	39%	52%
Property	30	36	22	29	28	29	21	26
Drug	12	8	25	7	10	6	33	16
Public-order	8	6	5	4	8	3	8	5
Number	248,705	177,181	321,217	202,872	16,627	11,381	117,632	56,505

See the *Explanatory notes* for definitions of racial and Hispanic-origin categories.

Fig. 4

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

31% of inmates committed their offense under the influence of drugs, and 17% committed their offense to get money for drugs

Drug use was common among inmates serving time for burglary, robbery, or drug offenses

Among inmates serving a sentence for burglary or robbery, about 6 in 10 inmates had used drugs in the month before the arrest for the current offense, and about 4 in 10 were under the influence at the time of the offense.

Overall, violent and public-order offenders were less likely than property offenders to have used drugs in the month before their offense and to have committed their current offense under the influence of drugs. For violent offenders using drugs in the month before their offense, only inmates convicted of robbery had about the same percentage of drug use as property offenders. Among inmates in prison for violent offenses other than robbery, those sentenced for sexual assault (20%), assault (23%), or homicide (28%) were less likely than property offenders (35%) to have committed their offense under the influence.

Money for drugs motivated more than a quarter of the inmates sentenced for robbery, burglary, or larceny

Twenty-seven percent of inmates in prison for robbery and 30% of those serving time for burglary reported committing their offense to get money for drugs. About 25% of inmates in prison for drug trafficking reported money for drugs as a motive.

Drug users were more likely to have committed crimes that could get them money

Current offense	Percent of inmates who: Used drugs in the month before the offense	Committed offense: Under the influence of drugs	Committed offense: To get money for drugs
All Inmates	50%	31%	17%
Violent offenses	46%	28%	12%
Homicide	43	28	5
Sexual assault	31	20	2
Robbery	59	38	27
Assault	42	23	6
Property offenses	54%	35%	26%
Burglary	59	40	30
Larceny	54	38	31
Drug offenses	60%	37%	22%
Possession	61	38	16
Trafficking	59	36	25
Public-order offenses	35%	18%	5%

Fig. 48

Inmates' drug use varied according to prisoner characteristics

Characteristic	Percent of inmates who: Used drugs in the month before the offense	Committed offense: Under the influence of drugs	Committed offense: To get money for drugs
All inmates	50%	31%	17%
Sex			
Male	50%	31%	16%
Female	54%	36%	24%
Race/Hispanic origin			
White	49%	32%	15%
Black	49	29	17
Hispanic	54	34	20
Age			
17 or younger	51%	22%	9%
18-24	52	31	16
25-29	55	34	18
30-34	56	37	21
35-44	48	30	17
45-54	28	15	10
55 or older	9	6	3

Fig. 49

Compared to men in prison, women had used drugs and had committed crimes to buy drugs relatively more often

Female inmates were more likely than male inmates to have used drugs in the month before the offense (54% versus 50%) and to have been under the influence at the time of the offense (36% versus 31%).

Nearly 1 in 4 women in prison reported committing their crimes to obtain money for drugs compared to about 1 in 6 men.

By most measures, Hispanic inmates had higher rates of drug use than non-Hispanic inmates

Hispanic inmates were more likely than other inmates to have used drugs in the month prior to the offense (54% compared to 49%). While Hispanic (34%) and white (32%) inmates were almost equally likely to have been under the influence at the time of the offense, black inmates were less likely (29%).

Twenty percent of Hispanic inmates reported getting money for drugs as a reason for committing their crimes, compared to 15% of white inmates and 17% of black inmates.

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

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

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

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

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

Fig. 51

Characteristic	Percent of inmates who in the month before the offense used: Crack	Powder cocaine	Another drug	No drug
Current offense	100%	100%	100%	100%
Violent offenses	33%	39%	48%	51%
Homicide	5	10	14	14
Sexual assault	4	5	7	13
Robbery	19	17	17	12
Assault	5	6	8	10
Property offenses	31%	25%	26%	23%
Burglary	16	14	14	10
Larceny	7	6	5	4
Drug offenses	32%	30%	20%	17%
Possession	12	11	7	6
Trafficking	20	18	12	11
Public-order offenses	4%	5%	5%	9%
Committed current offense for money for drugs	55%	43%	20%	...

Fig. 50

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

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

Table 10

GENDER OF DEFENDANT BY DRUG TYPE*
(October 1, 1992 through September 30, 1993)

	TOTAL		MALE		FEMALE	
DRUG TYPE	**Number**	**Percent**	Number	Percent	Number	Percent
TOTAL	**14,297**	**100.0**	**12,752**	**89.2**	**1,545**	**10.8**
Powder Cocaine	**5,296**	4.6	4,682	88.4	614	11.6
Crack Cocaine	**3,109**	26.9	2,804	90.2	305	9.8
Heroin	**1,386**	9.7	1,188	85.7	198	14.3
Marijuana	**3,849**	21.8	3,509	91.2	340	8.8
Methamphetamine	**657**	37.0	569	86.6	88	13.4

*Of the 42,107 guideline cases, 19,475 involved drugs. Of these 19,475 cases, 5,178 cases were excluded for one or more of the following reasons: incomplete guideline application information (3,283); missing drug type (33), cases in which the drug type is other than the five primary drugs listed (987); drug convictions in which the primary drug guideline applied was not §2D1.1 (2,382).

Source: U.S. Sentencing Commission, *Special Report to the Congress: Cocaine and Federal Sentencing Policy*, February 1995.

In age, victims and murderers did differ somewhat.[3] While often both victims and killers were young, 36% of the victims but 44% of the defendants were in their twenties (table 1). In every age category among victims, a third or more of the victims had a killer between ages 20 and 29 (table 4).

Guns and knives inflicted the injuries in 80% of the murders

Male victims (54%) were more likely than female victims (36%) to have died from a gunshot wound (table 5). Compared to 4% of male victims, 17% of the female victims died from strangulation or injuries inflicted by a killer wielding a personal weapon, such as a fist.

While half of all victims were murdered with a handgun, blacks (55%) more often than whites (44%) were handgun victims. Whites more often than blacks were victims of the use of a blunt instrument.

Victim-offender relationships and murder circumstances

Most murder victims and their killers had social ties

About 80% of murder victims and their killers were not strangers but were acquainted with or related to each other (table 6). (See *Methodology* for coding of the circumstances and the victim/killer relationship.[4]) Half of the victims had a social or romantic relationship with the murderer. Sixteen percent of the victims were related to the killer. About 12% of victims were involved with the killer in a drug relationship, while 5% of victims were involved with their killer in some type of criminal enterprise other than drugs.

How the victims were related to their killers varied by sex and race. A third of female victims (34%) were killed by their spouse or romantic partner. By contrast, 11% of males were killed by their spouse or romantic partner. Males more often than females were assailed by a friend, casual acquaintance, drug associate, or stranger.

[3]Age was available for nearly all defendants (98%) in the survey but only 16% of victims.

[4]Percentages that combine relationship categories were computed from the raw survey data. If computed by summing percentages within table 6, the result may be too large because individuals who had multiple relationships with their killers were counted more than once in the table.

Table 4. Age of murder victims and defendants in the 75 largest counties, 1988

Age of victim	Percent of victims	In cases involving at least one defendant age 20-29
All	100%	46%
12 or under	5	46
13-19	12	38
20-29	38	59
30-59	39	35
60 or over	6	44

Table 5. Sex and race of murder victims, by weapon or methods of death in the 75 largest counties, 1988

Weapon or method	Percent of victims				
		Sex		Race	
	All	Male	Female	White	Black
Total	100%	100%	100%	100%	100%
Guns					
Handgun	50	54	36	44	55
Shotgun	5	5	4	4	5
Rifle	4	4	4	4	4
Knife	21	21	19	21	22
Blunt instrument	5	5	7	8	4
Personal weapon	5	3	9	6	4
Strangulation	3	1	8	3	2
Vehicle	2	2	3	3	1
Fire	2	1	3	–	2
Other	3	4	7	7	1

Note: "Other" includes asphyxiation, drowning, throwing from height, neglect, scalding, and use of machine gun.
–Less than 1%.

Table 6. Relationships of murder victims to their killer in the 75 largest counties, 1988

Relationship	Percent of victims				
		Sex		Race	
	All	Male	Female	White	Black
Family member	16%	12%	31%	15%	17%
Spouse	6	4	16	6	7
Child	3	3	6	3	4
Nonfamilial relationship	52%	52%	49%	48%	52%
Casual acquaintance	28	30	21	25	30
Friend	12	13	8	13	11
Romantic partner	9	7	18	8	10
Stranger	20%	21%	16%	26%	15%
Felony victim	5	5	6	8	3
Drug user/buyer	12%	14%	4%	9%	14%
Collaborator in a criminal enterprise other than drugs	5%	5%	3%	6%	4%
Other	4%	3%	4%	3%	4%
Relationship not known	5%	5%	2%	4%	4%

Note: The number in a cell equals percent of victims of that race or sex who had that particular relationship with the killer. In some cases more than one type of relationship was found; hence, an individual may be counted in more than one cell of the table. Percents may add to more than 100% in some columns of the table. Most detail relationship categories that account for fewer than 10% of victims are not shown in the table. Individuals counted in detail categories are also counted in the summary categories.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Murder in Large Urban Counties, 1988*, May 1993.

Whites were more likely than blacks to have been killed by a stranger or someone committing another felony. Blacks more often than whites were victimized by a casual acquaintance or a drug associate.

44% of all victims died during a personal conflict

Personal conflict was followed by criminal activity (a quarter of the cases) as the most frequent type of circumstance involving victims and their killers at the time of the murder (table 7). Premeditated murder accounted for 4% of murders.

As in the case of relationships, the circumstances generally differed between male and female victims (table 7).[5] Half of female victims, compared to a fifth of male victims, died during commission of another felony or as a result of conflict over romantic or domestic issues. The deaths of 35% of men and 21% of women involved illegitimate activities, property disputes, or drugs.

White and black victims differed in regard to the circumstances of the murder. White victims more often than black victims died during robberies. Blacks more often than whites were victims in circumstances associated with illegitimate business or drugs.

Collateral crimes categorized 30% of murder victims and 50% of murder defendants

Murder circumstances and the relationships between victims and offenders can be used to create a typology for murder (table 8). When the typology is limited to circumstances and relationships of a *similar* nature (and thereby applies to only some victims and offenders), the combined category of sexual or romantically intimate relationships and sexual assault circumstances included 22% of victims and 16% of defendants. Drug relationships and circumstances together accounted for about the same percentage of victims (16%) and defendants (18%). Crime other than drugs accounted for 13% of victims, versus 30% of defendants.

[5]Percentages that combine circumstance categories were computed from the raw survey data rather than by summing percentages in table 7. See footnote 4.

Table 7. Circumstances surrounding murders in the 75 largest counties, 1988

	Percent of victims				
		Sex		Race	
Circumstance	All	Male	Female	White	Black
Criminal activity	22%	25%	13%	20%	24%
Drugs	11	12	6	8	13
Other than drugs	12	13	7	12	12
Felony-murder	16%	14%	21%	20%	12%
Robbery	12	12	14	15	9
Sexual assault	2	–	6	2	1
Burglary	1	1	2	1	1
Arson	1	1	2	1	–
Personal conflict	44%	41%	52%	42%	45%
Property dispute	18	20	14	14	22
Love/sex dispute	19	14	39	19	20
Domestic issues	17	12	34	14	19
Redress of insult	10	12	6	10	10
On-going feud	3	4	1	3	4
Dispute at the scene	6	7	1	7	5
Other activity	16%	16%	14%	16%	15%
Act of retaliation	5	6	2	4	5
Child abuse	3	2	5	3	3
Premeditated violence	4	4	4	4	3
Circumstances not known	5%	5%	4%	5%	3%

Note: See note on table 6.
–Less than 0.5%.

Table 8. Typology of relationships and circumstances in murder cases in the 75 largest counties, 1988

General type relationship/ circumstance	Percent of Victims	Percent of Defendants	Specific kinds of relationships*	Specific kinds of circumstances*
Male and female involvement	22%	16%	Spouse Common-law spouse Lover (heterosexual) Lover (homosexual) Lover (cohabitant) Ex-lover or ex-spouse Boyfriend or girlfriend Rival	Romantic triangle Jealousy Lover/spouse quarrel Rebuff sex advance Sex assault Prostitution
Illegal drugs	16%	18%	User/buyer Partner Rival Employer/employee Co-worker Interloper	Drug manufacture Dispute over drugs Steal drugs/money Drug scam Bad deal Punish drug theft Illegal recreation
Crime other than drugs	13%	30%	Criminal syndicate Gang member Prostitute/pimp Prostitute/client	Applicable to defendants only Felony murder Contract killing Premeditated killing Applicable to victims only Reverse felony Larceny Auto theft Sex offense Mafia Gangland
Child victim	4%	3%	Child or stepchild of killer	Child abuse
Gangs	4%	6%	Gang member Juvenile gang	Gangland Gang fight Turf gang Drive-by shooting

Note: An individual could be counted under a general category in this table based either on the relationship or the circumstance findings in the case. Individuals whose relationships and circumstances do not come within any of the above types are not included in this table.
*Exact wording used by the survey data coders. See "Coding of circumstances and victim/killer relationships" in *Methodology*. The percents are based on individuals rather than events; the number of defendants exceeded the number of victims.

Source: U.S. Department of Justice, Bureau of Justice Statistics, *Murder in Large Urban Counties, 1988*, May 1993.

Table 4A.
One-Day Census of Clients in Treatment, by Sex,
All Providers and Privately Funded Providers, 1980-1992

Year and Provider Funding Source	Number				Percent[1]		
	Men	Women	Unknown	Total	Men	Women	Total
1980							
All Providers	358,021	120,490	-	478,511	74.8	25.2	100.0
Private Funding Only	18,531	4,947	-	23,478	78.9	21.1	100.0
1982							
All Providers	337,245	113,407	-	450,652	74.8	25.2	100.0
Private Funding Only	27,815	7,483	-	35,298	78.8	21.2	100.0
1987							
All Providers	430,132	164,495	19,076	613,703	72.3	27.7	100.0
Private Funding Only	57,481	17,709	2,299	77,489	76.4	23.6	100.0
1989							
All Providers	494,095	207,510	33,350	734,955	70.4	29.6	100.0
Private Funding Only	71,362	23,152	3,144	97,658	75.5	24.5	100.0
1990							
All Providers	535,836	206,861	25,132	767,829	72.1	27.9	100.0
Private Funding Only	89,908	24,808	4,813	119,529	78.4	21.6	100.0
1991							
All Providers	562,388	213,681	35,750	811,819	72.5	27.5	100.0
Private Funding Only	100,900	27,009	4,359	132,268	78.9	21.1	100.0
1992[2]							
All Providers	671,438	273,442	-	944,880	71.1	28.9	100.0
Private Funding Only	132,822	36,455	-	169,278	78.5	21.5	100.0

[1] Percents are calculated with persons of unknown sex excluded.

[2] Includes data imputed for 2,009 non-responding providers based on a representative sample survey of non-responding providers.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Overview of the National Drug and Alcoholism Treatment Unit Survey (NDATUS): 1992 and 1980-1992*, January 1995.

FOR MORE INFORMATION

Full copies of publications used to produce this information packet may be obtained by contacting the agencies below:

ONDCP Drugs & Crime Clearinghouse
PO Box 6000
Rockville, MD 20849-6000
1-800-666-3332

U.S. Department of Justice, Bureau of Justice Statistics, *Felony Defendants in Large Urban Counties, 1992*, July 1995. Order # NCJ-148826.

U.S. Department of Justice, Bureau of Justice Statistics, *Felony Sentences in State Courts, 1992*, January 1995. Order # NCJ-151167.

U.S. Department of Justice, Bureau of Justice Statistics, *Murder in Large Urban Counties, 1988*, May 1993. Order # NCJ-140614.

U.S. Department of Justice, Bureau of Justice Statistics, *National Corrections Reporting Program, 1992*, October 1994. Order # NCJ-145862.

U.S. Department of Justice, Bureau of Justice Statistics, *Survey of State Prison Inmates, 1991*, May 1993. Order # NCJ-136949.

U.S. Department of Justice, Bureau of Justice Statistics, *Women in Jail 1989*, March 1992. Order # NCJ-134732.

U.S. Department of Justice, Bureau of Justice Statistics, *Women in Prison*, March 1994. Order # NCJ-145321.

U.S. Department of Justice, National Institute of Justice, *Drug Use Forecasting, 1994 Annual Report on Adult Arrestees*, November 1995. Order # NCJ-157644.

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

U.S. Department of Health and Human Services, National Institute on Drug Abuse, "Summary Tables: Annualized Estimates From the National Pregnancy and Health Survey" in *NIDA Press Briefing*, September 12, 1994. Order # RP0861.

U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Substance Abuse Among Women and Parents*, July 1994. Order # RP0873.

U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume 1 Secondary School Students*, 1995.

U.S. Department of Health and Human Services, National Institute on Drug Abuse, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1993, Volume 2 College Students and Young Adults*, 1994. Order # BKD124.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network, Annual Medical Examiner Data, 1993*, 1995. Order # BKD160.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Preliminary Estimates From the 1994 National Household Survey on Drug Abuse*, September 1995.

(cont'd)

(cont'd)

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Overview of the National Drug and Alcoholism Treatment Unit Survey (NDATUS): 1992 and 1980-1992*, January 1995. Order # RP0874.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Preliminary Estimates of Drug-Related Emergency Department Episodes, Advance Report 11*, December 1995.

Penny Clark
Department of Health and Human Services
Division of Children and Youth Policy
202-690-5514 fax
202-690-6461 phone

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Patterns of Substance Use and Program Participation*, December 1994.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Patterns of Substance Use and Substance-Related Impairment Among Participants in the Aid to Families with Dependent Children Program (AFDC)*, December 1994.

U.S. Government Printing Office
Superintendent of Documents
Mail Stop: SSOP
Washington, DC 20402-9328
202-783-3238

U.S. Department of Justice, Federal Bureau of Investigation, *Crime in the United States, 1993, Uniform Crime Reports*, December 1994. Order # 02700100066-1.

U.S. Sentencing Commission
One Columbus Circle, NE, Suite 2-500
Washington, DC 20002-8002
202-273-4500

U.S. Sentencing Commission, *Special Report to the Congress: Cocaine and Federal Sentencing Policy*, February 1995.

Office of National Drug Control Policy
Drugs & Crime Clearinghouse



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INTRODUCTION

This information packet includes excerpts from selected Federal government publications which contain information on juveniles and substance abuse. These data include drug arrests, drug use patterns, adjudication and incarceration for drug offenses, and drug treatment.

Information from the following publications is presented in this information packet:

National Household Survey on Drug Abuse, Population Estimates: 1994
Monitoring the Future Study, December 1, 1995 press release
National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1994, Volume II, College Students and Young Adults, preliminary tables
National Parents Resource Institute for Drug Education, Press Release and Summary Results
Youth and Alcohol: A National Survey, Drinking Habits, Access, Attitudes, and Knowledge
Prevention Resource Guide: Elementary Youth
Prevention Resource Guide: Secondary School Students
Youth Risk Behavior Surveillance--United States, 1993
1994 Preliminary Estimates From the Drug Abuse Warning Network, 1994 Preliminary Estimates of Drug-Related Emergency Department Episodes
Drug Abuse Warning Network, Annual Medical Examiner Data, 1993
Uniform Crime Reports, Crime in the United States, 1994
Drug Use Forecasting, 1994 Annual Report on Adult and Juvenile Arrestees
Juvenile Court Statistics, 1992
Felony Sentences in State Courts, 1992
Drugs and Jail Inmates, 1989
Survey of State Prison Inmates, 1991
Conditions of Confinement: Juvenile Detention and Corrections Facilities
Identifying and Intervening With Drug-Involved Youth
State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1993

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

This information packet was prepared by Candice Byrne at the ONDCP Drugs & Crime Clearinghouse. This Clearinghouse is funded by the Office of National Drug Control Policy to support drug control policy research. The Clearinghouse is managed by the U.S. Department of Justice, Bureau of Justice Statistics and is a component of the National Criminal Justice Reference Service. For further information concerning the contents of this information packet or other drugs and crime issues, call 1-800-666-3332, or write ONDCP Drugs & Crime Clearinghouse, PO Box 6000, Rockville, MD 20849-6000.

Table 2A. Any Illicit Drug Use by Sex Within Age Group for Total Population in 1994

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	**20.3**	*(18.7 - 22.1)*	**15.5**	*(14.1 - 17.0)*	**8.2**	*(7.2 - 9.3)*
Male	**20.9**	*(18.9 - 23.0)*	**15.6**	*(13.8 - 17.5)*	**8.5**	*(7.2 - 10.0)*
Female	**19.8**	*(17.5 - 22.3)*	**15.4**	*(13.5 - 17.4)*	**7.8**	*(6.5 - 9.4)*
18-25	**46.3**	*(43.9 - 48.7)*	**24.6**	*(22.6 - 26.8)*	**13.3**	*(11.8 - 15.0)*
Male	**50.2**	*(47.0 - 53.4)*	**29.8**	*(27.0 - 32.8)*	**17.1**	*(14.9 - 19.5)*
Female	**42.4**	*(39.3 - 45.7)*	**19.5**	*(17.0 - 22.3)*	**9.6**	*(7.9 - 11.6)*
26-34	**56.1**	*(54.1 - 58.0)*	**14.8**	*(13.6 - 16.2)*	**8.5**	*(7.6 - 9.6)*
Male	**59.8**	*(56.5 - 62.9)*	**18.4**	*(16.2 - 20.7)*	**11.6**	*(9.9 - 13.5)*
Female	**52.5**	*(50.2 - 54.9)*	**11.5**	*(10.1 - 13.0)*	**5.6**	*(4.7 - 6.7)*
≥35	**27.7**	*(25.9 - 29.5)*	**5.7**	*(4.9 - 6.5)*	**3.2**	*(2.6 - 3.9)*
Male	**33.6**	*(30.6 - 36.7)*	**7.5**	*(6.2 - 8.9)*	**4.3**	*(3.3 - 5.7)*
Female	**22.4**	*(20.2 - 24.8)*	**4.1**	*(3.3 - 5.0)*	**2.2**	*(1.6 - 3.0)*
TOTAL	**34.4**	*(33.1 - 35.7)*	**10.8**	*(10.1 - 11.6)*	**6.0**	*(5.5 - 6.6)*
Male	**39.2**	*(37.1 - 41.2)*	**13.4**	*(12.3 - 14.6)*	**7.9**	*(6.9 - 8.9)*
Female	**29.9**	*(28.4 - 31.5)*	**8.4**	*(7.7 - 9.2)*	**4.3**	*(3.8 - 4.9)*
POPULATION ESTIMATES (In Thousands)						
12-17	**4,429**	*(4,067 - 4,814)*	**3,372**	*(3,070 - 3,698)*	**1,778**	*(1,563 - 2,019)*
Male	**2,325**	*(2,106 - 2,560)*	**1,735**	*(1,541 - 1,947)*	**947**	*(806 - 1,109)*
Female	**2,104**	*(1,860 - 2,371)*	**1,637**	*(1,441 - 1,855)*	**831**	*(689 - 998)*
18-25	**12,972**	*(12,294 - 13,655)*	**6,899**	*(6,326 - 7,506)*	**3,731**	*(3,300 - 4,208)*
Male	**6,966**	*(6,522 - 7,410)*	**4,134**	*(3,739 - 4,552)*	**2,369**	*(2,067 - 2,706)*
Female	**6,007**	*(5,559 - 6,463)*	**2,765**	*(2,411 - 3,158)*	**1,362**	*(1,123 - 1,645)*
26-34	**20,513**	*(19,801 - 21,220)*	**5,431**	*(4,959 - 5,939)*	**3,120**	*(2,775 - 3,503)*
Male	**10,695**	*(10,112 - 11,264)*	**3,288**	*(2,908 - 3,706)*	**2,070**	*(1,773 - 2,410)*
Female	**9,818**	*(9,377 - 10,257)*	**2,142**	*(1,889 - 2,425)*	**1,050**	*(884 - 1,244)*
≥35	**34,020**	*(31,836 - 36,295)*	**6,961**	*(6,038 - 8,015)*	**3,925**	*(3,186 - 4,828)*
Male	**19,313**	*(17,610 - 21,094)*	**4,294**	*(3,579 - 5,138)*	**2,494**	*(1,899 - 3,265)*
Female	**14,707**	*(13,265 - 16,258)*	**2,667**	*(2,147 - 3,307)*	**1,431**	*(1,028 - 1,986)*
TOTAL	**71,935**	*(69,244 - 74,674)*	**22,663**	*(21,202 - 24,211)*	**12,553**	*(11,422 - 13,788)*
Male	**39,299**	*(37,244 - 41,393)*	**13,451**	*(12,365 - 14,616)*	**7,880**	*(6,966 - 8,903)*
Female	**32,636**	*(30,941 - 34,383)*	**9,212**	*(8,409 - 10,084)*	**4,673**	*(4,101 - 5,320)*

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1994 National Household Survey on Drug Abuse, New Questionnaire Data (1994-B Sample)

Table 4A. Cocaine Use by Sex Within Age Group for Total Population in 1994

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	**1.7**	*(1.3 - 2.2)*	**1.1**	*(0.8 - 1.6)*	**0.3**	*(0.2 - 0.6)*
Male	**1.4**	*(0.9 - 2.0)*	**0.8**	*(0.5 - 1.3)*	**0.3**	*(0.1 - 0.7)*
Female	**2.0**	*(1.4 - 2.9)*	**1.4**	*(0.9 - 2.3)*	**0.3**	*(0.1 - 0.7)*
18-25	**12.1**	*(10.4 - 14.0)*	**3.6**	*(2.9 - 4.4)*	**1.2**	*(0.9 - 1.7)*
Male	**14.1**	*(11.9 - 16.6)*	**5.0**	*(3.9 - 6.3)*	**1.9**	*(1.3 - 2.8)*
Female	**10.1**	*(8.1 - 12.4)*	**2.3**	*(1.5 - 3.3)*	**0.6**	*(0.3 - 1.1)*
26-34	**23.0**	*(21.1 - 24.9)*	**3.5**	*(2.9 - 4.2)*	**1.3**	*(1.0 - 1.7)*
Male	**26.6**	*(23.9 - 29.5)*	**4.9**	*(4.0 - 6.1)*	**1.9**	*(1.3 - 2.6)*
Female	**19.4**	*(17.5 - 21.6)*	**2.1**	*(1.6 - 2.7)*	**0.8**	*(0.5 - 1.2)*
≥35	**7.9**	*(6.9 - 8.9)*	**0.9**	*(0.7 - 1.3)*	**0.4**	*(0.2 - 0.7)*
Male	**10.5**	*(9.0 - 12.3)*	**1.4**	*(0.9 - 2.0)*	**0.5**	*(0.2 - 1.0)*
Female	**5.5**	*(4.4 - 7.0)*	**0.5**	*(0.3 - 0.9)*	**0.3**	*(0.1 - 0.7)*
TOTAL	**10.4**	*(9.7 - 11.2)*	**1.7**	*(1.5 - 2.0)*	**0.7**	*(0.5 - 0.8)*
Male	**12.9**	*(11.6 - 14.3)*	**2.4**	*(2.0 - 2.9)*	**0.9**	*(0.7 - 1.2)*
Female	**8.2**	*(7.3 - 9.1)*	**1.1**	*(0.9 - 1.4)*	**0.4**	*(0.3 - 0.7)*
POPULATION ESTIMATES (In Thousands)						
12-17	**365**	*(279 - 477)*	**240**	*(167 - 343)*	**70**	*(36 - 136)*
Male	**153**	*(105 - 223)*	**89**	*(54 - 145)*	**35**	*(15 - 83)*
Female	**212**	*(145 - 309)*	**151**	*(95 - 240)*	**35**	*(15 - 78)*
18-25	**3,384**	*(2,919 - 3,911)*	**1,008**	*(824 - 1,232)*	**346**	*(248 - 481)*
Male	**1,958**	*(1,655 - 2,305)*	**688**	*(542 - 871)*	**259**	*(174 - 384)*
Female	**1,426**	*(1,152 - 1,756)*	**320**	*(217 - 470)*	**87**	*(48 - 158)*
26-34	**8,398**	*(7,723 - 9,114)*	**1,273**	*(1,065 - 1,521)*	**477**	*(356 - 638)*
Male	**4,763**	*(4,278 - 5,282)*	**884**	*(717 - 1,089)*	**331**	*(234 - 467)*
Female	**3,635**	*(3,263 - 4,039)*	**389**	*(301 - 501)*	**146**	*(93 - 229)*
≥35	**9,674**	*(8,543 - 10,940)*	**1,142**	*(835 - 1,561)*	**490**	*(297 - 806)*
Male	**6,036**	*(5,146 - 7,059)*	**785**	*(524 - 1,174)*	**282**	*(143 - 553)*
Female	**3,638**	*(2,855 - 4,618)*	**357**	*(210 - 607)*	**208**	*(96 - 448)*
TOTAL	**21,821**	*(20,255 - 23,494)*	**3,664**	*(3,188 - 4,209)*	**1,382**	*(1,102 - 1,733)*
Male	**12,911**	*(11,626 - 14,314)*	**2,447**	*(2,042 - 2,929)*	**907**	*(693 - 1,186)*
Female	**8,910**	*(7,956 - 9,968)*	**1,217**	*(956 - 1,548)*	**475**	*(315 - 716)*

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1994 National Household Survey on Drug Abuse, New Questionnaire Data (1994-B Sample)

Table 5A. Crack Use by Sex Within Age Group for Total Population in 1994

AGE/SEX	Ever Used		Used Past Year		Used Past Month	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)						
12-17	0.6	(0.4 - 1.0)	0.4	(0.2 - 0.8)	0.1	(0.0 - 0.2)
Male	0.6	(0.3 - 1.0)	0.2	(0.1 - 0.6)	0.1	(0.0 - 0.4)
Female	0.7	(0.3 - 1.4)	0.6	(0.3 - 1.3)	0.1	(0.0 - 0.4)
18-25	2.9	(2.3 - 3.8)	1.0	(0.7 - 1.4)	0.3	(0.1 - 0.5)
Male	4.2	(3.1 - 5.6)	1.6	(1.0 - 2.3)	0.4	(0.2 - 0.9)
Female	1.7	(1.2 - 2.5)	0.4	(0.2 - 0.9)	0.1	(0.0 - 0.4)
26-34	4.5	(3.9 - 5.3)	1.3	(1.0 - 1.7)	0.6	(0.4 - 0.9)
Male	5.9	(4.8 - 7.2)	1.8	(1.3 - 2.4)	0.8	(0.5 - 1.3)
Female	3.2	(2.6 - 4.0)	0.9	(0.6 - 1.3)	0.4	(0.2 - 0.8)
≥35	1.2	(0.9 - 1.5)	0.3	(0.2 - 0.6)	0.2	(0.1 - 0.4)
Male	1.6	(1.1 - 2.3)	0.5	(0.3 - 1.0)	0.2	(0.1 - 0.6)
Female	0.8	(0.5 - 1.2)	0.2	(0.1 - 0.5)	0.1	(0.0 - 0.4)
TOTAL	1.9	(1.7 - 2.2)	0.6	(0.5 - 0.7)	0.2	(0.2 - 0.3)
Male	2.6	(2.2 - 3.1)	0.9	(0.7 - 1.1)	0.3	(0.2 - 0.5)
Female	1.3	(1.1 - 1.6)	0.4	(0.3 - 0.5)	0.2	(0.1 - 0.3)
POPULATION ESTIMATES (In Thousands)						
12-17	137	(85 - 222)	92	(49 - 170)	22	(9 - 54)
Male	65	(36 - 116)	27	(11 - 65)	8	(1 - 44)
Female	73	(36 - 145)	65	(30 - 138)	14	(4 - 42)
18-25	825	(631 - 1,076)	278	(197 - 391)	75	(41 - 140)
Male	583	(432 - 782)	215	(145 - 320)	59	(29 - 122)
Female	242	(163 - 359)	63	(32 - 121)	16	(4 - 59)
26-34	1,663	(1,424 - 1,941)	481	(371 - 622)	224	(147 - 341)
Male	1,059	(865 - 1,293)	314	(227 - 432)	142	(88 - 227)
Female	604	(485 - 753)	167	(111 - 251)	82	(45 - 152)
≥35	1,416	(1,069 - 1,874)	407	(241 - 689)	199	(92 - 431)
Male	906	(622 - 1,317)	297	(154 - 574)	109	(36 - 323)
Female	510	(327 - 794)	110	(34 - 359)	90	(29 - 277)
TOTAL	4,042	(3,524 - 4,633)	1,258	(1,023 - 1,546)	520	(369 - 732)
Male	2,612	(2,163 - 3,152)	854	(662 - 1,101)	318	(206 - 489)
Female	1,429	(1,175 - 1,739)	404	(273 - 597)	202	(115 - 358)

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1994 National Household Survey on Drug Abuse, New Questionnaire Data (1994-B Sample)

Table 18. Heroin Use by Age, Sex, Race, and Region for Total Population in 1994

	Ever Used		Used Past Year	
	Observed Estimate	95% C.I.	Observed Estimate	95% C.I.
RATE ESTIMATES (Percent)				
AGE				
12-17	**0.3**	*(0.1 - 0.7)*	**0.2**	*(0.1 - 0.5)*
18-25	**0.8**	*(0.5 - 1.2)*	**0.1**	*(0.0 - 0.3)*
26-34	**1.5**	*(1.2 - 2.0)*	**0.3**	*(0.2 - 0.5)*
≥35	**1.0**	*(0.7 - 1.4)*	**0.1**	*(0.0 - 0.2)*
SEX				
Male	**1.6**	*(1.2 - 2.0)*	**0.1**	*(0.1 - 0.3)*
Female	**0.4**	*(0.3 - 0.6)*	**0.1**	*(0.1 - 0.2)*
RACE				
White	**0.9**	*(0.7 - 1.1)*	**0.1**	*(0.0 - 0.2)*
Black	**1.5**	*(1.1 - 2.1)*	**0.5**	*(0.3 - 0.9)*
Hispanic	**1.1**	*(0.8 - 1.6)*	**0.3**	*(0.2 - 0.5)*
REGION				
Northeast	**0.9**	*(0.6 - 1.3)*	**0.2**	*(0.1 - 0.4)*
North Central	**0.9**	*(0.6 - 1.4)*	**0.1**	*(0.1 - 0.3)*
South	**0.7**	*(0.5 - 1.1)*	**0.1**	*(0.1 - 0.2)*
West	**1.6**	*(1.1 - 2.3)*	**0.1**	*(0.1 - 0.3)*
TOTAL	**1.0**	*(0.8 - 1.2)*	**0.1**	*(0.1 - 0.2)*
POPULATION ESTIMATES (In Thousands)				
AGE				
12-17	**68**	*(32 - 144)*	**49**	*(22 - 111)*
18-25	**212**	*(138 - 325)*	**30**	*(11 - 80)*
26-34	**563**	*(435 - 729)*	**103**	*(62 - 172)*
≥35	**1,240**	*(918 - 1,674)*	**98**	*(33 - 286)*
SEX				
Male	**1,597**	*(1,254 - 2,031)*	**147**	*(83 - 261)*
Female	**486**	*(361 - 654)*	**133**	*(76 - 234)*
RACE				
White	**1,377**	*(1,069 - 1,773)*	**113**	*(51 - 249)*
Black	**358**	*(259 - 492)*	**116**	*(65 - 210)*
Hispanic	**210**	*(146 - 300)*	**51**	*(29 - 89)*
REGION				
Northeast	**364**	*(250 - 528)*	**64**	*(26 - 155)*
North Central	**471**	*(310 - 715)*	**65**	*(27 - 159)*
South	**544**	*(360 - 823)*	**89**	*(44 - 181)*
West	**703**	*(476 - 1,037)*	**62**	*(28 - 140)*
TOTAL	**2,083**	*(1,709 - 2,537)*	**281**	*(188 - 419)*

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1994 National Household Survey on Drug Abuse, New Questionnaire Data (1994-B Sample)

Table 6A. Inhalant Use by Sex Within Age Group for Total Population in 1994

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	**7.0**	*(6.1 - 8.0)*	**4.0**	*(3.4 - 4.8)*	**1.6**	*(1.2 - 2.0)*
Male	**6.9**	*(5.7 - 8.2)*	**3.9**	*(3.1 - 5.0)*	**1.7**	*(1.2 - 2.4)*
Female	**7.2**	*(5.9 - 8.6)*	**4.1**	*(3.2 - 5.3)*	**1.4**	*(1.0 - 2.1)*
18-25	**10.0**	*(8.8 - 11.4)*	**3.0**	*(2.3 - 3.8)*	**0.8**	*(0.5 - 1.2)*
Male	**12.9**	*(11.0 - 15.1)*	**4.3**	*(3.2 - 5.7)*	**1.1**	*(0.6 - 1.9)*
Female	**7.2**	*(5.8 - 9.0)*	**1.7**	*(1.0 - 2.8)*	**0.5**	*(0.3 - 1.0)*
26-34	**11.1**	*(9.7 - 12.5)*	**0.9**	*(0.6 - 1.3)*	**0.4**	*(0.2 - 0.7)*
Male	**14.8**	*(12.8 - 17.0)*	**1.3**	*(0.8 - 2.1)*	**0.5**	*(0.3 - 1.1)*
Female	**7.5**	*(6.3 - 8.9)*	**0.5**	*(0.2 - 1.1)*	**0.3**	*(0.1 - 0.7)*
≥35	**3.1**	*(2.6 - 3.7)*	**0.1**	*(0.1 - 0.3)*	**0.1**	*(0.0 - 0.3)*
Male	**4.8**	*(3.8 - 6.0)*	**0.3**	*(0.1 - 0.7)*	**0.2**	*(0.0 - 0.5)*
Female	**1.6**	*(1.1 - 2.2)*	*	*	*	*
TOTAL	**5.8**	*(5.3 - 6.3)*	**1.1**	*(0.9 - 1.2)*	**0.4**	*(0.3 - 0.5)*
Male	**7.9**	*(7.1 - 8.8)*	**1.4**	*(1.1 - 1.8)*	**0.5**	*(0.4 - 0.7)*
Female	**3.9**	*(3.4 - 4.4)*	**0.7**	*(0.6 - 0.9)*	**0.3**	*(0.2 - 0.4)*
POPULATION ESTIMATES (In Thousands)						
12-17	**1,524**	*(1,334 - 1,738)*	**880**	*(738 - 1,047)*	**339**	*(261 - 439)*
Male	**763**	*(634 - 917)*	**438**	*(342 - 560)*	**185**	*(130 - 264)*
Female	**761**	*(629 - 918)*	**441**	*(344 - 565)*	**154**	*(103 - 228)*
18-25	**2,811**	*(2,471 - 3,193)*	**834**	*(647 - 1,072)*	**220**	*(143 - 337)*
Male	**1,788**	*(1,519 - 2,097)*	**593**	*(440 - 796)*	**149**	*(86 - 259)*
Female	**1,023**	*(815 - 1,279)*	**241**	*(144 - 402)*	**70**	*(36 - 139)*
26-34	**4,046**	*(3,565 - 4,583)*	**328**	*(218 - 491)*	**146**	*(80 - 266)*
Male	**2,644**	*(2,285 - 3,048)*	**236**	*(147 - 377)*	**96**	*(45 - 202)*
Female	**1,402**	*(1,186 - 1,655)*	**92**	*(41 - 207)*	**51**	*(18 - 138)*
≥35	**3,797**	*(3,146 - 4,577)*	**172**	*(76 - 386)*	**95**	*(28 - 316)*
Male	**2,747**	*(2,191 - 3,436)*	**151**	*(60 - 381)*	**95**	*(28 - 316)*
Female	**1,050**	*(748 - 1,470)*	*	*	*	*
TOTAL	**12,178**	*(11,190 - 13,248)*	**2,213**	*(1,885 - 2,597)*	**799**	*(620 - 1,031)*
Male	**7,943**	*(7,166 - 8,795)*	**1,418**	*(1,144 - 1,757)*	**525**	*(378 - 728)*
Female	**4,235**	*(3,719 - 4,820)*	**795**	*(621 - 1,018)*	**275**	*(185 - 407)*

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1994 National Household Survey on Drug Abuse, New Questionnaire Data (1994-B Sample)

Table 3A. Marijuana Use by Sex Within Age Group for Total Population in 1994

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	**13.6**	*(12.4 - 14.9)*	**11.4**	*(10.2 - 12.7)*	**6.0**	*(5.1 - 7.1)*
Male	**14.7**	*(13.0 - 16.6)*	**12.0**	*(10.5 - 13.8)*	**6.8**	*(5.7 - 8.2)*
Female	**12.5**	*(10.8 - 14.3)*	**10.8**	*(9.2 - 12.6)*	**5.2**	*(4.0 - 6.7)*
18-25	**41.9**	*(39.5 - 44.3)*	**21.8**	*(19.9 - 23.8)*	**12.1**	*(10.6 - 13.8)*
Male	**46.0**	*(42.6 - 49.5)*	**27.1**	*(24.3 - 30.0)*	**15.6**	*(13.5 - 18.0)*
Female	**37.8**	*(35.1 - 40.7)*	**16.6**	*(14.6 - 18.8)*	**8.7**	*(7.1 - 10.5)*
26-34	**52.7**	*(50.8 - 54.6)*	**11.5**	*(10.4 - 12.7)*	**6.9**	*(6.0 - 7.9)*
Male	**56.1**	*(52.6 - 59.5)*	**15.1**	*(13.2 - 17.1)*	**9.9**	*(8.4 - 11.6)*
Female	**49.5**	*(47.2 - 51.9)*	**8.1**	*(7.0 - 9.3)*	**4.0**	*(3.3 - 5.0)*
≥35	**25.4**	*(23.7 - 27.2)*	**4.1**	*(3.4 - 4.8)*	**2.3**	*(1.8 - 3.0)*
Male	**31.2**	*(28.4 - 34.2)*	**6.2**	*(5.0 - 7.5)*	**3.5**	*(2.7 - 4.7)*
Female	**20.3**	*(18.1 - 22.7)*	**2.2**	*(1.7 - 2.9)*	**1.3**	*(0.9 - 1.9)*
TOTAL	**31.1**	*(30.0 - 32.4)*	**8.5**	*(7.9 - 9.2)*	**4.8**	*(4.3 - 5.4)*
Male	**35.9**	*(33.9 - 37.8)*	**11.3**	*(10.3 - 12.3)*	**6.7**	*(5.9 - 7.6)*
Female	**26.8**	*(25.3 - 28.4)*	**5.9**	*(5.4 - 6.6)*	**3.1**	*(2.7 - 3.6)*
POPULATION ESTIMATES (In Thousands)						
12-17	**2,964**	*(2,703 - 3,247)*	**2,491**	*(2,232 - 2,775)*	**1,315**	*(1,115 - 1,547)*
Male	**1,638**	*(1,449 - 1,846)*	**1,339**	*(1,167 - 1,532)*	**760**	*(634 - 910)*
Female	**1,326**	*(1,154 - 1,521)*	**1,152**	*(983 - 1,344)*	**555**	*(429 - 715)*
18-25	**11,737**	*(11,069 - 12,416)*	**6,105**	*(5,583 - 6,662)*	**3,389**	*(2,967 - 3,862)*
Male	**6,383**	*(5,907 - 6,863)*	**3,753**	*(3,372 - 4,161)*	**2,161**	*(1,866 - 2,494)*
Female	**5,355**	*(4,963 - 5,758)*	**2,352**	*(2,069 - 2,665)*	**1,228**	*(1,006 - 1,493)*
26-34	**19,297**	*(18,596 - 19,994)*	**4,208**	*(3,815 - 4,637)*	**2,522**	*(2,205 - 2,881)*
Male	**10,040**	*(9,417 - 10,652)*	**2,698**	*(2,372 - 3,060)*	**1,768**	*(1,502 - 2,074)*
Female	**9,257**	*(8,816 - 9,698)*	**1,511**	*(1,305 - 1,746)*	**754**	*(614 - 925)*
≥35	**31,231**	*(29,151 - 33,407)*	**5,009**	*(4,235 - 5,916)*	**2,886**	*(2,260 - 3,680)*
Male	**17,927**	*(16,292 - 19,648)*	**3,537**	*(2,883 - 4,327)*	**2,034**	*(1,533 - 2,691)*
Female	**13,304**	*(11,874 - 14,858)*	**1,472**	*(1,127 - 1,918)*	**852**	*(576 - 1,259)*
TOTAL	**65,229**	*(62,725 - 67,787)*	**17,813**	*(16,518 - 19,199)*	**10,112**	*(9,087 - 11,247)*
Male	**35,987**	*(34,048 - 37,973)*	**11,327**	*(10,379 - 12,349)*	**6,723**	*(5,940 - 7,602)*
Female	**29,242**	*(27,585 - 30,960)*	**6,486**	*(5,858 - 7,176)*	**3,389**	*(2,949 - 3,893)*

* Low precision; no estimate reported

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies
1994 National Household Survey on Drug Abuse, New Questionnaire Data (1994-B Sample)

TABLE 1

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

	Lifetime						Annual						30-Day						Daily					
	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change
Any Illicit Drug[a]																								
8th Grade	18.7	20.6	22.5	25.7	28.5	+2.8ss	11.3	12.9	15.1	18.5	21.4	+2.9sss	5.7	6.8	8.4	10.9	12.4	+1.5s	—	—	—	—	—	—
10th Grade	30.6	29.8	32.8	37.4	40.9	+3.5ss	21.4	20.4	24.7	30.0	33.3	+3.3ss	11.6	11.0	14.0	18.5	20.2	+1.7s	—	—	—	—	—	—
12th Grade	44.1	40.7	42.9	45.6	48.4	+2.8	29.4	27.1	31.0	35.8	39.0	+3.2s	16.4	14.4	18.3	21.9	23.8	+1.9	—	—	—	—	—	—
Any Illicit Drug[a] Other Than Marijuana																								
8th Grade	14.3	15.6	16.8	17.5	18.8	+1.3	8.4	9.3	10.4	11.3	12.6	+1.3s	3.8	4.7	5.3	5.6	6.5	+0.9s	—	—	—	—	—	—
10th Grade	19.1	19.2	20.9	21.7	24.3	+2.6ss	12.2	12.3	13.9	15.2	17.5	+2.3ss	5.5	5.7	6.5	7.1	8.9	+1.8sss	—	—	—	—	—	—
12th Grade	26.9	25.1	26.7	27.6	28.1	+0.5	16.2	14.9	17.1	18.0	19.4	+1.4	7.1	6.3	7.9	8.8	10.0	+1.2s	—	—	—	—	—	—
Any Illicit Drug[a,b] Including Inhalants																								
8th Grade	28.5	29.6	32.3	35.1	38.1	+3.0ss	16.7	18.2	21.1	24.2	27.1	+2.9sss	8.8	10.0	12.0	14.3	16.1	+1.8ss	—	—	—	—	—	—
10th Grade	36.1	36.2	38.7	42.7	45.9	+3.2ss	23.9	23.5	27.4	32.5	35.6	+3.1ss	13.1	12.6	15.5	20.0	21.6	+1.6	—	—	—	—	—	—
12th Grade	47.6	44.4	46.6	49.1	51.5	+2.4	31.2	28.8	32.5	37.6	40.2	+2.6	17.8	15.5	19.3	23.0	24.8	+1.8	—	—	—	—	—	—
Marijuana/Hashish																								
8th Grade	10.2	11.2	12.6	16.7	19.9	+3.2sss	6.2	7.2	9.2	13.0	15.8	+2.8sss	3.2	3.7	5.1	7.8	9.1	+1.3s	0.2	0.2	0.4	0.7	0.8	+0.1
10th Grade	23.4	21.4	24.4	30.4	34.1	+3.7ss	16.5	15.2	19.2	25.2	28.7	+3.5sss	8.7	8.1	10.9	15.8	17.2	+1.4	0.8	0.8	1.0	2.2	2.8	+0.6ss
12th Grade	36.7	32.6	35.3	38.2	41.7	+3.5s	23.9	21.9	26.0	30.7	34.7	+4.0ss	13.8	11.9	15.5	19.0	21.2	+2.2s	2.0	1.9	2.4	3.6	4.6	+1.0ss
Inhalants[b,c]																								
8th Grade	17.6	17.4	19.4	19.9	21.6	+1.7s	9.0	9.5	11.0	11.7	12.8	+1.1	4.4	4.7	5.4	5.6	6.1	+0.5	0.2	0.3	0.3	0.2	0.2	0.0
10th Grade	15.7	16.6	17.5	18.0	19.0	+1.0	7.1	7.5	8.4	9.1	9.6	+0.5	2.7	2.7	3.3	3.6	3.5	-0.1	0.1	0.1	0.2	0.1	0.1	0.0
12th Grade	17.6	16.6	17.4	17.7	17.4	-0.3	6.6	6.2	7.0	7.7	8.0	+0.3	2.4	2.3	2.5	2.7	3.2	+0.5	0.2	0.1	0.1	0.1	0.1	+0.1
Nitrites[d]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	1.6	1.5	1.4	1.7	1.5	-0.2	0.9	0.5	0.9	1.1	1.1	0.0	0.4	0.3	0.6	0.4	0.4	0.0	0.2	0.1	0.1	0.2	0.2	-0.1
Hallucinogens[e]																								
8th Grade	3.2	3.8	3.9	4.3	5.2	+0.9	1.9	2.5	2.6	2.7	3.6	+0.9s	0.8	1.1	1.2	1.3	1.7	+0.4	0.1	0.1	0.1	0.1	0.1	+0.1
10th Grade	6.1	6.4	6.8	8.1	9.3	+1.2	4.0	4.3	4.7	5.8	7.2	+1.4ss	1.6	1.8	1.9	2.4	3.3	+0.9ss	*	0.1	0.1	0.1	*	0.0
12th Grade	9.6	9.2	10.9	11.4	12.7	+1.3	5.8	5.9	7.4	7.6	9.3	+1.7ss	2.2	2.1	2.7	3.1	4.4	+1.3sss	0.1	0.1	0.1	0.1	0.1	0.0
LSD																								
8th Grade	2.7	3.2	3.5	3.7	4.4	+0.7	1.7	2.1	2.3	2.4	3.2	+0.8s	0.6	0.9	1.0	1.1	1.4	+0.3	*	*	*	*	0.1	0.0
10th Grade	5.6	5.8	6.2	7.2	8.4	+1.2	3.7	4.0	4.2	5.2	6.5	+1.3ss	1.5	1.6	1.6	2.0	3.0	+1.0sss	*	0.1	*	*	*	0.0
12th Grade	8.8	8.6	10.3	10.5	11.7	+1.2	5.2	5.6	6.8	6.9	8.4	+1.5ss	1.9	2.0	2.4	2.6	4.0	+1.4sss	0.1	0.1	0.1	0.1	0.1	0.0
PCP[d]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	2.9	2.4	2.9	2.8	2.7	-0.1	1.4	1.4	1.4	1.6	1.8	+0.2	0.5	0.6	1.0	0.7	0.6	-0.1	0.1	0.1	0.1	0.3	0.3	0.0

(Table continued on next page)

Source: University of Michigan, *The Monitoring the Future Study*, December 11, 1995 press release.

TABLE 1 (cont.)

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

	Lifetime						Annual						30-Day						Daily					
	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change
Hallucinogens Other Than LSD																								
8th Grade	1.4	1.7	1.7	2.2	2.5	+0.3	0.7	1.1	1.0	1.3	1.7	+0.4s	0.3	0.4	0.5	0.7	0.8	+0.1	*	*	*	*	*	0.0
10th Grade	2.2	2.5	2.8	3.8	3.9	+0.1	1.3	1.4	1.9	2.4	2.8	+0.4	0.4	0.5	0.7	1.0	1.0	0.0	*	*	*	*	*	0.0
12th Grade	3.7	3.3	3.9	4.9	5.4	+0.5	2.0	1.7	2.2	3.1	3.8	+0.7s	0.7	0.5	0.8	1.2	1.3	+0.1	*	*	*	*	0.1	+0.1
Cocaine																								
8th Grade	2.3	2.9	2.9	3.6	4.2	+0.6	1.1	1.5	1.7	2.1	2.6	+0.5	0.5	0.7	0.7	1.0	1.2	+0.2	0.1	*	0.1	0.1	0.1	0.0
10th Grade	4.1	3.3	3.6	4.3	5.0	+0.7	2.2	1.9	2.1	2.8	3.5	+0.7	0.7	0.7	0.9	1.2	1.7	+0.5s	0.1	*	0.1	0.1	0.1	0.0
12th Grade	7.8	6.1	6.1	5.9	6.0	+0.1	3.5	3.1	3.3	3.6	4.0	+0.4	1.4	1.3	1.3	1.5	1.8	+0.3	0.1	0.1	0.1	0.1	0.2	+0.1
Crack																								
8th Grade	1.3	1.6	1.7	2.4	2.7	+0.3	0.7	0.9	1.0	1.3	1.6	+0.3s	0.3	0.5	0.4	0.7	0.7	0.0	*	*	0.1	*	*	0.0
10th Grade	1.7	1.5	1.8	2.1	2.8	+0.7ss	0.9	0.9	1.1	1.4	1.8	+0.4s	0.3	0.4	0.5	0.6	0.9	+0.3ss	*	*	*	*	*	0.0
12th Grade	3.1	2.6	2.6	3.0	3.0	0.0	1.5	1.5	1.5	1.9	2.1	+0.2	0.7	0.6	0.7	0.8	1.0	+0.2	0.1	0.1	0.1	0.1	0.1	0.0
Other Cocaine[e]																								
8th Grade	2.0	2.4	2.4	3.0	3.4	+0.4	1.0	1.2	1.3	1.7	2.1	+0.4	0.5	0.5	0.6	0.9	1.0	+0.1	*	*	*	*	*	0.0
10th Grade	3.8	3.0	3.3	3.8	4.4	+0.6	2.1	1.7	1.8	2.4	3.0	+0.6	0.6	0.6	0.7	1.0	1.4	+0.4s	*	*	*	*	*	0.0
12th Grade	7.0	5.3	5.4	5.2	5.1	-0.1	3.2	2.6	2.9	3.0	3.4	+0.4	1.2	1.0	1.2	1.3	1.3	0.0	0.1	*	0.1	0.1	0.1	+0.1
Heroin[f]																								
8th Grade	1.2	1.4	1.4	2.0	2.3	+0.3	0.7	0.7	0.7	1.2	1.4	+0.2	0.3	0.4	0.4	0.6	0.6	0.0	*	*	*	0.1	*	0.0
10th Grade	1.2	1.2	1.3	1.5	1.7	+0.2	0.5	0.6	0.7	0.9	1.1	+0.2	0.2	0.2	0.3	0.4	0.6	+0.2s	*	*	*	*	*	0.0
12th Grade	0.9	1.2	1.1	1.2	1.6	+0.4s	0.4	0.6	0.5	0.6	1.1	+0.5sss	0.2	0.3	0.2	0.3	0.6	+0.3sss	*	*	*	*	0.1	0.0
Other Opiates[g]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.6	6.1	6.4	6.6	7.2	+0.6	3.5	3.3	3.6	3.8	4.7	+0.9ss	1.1	1.2	1.3	1.5	1.8	+0.3	0.1	*	*	0.1	0.1	0.0
Stimulants[g]																								
8th Grade	10.5	10.8	11.8	12.3	13.1	+0.8	6.2	6.5	7.2	7.9	8.7	+0.8	2.6	3.3	3.6	3.6	4.2	+0.6s	0.1	0.1	0.1	0.1	0.2	0.0
10th Grade	13.2	13.1	14.9	15.1	17.4	+2.3ss	8.2	8.2	9.6	10.2	11.9	+1.7ss	3.3	3.6	4.3	4.5	5.3	+0.8s	0.1	0.1	0.3	0.1	0.2	+0.1
12th Grade	15.4	13.9	15.1	15.7	15.3	-0.4	8.2	7.1	8.4	9.4	9.3	-0.1	3.2	2.8	3.7	4.0	4.0	0.0	0.2	0.2	0.2	0.2	0.3	+0.1
Ice[h]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	3.3	2.9	3.1	3.4	3.9	+0.5	1.4	1.3	1.7	1.8	2.4	+0.6	0.6	0.5	0.6	0.7	1.1	+0.4	0.1	0.1	0.1	*	0.1	0.0
Barbiturates[g]																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12th Grade	6.2	5.5	6.3	7.0	7.4	+0.4	3.4	2.8	3.4	4.1	4.7	+0.6	1.4	1.1	1.3	1.7	2.2	+0.5ss	0.1	*	0.1	*	0.1	+0.1

(Table continued on next page)

Source: University of Michigan, *The Monitoring the Future Study*, December 11, 1995 press release.

TABLE 1 (cont.)

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

	Lifetime						Annual						30-Day						Daily					
	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change	1991	1992	1993	1994	1995	'94–'95 change
Tranquilizers[g]																								
8th Grade	3.8	4.1	4.4	4.6	4.5	-0.1	1.8	2.0	2.1	2.4	2.7	+0.3	0.8	0.8	0.9	1.1	1.2	+0.1	*	*	0.1	0.1	*	0.0
10th Grade	5.8	5.9	5.7	5.4	6.0	+0.6	3.2	3.5	3.3	3.3	4.0	+0.7s	1.2	1.5	1.1	1.5	1.7	+0.2	*	*	*	*	0.1	0.0
12th Grade	7.2	6.0	6.4	6.6	7.1	+0.5	3.6	2.8	3.5	3.7	4.4	+0.7s	1.4	1.0	1.2	1.4	1.8	+0.4s	0.1	*	*	0.1	*	0.0
Alcohol[i]																								
Any use																								
8th Grade	70.1	69.3	67.1	—	—	—	54.0	53.7	51.6	—	—	—	25.1	26.1	26.2	—	—	—	0.5	0.6	0.8	—	—	—
			55.7	55.8	54.5	-1.3			45.4	46.8	45.3	-1.5			24.3	25.5	24.6	-0.9			1.0	1.0	0.7	-0.3s
10th Grade	83.8	82.3	80.8	—	—	—	72.3	70.2	69.3	—	—	—	42.8	39.9	41.5	—	—	—	1.3	1.2	1.6	—	—	—
			71.6	71.1	70.5	-0.6			63.4	63.9	63.5	-0.4			38.2	39.2	38.8	-0.4			1.8	1.7	1.7	0.0
12th Grade	88.0	87.5	87.0	—	—	—	77.7	76.8	76.0	—	—	—	54.0	51.3	51.0	—	—	—	3.6	3.4	2.5	—	—	—
			80.0	80.4	80.7	+0.3			72.7	73.0	73.7	+0.7			48.6	50.1	51.3	+1.2			3.4	2.9	3.5	+0.6ss
5+ drinks in last 2 weeks																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12.9	13.4	13.5	14.5	14.5	0.0
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22.9	21.1	23.0	23.6	24.0	+0.4
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29.8	27.9	27.5	28.2	29.8	+1.6
Been Drunk[h]																								
8th Grade	26.7	26.8	26.4	25.9	25.3	-0.6	17.5	18.3	18.2	18.2	18.4	+0.2	7.6	7.5	7.8	8.7	8.3	-0.4	0.1	0.1	0.2	0.3	0.2	0.0
10th Grade	50.0	47.7	47.9	47.2	46.9	-0.3	40.1	37.0	37.8	38.0	38.5	+0.5	20.5	18.1	19.8	20.3	20.8	+0.5	0.2	0.3	0.4	0.4	0.6	+0.2s
12th Grade	65.4	63.4	62.5	62.9	63.2	+0.3	52.7	50.3	49.6	51.7	52.5	+0.8	31.6	29.9	28.9	30.8	33.2	+2.4	0.9	0.8	0.9	1.2	1.3	+0.1
Cigarettes																								
Any use																								
8th Grade	44.0	45.2	45.3	46.1	46.4	+0.3	—	—	—	—	—	—	14.3	15.5	16.7	18.6	19.1	+0.5	7.2	7.0	8.3	8.8	9.3	+0.5
10th Grade	55.1	53.5	56.3	56.9	57.6	+0.7	—	—	—	—	—	—	20.8	21.5	24.7	25.4	27.9	+2.5ss	12.6	12.3	14.2	14.6	16.3	+1.7s
12th Grade	63.1	61.8	61.9	62.0	64.2	+2.2s	—	—	—	—	—	—	28.3	27.8	29.9	31.2	33.5	+2.3s	18.5	17.2	19.0	19.4	21.6	+2.2s
1/2 pack+/day																								
8th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.1	2.9	3.5	3.6	3.4	-0.2
10th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6.5	6.0	7.0	7.6	8.3	+0.7
12th Grade	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10.7	10.0	10.9	11.2	12.4	+1.2
Smokeless Tobacco[d]																								
8th Grade	22.2	20.7	18.7	19.9	20.0	+0.1	—	—	—	—	—	—	6.9	7.0	6.6	7.7	7.1	-0.6	1.6	1.8	1.5	1.9	1.2	-0.7
10th Grade	28.2	26.6	28.1	29.2	27.6	-1.6	—	—	—	—	—	—	10.0	9.6	10.4	10.5	9.7	-0.8	3.3	3.0	3.3	3.0	2.7	-0.3
12th Grade	—	32.4	31.0	30.7	30.9	+0.2	—	—	—	—	—	—	—	11.4	10.7	11.1	12.2	+1.1	—	4.3	3.3	3.9	3.6	-0.4
Steroids[h]																								
8th Grade	1.9	1.7	1.6	2.0	2.0	0.0	1.0	1.1	0.9	1.2	1.0	-0.2	0.4	0.5	0.5	0.5	0.6	+0.1	*	*	0.1	*	*	0.0
10th Grade	1.8	1.7	1.7	1.8	2.0	+0.2	1.1	1.1	1.0	1.1	1.2	+0.1	0.6	0.6	0.5	0.6	0.6	0.0	0.1	*	*	0.1	0.1	0.0
12th Grade	2.1	2.1	2.0	2.4	2.3	-0.1	1.4	1.1	1.2	1.3	1.5	+0.2	0.8	0.6	0.7	0.9	0.7	-0.2	0.1	0.1	0.1	0.4	0.2	-0.2

Source: University of Michigan, *The Monitoring the Future Study*, December 11, 1995 press release.

(Footnotes are on next page)

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
8th Grade	17,500	18,600	18,300	17,300	17,500
10th Grade	14,800	14,800	15,300	15,800	17,000
12th Grade	15,000	15,800	16,300	15,400	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, 10th, and 12th graders: Data based on one form; N for 12th graders is one-sixth of N indicated and N for 8th and 10th graders is one-half 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 half of the questionnaire forms. Separate questions were asked for use with injection and without injection. Data presented here represents the combined data from all forms.

[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 1994–95 were based on all forms for all grades.

TABLE 1

Trends in Lifetime[e] Prevalence of Various Types of Drugs Among College Students 1-4 Years Beyond High School

(Entries are percentages)

	Percent who used in lifetime															
Approx. Wtd. N =	1980 *(1040)*	1981 *(1130)*	1982 *(1150)*	1983 *(1170)*	1984 *(1110)*	1985 *(1080)*	1986 *(1190)*	1987 *(1220)*	1988 *(1310)*	1989 *(1300)*	1990 *(1400)*	1991 *(1410)*	1992 *(1490)*	1993 *(1490)*	1994 *(1410)*	'93-'94 change
Any Illicit Drug[f]	69.4	66.8	64.6	66.9	62.7	65.2	61.8	60.0	58.4	55.6	54.0	50.4	48.8	45.9	45.5	-0.4
Any Illicit Drug[f] Other than Marijuana	42.2	41.3	39.6	41.7	38.6	40.0	37.5	35.7	33.4	30.5	28.4	25.8	26.1	24.3	22.0	-2.4
Marijuana	65.0	63.3	60.5	63.1	59.0	60.6	57.9	55.8	54.3	51.3	49.1	46.3	44.1	42.0	42.2	+0.2
Inhalants[b]	10.2	8.8	10.6	11.0	10.4	10.6	11.0	13.2	12.6	15.0	13.9	14.4	14.2	14.8	12.0	-2.8s
Hallucinogens	15.0	12.0	15.0	12.2	12.9	11.4	11.2	10.9	10.2	10.7	11.2	11.3	12.0	11.8	10.0	-1.8
LSD	10.3	8.5	11.5	8.8	9.4	7.4	7.7	8.0	7.5	7.8	9.1	9.6	10.6	10.6	9.2	-1.4
Cocaine	22.0	21.5	22.4	23.1	21.7	22.9	23.3	20.6	15.8	14.6	11.4	9.4	7.9	6.3	5.0	-1.4
Crack[c]	NA	NA	NA	NA	NA	NA	NA	3.3	3.4	2.4	1.4	1.5	1.7	1.3	1.0	-0.4
MDMA ("ecstasy")[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	3.8	3.9	2.0	2.9	2.3	2.1	-0.2
Heroin	0.9	0.6	0.5	0.3	0.5	0.4	0.4	0.6	0.3	0.7	0.3	0.5	0.5	0.6	0.1	-0.5s
Other Opiates[a]	8.9	8.3	8.1	8.4	8.9	6.3	8.8	7.6	6.3	7.6	6.8	7.3	7.3	6.2	5.1	-1.1
Stimulants[a]	29.5	29.4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted[a,d]	NA	NA	30.1	27.8	27.8	25.4	22.3	19.8	17.7	14.6	13.2	13.0	10.5	10.1	9.2	-0.9
Crystal meth. (ice)[h]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.0	1.3	0.6	1.6	1.3	-0.4
Sedatives[a]	13.7	14.2	14.1	12.2	10.8	9.3	8.0	6.1	4.7	4.1	NA	NA	NA	NA	NA	NA
Barbiturates[a]	8.1	7.8	8.2	6.6	6.4	4.9	5.4	3.5	3.6	3.2	3.8	3.5	3.8	3.5	3.2	-0.3
Methaqualone[a]	10.3	10.4	11.1	9.2	9.0	7.2	5.8	4.1	2.2	2.4	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	15.2	11.4	11.7	10.8	10.8	9.8	10.7	8.7	8.0	8.0	7.1	6.8	6.9	6.3	4.4	-1.9s
Alcohol[i]	94.3	95.2	95.2	95.0	94.2	95.3	94.9	94.1	94.9	93.7	93.1	93.6	91.8	91.2	—	—
More than a few sips														*87.1*	*88.1*	*+1.0*
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.
An asterisk indicates a percentage of less than 0.05%. NA indicates data not available.

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

[b]This drug was asked about in four of the five questionnaire forms in 1980-89, and in five of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 1175.

[c]This drug was asked about in two of the five questionnaire forms in 1987-89, and in all six questionnaire forms in 1990-1994.

[d]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

[e]Data are uncorrected for cross-time inconsistencies in the answers.

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

[g]This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 470.

[h]This drug was asked about in two of the six questionnaire forms. Total N in 1994 (for college students) is 470.

[i]In 1993, the question text was changed slightly in three of the questionnaire forms to indicate that a "drink" meant "more than a few sips." The data in the upper line came from forms using the original wording (N was approximately 750 in 1993), while the data in the lower line came from forms using the revised wording. Data is based on all six forms again in 1994, using the revised question wording.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 2

Trends in Annual Prevalence of Various Types of Drugs Among College Students 1-4 Years Beyond High School

(Entries are percentages)

	Percent who used in last twelve months															
Approx. Wtd. N =	1980 *(1040)*	1981 *(1130)*	1982 *(1150)*	1983 *(1170)*	1984 *(1110)*	1985 *(1080)*	1986 *(1190)*	1987 *(1220)*	1988 *(1310)*	1989 *(1300)*	1990 *(1400)*	1991 *(1410)*	1992 *(1490)*	1993 *(1490)*	1994 *(1410)*	'93-'94 change
Any Illicit Drug[c]	56.2	55.0	49.5	49.8	45.1	46.3	45.0	40.1	37.4	36.7	33.3	29.2	30.6	30.6	31.4	+0.7
Any Illicit Drug[c] Other than Marijuana	32.3	31.7	29.9	29.9	27.2	26.7	25.0	21.3	19.2	16.4	15.2	13.2	13.1	12.5	12.2	-0.3
Marijuana	51.2	51.3	44.7	45.2	40.7	41.7	40.9	37.0	34.6	33.6	29.4	26.5	27.7	27.9	29.3	+1.5
Inhalants[b]	3.0	2.5	2.5	2.8	2.4	3.1	3.9	3.7	4.1	3.7	3.9	3.5	3.1	3.8	3.0	-0.8
Hallucinogens	8.5	7.0	8.7	6.5	6.2	5.0	6.0	5.9	5.3	5.1	5.4	6.3	6.8	6.0	6.2	+0.2
LSD	6.0	4.6	6.3	4.3	3.7	2.2	3.9	4.0	3.6	3.4	4.3	5.1	5.7	5.1	5.2	+0.1
Cocaine	16.8	16.0	17.2	17.3	16.3	17.3	17.1	13.7	10.0	8.2	5.6	3.6	3.0	2.7	2.0	-0.7
Crack[c]	NA	NA	NA	NA	NA	NA	1.3	2.0	1.4	1.5	0.6	0.5	0.4	0.6	0.5	-0.2
MDMA ("ecstasy")[f]	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.3	2.3	0.9	2.0	0.8	0.5	-0.3
Heroin	0.4	0.2	0.1	*	0.1	0.2	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.0
Other Opiates[a]	5.1	4.3	3.8	3.8	3.8	2.4	4.0	3.1	3.1	3.2	2.9	2.7	2.7	2.5	2.4	-0.1
Stimulants[a]	22.4	22.2	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted[a,d]	NA	NA	21.1	17.3	15.7	11.9	10.3	7.2	6.2	4.6	4.5	3.9	3.6	4.2	4.2	0.0
Crystal meth. (ice)[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.1	0.1	0.2	0.7	0.8	+0.1
Sedatives[a]	8.3	8.0	8.0	4.5	3.5	2.5	2.6	1.7	1.5	1.0	NA	NA	NA	NA	NA	NA
Barbiturates[a]	2.9	2.8	3.2	2.2	1.9	1.3	2.0	1.2	1.1	1.0	1.4	1.2	1.4	1.5	1.2	-0.3
Methaqualone[a]	7.2	6.5	6.6	3.1	2.5	1.4	1.2	0.8	0.5	0.2	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	6.9	4.8	4.7	4.6	3.5	3.6	4.4	3.8	3.1	2.6	3.0	2.4	2.9	2.4	1.8	-0.6
Alcohol[h]	90.5	92.5	92.2	91.6	90.0	92.0	91.5	90.9	89.6	89.6	89.0	88.3	86.9	86.5	NA	NA
More than just a few sips														*83.8***	*82.7*	*-1.1*
Cigarettes	36.2	37.6	34.3	36.1	33.2	35.0	35.3	38.0	36.6	34.2	35.5	35.6	37.3	38.8	37.6	-1.1

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.
An asterisk indicates a percentage of less than 0.05%. NA indicates data not available.

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

[b]This drug was asked about in four of the five questionnaire forms in 1980-89, and in five of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 1175.

[c]This drug was asked about in one of the five questionnaire forms in 1986, two of the five questionnaire forms in 1987-89, and in all six questionnaire forms in 1990-1994.

[d]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

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

[f]This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 470.

[g]This drug was asked about in two of the six questionnaire forms. Total N in 1994 (for college students) is 470.

[h]In 1993, the question text was changed slightly in three of the questionnaire forms to indicate that a "drink" meant "more than a few sips." The data in the upper line came from forms using the original wording (N was approximately 750 in 1993), while the data in the lower line came from forms using the revised wording. Data is based on all six forms again in 1994, using the revised question wording.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 3

Trends in Thirty-Day Prevalence of Various Types of Drugs Among College Students 1-4 Years Beyond High School

(Entries are percentages)

	Percent who used in last thirty days															
Approx. Wtd. N =	1980 *(1040)*	1981 *(1130)*	1982 *(1150)*	1983 *(1170)*	1984 *(1110)*	1985 *(1080)*	1986 *(1190)*	1987 *(1220)*	1988 *(1310)*	1989 *(1300)*	1990 *(1400)*	1991 *(1410)*	1992 *(1490)*	1993 *(1490)*	1994 *(1410)*	'93-'94 change
Any Illicit Drug[e]	38.4	37.6	31.3	29.3	27.0	26.1	25.9	22.4	18.5	18.2	15.2	15.2	16.1	15.1	16.0	+0.9
Any Illicit Drug[e] Other than Marijuana	20.7	18.6	17.1	13.9	13.8	11.8	11.6	8.8	8.5	6.9	4.4	4.3	4.6	5.4	4.6	-0.8
Marijuana	34.0	33.2	26.8	26.2	23.0	23.6	22.3	20.3	16.8	16.3	14.0	14.1	14.6	14.2	15.1	+0.8
Inhalants[b]	1.5	0.9	0.8	0.7	0.7	1.0	1.1	0.9	1.3	0.8	1.0	0.9	1.1	1.3	0.6	-0.7
Hallucinogens	2.7	2.3	2.6	1.8	1.8	1.3	2.2	2.0	1.7	2.3	1.4	1.2	2.3	2.5	2.1	-0.4
LSD	1.4	1.4	1.7	0.9	0.8	0.7	1.4	1.4	1.1	1.4	1.1	0.8	1.8	1.6	1.8	+0.2
Cocaine	6.9	7.3	7.9	6.5	7.6	6.9	7.0	4.6	4.2	2.8	1.2	1.0	1.0	0.7	0.6	-0.2
Crack[c]	NA	NA	NA	NA	NA	NA	NA	0.4	0.5	0.2	0.1	0.3	0.1	0.1	0.1	0.0
MDMA ("ecstasy")[f]	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.3	0.6	0.2	0.4	0.3	0.2	-0.1
Heroin	0.3	0.0	0.0	0.0	*	*	0.0	0.1	0.1	0.1	0.0	0.1	0.0	*	0.0	0.0
Other Opiates[a]	1.8	1.1	0.9	1.1	1.4	0.7	0.6	0.8	0.8	0.7	0.5	0.6	1.0	0.7	0.4	-0.3
Stimulants[a]	13.4	12.3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted[a,d]	NA	NA	9.9	7.0	5.5	4.2	3.7	2.3	1.8	1.3	1.4	1.0	1.1	1.5	1.5	-0.1
Crystal meth. (ice)[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.0	0.0	0.0	0.3	0.5	+0.2
Sedatives[a]	3.8	3.4	2.5	1.1	1.0	0.7	0.6	0.6	0.6	0.2	NA	NA	NA	NA	NA	NA
Barbiturates[a]	0.9	0.8	1.0	0.5	0.7	0.4	0.6	0.5	0.5	0.2	0.2	0.3	0.7	0.4	0.4	0.0
Methaqualone[a]	3.1	3.0	1.9	0.7	0.5	0.3	0.1	0.2	0.1	0.0	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	2.0	1.4	1.4	1.2	1.1	1.4	1.9	1.0	1.1	0.8	0.5	0.6	0.6	0.4	0.4	0.0
Alcohol[h]	81.8	81.9	82.8	80.3	79.1	80.3	79.7	78.4	77.0	76.2	74.5	74.7	71.4	72.0	—	—
More than a few sips														*67.7*	*67.5*	*-0.2*
Cigarettes	25.8	25.9	24.4	24.7	21.5	22.4	22.4	24.0	22.6	21.1	21.5	23.2	23.5	24.5	23.5	-1.0

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.
An asterisk indicates a percentage of less than 0.05%. NA indicates data not available.

[a]Only drug use which was not under a doctor's orders is included here.
[b]This drug was asked about in four of the five questionnaire forms in 1980-89, and in five of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 1175.
[c]This drug was asked about in two of the five questionnaire forms in 1987-89, and in all six questionnaire forms in 1990-1994.
[d]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.
[e]Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (until 1990), or tranquilizers not under a doctor's orders.
[f]This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 470.
[g]This drug was asked about in two of the six questionnaire forms. Total N in 1994 (for college students) is 470.
[h]In 1993, the question text was changed slightly in three of the questionnaire forms to indicate that a "drink" meant "more than a few sips." The data in the upper line came from forms using the original wording (N was approximately 750 in 1993), while the data in the lower line came from forms using the revised wording. Data is based on all six forms again in 1994, using the revised question wording.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 5

Trends in Lifetime[k] Prevalence of Various Types of Drugs Among Respondents of Modal Age 19-28

(Entries are Percentages)

	Percent who used in lifetime									
Approx. Weighted N's =	1986 *(6900)*	1987 *(6800)*	1988 *(6700)*	1989 *(6600)*	1990 *(6700)*	1991 *(6600)*	1992 *(6800)*	1993 *(6700)*	1994 *(6500)*	'93-'94 change
Any Illicit Drug[h]	70.5	69.9	67.9	66.4	64.5	62.2	60.2	59.6	57.5	-2.2s
Any Illicit Drug[h] Other than Marijuana	48.4	47.0	44.6	42.7	40.8	37.8	37.0	34.6	33.4	-1.2
Marijuana	66.5	66.0	63.8	62.8	60.2	58.6	56.4	55.9	53.7	-2.1s
Inhalants[b]	12.3	12.7	12.6	13.2	12.5	13.4	13.5	14.1	13.2	-0.8
Inhalants, Adjusted[g]	18.6	15.7	15.0	NA	13.5	14.1	13.9	14.5	13.5	-1.0
Nitrites[f]	12.6	6.9	6.2	NA	1.9	1.4	1.2	1.3	1.0	-0.4
Hallucinogens	18.5	17.1	17.0	15.9	16.1	15.7	15.7	15.4	15.4	0.0
Hallucinogens, Adjusted[g]	20.1	17.2	17.2	NA	16.5	16.0	15.9	15.5	15.5	-0.1
LSD	14.6	13.7	13.8	12.7	13.5	13.5	13.8	13.6	13.8	+0.3
PCP[f]	8.4	4.8	5.0	NA	2.5	3.1	2.0	1.9	2.0	+0.1
Cocaine	32.0	29.3	28.2	25.8	23.7	21.0	19.5	16.9	15.2	-1.8ss
Crack[c]	NA	6.3	6.9	6.1	5.1	4.8	5.1	4.3	4.4	+0.1
Other Cocaine[j]	NA	28.2	25.2	25.4	22.1	19.8	18.4	15.1	13.9	-1.2
MDMA ("Ecstasy")[i]	NA	NA	NA	3.3	3.7	3.2	3.9	3.8	3.8	+0.1
Heroin	1.3	1.3	1.1	1.0	0.9	0.9	0.9	0.9	0.8	0.0
Other Opiates[a]	10.7	10.6	9.8	9.6	9.4	9.3	8.9	8.1	8.2	+0.1
Stimulants, Adjusted[a,d]	32.3	30.8	28.8	25.3	24.4	22.4	20.2	18.7	17.1	-1.6s
"Ice"[i]	NA	NA	NA	NA	2.5	2.9	2.2	2.7	2.5	-0.2
Sedatives[a]	16.7	15.0	13.2	12.1	NA	NA	NA	NA	NA	NA
Barbiturates[a]	11.1	9.7	8.9	7.9	8.7	8.2	7.4	6.5	6.4	0.0
Methaqualone[a]	13.1	11.6	9.7	8.7	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	17.6	16.5	15.1	13.5	12.9	11.8	11.3	10.5	9.9	-0.6
Alcohol[l]	94.8	94.9	94.8	94.5	94.3	94.1	93.4	93.7	—	—
More than a few sips								*90.4*	*91.2*	*+0.8*
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Steroids[f]	NA	NA	NA	1.1	1.2	1.7	1.9	1.5	1.3	-0.2

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.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 6

Trends in Annual Prevalence of Various Types of Drugs Among Respondents of Modal Age 19-28

(Entries are Percentages)

	Percent who used in last twelve months									
	1986	1987	1988	1989	1990	1991	1992	1993	1994	'93-'94 change
Approx. Weighted N's =	*(6900)*	*(6800)*	*(6700)*	*(6600)*	*(6700)*	*(6600)*	*(6800)*	*(6700)*	*(6500)*	
Any Illicit Drug[h]	41.9	39.3	36.3	32.8	30.7	27.0	28.3	28.4	28.4	0.0
Any Illicit Drug[h] Other than Marijuana	27.0	23.9	21.3	18.3	16.7	14.3	14.1	13.0	13.0	+0.1
Marijuana	36.5	34.8	31.8	29.0	26.1	23.8	25.2	25.1	25.5	+0.5
Inhalants[b]	1.9	2.1	1.8	1.9	1.9	2.0	1.9	2.1	2.1	0.0
Inhalants, Adjusted[g]	3.0	2.8	2.4	NA	2.1	2.2	1.9	2.3	2.2	-0.1
Nitrites[f]	2.0	1.3	1.0	NA	0.4	0.2	0.1	0.4	0.3	-0.2
Hallucinogens	4.5	4.0	3.9	3.6	4.1	4.5	5.0	4.5	4.8	+0.3
Hallucinogens, Adjusted[g]	4.9	4.1	3.9	NA	4.2	4.6	5.1	4.6	4.9	+0.3
LSD	3.0	2.9	2.9	2.7	3.3	3.8	4.3	3.8	4.0	+0.2
PCP[f]	0.8	0.4	0.4	NA	0.2	0.3	0.3	0.2	0.3	+0.1
Cocaine	19.7	15.7	13.8	10.8	8.6	6.2	5.7	4.7	4.3	-0.4
Crack[c]	3.2	3.1	3.1	2.5	1.6	1.2	1.4	1.3	1.1	-0.1
Other Cocaine[j]	NA	13.6	11.9	10.3	8.1	5.4	5.1	3.9	3.6	-0.3
MDMA ("Ecstasy")[i]	NA	NA	NA	1.4	1.5	0.8	1.0	0.8	0.7	-0.1
Heroin	0.2	0.2	0.2	0.2	0.1	0.1	0.2	0.2	0.1	0.0
Other Opiates[a]	3.1	3.1	2.7	2.8	2.7	2.5	2.5	2.2	2.5	+0.3
Stimulants, Adjusted[a,d]	10.6	8.7	7.3	5.8	5.2	4.3	4.1	4.0	4.5	+0.5
"Ice"[i]	NA	NA	NA	NA	0.4	0.3	0.4	0.8	0.9	+0.1
Sedatives[a]	3.0	2.5	2.1	1.8	NA	NA	NA	NA	NA	NA
Barbiturates[a]	2.3	2.1	1.8	1.7	1.9	1.8	1.6	1.9	1.8	-0.1
Methaqualone[a]	1.3	0.9	0.5	0.3	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	5.4	5.1	4.2	3.7	3.7	3.5	3.4	3.1	2.9	-0.2
Alcohol[l]	88.6	89.4	88.6	88.1	87.4	86.9	86.2	86.5	–	–
More than a few sips								*84.2*	*83.7*	*-0.5*
Cigarettes	40.1	40.3	37.7	38.0	37.1	37.7	37.9	37.8	38.3	+0.5
Steroids[f]	NA	NA	NA	0.5	0.3	0.5	0.4	0.3	0.4	+0.1

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.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 7

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									
	1986	1987	1988	1989	1990	1991	1992	1993	1994	'93-'94 change
Approximate Weighted N =	*(6900)*	*(6800)*	*(6700)*	*(6600)*	*(6700)*	*(6600)*	*(6800)*	*(6700)*	*(6500)*	
Any Illicit Drug[h]	25.8	23.4	20.5	17.7	15.9	15.1	14.8	14.9	15.3	+0.4
Any Illicit Drug Other than Marijuana[h]	13.0	10.7	9.5	7.5	6.0	5.4	5.5	4.9	5.3	+0.4
Marijuana	22.0	20.7	17.9	15.5	13.9	13.5	13.3	13.4	14.1	+0.6
Inhalants[b]	0.4	0.6	0.6	0.5	0.6	0.5	0.6	0.7	0.5	-0.2
Inhalants, Adjusted[c]	0.7	0.9	0.9	NA	0.7	0.6	0.7	0.7	0.6	-0.1
Nitrites[f]	0.5	0.5	0.4	NA	0.1	*	0.1	0.2	0.1	-0.1
Hallucinogens	1.3	1.2	1.1	1.1	0.9	1.1	1.5	1.2	1.4	+0.3
Hallucinogens, Adjusted[g]	1.4	1.2	1.1	NA	1.0	1.2	1.6	1.2	1.4	+0.2
LSD	0.9	0.8	0.8	0.8	0.6	0.8	1.1	0.8	1.1	+0.3
PCP[f]	0.2	0.1	0.3	NA	0.2	0.1	0.2	0.2	0.1	-0.1
Cocaine	8.2	6.0	5.7	3.8	2.4	2.0	1.8	1.4	1.3	0.0
Crack[c]	NA	1.0	1.2	0.7	0.4	0.4	0.4	0.4	0.3	-0.1
Other Cocaine[j]	NA	4.8	4.8	3.4	2.1	1.8	1.7	1.1	1.0	-0.1
MDMA ("Ecstasy")[i]	NA	NA	NA	0.4	0.2	0.1	0.3	0.3	0.2	-0.1
Heroin	0.1	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.0
Other Opiates[a]	0.9	0.9	0.7	0.7	0.7	0.6	0.7	0.7	0.6	-0.1
Stimulants, Adjusted	4.0	3.2	2.7	2.1	1.9	1.5	1.5	1.5	1.7	+0.3
"Ice"[i]	NA	NA	NA	NA	0.1	*	0.1	0.3	0.5	+0.2
Sedatives[a]	0.9	0.8	0.7	0.5	NA	NA	NA	NA	NA	NA
Barbiturates[a]	0.7	0.7	0.7	0.5	0.6	0.5	0.5	0.6	0.6	0.0
Methaqualone[a]	0.3	0.2	0.1	0.0	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	1.8	1.6	1.4	1.2	1.1	0.9	1.0	1.0	0.8	-0.2
Alcohol[l]	75.1	75.4	74.0	72.4	71.2	70.6	69.0	69.7	—	—
More than a few sips								*66.9*	*67.7*	*+0.7*
Cigarettes	31.1	30.9	28.9	28.6	27.7	28.2	28.3	28.0	27.9	0.0
Steroids[f]	NA	NA	NA	0.2	0.1	0.2	0.1	0.0	0.1	+0.1

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 5.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

FOOTNOTES FOR TABLES 5-8

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

[b]This drug was asked about in four of the five questionnaire forms in 1986-89, and five of the six questionnaire forms in 1990-1994. Total N is approximately 5400 in 1994.

[c]This drug was asked about in two of the five questionnaire forms in 1987-89, and in all six questionnaire forms in 1990-1994.

[d]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

[e]Adjusted for underreporting of amyl and butyl nitrites.

[f]This drug was asked about in one questionnaire form. Total N in 1994 is approximately 1100.

[g]Adjusted for underreporting of PCP.

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

[i]This drug was asked about in two questionnaire forms. Total N in 1994 is approximately 2200.

[j]This drug was asked about in one of the five questionnaire forms in 1987-89, and in four of the six questionnaire forms in 1990-1994. Total N in 1994 is approximately 4300.

[k]Lifetime prevalence is uncorrected for any cross-time inconsistencies in responding. See text.

[l]In 1993, the question text was changed slightly in three of the questionnaire forms to indicate that a "drink" meant "more than a few sips." The data in the upper line came from forms using the original wording (N was approximately 3700 in 1993), while the data in the lower line came from forms using the revised wording (N was approximately 2400 in 1993 – one of the questionnaire forms, added in 1990, was deleted to insure a representative age distribution in the ten-year age grouping). Data is based on all six forms again in 1994, using the revised question wording.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

Press Release and Summary Results for PRIDE

Embargoed for release
Contact: Doug Hall
11:15 a.m., Nov. 2, 1995
770/458-9900

Teen Drug Use Rises for Fourth Straight Year

Parents can help, but too few talk to their children about drugs.

WASHINGTON, Nov. 2 -- One of America's largest parent organizations issued an urgent warning today to baby boomers with children: More of your teenagers are using drugs than last year, and too few of you are doing what you can to prevent it.

In its annual survey of drug use by junior and senior high school students, PRIDE (National Parents' Resource Institute for Drug Education) reported significant increases in cigarette and marijuana use by students in grades 6 through 12 during the 1994-95 school year. Students in grades 9 through 12 also reported jumps in cocaine and hallucinogen use.

Today's announcement marks the fourth straight year PRIDE has alerted the nation about rising adolescent drug use, following a decade of declining youth involvement in alcohol, tobacco and other drugs.

Despite these alarming trends, PRIDE said too many parents are sitting on the sidelines as teen drug use worsens:

- ☐ Only one-third (34%) of the nearly 200,000 students surveyed said their parents talk to them frequently about the dangers of drug use (down from 39% in 1991-92).
- ☐ A third (33%) said their parents often do not set clear rules.
- ☐ And half (50%) said they are not disciplined routinely when they break the rules.

Yet the study showed that parental involvement could significantly deter drug use, even among older teenagers. Drug use declined sharply among students whose parents frequently discuss drugs with them. Among high schoolers whose parents "never" talk about drugs, 34% smoked marijuana, versus 24% who said their parents speak about drugs "alot" - a drop of 29%.

"The most effective drug prevention program in the world -- parental intervention -- is used far less than we think," said Thomas J. Gleaton, president of PRIDE.

For every type of drug, and for every age, drug use was higher among students who reported little or no

parental discussion. In most cases, the preventive effect seemed to be "dose related." The more often parents spoke with their children, the less frequently their children used drugs.

Even students reporting their parents "seldom" spoke to them used less drugs than those who said their parents "never" spoke to them. Of the "seldom" group, 30% used marijuana in the past year, versus 34% for the "never" group.

"The bottom line here is that it is better to say something than nothing at all," Gleaton said.

He urged parents to tell their children that drug use in any form will not be tolerated. Expected disciplinary action should be clearly stated beforehand and should be applied if a violation occurs.

As students get older, parents are far less likely to admonish them about the problems of drug use. In the sixth grade, for instance, 46% of students said their parents discuss drugs "often" or "alot." That number fell by half, to 23%, among twelfth graders.

However, studies show that while a few children first use drugs in elementary and middle school years, most drug use begins during high school years. In the PRIDE Survey, 89% of twelfth graders who smoked marijuana in the past year said they initiated the drug use during high school years at ages 14-17.

"Parents do need to speak to children about drugs when they are very young. But a constant dialogue should continue throughout adolescence, and that isn't happening," Gleaton said.

The study found different responses to the question about parental communication between students of different racial groups. White students were less likely to report that their parents talk with them frequently about drugs. In grades 6 through 12, 13% of white students said their parents talk to them "alot," versus 33% of black students.

White students were also less likely than blacks to say their parents set clear rules for them (39% vs. 51%). But discipline seemed to be meted out equally between the two races.

In general, white students reported higher incidence of drug use than black students. For all ten types of drugs studied, the percentage of white students in high school using drugs was higher. In junior high school, drug use by whites was higher in seven of the ten categories, lower only for beer, wine coolers and marijuana.

Among Other Major Findings

- ☐ On the basis of both annual and monthly use, increases were found in all grade levels for cigarettes and marijuana. Annual use of cigarettes in junior and senior high was the highest ever recorded by PRIDE.

- ☐ In high school (grades 9 through 12), on both annual and monthly basis, cocaine and hallucinogen use increased.

- ☐ Beer drinking by high school students reached a five-year high, and in junior high a two-year high.

- ☐ The only decreases detected were monthly use of liquor and inhalants by twelfth graders, and drinking wine coolers -- products that are no longer being aggressively marketed.
- ☐ On a positive note, the study showed fewer students may be participating in violence-related behaviors like carrying guns to schools, making threats at school, and joining gangs.

One in Three High School Seniors Smoke Marijuana

As in recent years, marijuana use increased more dramatically than any drug in the study. One third of high school seniors (33%) smoked marijuana in the past year, and one fifth (21%) smoked monthly.

Since the 1990-91 school year, annual reported use of marijuana in junior high school (grades 6 through 8) has risen 111% (from 4.5% to 9.5%) and has risen 67% in high school (16.9% vs. 28.2%).

Young blacks are most affected by the surge in marijuana popularity. In grades 6 through 8, use by black males rose by 195% in the past four years (4.5% to 13.3%); use by black females rose by 253% (1.9% to 6.7%). Still, overall use of marijuana by black students in high school remained lower than white students, and was only slightly higher among junior high students.

"Hard Drugs" Show Increases

The so-called "hard drugs" -- cocaine and hallucinogens -- reached their highest levels of use among high school students since the 1988-89 school year. There has been a 36% increase (from 3.3% to 4.5%) in cocaine use by students in grades 9 through 12 since 1991-92, the period of lowest use in recent years. Hallucinogen use has risen 75% since 1988-89, the recent low point (from 4.4% to 7.7%).

Cigarette Use at Eight-Year High

In the eight years of the PRIDE national survey, cigarette use reached its highest levels during the 1994-95 school year. Nearly half (44%) of high school students smoked at least once in the past year, compared with 37% in 1988-89. In grades 6 through 12, nearly a third (28%) of students smoked.

Progress Noted in School Violence

The PRIDE survey indicates that national concern and action against school violence may have been effective. Fewer students reported carrying a gun to school, joining a gang, making a threat at school, or being hurt while at school.

In High School

- 6.1% carried a gun to school, down from 7.4% in 1993-94
- 13.2% they took part in a gang, down from 13.8%
- 33.7% threatened to harm another student or teacher at school, down from 35%
- 13.9% got hurt at school, down from 14.5%

Drug use was more prevalent among students who carried a gun to school, joined a gang, got in trouble with the police, or experienced other negative behaviors.

For example, high school students who carried a gun to school were 12.5 times more likely to use cocaine (32.6% vs. 2.6%); those who joined gangs were 8.7 times more likely to use cocaine (19.2% vs. 2.2%); and those who got in trouble with the police were 8.9 times more likely to use cocaine (12.5% vs. 1.4%).

Methodology

The study was conducted during the 1994-95 school year, and involved 198,241 students in 32 states from California to New York. The PRIDE Survey represents data from sixth through twelfth grad students conducted between September and June of the school year. Participating schools are sent the PRIDE Questionnaire with explicit instructions for administering the anonymous, self-report instrument.

Schools that administer the PRIDE Questionnaire do so voluntarily, or in compliance with a school district or state request.

The Chi-Square Test of Independence was used to test the null hypothesis that the observed differences in the number of students who used a certain drug in 1993-94 and the number who used the same drug in 1994-95 was due to sampling variation. The null hypothesis was reputed at the alpha level of 0.05.

PRIDE's national survey of student drug use rates is consistent with other national studies, including the National Institute on Drug Abuse's Monitoring the Future Survey. Information from the PRIDE Survey is found in the President's National Drug Control Strategy and the Bureau of Justice Statistics Sourcebook.

This is the first national indication of drug use by students during the school year which ended in June 1995.

The PRIDE Survey results were released at the Community Anti-Drug Coalitions (CADCA) Leadership Forum at the J.W. Marriott Hotel in Washington. Joining Gleaton in the announcement were Dr. Lee P. Brown, director of the Office of National Drug Control Policy, and James Copple, national director of CADCA.

For more information contact Doug Hall at 770/458-9900.

Notes:

- ☐ Junior high school, or junior high, means grades 6 through 8.
- ☐ Senior high school, or high school, means grades 9 through 12.
- ☐ Unless otherwise noted, incidence of use is stated in annual terms (at least once in the past year).
- ☐ Any decrease or increase noted is statistically significant at the .05 level of confidence.

1994-95 USA-PRIDE Summary Report: % Students Who Use Drugs

for JrHS (6-8th), SrHS (9-12th) and 12th Grade

		Annual Use			Monthly Use		
		93/4	94/5	ch	93/4	94/5	ch
Cigarettes	JrHS	26.3	28.1	+1.8s	14.0	15.7	1.7s
	SrHS	41.5	44.4	+2.9s	28.2	31.3	+3.1s
	12th	43.9	46.8	+2.9s	31.4	34.6	+3.2s
Beer	JrHS	30.3	30.8	+0.5s	11.5	11.8	+0.3s
	SrHS	56.5	57.4	+0.9s	32.6	33.3	+0.7s
	12th	63.8	64.0	+0.2	41.0	40.6	-0.4
Wine Cooler	JrHS	29.9	29.8	-0.1	9.9	9.8	-0.1
	SrHS	52.0	51.7	-0.3	23.6	23.1	-0.5s
	12th	57.4	56.5	-0.9s	26.5	25.6	-0.9s
Liquor	JrHS	21.4	21.3	-0.1	8.3	8.5	+0.2
	SrHS	51.3	51.5	+0.2	27.2	27.4	+0.2
	12th	59.9	59.5	-0.4	33.5	32.5	-1.0s
Marijuana	JrHS	8.2	9.5	+1.3s	4.9	5.7	+0.8s
	SrHS	24.6	28.2	+3.6s	15.6	18.5	+2.9s
	12th	28.9	33.3	+4.3s	18	20.9	+2.9s
Cocaine	JrHS	1.9	1.9	+0.0	1.2	1.2	+0.8s
	SrHS	4.0	4.5	+0.5s	2.4	2.6	+0.2s
	12th	5.1	5.3	+0.2	3.1	2.9	-0.2
Uppers	JrHS	3.4	3.3	-0.1	2.0	2.0	+0.0
	SrHS	9.1	9.3	+0.2	5.1	5.1	+0.0
	12th	10.0	10.6	+0.6	5.6	5.6	+0.0
Downers	JrHS	2.4	2.4	+0.0	1.6	1.5	-0.1
	SrHS	5.3	5.5	+0.2s	3.3	3.4	+0.1s
	12th	5.8	5.9	+0.1	3.8	3.6	-0.2
Inhalants	JrHS	5.9	6.3	+0.4s	2.8	2.9	+0.1
	SrHS	6.9	7.5	+0.6s	3.4	3.5	+0.1
	12th	6.3	6.6	+0.3	3.3	3.0	-0.3s
Hallucinogens	JrHS	2.1	2.4	+0.3s	1.4	1.5	+0.1
	SrHS	6.6	7.7	+1.1s	3.4	4.1	+0.7s
	12th	8.8	9.7	+0.9s	4.2	4.8	+0.6s

s=Statistically significant difference at .05 level using chi-square with variables year and no-use/use
N-sizes

Grade	1993/94	1994/95
JrHS	92,939	92,453
SrHS	104,796	105,788
12th	18,320	20,698

1994-95 USA-PRIDE Summary Report-Violence

6-8th/grade n=92,453

Percentage of JrHS (6-8th) students who report:

- ☐ carrying a gun to school +3.6%
- ☐ taking part in gang activities = 14.4%
- ☐ thinking often/alot about suicide = 6.4%
- ☐ threatening to harm another = 29.6%
- ☐ getting in trouble with the police = 21.5%
- ☐ being afraid another will hurt them = 38.2%
- ☐ getting hurt by another at school = 21.8%

Drug Use of JrHS (6-8th) student who report:

Carrying a gun to school

	n=3,292	n=88,579
Liquor	69.3%	19.6%
Marijuana	58.7%	7.7%
Hallucinogens	31.0%	1.3%
Cocaine	29.2%	0.9%

Taking part in gang activities

	n=13,133	n=77,982
Liquor	51.9%	16.2%
Marijuana	35.4%	5.1%
Hallucinogens	11.5%	0.8%
Cocaine	10.1%	0.5%

Thinking of suicide often/alot

	n=5,831	n=84,960
Liquor	53.0%	19.2%
Marijuana	34.1%	7.8%
Hallucinogens	15.0%	1.5%
Cocaine	12.9%	1.1%

Threatening to harm another

	n=27,104	n=64,382
Liquor	41.9%	12.7%
Marijuana	22.9%	3.8%
Hallucinogens	6.6%	0.6%
Cocaine	5.3%	0.5%

Getting in trouble with police

	n=19,590	n=71,579
Liquor	47.2%	14.3%
Marijuana	30.6%	3.7%
Hallucinogens	9.1%	0.6%
Cocaine	7.3%	0.4%

1994-95 USA-PRIDE Summary Report-Violence

9-12th grade/n=105,788

Percentage of SrHS (9-12th) students who report:

- ☐ carrying a gun to school +6.1%
- ☐ taking part in gang activities = 13.2%
- ☐ thinking often/alot about suicide = 7.7%
- ☐ threatening to harm another = 33.7%
- ☐ getting in trouble with the police = 27.5%
- ☐ being afraid another will hurt them = 35.3%
- ☐ getting hurt by another at school = 13.9%

Drug Use of SrHS (9-12th) student who report:

Carrying a gun to school

	n=6,395	n=98,768
Liquor	82.0%	49.6%
Marijuana	70.0%	25.6%
Hallucinogens	37.5%	5.8%
Cocaine	32.6%	2.6%

Taking part in gang activities

	n=13,801	n=90,772
Liquor	78.0%	47.5%
Marijuana	62.6%	23.0%
Hallucinogens	24.2%	5.2%
Cocaine	19.2%	2.2%

Thinking of suicide often/alot

	n=8,019	n=96,276
Liquor	73.2%	49.7%
Marijuana	54.1%	26.1%
Hallucinogens	25.4%	6.2%
Cocaine	18.7%	3.2%

Threatening to harm another

	n=35,363	n=69,442
Liquor	70.0%	42.1%
Marijuana	47.0%	18.7%
Hallucinogens	15.6%	3.7%
Cocaine	10.1%	1.6%

Getting in trouble with police

	n=28,800	n=75,764
Liquor	75.0%	42.6%
Marijuana	56.3%	17.6%
Hallucinogens	19.8%	3.1%
Cocaine	12.5%	1.4%

Drug use figures represent annual usage (at least 1/year)

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EXECUTIVE SUMMARY

PURPOSE

This inspection surveyed junior and senior high school (7th through 12 grade) students to determine how they obtain, view, and consume alcohol.

BACKGROUND

In response to public health concerns and the adverse health consequences of alcohol abuse, Surgeon General Antonia Novello requested that the Office of Inspector General (OIG) survey youth to determine their views and practices regarding alcohol use. These concerns mirror one of Department of Health and Human Services (HHS) Secretary Louis Sullivan's goals which is to reduce the prevalence of alcohol problems among children and youth. The Surgeon General is particularly concerned about the drinking habits of youth, especially the nation's 20.7 million 7th through 12th graders. This report is one in a series prepared by the OIG related to youth and alcohol. It describes survey findings relating to youth perceptions, knowledge, opinions, and drinking habits and is based on structured interviews conducted with a random national sample of junior and senior high school students.

FINDINGS

- ***Fifty-one percent of junior and senior high school students have had at least one drink within the past year and 8 million students drink weekly.***
- ***Junior and senior high school students drink 35 percent of all wine coolers sold in the United States and 1.1 billion cans of beer each year.***
- ***More than 5 million students have binged; 3 million within the last month; 454,000 binge at least once a week.***
- ***More than 3 million students drink alone, more than 4 million drink when they are upset, and less than 3 million drink because they are bored.***
- ***Students lack essential knowledge about alcohol and its effects.***
- ***Nine million students get their information about alcohol from unreliable sources.***
- ***Seven million students are able to walk into a store and buy alcohol.***
- ***Students accept rides from friends who have been drinking.***

Source: U.S. Department of Health and Human Services, Office of Inspector General, Youth and Alcohol: A National Survey, Drinking Habits, Access, Attitudes, and Knowledge, 1991.

- *Parents, friends, and alcoholic beverage advertisements influence students' attitudes about alcohol.*

RECOMMENDATIONS

- *The Surgeon General should consult with public and private agencies to develop, improve, and promote educational programs which would increase student awareness of alcoholic beverages and their effects.*

- *The Surgeon General should collaborate with the appropriate public and private agencies to reduce the appeal of alcoholic beverage advertising to youth.*

- *The Surgeon General should emphasize the need for law enforcement and State alcoholic beverage control agencies to prevent youth from illegally purchasing alcohol.*

Source: U.S. Department of Health and Human Services, Office of Inspector General, Youth and Alcohol: A National Survey, Drinking Habits, Access, Attitudes, and Knowledge, 1991.

Facts & Figures on Elementary Youth

- ✓ Students say advertisements encourage young people to use cigarettes and alcohol.[1]
- ✓ One out of every three sixth graders say they feel pressured by their peers to use marijuana. Over half of sixth graders report peer pressure to drink beer, wine, or liquor.[2]
- ✓ Children left at home alone for 11 hours or more each week are nearly twice as likely to use alcohol, tobacco, and marijuana as are children under adult supervision.[3]
- ✓ By the fourth grade, 40 percent of students feel pushed by friends to smoke cigarettes. Thirty-four percent feel pressure to drink wine coolers, and 24 percent say their friends encourage them to try cocaine or crack.[4]
- ✓ Nearly all (93 percent) of students in grades four to six know that cocaine or crack is a drug. However, less than half of these students call beer, wine, or liquor a drug, and less than one-fourth of the students know that wine coolers are drugs.[5]
- ✓ Children in the fourth, fifth, and sixth grades say they would be most likely to begin using beer, wine, or liquor to fit in with other kids and to feel older.[6]
- ✓ America's young people are very concerned about drugs. This concern is highest among fifth and sixth graders—61.4 percent.[7]
- ✓ Half of the students in fifth and sixth grades say they have drug education programs in their schools. Among those who do, younger students are twice as positive as older students about the effectiveness of these programs.[8]
- ✓ Grades five through nine are thought to be the most crucial time period for alcohol and other drug prevention education programs.[9]
- ✓ Children in grades two and three learn most of their information about the dangers of alcohol and other drugs from their teachers, parents, and television.[10]

Source: National Clearinghouse for Alcohol and Drug Information, Prevention Resource Guide: Elementary Youth, December 1994.

- ✓ Younger students (5th and 6th graders) would turn to parents if they had a personal problem with drugs—older students (11th and 12th graders) would turn to friends.[11]

- ✓ Parents can help prevent their children from using alcohol and other drugs by teaching them the facts about such use and by talking with them about their problems.[12]

- ✓ Almost one out of three boys and one out of five girls classify themselves as drinkers by age 13.[13]

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4. Borton and Johnson, op. cit., p. 28.
5. Ibid., p. 25.
6. Ibid., p. 20.
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Source: National Clearinghouse for Alcohol and Drug Information, Prevention Resource Guide: Elementary Youth, December 1994.

For further information, write to NCADI, P.O. Box 2345
Rockville, MD 20852

Facts & Figures on Secondary School Students

- ✓ The United States has the highest rate of teenage drug use of any Nation in the industrialized world. More than one-third of all high school seniors say they engage in heavy drinking.[1]

- ✓ Nearly half of high school students have used illicit drugs. Forty-eight percent of high school seniors report using an illegal drug before graduating from high school.[2]

- ✓ Current use of cocaine by high school students, which had increased in recent years, dropped from 2.8 percent to 1.9 percent in 1990. The number of students who are using crack, a highly addictive derivative of cocaine, also decreased from 1.4 percent to 0.7 percent. Cocaine and crack can cause paranoia, stroke, and even heart attack.[3]

- ✓ A large percentage of high school seniors are "binge drinkers." Over one-third of high school students report drinking five or more drinks in a row on at least one occasion in the past 2 weeks.[4]

- ✓ The average age at which children first use alcohol or marijuana has dropped to 13 years. That means that many children are using before beginning junior high and are well acquainted with drugs by the time they reach high school.[5]

- ✓ If a teenager's friends are using alcohol or other drugs, the possibility of use increases substantially. Peers are known to have a powerful effect on an individual's use of alcohol or other drugs, and a high correlation has been established between an individual's use of drugs and alcohol and that of his or her friends.[6]

- ✓ Hallucinogens are used frequently by American youth who believe that they can use these dangerous drugs without risk. It is estimated that 700,000 teenagers have tried hallucinogens such as LSD, PCP, and mescaline at least once.[7]

Source: National Clearinghouse for Alcohol and Drug Information, Prevention Resource Guide: Secondary School Students, December 1994.

- ✓ Although an alarming number of young people are using illicit drugs, there has been a drop during the last 2 years. A national survey indicated that the use of drugs by high school students declined 5 percent from 1988 to 1990.[8]

- ✓ Despite growing alcohol and tobacco education campaigns, the consumption of alcohol and tobacco among young people has remained relatively unchanged. Teenagers are drinking alcohol and smoking at about the same rates they did 5 years ago.[9]

- ✓ Alcohol and other drug use at an early age is an indicator of future drug or alcohol problems. Studies have shown that drug use during childhood or adolescence results in a high risk for future drug problems.[10]

- ✓ Anabolic steroids, drugs which provide quick muscle enhancement but whose long term effects are dangerous and can be deadly, are being used by some junior and senior high students. Recent figures indicate that as many as 3 percent of high school seniors have tried steroids at least once.[11]

- ✓ PCP, an extremely dangerous drug, was used by 1 percent of seniors in 1990. PCP use frequently causes depression and violent behavior and can cause permanent brain damage.[12]

- ✓ The use of marijuana has declined dramatically. Seniors using marijuana dropped from a peak of 60 percent in 1979 to 40 percent in 1990.[13]

- ✓ According to a recent survey of high school students, illicit drugs and alcohol are more easily available to them today than 5 years ago. There is a high correlation between availability of drugs and adolescent use of drugs.[14]

- ✓ A surprising 20 percent of seniors are smoking cigarettes on a daily basis. Studies indicate that it is unlikely that people who refrain from smoking before turning 20 will ever smoke.[15]

- ✓ A major determining factor in smoking can be found in plans for continued education. High school students without college plans are twice as likely to smoke as those with college plans.[16]

- ✓ Far more students disapprove of illicit drug use today than 5 years ago. The acceptability of cigarette smoking, however, has remained virtually the same.[17]

- ✓ Drug availability in schools has an impact on the number of students using alcohol and other drugs. If drugs are easily available in a school, there is a corresponding increase in the number of students using drugs including alcohol.[18]

 Source: National Clearinghouse for Alcohol and Drug Information, Prevention Resource Guide: Secondary School Students,

✓ Drugs are far more available in high schools than most people realize. A recent study indicated that one-half of juniors and seniors said that it would be easy to buy drugs while at school.[19]

✓ Many high school students believe that they can "experiment" with drugs without injury. A nationwide survey of 11th and 12th graders revealed that over 40 percent believe that they can use drugs occasionally and avoid becoming addicted.[20]

✓ According to the majority of students, the drug education programs available in schools are failing. More than three-quarters of surveyed juniors and seniors were unconvinced of the effectiveness of the prevention programs in their schools. Only 24 percent of surveyed 11th and 12th graders said that school prevention programs work.[21]

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Tobacco Use

Cigarette Use

Nationwide, 69.5% of students had ever tried cigarette smoking (Table 12). Students in grades 11 and 12 (73.3% and 73.9%, respectively) were significantly more likely than students in grades 9 and 10 (62.8% and 66.9%, respectively) to have done so. Prevalence rates among the state surveys ranged from 46.4% to 76.8% (median: 69.4%); among the local surveys, prevalence rates ranged from 59.3% to 69.7% (median: 64.7%) (Table 13).

Nearly one third of students (30.5%) nationwide had smoked cigarettes on ≥1 of the 30 days preceding the survey (i.e., current cigarette use) (Table 12). White and Hispanic male and female students were significantly more likely than black male and female students to report current cigarette use. Prevalence rates among the state surveys ranged from 17.4% to 38.9% (median: 30.9%); among the local surveys, prevalence rates ranged from 12.9% to 25.9% (median: 20.1%) (Table 13).

Nationwide, 13.8% of students had smoked cigarettes on ≥20 of the 30 days preceding the survey (i.e., frequent cigarette use) (Table 12). White students (16.1%) were significantly more likely than Hispanic and black students (7.7% and 4.6%, respectively) to report frequent cigarette use. Students in grades 11 and 12 (15.3% and 17.8%, respectively) were significantly more likely than students in grade 9 (8.8%) to do so. Prevalence rates among the state surveys ranged from 8.2% to 19.9% (median: 14.1%); among the local surveys, prevalence rates ranged from 3.0% to 10.5% (median: 6.1%) (Table 13).

Nearly one fourth (24.7%) of high school students had ever smoked at least one cigarette every day for 30 days (i.e., regular cigarette use) (Table 12). White students (28.4%) were significantly more likely than Hispanic and black students (18.6% and 9.2%, respectively) to report regular cigarette use, and Hispanic students were significantly more likely than black students to report regular cigarette use. Students in grades 11 and 12 (27.2% and 28.4%, respectively) were significantly more likely than students in grade 9 (20.9%) to have done so. A tenfold variation was observed in prevalence rates across state surveys, which ranged from 3.1% to 32.4% (median: 24.7%). Prevalence rates among the local surveys ranged from 7.2% to 18.8% (median: 15.1%) (Table 13).

Smokeless Tobacco Use

Nationwide, more than one in 10 students (11.5%) had used smokeless tobacco during the 30 days preceding the survey (Table 12). Across all racial/ethnic and grade subgroups, male students were significantly more likely than female students to use smokeless tobacco. White male students (26.0%) were significantly more likely than Hispanic or black male students (8.0% and 4.7%, respectively) to do so. A twelvefold variation in prevalence rates was observed across the state surveys, which ranged from 1.8% to 24.0% (median: 11.9%) (Table 13). A fourfold variation was observed across the local surveys, which ranged from 1.5% to 8.4% (median: 2.8%).

Alcohol and Other Drug Use

Alcohol Use

Nationwide, 80.9% of students had had at least one drink of alcohol during their lifetime (Table 14). Students in grades 11 and 12 (84.9% and 87.6%, respectively) were significantly more likely than students in grades 9 and 10 (72.9% and 76.8%, respectively) to have had at least one drink of alcohol. The prevalence of alcohol use across the state surveys ranged from 45.7% to 86.1% (median: 77.6%) (Table 15). The range across the local surveys was 60.5% to 79.0% (median: 73.4%).

Nationwide, nearly half of all students (48.0%) had had at least one drink of alcohol during the 30 days preceding the survey (i.e., current alcohol use) (Table 14). This behavior was significantly more likely among black male students (48.2%) than among black female students (37.1%) and among male students in grade 12 (60.5%) than among female students in grade 12 (52.0%). White female students (48.6%) were significantly more likely than black female students (37.1%) to report current alcohol use, as were male students in grades 11 and 12 (53.6% and 60.5%, respectively) compared with male students in grade 9 (40.2%). Female students in grade 12 (52.0%) were significantly more likely to engage in this behavior than female students in grade 9 (40.5%). Prevalence rates across the state surveys ranged from 26.0% to 61.2% (median: 47.3%), and across the local surveys, from 32.9% to 46.4% (median: 41.4%).

Nationwide, 30.0% of students had had five or more drinks of alcohol on at least one occasion during the 30 days preceding the survey (i.e., episodic heavy drinking) (Table 14). Across all racial/ethnic and grade subgroups (except 9th- and 10th-grade students), male students were significantly more likely than female students to report episodic heavy drinking. This behavior was significantly more common among white and Hispanic male (35.6% and 39.4%, respectively) and female (29.3% and 27.6%, respectively) students than among black male (25.1%) and female (13.3%) students; this behavior also was more common among male students in grades 11 and 12 (37.1% and 45.0%, respectively) than among those in grades 9 and 10 (24.0% and 27.2%, respectively). Female students in grade 12 (33.0%) were significantly more likely than female students in grades 9–11 (19.7%, 25.3%, and 25.1%, respectively) to report episodic heavy drinking. A more than fourfold variation was observed in prevalence rates across the state surveys, which ranged from 9.3% to 44.3% (median: 28.8%) (Table 15). Across the local surveys, prevalence rates ranged from 14.1% to 24.7% (median: 19.4%).

Marijuana Use

Nearly one third (32.8%) of students nationwide had used marijuana during their lifetime, and 17.7% had used marijuana at least once during the 30 days preceding the survey (i.e., current marijuana use) (Table 14). Black male students were significantly more likely than black female students to report lifetime (41.1% and 26.3%, respectively) and current marijuana use (24.3% and 13.0%, respectively). Hispanic male students (41.5%) were significantly more likely than Hispanic female students (29.5%) to report lifetime marijuana use. Lifetime and current use was significantly more likely among male and female students in grade 12 than among male and female students in grade 9. Male students in grade 9 were significantly more likely than female students in the same grade to report lifetime (28.8% and 19.7%, respectively) and current (16.3% and 9.7%, respectively) marijuana use. Male students in grade 12 (45.5%) were

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance--United States, 1993" in *Morbidity and Mortality Weekly Report*, March 24, 1995, Volume 44, Number SS-1.

significantly more likely than female students in the same grade (35.8%) to report lifetime marijuana use. Lifetime marijuana use ranged from 16.3% to 40.0% (median: 27.9%) across the state surveys and from 23.8% to 40.5% (median: 29.5%) across the local surveys (Table 15). Current marijuana use ranged from 7.4% to 22.0% (median: 14.1%) across the state surveys and from 11.8% to 22.7% (median: 17.8%) across the local surveys.

Cocaine Use

Nationwide, 4.9% of students had used cocaine during their lifetime, and 1.9% had used cocaine at least once during the 30 days preceding the survey (i.e., current cocaine use) (Table 16). Hispanic male and female students were significantly more likely than white and black male and female students to report lifetime and current cocaine use. White male and female students (5.3% and 3.9%, respectively) were significantly more likely than black male and female students (1.9% and 1.2%, respectively) to report lifetime cocaine use. A fourfold variation in lifetime and current cocaine use was observed across the state and local surveys (Table 17). Lifetime cocaine use ranged from 2.0% to 9.7% (median: 5.1%) among the state surveys and from 1.4% to 8.8% (median: 3.8%) among the local surveys. Current cocaine use ranged from 0.7% to 4.4% (median: 2.2%) among the state surveys and from 0.4% to 4.3% (median: 1.9%) among the local surveys.

Nationwide, 2.6% of students had used crack or freebase forms of cocaine during their lifetime (Table 16). Hispanic male (7.1%) and female (5.5%) students were significantly more likely than white and black male (2.6% and 1.6%, respectively) and female (2.0% and 0.6%, respectively) students to have used these drugs. A fivefold variation in crack or freebase use was observed across the state surveys, which ranged from 1.1% to 5.6% (median: 3.4%); a sevenfold variation was observed across the local surveys, which ranged from 0.7% to 5.0% (median: 2.0%) (Table 17).

Steroid Use

Nationwide, 2.2% of students had used steroids without a doctor's prescription during their lifetime (Table 16). White and black male students and male students in grades 11 and 12 were significantly more likely than female students in the same subgroups to have used steroids. Lifetime steroid use ranged from 1.8% to 5.4% (median: 3.5%) across the state surveys and from 1.6% to 3.8% (median: 2.8%) across the local surveys (Table 17).

Injected-Drug Use (IDU)

Nationwide, 1.4% of students had injected illegal drugs during their lifetime* (Table 16). White male students (1.8%) and male students in grade 12 (1.9%) were significantly more likely than white female students (0.7%) and female students in grade 12 (0.4%) to have reported IDU. Prevalence rates for IDU ranged from 1.0% to 3.8% (median: 2.2%) across the state surveys and from 0.5% to 2.6% (median: 1.5%) across the local surveys (Table 17).

*Students were classified as injecting-drug users only if they a) reported injecting-drug use not prescribed by a physician and b) answered "one or more" to any of these questions: "During your life, how many times have you used any form of cocaine including powder, crack, or freebase?"; "During your life, how many times have you used any other type of illegal drug such as LSD, PCP, ecstacy, mushrooms, speed, ice, heroin, or pills without a doctor's prescription?"; or "During your life, how many times have you taken steroid pills or shots without a doctor's prescription?"

Tobacco, Alcohol, and Other Drug Use on School Property

Nationwide, 13.2% of students had smoked cigarettes on school property during the 30 days preceding the survey (Table 18). White and Hispanic students (14.6% and 11.1%, respectively) were significantly more likely than black students (5.9%) to have done so. Across the state surveys, 8.2%–19.9% (median: 13.5%) of students had smoked cigarettes on school property (Table 19). Across the local surveys, the prevalence rates ranged from 4.0% to 17.0% (median: 9.7%).

Smokeless tobacco use on school property during the 30 days preceding the survey was reported by 6.8% of students nationwide (Table 18). Across all racial/ethnic and grade subgroups, male students were significantly more likely than female students to have used smokeless tobacco on school property. White male students (16.0%) were significantly more likely to have engaged in this behavior than black and Hispanic male students (2.8% and 4.4%, respectively). A fourfold variation was observed across the state surveys, which ranged from 3.8% to 16.2% (median: 7.4%) (Table 19). A threefold variation was observed across the local surveys, which ranged from 0.7% to 2.6% (median: 1.1%).

Nationwide, 5.2% of students had had at least one drink of alcohol on school property during the 30 days preceding the survey (Table 18). Male students in grade 12 (7.5%) were significantly more likely than female students in the same grade (3.5%) to have engaged in this behavior. Prevalence rates across the state surveys ranged from 4.1% to 12.3% (median: 6.2%) and across the local surveys from 4.1% to 12.2% (median: 6.2%) (Table 19).

Nationwide, 5.6% of students had used marijuana on school property during the 30 days preceding the survey (Table 18). Across all racial/ethnic subgroups, male students were significantly more likely than female students to have engaged in this behavior. Prevalence rates ranged from 1.8% to 8.1% (median: 4.5%) across the state surveys and from 4.6% to 9.3% (median: 5.8%) across the local surveys (Table 19).

Nearly one fourth (24.0%) of students had been offered, sold, or given an illegal drug on school property during the 12 months preceding the survey (Table 18). Among white and Hispanic students, male students were significantly more likely than female students to have been offered, sold, or given an illegal drug. Hispanic male and female students were significantly more likely than white and black male and female students to have experienced this. Prevalence rates across the state surveys ranged from 11.0% to 31.4% (median: 22.0%) and across the local surveys from 12.8% to 36.7% (median: 21.3%) (Table 19).

Sexual Behaviors that Contribute to Unintended Pregnancy and STD

Sexual Intercourse

Nationwide, more than half (53.0%) of all students had had sexual intercourse during their lifetime (Table 20). Black, Hispanic, and 9th-grade male students were significantly more likely than female students in the same subgroups to have done so. Black male and female students (89.2% and 70.4%, respectively) were significantly more likely than white male and female students (49.3% and 47.4%, respectively) and Hispanic male and female (63.5% and 48.3%) students to have had sexual intercourse, and Hispanic male students (63.5%) were significantly more likely than white male students (49.3%) to have done so. Among female students, the prevalence rates increased significantly from grades 9–12; among male students the prevalence rates

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance–United States, 1993" in *Morbidity and Mortality Weekly Report*, March 24, 1995, Volume 44, Number SS-1.

TABLE 14. Percentage of high school students who drank alcohol or used marijuana, by race/ethnicity, grade, and sex — United States, Youth Risk Behavior Survey, 1993

Category	Lifetime alcohol use*			Current alcohol use†			Episodic heavy drinking§			Lifetime marijuana use¶			Current marijuana use**		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
Race/Ethnicity															
White, non-Hispanic	82.4 (±1.9)††	81.0 (±1.9)	**81.7** (±1.6)	48.6 (±3.1)	51.1 (±2.8)	**49.9** (±2.5)	29.3 (±2.6)	35.6 (±2.5)	**32.6** (±2.1)	29.3 (±4.3)	36.0 (±4.3)	**32.7** (±4.0)	14.7 (±2.4)	19.7 (±3.8)	**17.3** (±2.8)
Black, non-Hispanic	78.1 (±4.6)	82.0 (±3.6)	**80.0** (±3.0)	37.1 (±4.8)	48.2 (±4.0)	**42.5** (±3.6)	13.3 (±2.3)	25.1 (±3.9)	**19.1** (±2.9)	26.3 (±5.5)	41.1 (±5.7)	**33.6** (±5.4)	13.0 (±3.4)	24.3 (±4.3)	**18.6** (±3.6)
Hispanic	82.2 (±4.0)	84.9 (±4.2)	**83.5** (±3.3)	46.9 (±5.9)	55.0 (±6.4)	**50.8** (±5.5)	27.6 (±4.7)	39.4 (±4.7)	**33.4** (±3.9)	29.5 (±5.6)	41.5 (±4.3)	**35.4** (±3.3)	15.7 (±4.5)	23.2 (±4.5)	**19.4** (±2.6)
Grade															
9th	72.9 (±4.5)	72.9 (±3.2)	**72.9** (±2.7)	40.5 (±5.5)	40.2 (±4.3)	**40.5** (±3.5)	19.7 (±3.0)	24.0 (±3.2)	**22.0** (±2.0)	19.7 (±3.6)	28.8 (±4.7)	**24.4** (±3.4)	9.7 (±1.9)	16.3 (±3.6)	**13.2** (±2.2)
10th	78.0 (±3.7)	75.9 (±4.3)	**76.8** (±3.4)	44.0 (±4.4)	44.1 (±4.2)	**44.0** (±3.9)	25.3 (±3.2)	27.2 (±3.0)	**26.2** (±2.5)	26.7 (±4.2)	30.9 (±4.7)	**28.8** (±3.9)	14.7 (±3.5)	18.2 (±4.3)	**16.5** (±3.5)
11th	84.2 (±3.1)	85.5 (±3.0)	**84.9** (±2.1)	45.9 (±4.0)	53.6 (±4.4)	**49.7** (±3.4)	25.1 (±2.8)	37.1 (±4.3)	**31.3** (±3.3)	30.8 (±5.9)	40.8 (±4.7)	**36.0** (±4.8)	14.4 (±3.7)	22.1 (±4.2)	**18.4** (±3.5)
12th	87.1 (±2.8)	88.0 (±3.4)	**87.6** (±1.9)	52.0 (±3.3)	60.5 (±4.2)	**56.4** (±2.6)	33.0 (±3.5)	45.0 (±4.5)	**39.1** (±3.2)	35.8 (±4.6)	45.5 (±4.6)	**40.8** (±3.9)	18.9 (±2.6)	25.0 (±3.9)	**22.0** (±2.8)
Total	**80.9** (±1.6)	**80.9** (±1.9)	**80.9** (±1.4)	**45.9** (±2.6)	**50.1** (±2.4)	**48.0** (±2.1)	**26.0** (±2.1)	**33.7** (±2.2)	**30.0** (±1.9)	**28.6** (±3.3)	**36.8** (±3.4)	**32.8** (±3.2)	**14.6** (±2.0)	**20.6** (±3.1)	**17.7** (±2.4)

*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.
††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, 1993" in *Morbidity and Mortality Weekly Report*, March 24, 1995, Volume 44, Number SS-1.

TABLE 15. Percentage of high school students who drank alcohol or used marijuana, by sex — selected sites, United States, Youth Risk Behavior Surveys, 1993

Site	Lifetime alcohol use*			Current alcohol use†			Episodic heavy drinking§			Lifetime marijuana use¶			Current marijuana use**		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
STATE SURVEYS															
Weighted data															
Alabama	73.4	77.9	**75.7**	40.9	47.0	**43.9**	20.9	30.0	**25.4**	19.3	26.5	**22.9**	7.9	12.8	**10.4**
American Samoa††	48.6	53.5	**51.2**	30.5	34.8	**32.8**	18.3	27.4	**23.3**	11.4	29.3	**21.0**	6.7	19.7	**13.6**
Georgia	73.5	77.7	**75.5**	41.3	47.1	**44.1**	20.7	29.1	**24.8**	22.5	31.7	**27.0**	11.2	17.0	**14.0**
Hawaii	73.9	71.7	**72.8**	38.7	38.1	**38.4**	20.9	24.3	**22.7**	30.6	36.4	**33.6**	15.4	17.9	**16.7**
Idaho	66.4	70.3	**68.3**	43.0	44.3	**43.6**	29.5	32.8	**31.1**	23.4	29.0	**26.0**	11.5	14.7	**13.0**
Illinois	77.6	78.8	**78.0**	45.3	49.3	**47.2**	24.6	32.0	**28.2**	24.3	31.6	**27.9**	11.4	17.5	**14.4**
Louisiana§§	80.7	84.1	**82.4**	48.3	60.8	**54.2**	24.1	40.9	**32.2**	21.7	36.1	**28.7**	9.3	18.7	**13.9**
Massachusetts	75.1	77.4	**76.3**	45.5	49.2	**47.4**	23.1	31.8	**27.5**	29.1	37.9	**33.6**	16.4	23.5	**20.1**
Mississippi	76.1	80.1	**78.2**	41.7	52.2	**47.0**	18.6	34.9	**26.6**	15.5	26.2	**20.8**	5.4	12.3	**8.8**
Montana	82.7	83.6	**83.2**	54.1	57.2	**55.7**	39.4	43.4	**41.4**	24.3	29.1	**26.8**	11.0	16.0	**13.6**
Nebraska	76.8	80.8	**78.8**	49.9	53.8	**51.9**	31.5	39.8	**35.7**	15.2	23.3	**19.3**	6.6	12.1	**9.4**
Nevada	77.7	77.0	**77.3**	49.4	49.0	**49.2**	29.2	34.4	**31.8**	35.4	36.2	**35.9**	19.2	19.6	**19.4**
New Hampshire	80.0	81.3	**80.7**	47.0	51.8	**49.5**	26.8	34.5	**30.8**	31.9	40.1	**36.1**	18.2	23.6	**20.9**
New York§§	83.4	82.4	**82.9**	51.7	53.3	**52.5**	28.3	35.1	**31.8**	33.1	37.1	**35.1**	16.7	21.5	**19.2**
North Carolina	NA¶¶	NA	**NA**	39.7	47.9	**43.7**	16.2	30.0	**23.0**	24.0	34.1	**29.0**	10.9	18.9	**14.8**
Ohio	78.7	81.5	**80.1**	44.5	48.3	**46.5**	28.3	32.0	**30.3**	25.6	33.7	**29.8**	13.5	18.6	**16.1**
South Carolina	73.5	77.6	**75.6**	40.1	48.4	**44.3**	20.4	29.5	**25.0**	18.7	30.3	**24.5**	9.0	15.9	**12.5**
South Dakota	85.7	86.5	**86.1**	58.4	63.8	**61.2**	38.0	50.5	**44.3**	15.6	24.9	**20.5**	6.6	13.4	**10.2**
Tennessee	74.5	78.9	**76.8**	39.3	45.7	**42.6**	23.5	32.5	**28.1**	28.4	36.5	**32.5**	13.8	19.0	**16.5**
Utah	44.8	46.5	**45.7**	25.4	26.5	**26.0**	15.3	18.1	**16.7**	14.0	18.4	**16.3**	5.7	9.0	**7.4**
Vermont	NA	NA	**NA**	50.4	54.8	**52.6**	26.9	35.7	**31.4**	NA	NA	**NA**	16.6	21.7	**19.2**
Virgin Islands††	NA	NA	**NA**	NA	NA	**NA**	6.1	12.8	**9.3**	NA	NA	**NA**	NA	NA	**NA**
West Virginia	82.1	83.5	**82.8**	49.4	56.0	**52.7**	34.1	44.7	**39.4**	30.3	38.1	**34.3**	14.1	20.8	**17.5**
Wisconsin	80.0	78.9	**79.4**	47.5	48.7	**48.1**	26.0	31.9	**29.0**	20.5	25.1	**22.8**	8.6	13.8	**11.2**
Unweighted data															
Arkansas	73.0	74.9	**74.0**	43.5	47.4	**45.5**	26.6	32.9	**29.8**	19.7	26.7	**23.4**	8.8	12.6	**10.7**
Delaware	78.4	77.3	**77.8**	48.4	50.1	**49.2**	25.4	29.7	**27.6**	27.6	40.0	**33.7**	15.1	24.7	**19.9**
Kentucky	71.9	81.2	**76.4**	42.7	53.1	**47.7**	27.3	40.6	**33.7**	26.0	38.5	**32.0**	11.0	19.0	**14.9**
Maine	NA	NA	**NA**	49.1	49.9	**49.6**	24.8	32.7	**28.7**	NA	NA	**NA**	15.3	22.9	**19.1**
New Jersey	74.0	79.0	**76.4**	40.9	45.0	**42.9**	20.6	27.5	**23.9**	22.4	29.4	**25.7**	10.4	14.2	**12.2**
New Mexico	86.0	84.5	**85.2**	59.3	61.4	**60.3**	41.2	46.1	**43.6**	36.8	43.1	**40.0**	19.6	24.5	**22.0**
Oregon	74.9	77.6	**76.2**	38.5	46.3	**42.3**	22.0	30.6	**26.3**	26.8	34.3	**30.5**	10.6	17.7	**14.1**
Wyoming	81.1	83.0	**82.0**	55.7	54.4	**55.1**	36.9	39.7	**38.4**	24.7	30.0	**27.4**	11.6	16.4	**14.1**

TABLE 15. Percentage of high school students who drank alcohol or used marijuana, by sex — [illegible] Youth Risk Behavior Surveys, 1993 — Continued

Site	Lifetime alcohol use*			Current alcohol use†			Episodic heavy drinking§			Lifetime marijuana use¶			Current marijuana use**		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
LOCAL SURVEYS															
Weighted data															
Boston	63.9	71.1	67.4	35.6	44.9	40.1	15.1	25.6	20.3	26.7	35.0	30.7	14.1	21.7	17.8
Chicago	70.5	69.4	70.0	38.6	39.7	39.2	15.3	21.0	18.1	24.6	28.6	26.6	11.3	17.3	14.3
Dallas	76.6	81.8	79.0	42.4	51.1	46.4	19.3	30.7	24.7	23.2	35.7	29.0	9.1	19.0	13.7
Dist. of Columbia	74.3	74.0	74.2	40.1	42.7	41.3	13.8	19.6	16.4	21.4	37.5	28.8	12.7	24.6	18.1
Fort Lauderdale	77.5	76.5	77.0	42.8	45.0	43.9	15.9	24.7	20.3	26.4	35.8	31.1	13.4	22.5	17.9
Jersey City	62.4	78.0	69.9	34.8	50.3	42.4	19.5	26.1	22.7	22.1	30.6	26.3	10.6	18.2	14.4
Miami	75.4	75.6	75.5	36.0	37.7	36.8	11.0	17.6	14.3	19.3	31.3	25.3	9.7	18.2	14.0
San Diego	73.0	71.5	72.3	43.7	43.5	43.7	19.6	25.0	22.4	32.7	40.3	36.5	18.6	26.5	22.6
Seattle	NA	NA	NA	43.6	48.7	46.1	16.4	22.4	19.4	NA	NA	NA	18.6	25.4	22.0
Unweighted data															
New Orleans	76.6	79.3	77.6	43.1	48.9	45.4	13.3	23.3	17.4	25.1	37.2	30.0	10.7	19.6	14.3
New York City	69.5	76.0	72.6	31.4	45.3	37.9	9.2	19.6	14.1	19.3	28.7	23.8	8.1	15.6	11.8
Philadelphia	75.1	73.9	74.6	40.8	41.9	41.4	19.5	24.0	21.7	37.7	43.9	40.5	19.9	25.9	22.7
San Francisco	60.1	61.1	60.5	31.8	34.3	32.9	14.0	17.3	15.6	31.1	32.6	31.8	17.8	20.6	19.2

*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 a least one occasion during ≥1 of the 30 days preceding the survey.
¶Ever used marijuana.
**Used marijuana one or more times during the 30 days preceding the survey.
††U.S. territories are included as states.
§§Survey did not include students from the state's largest city.
¶¶Not available.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance—United States, 1993" in *Morbidity and Mortality Weekly Report*, March 24, 1995, Volume 44, Number SS-1.

TABLE 16. Percentage of high school students who used cocaine, crack or freebase, or illegal steroids, and percentage who injected illegal drugs, by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 1993

Category	Lifetime cocaine use*			Current cocaine use†			Lifetime crack or freebase use§			Lifetime illegal steroid use¶			Lifetime injected-drug use**		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
Race/Ethnicity															
White, non-Hispanic	3.9 (±1.0)††	5.3 (±1.2)	4.6 (±0.9)	1.2 (±0.4)	2.0 (±0.8)	1.6 (±0.6)	2.0 (±0.5)	2.6 (±1.0)	2.3 (±0.6)	1.0 (±0.8)	2.8 (±0.7)	1.9 (±0.5)	0.7 (±0.3)	1.8 (±0.7)	1.3 (±0.3)
Black, non-Hispanic	1.2 (±0.6)	1.9 (±1.1)	1.6 (±0.5)	0.5 (±0.3)	1.5 (±1.0)	1.0 (±0.6)	0.6 (±0.4)	1.6 (±1.0)	1.1 (±0.6)	0.8 (±0.5)	4.0 (±1.6)	2.4 (±0.8)	0.4 (±0.5)	1.4 (±1.1)	0.9 (±0.6)
Hispanic	10.4 (±2.2)	12.1 (±3.1)	11.3 (±1.8)	3.0 (±1.7)	6.2 (±1.8)	4.6 (±1.5)	5.5 (±2.0)	7.1 (±2.0)	6.3 (±1.4)	2.6 (±1.4)	3.4 (±1.0)	3.0 (±0.8)	1.1 (±0.6)	1.8 (±0.8)	1.5 (±0.5)
Grade															
9th	3.8 (±1.6)	4.6 (±1.5)	4.2 (±1.3)	1.0 (±1.1)	2.2 (±1.0)	1.6 (±0.8)	2.7 (±1.2)	2.7 (±1.2)	2.7 (±0.9)	1.4 (±0.9)	2.7 (±1.1)	2.1 (±0.6)	0.8 (±0.6)	1.9 (±0.9)	1.4 (±0.6)
10th	3.5 (±1.5)	3.9 (±1.1)	3.7 (±1.0)	1.0 (±0.5)	1.7 (±0.8)	1.4 (±0.5)	2.5 (±1.2)	2.1 (±1.0)	2.3 (±0.8)	1.6 (±1.3)	2.4 (±1.0)	2.0 (±1.0)	1.4 (±0.8)	1.5 (±0.8)	1.4 (±0.6)
11th	4.5 (±1.3)	5.5 (±1.8)	5.1 (±1.2)	1.7 (±0.8)	2.4 (±1.1)	2.1 (±0.8)	2.1 (±1.0)	3.1 (±1.3)	2.7 (±0.8)	1.0 (±0.9)	3.2 (±0.7)	2.2 (±0.6)	0.6 (±0.3)	1.9 (±1.1)	1.3 (±0.6)
12th	4.6 (±1.7)	7.5 (±1.9)	6.1 (±1.5)	1.6 (±0.7)	2.5 (±0.9)	2.1 (±0.6)	1.6 (±0.9)	3.6 (±1.4)	2.6 (±0.9)	1.0 (±0.7)	3.5 (±1.3)	2.3 (±0.8)	0.4 (±0.3)	1.9 (±0.9)	1.2 (±0.5)
Total	4.2 (±0.9)	5.5 (±0.9)	4.9 (±0.8)	1.4 (±0.4)	2.3 (±0.6)	1.9 (±0.4)	2.2 (±0.6)	3.0 (±0.8)	2.6 (±0.5)	1.2 (±0.7)	3.1 (±0.5)	2.2 (±0.5)	0.8 (±0.2)	1.9 (±0.6)	1.4 (±0.3)

*Ever tried any form of cocaine, including powder, crack, or freebase.
†Used cocaine one or more times during the 30 days preceding the survey.
§Ever used crack or freebase.
¶Ever used illegal steroids.
**Ever injected illegal drugs. Respondents were classified as injecting-drug users only if they a) reported injecting-drug use not prescribed by a physician and b) answered "one or more" to any of these questions: "During your life, how many times have you used any form of cocaine including powder, crack, or freebase?"; "During your life, how many times have you used any other type of illegal drugs such as LSD, PCP, ecstacy, mushrooms, speed, ice, heroin, or pills without a doctor's prescription?"; or "During your life, how many times have you taken steroid pills or shots without a doctor's prescription?"
††Ninety-five percent confidence interval.

TABLE 17. Percentage of high school students who used cocaine, crack or freebase, or illegal steroids, and percentage who injected illegal drugs, by sex — selected sites, United States, Youth Risk Behavior Surveys, 1993

Site	Lifetime cocaine use*			Current cocaine use†			Lifetime crack or freebase use§			Lifetime illegal steroid use¶			Lifetime injected-drug use**		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
STATE SURVEYS															
Weighted data															
Alabama	3.3	5.6	4.5	0.9	2.3	1.7	NA††	NA	NA	2.6	6.3	4.5	1.3	2.8	2.1
American Samoa§§	3.2	4.5	3.9	1.7	2.4	2.1	2.2	3.3	2.7	3.4	6.4	5.0	1.7	4.0	3.0
Georgia	2.5	3.8	3.2	1.3	1.8	1.6	1.6	2.8	2.2	1.4	3.8	2.6	1.2	3.2	2.2
Hawaii	7.5	9.0	8.2	2.8	3.9	3.3	5.0	6.2	5.6	1.2	3.2	2.2	1.8	1.6	1.7
Idaho	5.3	8.3	6.7	1.9	3.7	2.8	3.4	6.0	4.6	2.3	5.6	3.9	1.8	3.7	2.7
Illinois	2.9	6.4	4.7	1.0	3.8	2.4	2.0	4.3	3.2	1.3	5.0	3.1	0.6	2.9	1.8
Louisiana¶¶	3.4	7.0	5.2	1.6	4.5	3.1	2.8	6.6	4.7	2.3	8.3	5.4	1.4	4.5	2.9
Massachusetts	4.3	7.2	5.8	1.3	3.5	2.5	2.2	5.3	3.9	1.7	5.5	3.7	1.2	3.8	2.6
Mississippi	2.0	2.0	2.0	0.8	0.7	0.7	1.2	1.0	1.1	1.1	2.6	1.8	0.4	1.6	1.0
Montana	4.7	5.3	5.1	1.7	2.6	2.2	3.2	3.6	3.4	2.9	5.0	4.1	1.8	3.4	2.6
Nebraska	2.3	4.6	3.5	0.7	2.8	1.8	1.4	3.5	2.4	1.0	4.8	3.0	0.8	3.1	2.0
Nevada	8.1	7.9	8.1	3.5	3.9	3.7	4.3	4.7	4.5	1.8	3.5	2.7	0.6	2.2	1.4
New Hampshire	4.3	7.7	6.1	1.4	2.7	2.2	2.8	4.7	3.8	1.1	3.8	2.5	1.5	2.3	1.9
New York¶¶	4.2	6.4	5.4	1.3	3.2	2.4	2.3	3.8	3.2	2.3	5.9	4.3	1.4	3.4	2.4
North Carolina	3.5	5.3	4.4	1.2	2.9	2.1	2.3	4.4	3.4	1.4	5.7	3.6	1.2	3.9	2.6
Ohio	2.4	4.7	3.6	0.5	2.5	1.6	1.6	3.1	2.4	1.0	4.1	2.6	0.8	2.5	1.7
South Carolina	3.6	5.7	4.7	1.4	2.8	2.2	2.8	4.1	3.4	1.7	6.2	4.0	1.5	3.5	2.5
South Dakota	3.1	7.3	5.2	1.4	4.6	3.0	2.3	5.9	4.1	2.1	6.5	4.4	1.7	5.6	3.8
Tennessee	4.0	6.2	5.1	1.1	2.8	2.0	2.3	3.1	2.8	2.1	4.8	3.5	1.1	2.1	1.6
Utah	3.6	4.7	4.2	1.6	2.4	2.1	2.7	3.5	3.2	1.7	4.3	3.1	1.5	3.0	2.3
Vermont	NA	NA	NA	1.3	2.7	2.0	NA	NA	NA	NA	NA	NA	0.7	1.9	1.3
Virgin Islands§§	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.5	3.3	2.4	0.4	1.4	1.0
West Virginia	3.9	6.4	5.1	0.9	3.0	2.0	2.7	4.2	3.4	1.9	6.5	4.2	1.2	3.5	2.4
Wisconsin	3.0	6.2	4.6	0.8	4.5	2.7	1.7	4.6	3.2	1.8	7.2	4.6	1.6	4.8	3.3
Unweighted data															
Arkansas	4.8	4.8	4.8	2.2	2.7	2.4	3.2	3.2	3.2	2.0	4.7	3.4	1.2	2.3	1.8
Delaware	4.0	6.2	5.1	1.7	3.4	2.6	2.3	3.4	2.9	1.3	5.0	3.1	1.1	2.7	1.9
Kentucky	3.1	7.8	5.3	0.7	3.2	1.9	2.6	4.5	3.5	1.0	7.3	4.0	0.5	3.4	1.9
Maine	NA	NA	NA	2.0	4.6	3.3	NA	NA	NA	3.3	6.8	5.1	1.4	2.8	2.1
New Jersey	3.2	5.8	4.4	1.2	2.6	1.9	1.8	3.7	2.7	0.7	3.8	2.2	0.5	2.1	1.3
New Mexico	8.6	10.8	9.7	3.6	5.2	4.4	4.8	5.5	5.2	1.8	5.8	3.9	3.0	2.7	2.9
Oregon	5.7	8.9	7.4	1.9	4.6	3.4	3.8	5.7	4.8	2.5	4.1	3.5	2.4	4.0	3.2
Wyoming	6.2	9.0	7.7	2.4	4.5	3.5	4.6	5.8	5.3	1.4	4.6	3.1	1.6	4.0	2.8

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance—United States, 1993" in *Morbidity and Mortality Weekly Report*, March 24, 1995, Volume 44, Number SS-1.

TABLE 17. Percentage of high school students who used cocaine, crack or freebase, or illegal steroids, and percentage who injected illegal drugs, by sex — selected sites, United States, Youth Risk Behavior Surveys, 1993 — Continued

Site	Lifetime cocaine use*			Current cocaine use†			Lifetime crack or freebase use§			Lifetime illegal steroid use¶			Lifetime injected-drug use**		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
LOCAL SURVEYS															
Weighted data															
Boston	2.1	5.6	3.8	0.9	3.0	1.9	1.1	2.5	1.8	2.4	5.4	3.8	0.8	3.0	1.9
Chicago	2.4	5.4	4.0	0.9	2.9	2.0	1.3	3.1	2.3	1.8	4.5	3.2	0.5	2.3	1.5
Dallas	3.7	6.6	5.1	0.9	2.5	1.7	1.7	2.9	2.3	1.3	2.8	2.0	0.5	1.7	1.1
Dist. of Columbia	1.1	2.5	1.8	0.7	1.8	1.2	0.8	1.7	1.3	1.0	3.9	2.4	1.0	2.0	1.5
Fort Lauderdale	2.7	4.3	3.5	1.1	2.7	1.9	1.3	2.4	1.8	0.9	4.5	2.7	1.0	2.3	1.7
Jersey City	3.0	2.1	2.5	1.2	0.9	1.2	1.9	1.0	1.5	1.3	4.1	2.8	0.7	1.4	1.2
Miami	4.0	6.0	5.1	1.7	3.0	2.3	1.9	2.6	2.3	1.9	4.1	3.1	1.3	3.0	2.2
San Diego	8.3	9.3	8.8	3.6	5.0	4.3	4.5	5.4	5.0	2.6	4.3	3.4	1.2	3.8	2.6
Seattle	NA	NA	NA	1.3	4.4	2.8	NA	NA	NA	NA	NA	NA	NA	NA	NA
Unweighted data															
New Orleans	1.1	2.6	1.7	0.7	1.3	0.9	0.9	0.8	0.8	0.9	2.5	1.6	0.5	0.5	0.5
New York City	1.1	1.8	1.4	0.0	0.9	0.4	0.2	1.4	0.7	1.3	4.5	2.8	0.6	1.1	0.8
Philadelphia	3.0	4.8	3.9	1.1	2.3	1.7	1.5	3.1	2.2	2.4	4.0	3.2	0.7	2.3	1.4
San Francisco	5.0	6.9	5.9	1.6	3.6	2.6	2.2	5.0	3.6	1.1	3.6	2.4	1.3	2.3	1.8

*Ever tried any form of cocaine, including powder, crack, or freebase.
†Used cocaine one or more times during the 30 days preceding the survey.
§Ever used crack or freebase.
¶Ever used illegal steroids.
**Ever injected illegal drugs. Respondents were classified as injecting-drug users only if they a) reported injecting-drug use not prescribed by a physician and b) answered "one or more" to any of these questions: "During your life, how many times have you used any form of cocaine including powder, crack, or freebase?"; "During your life, how many times have you used any other type of illegal drug such as LSD, PCP, ecstacy, mushrooms, speed, ice, heroin, or pills without a doctor's prescription?"; or "During your life, how many times have you taken steroid pills or shots without a doctor's prescription?"
††Not available.
§§U.S. territories are included as states.
¶¶Survey did not include students from the state's largest city.

TABLE 18. 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, 1993

Category	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**		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
Race/Ethnicity															
White, non-Hispanic	14.5 (±2.3)††	14.7 (±2.8)	14.6 (±2.4)	0.9 (±0.4)	16.0 (±2.8)	8.7 (±1.7)	3.6 (±1.1)	5.5 (±1.0)	4.6 (±0.9)	2.8 (±0.9)	7.1 (±2.0)	5.0 (±1.4)	18.9 (±3.2)	28.8 (±3.6)	24.1 (±3.3)
Black, non-Hispanic	4.5 (±1.7)	7.3 (±2.8)	5.9 (±1.7)	0.1 (±0.1)	2.8 (±1.7)	1.4 (±0.9)	5.1 (±2.5)	8.7 (±2.2)	6.9 (±1.9)	4.5 (±2.6)	10.1 (±2.9)	7.3 (±2.4)	14.8 (±2.8)	20.3 (±4.4)	17.5 (±2.9)
Hispanic	11.6 (±3.1)	10.6 (±2.7)	11.1 (±2.4)	0.2 (±0.2)	4.4 (±1.8)	2.3 (±0.9)	6.2 (±1.7)	7.3 (±2.0)	6.8 (±1.7)	4.9 (±2.5)	10.0 (±2.7)	7.5 (±2.2)	26.8 (±4.0)	41.5 (±5.3)	34.1 (±3.1)
Grade															
9th	11.3 (±2.0)	11.4 (±2.7)	11.3 (±1.9)	0.2 (±0.3)	10.8 (±2.8)	5.6 (±1.6)	4.8 (±1.2)	5.5 (±1.0)	5.2 (±0.7)	2.8 (±0.9)	5.9 (±1.4)	4.4 (±0.8)	18.4 (±2.9)	24.6 (±3.2)	21.8 (±2.4)
10th	11.8 (±4.0)	12.8 (±3.5)	12.3 (±3.1)	1.0 (±0.6)	11.3 (±2.8)	6.3 (±1.6)	4.7 (±1.6)	4.8 (±1.5)	4.7 (±0.8)	3.6 (±1.4)	9.2 (±2.9)	6.5 (±1.8)	19.2 (±3.7)	27.9 (±4.3)	23.7 (±3.6)
11th	14.9 (±3.3)	12.9 (±4.0)	13.9 (±3.2)	1.1 (±0.9)	12.9 (±4.0)	7.3 (±2.2)	3.9 (±1.8)	6.3 (±1.6)	5.2 (±1.6)	4.0 (±1.9)	8.7 (±2.8)	6.5 (±2.1)	21.7 (±4.2)	32.9 (±3.9)	27.5 (±3.2)
12th	13.3 (±3.1)	16.5 (±3.9)	15.0 (±3.3)	0.7 (±0.5)	14.5 (±3.1)	7.7 (±1.7)	3.5 (±1.4)	7.5 (±1.8)	5.5 (±1.3)	2.7 (±1.0)	7.3 (±2.3)	5.1 (±1.5)	17.5 (±3.3)	28.2 (±4.5)	23.0 (±3.6)
Total	12.9 (±1.8)	13.5 (±2.1)	13.2 (±1.8)	0.8 (±0.3)	12.5 (±2.4)	6.8 (±1.4)	4.2 (±1.1)	6.2 (±0.8)	5.2 (±0.8)	3.3 (±0.9)	7.8 (±1.6)	5.6 (±1.3)	19.1 (±2.6)	28.5 (±2.9)	24.0 (±2.6)

*On ≥1 day(s) during 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.
††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, 1993" in *Morbidity and Mortality Weekly Report*, March 24, 1995, Volume 44, Number SS-1.

TABLE 19. Percentage of high school students who reported engaging in drug-related behaviors on school property, by sex — selected sites, United States, Youth Risk Behavior Surveys, 1993

Site	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**		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
STATE SURVEYS															
Weighted data															
Alabama	7.4	13.1	10.4	1.7	17.0	9.5	3.5	7.3	5.4	1.0	3.3	2.2	13.8	22.5	18.2
American Samoa††	19.4	20.4	19.9	2.0	14.0	8.5	8.9	11.8	10.5	1.7	9.6	6.0	9.9	17.7	14.3
Georgia	8.0	8.4	8.2	0.8	11.6	6.1	5.1	7.8	6.4	2.9	3.0	3.0	16.6	25.9	21.2
Hawaii	14.7	16.0	15.4	1.0	6.4	3.8	6.4	6.4	6.4	5.9	9.8	7.9	23.5	29.0	26.4
Idaho	11.9	14.2	12.9	2.0	19.5	10.3	7.1	8.9	7.9	3.1	6.1	4.5	19.8	28.3	23.9
Illinois	10.5	12.6	11.5	0.7	8.8	4.8	4.1	5.9	5.0	2.4	6.4	4.4	14.1	23.0	18.5
Louisiana§§	6.4	12.1	9.2	0.8	15.9	8.2	4.0	11.1	7.5	1.8	7.1	4.5	17.8	26.8	22.1
Massachusetts	16.8	18.5	17.7	0.6	9.5	5.1	3.7	7.0	5.4	3.7	9.6	6.8	25.0	37.4	31.4
Mississippi	5.8	12.4	9.1	0.2	14.7	7.4	3.4	9.1	6.2	0.8	2.9	1.8	11.2	20.5	15.8
Montana	11.5	12.4	11.9	4.9	26.5	16.2	8.2	9.4	8.8	3.3	6.9	5.1	19.3	24.5	22.0
Nebraska	11.0	15.7	13.4	1.1	15.0	8.2	3.3	6.1	4.8	1.3	3.6	2.4	8.4	13.5	11.0
Nevada	15.7	14.6	15.1	1.9	12.6	7.4	5.3	7.1	6.2	5.6	9.9	7.8	26.4	33.2	29.8
New Hampshire	16.1	18.4	17.3	0.8	10.4	5.7	3.0	5.2	4.1	4.0	7.3	5.7	22.5	28.7	25.7
New York§§	19.5	17.5	18.5	1.1	12.2	6.8	5.5	7.1	6.3	4.3	9.5	7.0	22.9	32.1	27.6
North Carolina	13.3	16.5	14.9	0.9	12.8	6.9	3.3	7.6	5.4	2.1	7.5	4.8	24.4	33.4	28.9
Ohio	10.8	13.1	12.0	0.5	13.0	6.9	4.0	5.2	4.6	2.0	6.0	4.0	15.4	23.4	19.5
South Carolina	10.2	13.9	12.1	0.4	11.8	6.2	5.7	9.7	7.7	1.9	5.9	3.9	20.4	29.5	25.0
South Dakota	12.6	16.7	14.8	1.8	23.6	13.0	5.3	13.5	9.5	1.3	6.1	3.8	11.7	24.9	18.5
Tennessee	13.1	17.9	15.5	0.5	21.7	11.4	3.9	6.0	5.0	3.2	6.0	4.7	18.5	25.1	21.8
Utah	7.7	9.7	8.7	1.2	7.7	4.6	4.5	6.3	5.5	1.9	4.3	3.2	15.2	22.8	19.1
Vermont	NA¶¶	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Virgin Islands††	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	21.5	32.5	27.0
West Virginia	18.4	17.8	18.1	1.0	27.3	14.3	5.7	9.7	7.7	2.7	7.7	5.2	23.3	27.6	25.5
Wisconsin	13.4	13.6	13.5	1.2	12.9	7.2	3.7	7.0	5.4	1.4	6.0	3.7	15.3	23.7	19.6
Unweighted data															
Arkansas	7.0	12.7	10.0	0.8	15.9	8.5	4.4	7.7	6.1	1.2	2.6	1.9	10.9	17.2	14.2
Delaware	15.3	15.6	15.5	0.6	9.1	4.8	4.5	5.8	5.2	4.0	9.4	6.7	18.7	30.5	24.6
Kentucky	16.7	23.0	19.8	0.7	27.3	13.4	3.1	8.5	5.7	2.2	4.2	3.1	14.4	24.7	19.4
Maine	14.1	18.0	16.0	1.1	11.2	6.0	4.8	7.7	6.2	3.2	8.7	5.9	19.2	31.4	25.1
New Jersey	12.9	13.8	13.3	0.3	8.2	4.1	3.4	5.7	4.5	1.8	4.5	3.1	12.6	24.4	18.2
New Mexico	13.0	14.0	13.5	1.9	15.7	9.0	11.6	13.1	12.3	6.2	10.0	8.1	24.2	32.8	28.6
Oregon	10.0	10.7	10.3	2.5	17.3	9.9	4.4	8.9	6.7	3.0	7.6	5.4	22.2	31.4	26.9
Wyoming	13.6	12.8	13.2	2.5	23.2	13.2	5.3	9.7	7.6	1.6	6.4	4.1	15.7	22.0	19.0

TABLE 19. Percentage of high school students who reported engaging in drug-related behaviors on school property, by sex — selected sites, United States, Youth Risk Behavior Surveys, 1993 — Continued

Site	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**		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
LOCAL SURVEYS															
Weighted data															
Boston	12.1	10.4	11.2	0.4	2.3	1.3	4.1	7.6	5.9	3.9	9.2	6.5	18.1	25.3	21.7
Chicago	7.5	9.2	8.4	0.0	2.0	1.1	6.0	6.9	6.5	3.4	7.8	5.6	13.8	19.3	16.5
Dallas	4.9	8.0	6.5	0.3	3.7	1.9	7.5	8.9	8.2	2.4	7.1	4.6	16.2	26.9	21.2
Dist. of Columbia	3.1	7.4	5.1	0.1	2.1	1.0	5.3	9.4	7.2	4.1	13.7	8.4	13.3	18.6	15.7
Fort Lauderdale	8.8	11.1	9.9	0.5	4.8	2.6	2.7	7.1	4.9	3.2	8.9	6.0	18.5	30.4	24.5
Jersey City	17.1	16.9	17.0	1.0	1.0	1.0	8.4	16.1	12.2	3.5	6.9	5.3	10.7	19.7	15.2
Miami	10.4	9.3	9.9	0.5	3.0	1.7	3.5	4.6	4.1	3.4	7.2	5.3	23.7	36.6	30.3
San Diego	7.0	10.4	8.7	0.4	4.3	2.3	6.1	9.2	7.7	6.3	12.1	9.3	31.4	42.0	36.7
Seattle	13.4	13.6	13.6	NA	NA	NA	6.0	8.5	7.3	5.8	12.3	9.0	22.5	33.5	28.0
Unweighted data															
New Orleans	3.4	4.8	4.0	0.7	1.7	1.1	3.9	7.7	5.4	2.5	7.9	4.7	9.7	17.3	12.8
New York City	8.5	10.6	9.5	0.0	1.6	0.7	2.7	7.8	5.1	2.2	7.7	4.8	14.5	28.9	21.3
Philadelphia	16.3	11.7	14.1	0.4	1.0	0.7	3.9	7.2	5.5	6.0	11.0	8.3	15.4	22.9	18.9
San Francisco	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

*On ≥1 day(s) during 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.
††U.S. territories are included as states.
§§Survey did not include students from the state's largest city.
¶¶Not available.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance—United States, 1993" in *Morbidity and Mortality Weekly Report*, March 24, 1995, Volume 44, Number SS-1.

TABLE 20. Percentage of high school students who reported engaging in sexual behaviors, by sex, race/ethnicity, and grade — United States, Youth Risk Behavior Survey, 1993

Category	Ever had sexual intercourse			Four or more sex partners during lifetime			Currently sexually active*			Condom use during last sexual intercourse†			Birth control pill use during last sexual intercourse†		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
Race/Ethnicity															
White, non-Hispanic	47.4 (±2.5)§	49.3 (±3.9)	48.4 (±2.8)	13.3 (±2.0)	15.2 (±3.1)	14.3 (±2.1)	35.2 (±1.6)	32.9 (±3.6)	34.0 (±2.1)	46.1 (±4.1)	58.5 (±5.4)	52.3 (±3.9)	24.0 (±3.6)	17.1 (±4.0)	20.4 (±3.1)
Black, non-Hispanic	70.4 (±5.2)	89.2 (±2.4)	79.7 (±3.1)	27.2 (±3.7)	58.8 (±4.8)	42.7 (±3.7)	53.2 (±4.9)	65.1 (±5.2)	59.1 (±4.3)	47.8 (±5.8)	63.7 (±5.0)	56.5 (±4.0)	20.6 (±4.1)	10.5 (±2.8)	15.1 (±2.7)
Hispanic	48.3 (±5.0)	63.5 (±4.0)	56.0 (±4.1)	11.0 (±4.0)	26.3 (±3.6)	18.6 (±3.3)	37.9 (±5.1)	40.7 (±4.9)	39.4 (±3.7)	36.9 (±4.6)	55.1 (±6.6)	46.1 (±4.1)	15.3 (±5.4)	9.8 (±5.3)	12.4 (±4.1)
Grade															
9th	31.6 (±4.6)	43.5 (±5.1)	37.7 (±4.2)	6.2 (±2.1)	15.4 (±2.7)	10.9 (±2.0)	22.5 (±4.0)	26.8 (±4.0)	24.8 (±3.3)	59.2 (±8.3)	63.1 (±8.1)	61.6 (±5.7)	11.1 (±3.1)	7.5 (±3.9)	9.0 (±2.7)
10th	44.9 (±4.6)	47.4 (±4.8)	46.1 (±3.6)	12.8 (±2.8)	18.9 (±3.1)	15.9 (±2.1)	30.7 (±3.5)	29.6 (±4.2)	30.1 (±3.1)	45.8 (±5.6)	63.3 (±7.2)	54.7 (±4.5)	17.4 (±3.1)	10.0 (±4.6)	13.7 (±2.7)
11th	55.1 (±3.5)	59.5 (±5.1)	57.5 (±3.4)	16.3 (±2.7)	23.1 (±4.3)	19.9 (±3.1)	40.9 (±3.7)	39.1 (±4.9)	40.0 (±3.5)	46.1 (±4.2)	64.8 (±5.0)	55.3 (±3.0)	22.2 (±4.2)	11.7 (±3.3)	16.8 (±3.0)
12th	66.3 (±5.5)	70.2 (±4.9)	68.3 (±4.6)	23.2 (±3.9)	30.7 (±4.2)	27.0 (±3.6)	53.2 (±4.1)	52.7 (±4.9)	53.0 (±3.9)	41.2 (±4.6)	51.5 (±5.3)	46.5 (±4.0)	29.0 (±4.9)	22.7 (±5.8)	25.8 (±4.4)
Total	50.2 (±2.5)	55.6 (±3.5)	53.0 (±2.7)	15.0 (±1.9)	22.3 (±2.7)	18.8 (±2.0)	37.5 (±1.6)	37.5 (±3.1)	37.6 (±2.0)	46.0 (±2.8)	59.2 (±3.8)	52.8 (±2.7)	22.3 (±2.6)	14.7 (±2.7)	18.4 (±2.1)

*Sexual intercourse during the 3 months preceding the survey.
†Among currently sexually active students.
§Ninety-five percent confidence interval.

ESTIMATED NUMBER OF EMERGENCY DEPARTMENT DRUG EPISODES BY AGE, SEX, RACE/ETHNICITY, HOSPITAL LOCATION, DRUG USE MOTIVE, AND REASON FOR EMERGENCY DEPARTMENT VISIT: 1988 - 1994

CATEGORY: DRUG EPISODES

DOMAIN	TOTAL 1988	TOTAL 1989	TOTAL 1990	TOTAL 1991	TOTAL 1992	TOTAL 1993	TOTAL 1994*	P-VAL 1993 1994 @	P-VAL 1992 1994 @
TOTAL U.S.***	403,578	425,904	371,208	393,968	433,493	460,910	508,895	0.000 +	0.000 +
AGE 6-34	295,301	301,872	254,297	261,873	277,887	288,332	317,855	0.000 +	0.000 +
AGE 12-17	54,206	55,299	49,109	47,494	46,822	50,039	58,677	0.000 +	0.000 +
AGE 18-25	114,753	111,707	92,236	92,410	96,307	98,276	109,308	0.000 +	0.000 +
AGE 26-34	125,657	133,510	111,980	121,354	133,506	138,634	148,872	0.031 +	0.002 +
AGE 35+	106,716	122,855	115,954	130,852	154,570	171,257	187,985	0.001 +	0.000 +
AGE 35-44	74,216	82,238	79,703	91,275	108,711	120,769	130,816	0.005 +	0.000 +
AGE 45-54	19,375	25,555	21,629	25,477	31,526	35,327	41,271	0.000 +	0.000 +
MALE	192,354	204,203	172,976	189,455	219,607	231,721	259,738	0.000 +	0.000 +
FEMALE	207,652	218,015	194,028	200,972	210,051	224,526	244,351	0.000 +	0.000 +
WHITE	230,527	243,862	217,191	221,541	235,643	245,243	272,346	0.000 +	0.000 +
BLACK	96,319	97,480	88,317	106,914	122,880	126,929	141,707	0.016 +	0.008 +
HISPANIC	33,983	38,743	29,834	33,082	42,174	48,233	48,980	0.845 +	0.120 +
OTHER RACE	2,839	3,228	3,631	3,577	4,293	5,254	4,906	0.634 -	0.356 +
RACE UNK.	39,910	42,591	32,236	28,854	28,504	35,250	40,956	0.083 +	0.002 +
CENTRAL CITY	129,830	129,308	113,455	136,436	158,892	162,210	169,625	0.010 +	0.046 +
OUTSIDE CEN. CITY	71,722	78,627	64,304	64,692	70,445	74,542	83,058	0.000 +	0.000 +
NATIONAL PANEL	202,026	217,968	193,450	192,840	204,155	223,256	256,212	0.002 +	0.000 +
RECREATIONAL USE	42,581	42,351	29,817	30,362	35,008	36,421	42,956	0.001 +	0.003 +
DEPENDENCE	109,516	119,709	96,346	114,009	135,280	144,152	165,221	0.012 +	0.004 +
SUICIDE	175,671	189,293	172,816	172,710	172,403	180,212	193,211	0.006 +	0.001 +
OTHER/UNK MOTIVE	75,811	74,551	72,230	76,887	90,801	100,125	107,507	0.151 +	0.008 +
UNEXPECTED REACT.	47,552	50,552	37,276	41,246	52,588	54,569	66,322	0.000 +	0.000 +
OVERDOSE	229,351	241,310	224,824	224,189	232,674	243,765	260,205	0.002 +	0.000 +
CHRONIC EFFECTS	42,912	45,384	37,069	43,964	46,865	50,180	56,636	0.004 +	0.004 +
SEEKING DETOX.	39,387	40,885	31,070	36,704	44,815	47,398	51,668	0.467 +	0.431 +
WITHDRAWAL	9,261	10,353	8,159	7,166	9,851	11,125	13,941	0.069 +	0.000 +
OTHER/UNK REASON	35,116	37,421	32,809	40,699	46,700	53,872	60,123	0.026 +	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 IN 1995 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, APRIL, 95 FILES

Table 2.01 - Distribution of drug abuse deaths by selected demographic characteristics according to sex: 1993

Demographic characteristics	TOTAL [2]		Male		Female	
	Number	Percent	Number	Percent	Number	Percent
SEX						
Male	6,413	75.1				
Female	2,085	24.4				
Unknown/no response	43	.5				
TOTAL	8,541	100.0				
RACE/ETHNICITY						
White	4,813	56.4	3,499	54.6	1,287	61.7
Black	2,521	29.5	1,904	29.7	613	29.4
Hispanic	1,044	12.2	898	14.0	142	6.8
Other	89	1.0	68	1.1	20	1.0
American Indian/Alaskan Native	20	.2	14	.2	5	.2
Asian/Pacific Islander	56	.7	42	.7	14	.7
Unknown/no response	74	.9	44	.7	23	1.1
TOTAL	8,541	100.0	6,413	100.0	2,085	100.0
AGE						
6 to 17 years	98	1.1	72	1.1	25	1.2
6 to 11 years	7	.1	3	*	4	.2
12 to 17 years	91	1.1	69	1.1	21	1.0
18 to 25 years	805	9.4	633	9.9	167	8.0
18 to 19 years	108	1.3	81	1.3	24	1.2
20 to 25 years	697	8.2	552	8.6	143	6.9
26 to 34 years	2,315	27.1	1,754	27.4	551	26.4
26 to 29 years	798	9.3	609	9.5	186	8.9
30 to 34 years	1,517	17.8	1,145	17.9	365	17.5
35 years and older	5,283	61.9	3,927	61.2	1,332	63.9
35 to 44 years	3,386	39.6	2,625	40.9	751	36.0
45 to 54 years	1,199	14.0	885	13.8	304	14.6
55 years and older	698	8.2	417	6.5	277	13.3
Unknown/no response	40	.5	27	.4	10	.5
TOTAL	8,541	100.0	6,413	100.0	2,085	100.0

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

2 Includes episodes for which sex was unknown or not reported.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1994 data file).

MEDICAL EXAMINER DATA [1]

Table 2.02 - Distribution of drug abuse deaths by race/ethnicity and age according to sex: 1993

Race/ethnicity and age	TOTAL [2]		Male		Female	
	Number	Percent	Number	Percent	Number	Percent
ALL RACES/ETHNICITIES [3]						
6-11 years	7	0.1	3	*	4	0.2
12-17 years	91	1.1	69	1.1	21	1.0
18-25 years	805	9.4	633	9.9	167	8.0
26-34 years	2,315	27.1	1,754	27.4	551	26.4
35-44 years	3,386	39.6	2,625	40.9	751	36.0
45-54 years	1,199	14.0	885	13.8	304	14.6
55 years and older	698	8.2	417	6.5	277	13.3
Unknown/no response	40	.5	27	.4	10	.5
TOTAL	8,541	100.0	6,413	100.0	2,085	100.0
WHITE						
6-11 years	6	.1	3	.1	3	.2
12-17 years	51	1.1	38	1.1	12	.9
18-25 years	432	9.0	323	9.2	106	8.2
26-34 years	1,297	26.9	990	28.3	300	23.3
35-44 years	1,867	38.8	1,438	41.1	423	32.9
45-54 years	627	13.0	428	12.2	193	15.0
55 years and older	516	10.7	266	7.6	247	19.2
Unknown/no response	17	.4	13	.4	3	.2
TOTAL	4,813	100.0	3,499	100.0	1,287	100.0
BLACK						
6-11 years	-	-	-	-	-	-
12-17 years	22	.9	17	.9	5	.8
18-25 years	194	7.7	158	8.3	35	5.7
26-34 years	609	24.2	417	21.9	191	31.2
35-44 years	1,118	44.3	851	44.7	266	43.4
45-54 years	424	16.8	333	17.5	91	14.8
55 years and older	140	5.6	117	6.1	22	3.6
Unknown/no response	14	.6	11	.6	3	.5
TOTAL	2,521	100.0	1,904	100.0	613	100.0
HISPANIC						
6-11 years	-	-	-	-	-	-
12-17 years	12	1.1	11	1.2	1	.7
18-25 years	156	14.9	134	14.9	21	14.8
26-34 years	358	34.3	310	34.5	47	33.1
35-44 years	352	33.7	302	33.6	49	34.5
45-54 years	133	12.7	115	12.8	17	12.0
55 years and older	33	3.2	26	2.9	7	4.9
Unknown/no response	-	-	-	-	-	-
TOTAL	1,044	100.0	898	100.0	142	100.0
OTHER RACE/ETHNICITY						
6-11 years	-	-	-	-	-	-
12-17 years	4	4.5	2	2.9	2	10.0
18-25 years	14	15.7	12	17.6	2	10.0
26-34 years	32	41.6	27	39.7	9	45.0
35-44 years	23	25.8	18	26.5	5	25.0
45-54 years	6	6.7	5	7.4	1	5.0
55 years and older	5	5.6	4	5.5	1	5.0
Unknown/no response	-	-	-	-	-	-
TOTAL	89	100.0	68	100.0	20	100.0

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

2 Includes episodes for which sex was unknown or not reported.

3 Includes episodes for which race/ethnicity was unknown or not reported.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1994 data file).

MEDICAL EXAMINER DATA [1]

Table 2.04 - Percent distribution of drug abuse deaths by selected episode characteristics according to age: 1993

Episode characteristics	TOTAL [2]	Age (in years)						
		6-11	12-17	18-25	26-34	35-44	45-54	55 and older
DRUG CONCOMITANCE								
Single-drug episode	24.1	...	53.8	27.6	22.9	20.5	26.8	33.4
Multi-drug episode	75.9	...	46.2	72.4	77.1	79.5	73.2	66.6
TOTAL	100.0	...	100.0	100.0	100.0	100.0	100.0	100.0
Number of decedents	8,541	7	91	805	2,315	3,386	1,199	698
CAUSE OF DEATH								
Drug induced (overdose)	68.6	...	45.1	56.9	67.9	75.0	68.0	58.2
Direct - single drug cause	9.5	...	22.0	8.6	8.3	8.9	10.4	14.8
Direct - multiple drug cause	59.1	...	23.1	48.3	59.7	66.0	57.5	43.4
Drug related (contributory factor)	29.9	...	51.6	41.5	30.9	23.6	30.6	40.1
Drug and physiological condition	9.3	...	4.4	5.0	5.6	9.0	15.1	18.8
Drug and external physical event	17.3	...	46.2	34.5	22.5	11.2	10.3	18.2
Drug and medical disorder	3.3	...	1.1	2.0	2.7	3.5	5.2	3.2
Unknown	1.5	...	3.3	1.6	1.2	1.4	1.4	1.7
TOTAL	100.0	...	100.0	100.0	100.0	100.0	100.0	100.0
Number of decedents	8,541	7	91	805	2,315	3,386	1,199	698
MANNER OF DEATH								
Accidental/unexpected	57.8	...	48.4	57.4	61.5	62.6	56.1	27.1
Suicide	20.2	...	36.3	28.3	18.4	14.4	19.3	44.7
Other/unknown	22.1	...	15.4	14.3	20.1	23.0	24.6	28.2
TOTAL	100.0	...	100.0	100.0	100.0	100.0	100.0	100.0
Number of decedents	8,541	7	91	805	2,315	3,386	1,199	698

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

2 Includes episodes for which age was unknown or not reported.

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network (June 1994 data file).

Table 2.06c - Drugs mentioned most frequently by medical examiners in 1993 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	26	26.53
2	Cocaine	17	17.35
3	Alcohol-in-combination	16	16.33
4	Heroin/Morphine [1]	12	12.24
Decedents 18 to 25 years old			
1	Cocaine	354	43.98
2	Alcohol-in-combination	301	37.39
3	Heroin/Morphine [1]	294	36.52
4	Marijuana/Hashish	122	15.16
5	Codeine	69	8.57
6	Methamphetamine/Speed	54	6.71
7	PCP/PCP Combinations	50	6.21
8	Amphetamine	41	5.09
9	Diphenhydramine	38	4.72
10	Diazepam	34	4.22
11	Acetaminophen	25	3.11
12	Nortriptyline	23	2.86
13	Amitriptyline	21	2.61
14	D-Propoxyphene	20	2.48
15	Desipramine	14	1.74
Decedents 26 to 34 years old			
1	Cocaine	1,228	53.05
2	Heroin/Morphine [1]	1,073	46.35
3	Alcohol-in-combination	1,013	43.76
4	Codeine	243	10.50
5	Marijuana/Hashish	162	7.00
6	Diazepam	150	6.48
7	Methamphetamine/Speed	133	5.75
8	Methadone	103	4.45
9	Amphetamine	88	3.80
10	PCP/PCP Combinations	81	3.50
11	D-Propoxyphene	79	3.41
12	Amitriptyline	74	3.20
13	Acetaminophen	68	2.94
14	Nortriptyline	65	2.81
15	Diphenhydramine	60	2.59
Decedents 35 years of age and older			
1	Heroin/Morphine [1]	2,410	45.62
2	Cocaine	2,286	43.27
3	Alcohol-in-combination	2,097	39.69
4	Codeine	668	12.64
5	Diazepam	415	7.86
6	Methadone	342	6.47
7	Amitriptyline	307	5.81
8	Diphenhydramine	265	5.02
9	Nortriptyline	258	4.88
10	D-Propoxyphene	237	4.49
11	Acetaminophen	203	3.84
12	Methamphetamine/Speed	190	3.60
13	Marijuana/Hashish	147	2.78
14	Doxepin	134	2.54
15	Amphetamine	128	2.42

NOTE: Percentages are based on total raw medical examiner drug abuse case counts of 98 decedents 6 to 17 years old, 805 decedents 18 to 25 years old, 2,315 decedents 26 to 34 years old, and 5,283 decedents aged 35 years and older.

[1] Includes opiates not specified as to type.

See general footnotes at end of table.

Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, Drug Abuse Warning Network, Annual Medical Examiner Data 1993, 1995.

Table 41.—Total Arrests of Persons under 15, 18, 21, and 25 Years of Age, 1994

[10,654 agencies; 1994 estimated population 207,624,000]

Offense charged	Total all ages	Number of persons arrested				Percent of total all ages			
		Under 15	Under 18	Under 21	Under 25	Under 15	Under 18	Under 21	Under 25
TOTAL	**11,877,188**	**780,979**	**2,209,675**	**3,695,576**	**5,375,360**	**6.6**	**18.6**	**31.1**	**45.3**
Murder and nonnegligent manslaughter	18,497	379	3,102	7,153	10,697	2.0	16.8	38.7	57.8
Forcible rape	29,791	1,863	4,859	8,390	12,553	6.3	16.3	28.2	42.1
Robbery	146,979	13,543	47,094	73,256	94,470	9.2	32.0	49.8	64.3
Aggravated assault	449,716	23,190	70,030	121,032	186,768	5.2	15.6	26.9	41.5
Burglary	319,926	47,481	115,681	163,611	200,985	14.8	36.2	51.1	62.8
Larceny-theft	1,236,311	185,811	412,349	564,297	693,260	15.0	33.4	45.6	56.1
Motor vehicle theft	166,260	21,867	73,265	100,197	119,555	13.2	44.1	60.3	71.9
Arson	16,764	6,289	9,268	10,628	11,683	37.5	55.3	63.4	69.7
Violent crime[1]	644,983	38,975	125,085	209,831	304,488	6.0	19.4	32.5	47.2
Property crime[2]	1,739,261	261,448	610,563	838,733	1,025,483	15.0	35.1	48.2	59.0
Crime Index total[3]	2,384,244	300,423	735,648	1,048,564	1,329,971	12.6	30.9	44.0	55.8
Other assaults	991,881	72,514	171,642	265,405	407,256	7.3	17.3	26.8	41.1
Forgery and counterfeiting	93,003	927	7,013	20,032	36,495	1.0	7.5	21.5	39.2
Fraud	330,752	4,409	18,594	52,651	109,701	1.3	5.6	15.9	33.2
Embezzlement	11,614	92	803	2,607	4,734	.8	6.9	22.4	40.8
Stolen property; buying, receiving, possessing	134,930	10,751	36,218	60,426	80,674	8.0	26.8	44.8	59.8
Vandalism	259,579	60,250	122,085	155,414	182,980	23.2	47.0	59.9	70.5
Weapons; carrying, possessing, etc.	213,494	16,661	52,200	89,328	125,716	7.8	24.5	41.8	58.9
Prostitution and commercialized vice	86,818	120	1,013	6,505	19,562	.1	1.2	7.5	22.5
Sex offenses (except forcible rape and prostitution)	81,887	7,506	14,418	20,864	29,629	9.2	17.6	25.5	36.2
Drug abuse violations	1,118,346	21,830	131,220	300,478	483,399	2.0	11.7	26.9	43.2
Gambling	15,845	242	1,493	3,094	4,771	1.5	9.4	19.5	30.1
Offenses against family and children	92,133	1,475	4,234	10,833	23,201	1.6	4.6	11.8	25.2
Driving under the influence	1,079,533	329	10,573	75,877	243,452	[4]	1.0	7.0	22.6
Liquor laws	424,452	10,083	94,030	261,914	305,181	2.4	22.2	61.7	71.9
Drunkenness	571,420	2,065	14,778	56,540	132,286	.4	2.6	9.9	23.2
Disorderly conduct	601,002	48,868	137,328	219,742	313,964	8.1	22.8	36.6	52.2
Vagrancy	21,413	925	3,657	6,266	8,686	4.3	17.1	29.3	40.6
All other offenses (except traffic)	3,046,100	99,318	343,669	728,827	1,221,944	3.3	11.3	23.9	40.1
Suspicion	11,395	551	1,712	2,862	4,411	4.8	15.0	25.1	38.7
Curfew and loitering law violations	105,888	31,609	105,888	105,888	105,888	29.9	100.0	100.0	100.0
Runaways	201,459	90,031	201,459	201,459	201,459	44.7	100.0	100.0	100.0

[1]Violent crimes are offenses of murder, forcible rape, robbery, and aggravated assault.

[2]Property crimes are offenses of burglary, larceny-theft, motor vehicle theft, and arson.

[3]Includes arson.

[4]Less than one-tenth of 1 percent.

Source: U.S. Department of Justice, Federal Bureau of Investigation, *Crime in the United States, 1994, Uniform Crime Reports*, November 1995.

1994 DUF Annual Report on Drug Use Among Arrestees

In 1994, the DUF program collected data from 20,015 adult male booked arrestees at 23 sites in major metropolitan areas across the United States. Data from 7,839 adult female booked arrestees were collected at 21 of these sites. In addition, 12 sites collected data from 4,558 juvenile male arrestees/detainees.[1]

The 1994 DUF Annual Report differs from previous DUF reports in one important respect. Whereas prior reports showed only the frequency distribution of offense at arrest, this report includes urinalysis results (percentages positive for cocaine, marijuana, or any drug) by offense at arrest. The number of cases in a particular offense category is small for some sites. However, the overall distribution of urinalysis results by offense at arrest helps to illuminate the drugs-crime nexus in a new way. Information about the categorization of offense at arrest is provided in the Guide to the DUF site data tables on page 47.

Drug Use Among Adult Male Arrestees

- In general, the 1994 data for adult male arrestees reveal somewhat lower rates of cocaine use, increased rates of marijuana use, and largely unchanged rates of opiate use.
- At most sites, cocaine remained the most prevalent drug used by male arrestees.

In a pattern that is consistent with DUF data from previous years, the percentage of male arrestees testing positive for cocaine was consistently higher than the percentage testing positive for marijuana. Rates of marijuana use exceeded cocaine use at only five sites, compared with seven sites in 1993 and only two sites in 1992.

Use of marijuana:

- Eleven of the 23 sites reported an increased percentage of arrestees testing positive for marijuana, with increases of 5 percent or more at 3 sites. Eleven sites reported lower percentages, but no rate declined by more than 3 or 4 percent.

Rates of marijuana use continued the slight upward trend noted in 1993. The median rate across sites increased from 26 percent in 1992 to 28 percent in 1993 to 30 percent in 1994. Urinalysis results for marijuana in 1994 ranged from 20 to 44 percent, compared with a range of 21 to 42 percent for 1993. The greatest increases in marijuana use were reported among the youngest adult arrestees; these results are discussed in detail later in this report.

Use of cocaine:

- The percentage of adult male arrestees testing positive for cocaine decreased slightly in 1994, although cocaine remained the most commonly used drug among male arrestees.

Rates of cocaine use decreased at 13 of the 23 sites from 1993 to 1994; only 6 sites reported higher rates of cocaine use. Four sites reported a drop of at least 5 percent: Dallas, Houston, Miami, and San Diego. Only two sites—Omaha and Indianapolis—reported increases of 5 percent or more. The outliers that constitute the range of values across sites changed only slightly (19 to 66 percent in 1993 compared with 19 to 68 percent in 1994), while the median rate fell from 43 percent in 1993 to 41 percent in 1994.

Use of opiates:

- Use of opiates showed little change among male arrestees and remained at relatively low levels.

Overall rates of opiate use showed little change from 1993, and rates at specific sites fluctuated only slightly. Ten sites reported lower rates, five sites reported increases, and eight sites reported no change. The range and median rate remained virtually unchanged, with a low rate of 1 percent, a high of 28 percent (in Chicago, which reported a rate of 27 percent in 1993), and a median rate of 6 percent. Opiate use is clearly linked to the age of arrestees: at 14 of the 23 sites, those age 36 and older had higher rates of opiate use than any other age group.

Use of at least one drug:

- In 1994, 13 of the 23 sites reported an increase in the percentage of male arrestees testing positive for at least 1 drug, and the median increased to 66 percent from 63 percent in 1993.

The percentage of male arrestees testing positive for any of the 10 illicit drugs included in the DUF survey ranged from 48 to 82 percent, slightly wider than the range reported for 1993 (54 to 81 percent). However, the median increased by 3 percentage points, establishing a trend that began in 1992, when the median rate was 60 percent.

Drug Use Among the Youngest Adult Male Arrestees

Drug use among adult male arrestees ages 15 to 20 continued in a pattern first noted in the 1993 data. (See the Guide to the DUF Site Data Tables on page 47 regarding the interpretation of age categories used in this report.)

- At all 23 sites, male arrestees ages 15 to 20 had the lowest rates of cocaine use.
- Eighteen of the 23 sites reported that the rate of marijuana use among male arrestees ages 15 to 20 was higher than the rate for any other age group.

Cocaine use among the youngest adult male arrestees ranged from 9 to 38 percent, with a median rate of 21 percent. Among older male arrestees, the rate of cocaine use ranged from 21 to 74 percent, with a median of 44 percent. Similarly, opiate use was generally lower for the youngest adult male arrestees.

For marijuana, however, rates were highest among the youngest adult arrestees. Across

the sites, marijuana use among 15- to 20-year-old male arrestees ranged from 26 to 66 percent, with a median rate of 49 percent. Among older male arrestees, rates ranged from 18 to 42 percent, with a median of 26 percent. This difference in rates was established in the 1993 data, though rates among the youngest male arrestees have increased slightly in the past year. (In 1993, rates of marijuana use among 15- to 20-year-old male arrestees ranged from 30 to 60 percent, with a median of 44 percent.)

The percentage of adult male arrestees ages 15 to 20 testing positive for at least one drug was somewhat lower than the rate for older arrestees. Percentages positive for at least one drug among 15- to 20-year-old arrestees ranged from 50 to 73 percent, with a median rate of 60 percent. Among all older male arrestees, rates ranged from 47 to 84 percent, with a median of 66 percent.

Drug Use Among Adult Female Arrestees

Data on a total of 7,839 adult female booked arrestees were collected at 21 sites during 1994. (Data from 20 sites were included in the 1993 DUF Annual Report on Adult Arrestees. Presented for the first time in 1994 are adult female arrestee data from Omaha.)

- Adult female arrestees showed a slight increase in cocaine use and relatively unchanged rates of marijuana and opiate use.
- Cocaine remained the most widely used drug among adult female arrestees.

At all but one site, San Diego, the percentage of female arrestees testing positive for cocaine was higher than the percentage testing positive for marijuana. In many cases, the rate of cocaine use was at least double the rate of marijuana use, a pattern consistent with the 1993 data.

Use of marijuana:

- Marijuana use among adult female arrestees remained largely unchanged from 1993 to 1994. Rates of use in 1994 ranged from 7 to 28 percent, with a median rate of 17 percent. These rates were considerably lower than those for male arrestees.

Compared with rates in 1993, rates of marijuana use in 1994 were higher at 8 sites and lower at 11 sites. Changes of greatest magnitude tended to be downward, with three sites—Manhattan, New Orleans, and San Diego—reporting decreases of 5 or more percentage points and only a single site—Birmingham—reporting an increase of at least 5 percent.

Use of cocaine:

- In 1994, the percentage of adult female arrestees testing positive for cocaine increased slightly and cocaine remained the most common drug used, with rates typically higher than those for adult male arrestees.

Both the range and the median rate of cocaine use increased slightly from 1993 to 1994. The range was from 18 to 80 percent, compared with a range of 19 to 70 percent in 1993. The median rate in 1994 rose to 50 percent from 46 percent in 1993. Rates of cocaine use increased at 9 sites and decreased at 10 sites, and many of these increases and decreases were of substantial magnitude. Increases of 5 percentage points or more were reported at six sites; the largest increase over 1993 was 20 percent, reported in Indianapolis. Decreases of 5 percentage points or more were reported at seven sites, with the largest drops, 18 and 12 percent, occurring in Detroit and New Orleans, respectively.

Use of opiates:

- Use of opiates showed little change among female arrestees but remained generally higher than use by male arrestees.

Overall rates of use showed little change from 1993. Seven sites reported increases and nine sites reported decreases. Opiate use rates ranged from 2 to 30 percent, compared with 3 to 23 percent in 1993. The median rate in 1994 was 8 percent, compared with 9 percent the previous year. Among the various age groups, a general tendency was found toward higher rates of use among older age brackets, with 17 sites reporting that the highest age-specific rate was for arrestees ages 36 and over.

Use of at least one drug:

- Overall drug use, as indicated by the use of at least one drug, remained largely unchanged from 1993 to 1994.

In 1994, 10 sites reported an increase in the percentage of female arrestees testing positive for at least one drug, whereas 9 reported lower rates in 1994. The range of rates across sites widened slightly (32 to 90 percent in 1994, compared with 42 to 83 percent in 1993), but the median rate was essentially unchanged at 67 percent.

Drug Use Among the Youngest Adult Female Arrestees

- Among adult female arrestees ages 15 to 20, use of marijuana is very common, while the use of cocaine and other drugs is fairly limited. Female arrestees in this age group recorded rates of marijuana use higher than all other age groups at 14 of the 21 sites, but this age group also recorded the lowest rates of cocaine use at 18 sites.

In 1994, the overall percentage of 15- to 20-year-old female arrestees testing positive for at least one drug—23 to 68 percent—was generally lower than the rate for older arrestees—33 to 91 percent. The range of cocaine use among these youngest female arrestees was 0 to 53 percent, compared with 19 to 82 percent for older arrestees. For marijuana, however, the range for the youngest arrestees was 16 to 45 percent, whereas the range for older arrestees was 6 to 25 percent. Opiate use continued to be less common than cocaine or marijuana use among these youngest arrestees, ranging from 0 to 29 percent.[2]

 Source: U.S. Department of Justice, National Institute of Justice, *Drug Use Forecasting 1994 Annual Report on Adult and Juvenile Arrestees*, November 1995.

Drug Use Among Juvenile Male Arrestees/Detainees

- In general, data for juvenile male arrestees/detainees showed a continued dramatic increase in marijuana use (an increase that was first noted in the 1993 DUF annual report on juvenile arrestees/detainees), a slight increase in the rate of cocaine use, and a continued very low rate of opiate use. Influenced largely by the increased use of marijuana, rates for any drug also increased markedly.
- Marijuana remained the most prevalent drug used by juvenile male arrestees/detainees, exceeding cocaine by a wide margin at all sites.

Eleven of the 12 juvenile sites reported increased rates of marijuana use among male juvenile arrestees/detainees, continuing a broad trend established in 1993, when all 12 sites reported increases in marijuana use. Eight sites reported increases of 5 percent or more over 1993 rates, and five of these sites reported increases of 10 percent or more. (See the chart on the back cover for marijuana trends over the past 3 years.)

- There was a slight upward trend in the percentage of juvenile male arrestees/detainees testing positive for cocaine, though cocaine use remained much less common among juvenile arrestees/detainees than use of marijuana.

Rates for cocaine use increased at eight sites and decreased at four sites. The median percentage positive across the sites rose to 8.5 percent, up from 6.5 percent in 1993.

Drug use and school attendance:

On each site data page for juvenile arrestees/detainees, urinalysis results are presented by correlation to school attendance. (See the Guide to DUF Site Tables on page 47 for an explanation of how school attendance was measured.) These data reveal important information about the relationship between drug use and school attendance.

The proportion of arrestees/detainees who reported attending school ranged from 65 to 90 percent (excluding graduates), figures that are comparable to results for 1993.

- At 11 of 12 sites, the percentage of juvenile arrestees/detainees not in school testing positive for cocaine was higher than the percentage among those in school.
- The rate of cocaine use among those not attending school was up to 3.7 times as high as the rate among those who reported attending school.
- Marijuana use tended to be slightly higher among juveniles not attending school—up to 2.2 times higher than the rate among those who reported attending school.

Of particular interest is the percentage positive for cocaine and marijuana use among juveniles not in school compared with the percentage positive for those in school. For both drugs, rates tended to be higher among those not in school. However, cocaine use distinguished the two groups more than marijuana use. Sharp increases over 1993 in the use of marijuana and cocaine was reported for both groups at most sites.

Drug Use Related to the Offense at Arrest

Researchers have identified links between drug use and several specific categories of crime. Many studies have linked drug use to particular income-generating crimes such as robbery, burglary, or prostitution. Others have focused on the connection between drug use and violent crime.

Researchers frequently rely on self-reports for measuring drug use and other criminal activity. Data from the DUF program, however, provide a unique assessment of these behaviors because they contain an objective measure of drug use (urinalysis) and because they focus on arrestees/detainees apprehended for specific offenses.

At the same time, DUF data have certain limitations for positing a relationship between drug use and other criminal activity. In particular, the DUF urinalysis reveals evidence of drug use within the hours prior to arrest (for most drugs) and cannot be universally interpreted as evidence of drug use at the time of an alleged offense. This is because arrest may occur days or weeks after the alleged offense was committed. The data are further complicated by the possibility that an arrestee may be booked for several offenses. Only the most serious offense is currently recorded in the DUF data, and this offense may be unrelated to the arrestee's use of drugs.[3] Finally, an alleged offense at arrest may or may not adequately characterize an individual's typical criminal activities or the full range of his or her criminal activities.

Data in this report on adult and juvenile offense at arrest is presented for four broad categories (five for female arrestees) and for specific offenses within each category. Offense at arrest is taken from the official arrest register at the site. (See the Guide to the Site Data Tables on page 47 for a description of the categorization of offenses.)

Urinalysis results are reported by offense categories for each site. A thorough examination of the relationship between drug use and offense at arrest requires a multivariate model that controls for a host of other factors including age, ethnicity, and site differences. NIJ is planning a comprehensive analysis of these data for a later publication.

Conclusions

As a number of law enforcement professionals and drug use experts have reported, marijuana use is increasing across the country. For the second year in a row, broad increases in the level of marijuana use among juvenile arrestees/detainees were reported at nearly all juvenile DUF sites. Young adult arrestees—both male and female—also showed significant increases in marijuana use.

This increase has occurred just as many sites are reporting a slight downturn in cocaine use, especially among adult male arrestees. Because adult male arrestees ages 15 to 20 are already among the least likely to test positive for cocaine, it is tempting to forecast a cohort effect that will result in a continued overall decline in cocaine rates as these cohorts age.

Unfortunately, the 1994 juvenile DUF data temper this forecast somewhat: cocaine use was higher in 1994 at 8 of 12 sites. This trend, coupled with high rates of marijuana use, raises questions concerning the relatedness of cocaine use and marijuana use. For instance, to what extent does marijuana use serve as a gateway to cocaine use? To what degree do marijuana and cocaine markets overlap, exposing marijuana users to sources of other drugs?

Although the data presented here cannot answer these questions completely, they give dramatic testimony to the need for a continued focus on the extensive use of drugs among persons entering the criminal justice system. Particular attention must be given to juveniles and young adults. As succeeding cohorts of young persons wrestle with the decision of whether to use drugs, our cities and neighborhoods continue to face the consequences of their decisions. Over the next decade, as the number of teenagers grows in proportion to the general population, drug use and its attendant delinquency may exact an even greater cost from society.

Thomas E. Feucht, Ph.D.
DUF Program Director

[1] Eight sites gathered data on juvenile female arrestees/detainees. Because these samples were typically very small, these data are not presented.

[2] Small sample sizes at some sites limits the statistical significance of some age-specific rates. Sample size is reported on each site data page.

[3] In July 1995, a revised DUF interview form was implemented that will capture information on multiple offenses at arrest.

Methodology

Each quarter, trained local DUF staff obtain voluntary and anonymous urine specimens and interviews from adult arrestees and juvenile arrestees/detainees who have been in a booking facility for not more than 48 hours. Data and urine samples are collected at selected booking facilities throughout the United States. At each of the 23 adult sites, approximately 225 adult males are interviewed each quarter. In all except 2 sites, approximately 100 adult females are also sampled. At 12 of these sites, data and samples are collected each quarter for approximately 100 juvenile male arrestees/detainees. Ten of these sites also collect data on female juvenile arrestees/detainees. However, given the small sample size of DUF female juvenile arrestees/detainees, these data are not presented here.

Response rates for both adults and juveniles are consistently high. More than 90 percent of the total sample consent to be interviewed and over 80 percent agree to provide a urine specimen.

Adult arrestees are selected at the discretion of site personnel, who are guided by a target sample size and crime charge priority system. To obtain samples of adult male arrestees with a sufficient distribution of serious arrest charges, DUF interviewers, where possible, place a priority on felony arrestees and those arrested for offenses other than the sale or possession of drugs. Analyses have shown that those arrested for drug offenses are more likely than other arrestees to be using drugs; as a result, DUF statistics are likely minimum estimates of drug use among the population of those adults arrested for serious offenses. With the exception of Omaha, where all arrestees are included to obtain a sample of sufficient size, males charged with driving offenses generally are excluded from the sample due to DUF's emphasis on more serious crimes. Because they are fewer in number, all adult female arrestees and all juvenile male and female arrestees/detainees brought to the booking center during the data collection period are included in the DUF sample, regardless of the charge.

At most sites, adult and juvenile catchment areas are identical. In 10 adult sites, the catchment area is the entire city. In another 10 adult sites and in 9 of 12 juvenile sites, it is the entire county or parish. (The city of Denver is Denver County in its entirety.) However, in Birmingham and San Diego, the catchment area includes the city and part of the county. In St. Louis and Washington, D.C., it is only the city, excluding the surrounding county, and in Los Angeles it comprises parts of the city and county.

All urine specimens are sent to a central laboratory for analysis for 10 drugs: cocaine, opiates, marijuana, PCP, methadone, benzodiazepines, methaqualone, propoxphene, barbiturates, and amphetamines. All positive results for amphetamines are confirmed by gas chromatography to eliminate those caused only by over-the-counter medications. For most drugs, urinalysis can detect use within the previous 2 to 3 days; use of marijuana and PCP can sometimes be detected several weeks after use.

 Source: U.S. Department of Justice, National Institute of Justice, *Drug Use Forecasting 1994 Annual Report on Adult and Juvenile Arrestees*, November 1995.

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Juvenile Court Statistics 1992, May 1995.

NATIONAL ESTIMATES OF DELINQUENCY CASES

COUNTS AND TRENDS

In 1992 courts with juvenile jurisdiction handled an estimated 1,471,200 delinquency cases, representing a 7% increase over the 1991 caseload and 26% more than in 1988 (table 1). Delinquency offenses are acts committed by juveniles that could result in criminal prosecution when committed by an adult. Between 1988 and 1992, the number of person offense cases increased 56%, while the number of property offense cases increased 23% and public order offense cases grew 21%. The number of drug offense cases decreased 12% between 1988 and 1992, although the 1992 drug offense caseload was 15% greater than that of 1991. Compared with 1988, juvenile courts in 1992 handled 55% more criminal homicide cases, 52% more robbery cases, 80% more aggravated assault cases, 34% more motor vehicle theft cases, 50% more vandalism cases, 50% more disorderly conduct cases, and 86% more weapons offense cases. Over the same time period, the courts handled 7% fewer stolen property offense cases and 26% fewer liquor law violation cases.

Examining the caseloads of juvenile courts using the FBI crime indexes indicates that juvenile courts handled substantially more Violent Crime Index offense cases in 1992 than in 1988 (68%), while cases involving Property Crime Index offenses increased 20%.[1] These increases in juvenile court cases parallel the increases in arrests of persons under the age of 18 as reported by the FBI. Between 1988 and 1992, the number of arrests involving persons under age 18 charged with Violent Crime Index offenses increased 47%, while arrests of youth for Property Crime Index offenses increased 8% (see table 34, *Crime in the United States 1992*).

Table 1: Delinquency Cases by Most Serious Offense, 1992

Offense	Number of Cases	Percent Change 1991–92	Percent Change 1988–92
Total	**1,471,200**	**7%**	**26%**
Person Offense	**301,000**	**13**	**56**
Criminal Homicide	2,500	-9	55
Forcible Rape	5,400	10	27
Robbery	32,900	9	52
Aggravated Assault	77,900	16	80
Simple Assault	152,800	14	47
Other Violent Sex Offense	9,900	13	60
Other Person Offense	19,800	11	63
Property Offense	**842,200**	**3**	**23**
Burglary	156,400	4	22
Larceny-Theft	361,600	1	16
Motor Vehicle Theft	73,000	2	34
Arson	8,300	10	24
Vandalism	121,700	12	50
Trespassing	58,500	2	17
Stolen Property Offense	28,900	7	-7
Other Property Offense	33,700	6	57
Drug Law Violation	**72,100**	**15**	**-12**
Public Order Offense	**255,900**	**11**	**21**
Obstruction of Justice	87,100	8	10
Disorderly Conduct	69,300	13	50
Weapons Offense	41,000	26	86
Liquor Law Violation	12,500	-7	-26
Nonviolent Sex Offense	12,900	22	19
Other Public Order	33,000	3	-8
Violent Crime Index*	**118,600**	**13**	**68**
Property Crime Index**	**599,400**	**2**	**20**

* Violent Crime Index includes criminal homicide, forcible rape, robbery, and aggravated assault.

** Property Crime Index includes burglary, larceny-theft, motor vehicle theft, and arson.

Note: Detail may not add to totals because of rounding. Percent change calculations are based on unrounded numbers.

[1] The annual series of reports from the FBI, *Crime in the United States*, provides information on arrests in offense categories that have become part of the common vocabulary of criminal justice statistics. The *Crime in the United States* series tracks changes in the general nature of arrests through the use of two indexes, the Violent Crime Index and the Property Crime Index. While not containing all violent or all property offenses, the indexes serve as a barometer of the changing nature of criminal activity in the United States.

The offense profile of juvenile court caseloads changed slightly between 1988 and 1992. The relative proportion of person offenses increased, while other offenses declined somewhat. A person offense such as robbery or assault was the most serious charge in 20% of delinquency cases in 1992, compared with 17% in 1988 (table 2). A property offense such as shoplifting, burglary, or vandalism was the most serious charge in 57% of the delinquency cases handled by juvenile courts in 1992, versus 58% in 1988. A drug law violation such as possession or sale of controlled substances was the most serious charge in 5% of cases in 1992, compared with 7% in 1988. In 17% of 1992 cases and 18% of 1988 cases, the most serious charge was an offense against the public order, such as disorderly conduct, obstruction of justice, or a weapons offense.

In 1992 juvenile courts processed 55 delinquency cases for every 1,000 juveniles who resided in the United States and were at risk of referral—those age 10 or older who were under the jurisdiction of a juvenile court (table 3).[2] Analysis of this case rate permits comparisons of juvenile court activity over time while controlling for differences in the population at risk of referral to the juvenile court. The delinquency case rate was 21% greater in 1992 than in 1988.[3] Case rate increases occurred in three of the four general offense categories between 1988 and 1992. The case rate for person offenses increased 50%. The property offense case rate climbed 18%, and the rate of public order offense cases grew 17%. In contrast, the rate of drug offense cases decreased 16% during the same period.

SOURCE OF REFERRAL

Delinquency cases can be referred to court intake by a number of sources, including law enforcement agencies, social service agencies, schools, parents, probation officers, and victims. Law enforcement agencies were the primary source of delinquency referrals in 1992. Overall, 85% of delinquency cases were referred to courts by law enforcement agencies, but there were variations across offense categories. Ninety-three percent of drug law violation cases were referred by law enforcement agencies, as were 90% of property cases and 84% of person offense cases (table 4). Only 69% of public order offense cases were referred by law enforcement sources, partially because this offense category contains probation violations and contempt of court cases that are referred most often by court personnel.

Table 2: Offense Profile of Delinquency Cases, 1988 & 1992

Offense	1988	1992
Person	17%	20%
Property	58	57
Drugs	7	5
Public Order	18	17
Total	100%	100%

Note: Detail may not total 100% because of rounding.

Table 3: Percent Change in Delinquency Cases and Case Rates, 1988–1992

Offense	1988	1992	Percent Change
Number of Cases			
Delinquency	1,170,400	1,471,200	26%
Person	193,200	301,000	56
Property	684,200	842,200	23
Drugs	82,200	72,100	-12
Public Order	210,800	255,900	21
Case Rates			
Delinquency	45.7	55.1	21%
Person	7.5	11.3	50
Property	26.7	31.6	18
Drugs	3.2	2.7	-16
Public Order	8.2	9.6	17

* Case Rate = Cases per 1,000 youth at risk

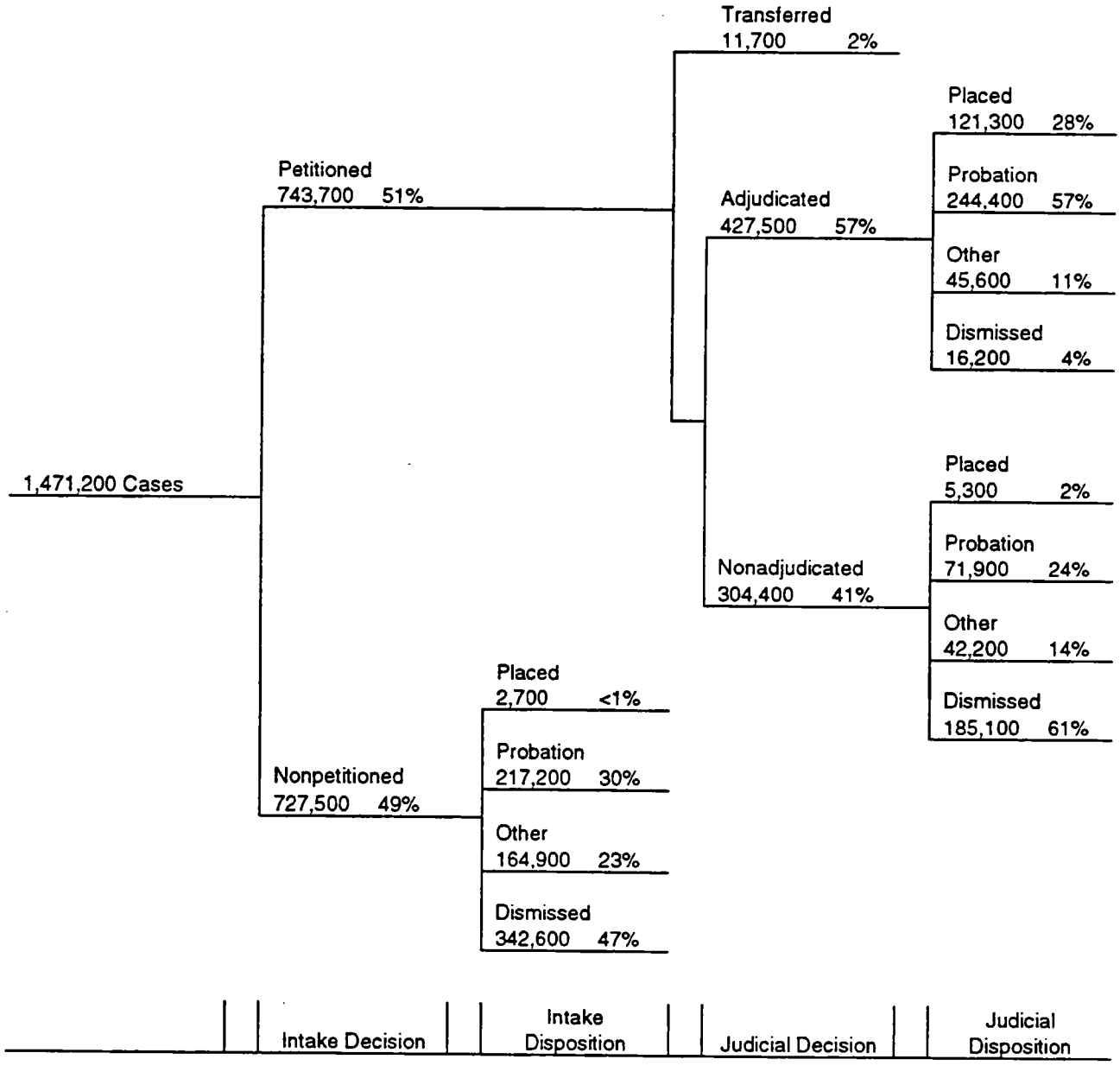
Note: Detail may not add to totals because of rounding. Percent change calculations are based on unrounded numbers.

[2] The upper age of juvenile court jurisdiction is defined by statute in each State. See the *Glossary of Terms* for a more detailed discussion on upper age of juvenile court jurisdiction. The case rates presented in this report control for State variations in youth population at risk of referral to juvenile court.

[3] Percentage changes in the number of cases disposed and changes in case rates are sometimes not equal due to the changing size of the population of youth at risk of referral to juvenile court.

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Juvenile Court Statistics 1992, May 1995.

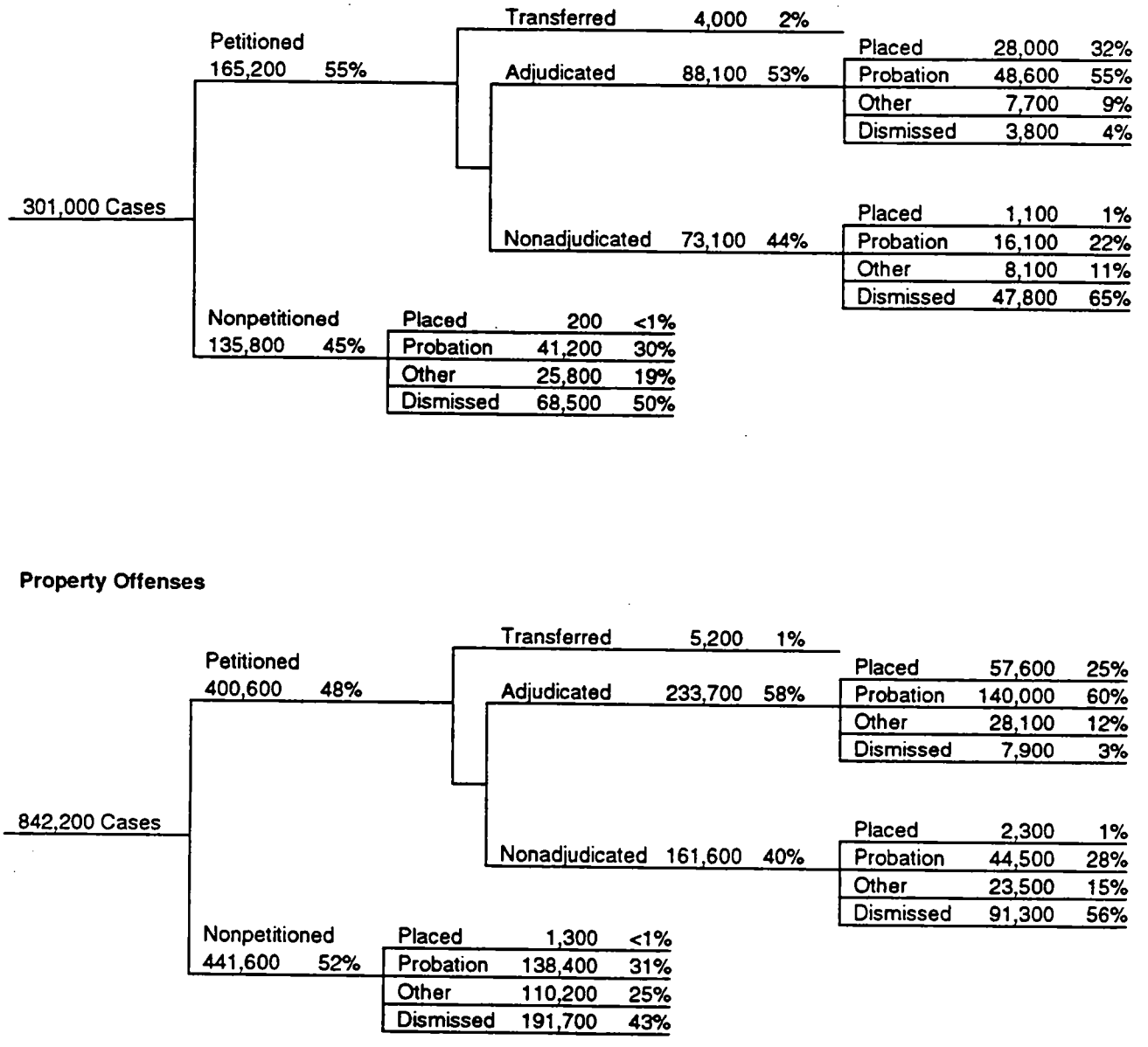
Figure 1: Juvenile Court Processing of Delinquency Cases, 1992



Note: Detail may not add to totals because of rounding.

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Juvenile Court Statistics 1992, May 1995.

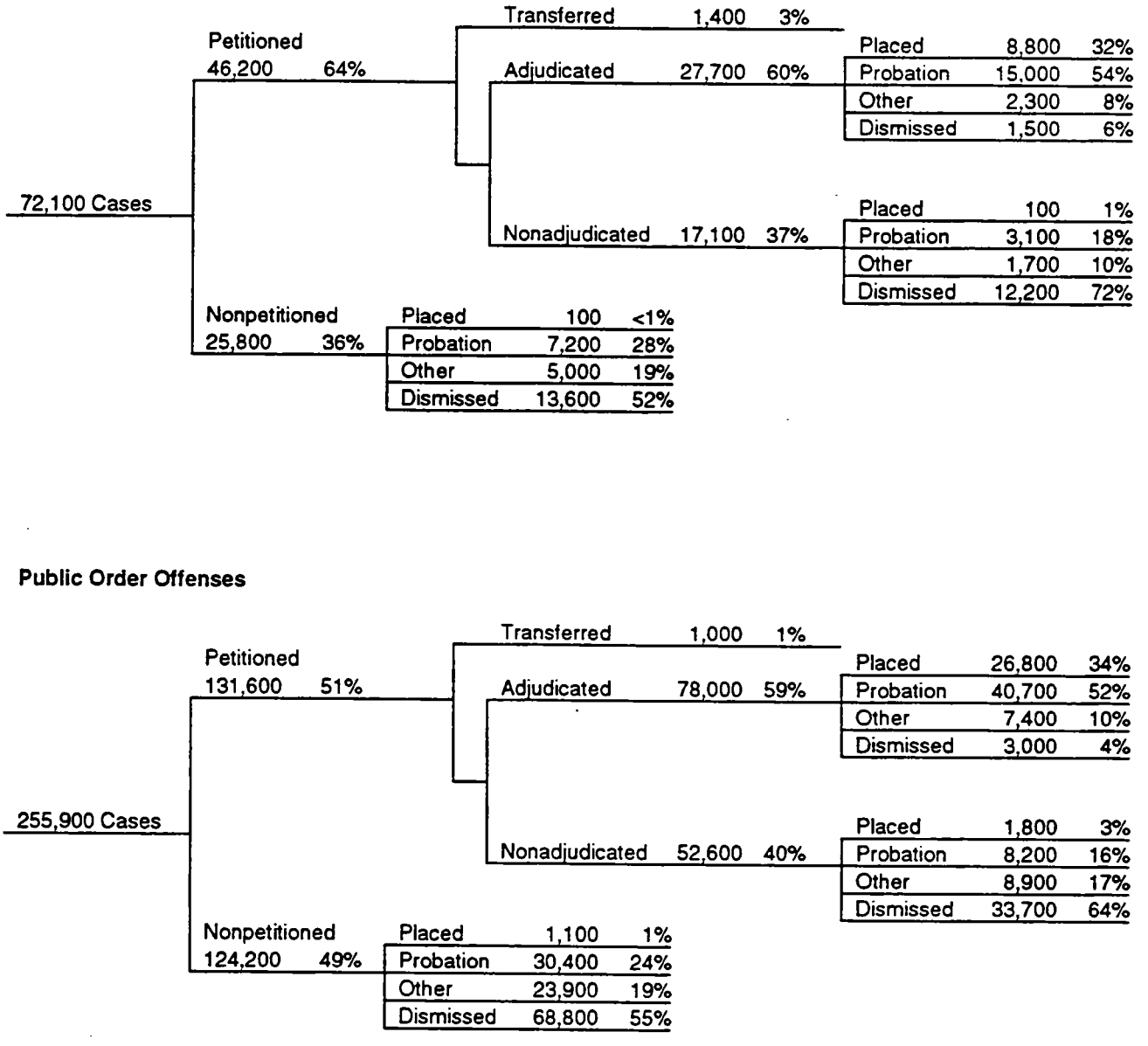
Figure 2: Juvenile Court Processing of Delinquency Cases Within Offense Categories, 1992



Note: Detail may not add to totals because of rounding.

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Juvenile Court Statistics 1992, May 1995.

Figure 2 (continued)



Note: Detail may not add to totals because of rounding.

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Juvenile Court Statistics 1992, May 1995.

1988 and 1992 (table 18). The number of person offense cases resulting in formal probation increased 50%. Property offense cases resulting in probation increased 21% between 1988 and 1992, while those involving public order offense cases increased 26%. In contrast, the number of drug law violation cases that resulted in formal probation declined 9% over this time period, from 16,500 in 1988 to 15,000 in 1992.

Table 18: Percent Change in Adjudicated Delinquency Cases That Resulted in Formal Probation, 1988–1992

Offense	Number of Cases 1988	1992	Percent Change
Delinquency	196,700	244,400	24%
Person	32,400	48,600	50
Property	115,500	140,000	21
Drugs	16,500	15,000	-9
Public Order	32,300	40,700	26

Note: Detail may not add to totals because of rounding. Percent change calculations are based on unrounded numbers.

More than half (57%) of the delinquency cases that resulted in formal probation in 1992 involved property offenses; 20% involved person offenses; 17% involved public order offenses; and 6% involved drug law violations (table 19). The offense characteristics of cases resulting in formal probation changed slightly between 1988 and 1992, with an increase in the proportion of cases involving person offenses (from 16% to 20%). Adjudicated drug offense cases accounted for 6% of formal probation cases in 1992, down from 8% in 1988.

Table 19: Offense Profile of Adjudicated Delinquency Cases That Resulted in Formal Probation, 1988 & 1992

Offense	1988	1992
Person	16%	20%
Property	59	57
Drugs	8	6
Public Order	16	17
Total	100%	100%
Cases Resulting in Formal Probation:	196,700	244,400

Note: Detail may not total 100% because of rounding.

AGE AT REFERRAL

Sixty percent of juvenile delinquency cases in 1992 involved youth who were age 15 or younger at the time of referral, compared with 57% in 1988 (table 20). In 1992, juveniles age 15 or younger were responsible for 62% of all person offense cases, 64% of property offense cases, 39% of drug law violation cases, and 53% of public order offense cases.

Table 20: Percent of Delinquency Cases Involving Youth 15 or Younger by Offense, 1988 & 1992

Offense	1988	1992
Delinquency	57%	60%
Person	61	62
Property	62	64
Drugs	37	39
Public Order	49	53

Compared with the delinquency caseload involving younger juveniles, the caseload of youth age 16 or older in 1992 had larger proportions of drug and public order offense cases and a smaller proportion of person and property offense cases (table 21). Person offense cases accounted for 21% of the under-16 caseload, compared with 19% of cases involving youth age 16 or older. Drug law violations, on the other hand, made up 7% of the cases of older juveniles, but just 3% of cases involving youth under age 16.

Table 21: Offense Profile of Delinquency Cases by Age at Referral, 1992

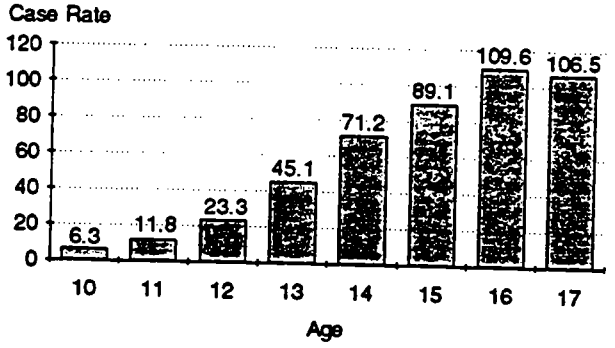
Offense	Age 15 or Younger	Age 16 or Older
Person	21%	19%
Property	60	53
Drugs	3	7
Public Order	15	20
Total	100%	100%

Note: Detail may not total 100% because of rounding.

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Juvenile Court Statistics 1992, May 1995.

The per capita rate of delinquency cases was associated with the age of juveniles. For example, the Nation's juvenile courts disposed 23.3 delinquency cases involving 12-year-olds for every 1,000 12-year-olds at risk of referral in 1992 (figure 3). Among 16-year-olds, however, there were 109.6 cases disposed for every 1,000 youth at risk. The case rate for 16-year-olds was 54% greater than the rate among 14-year-olds, while the rate for 14-year-olds was more than 3 times the rate among 12-year-olds.

Figure 3: Delinquency Case Rates by Age at Referral, 1992



Case Rate = Cases per 1,000 youth in age group.

The 1992 delinquency case rate for 17-year-olds was 3% lower than the rate for 16-year-olds, just as the number of delinquency cases involving 17-year-olds was lower than the number involving 16-year-olds (258,200 compared with 325,400). The lower case rate among 17-year-olds is at least partly due to the statutorily defined jurisdiction of U.S. juvenile courts. In 1992, 11 States excluded all 17-year-olds from the original jurisdiction of their juvenile courts. Seventeen-year-olds in these States were classified as adults and would have been sent to criminal court if arrested. Therefore, fewer 17-year-olds than 16-year-olds were under the jurisdiction of a juvenile court in 1992.

Between 1988 and 1992, delinquency case rates increased for each age group (table 22). Case rates increased at least 25% for every age group between 13 and 17.

Within the individual offense categories, there were variations in the pattern of age-specific case rates. Case rates increased continuously with age for drug law violations and public order offenses, while person and property offense case rates peaked at the 16-year-old age group and then declined (figure 4). Drug law violation case

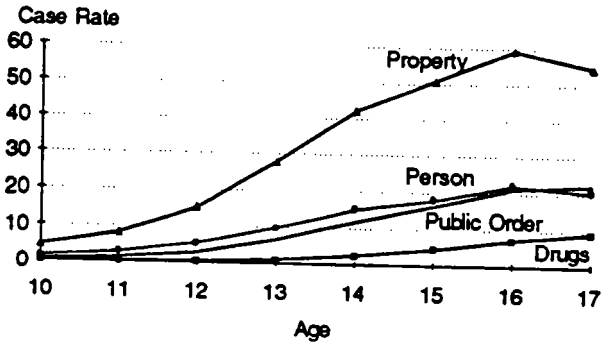
Table 22: Percent Change in Delinquency Case Rates by Age at Referral, 1988–1992

Age at Referral	Cases Rate 1988	Cases Rate 1992	Percent Change
10	6.0	6.3	5%
11	9.8	11.8	21
12	18.8	23.3	24
13	34.8	45.1	30
14	55.3	71.2	29
15	69.3	89.1	29
16	85.3	109.6	28
17	84.6	106.5	26

Case Rate = Cases per 1,000 youth in age group.

Note: Percent change calculations are based on unrounded numbers.

Figure 4: Delinquency Case Rates by Age at Referral and Offense, 1992



Case Rate = Cases per 1,000 youth in age group

Data Table

Age	Person	Property	Drugs	Public Order
10	1.3	4.4	0.0	0.5
11	2.7	8.0	0.1	1.1
12	5.3	15.0	0.3	2.7
13	9.8	27.7	1.0	6.5
14	15.0	42.0	2.4	11.8
15	17.9	50.7	4.5	16.2
16	22.0	59.3	7.2	21.1
17	20.4	54.7	9.2	22.2

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Juvenile Court Statistics 1992, May 1995.

rates showed the sharpest increase after age 14. For example, the case rate for drug offenses among 17-year-old juveniles (9.2 per 1,000) was nearly 300% greater than the corresponding case rate for 14-year-olds (2.4 per 1,000). For person offenses, the 17-year-old case rate was 36% greater than the 14-year-old case rate (20.4 compared with 15.0 per 1,000). For property offense cases, the difference was 30% (54.7 versus 42.0), and for public order offenses the case rate of 17-year-olds was nearly double that of 14-year-olds (22.2 compared with 11.8 per 1,000).

Detention

Youth below the age of 16 accounted for 57% of the cases that involved detention in 1992; those below the age of 14 accounted for 15% (table 23). Sixteen-year-olds accounted for a larger proportion of cases that involved detention (26%) than any other single age group. The age profile of delinquency cases that involved detention changed somewhat between 1988 and 1992, with the proportion of cases involving youth under age 16 growing from 53% to 57%.

Table 23: Age Profile of Detained Delinquency Cases, 1988 & 1992

Age at Referral	1988	1992
10 or Younger	1%	1%
11 Years	1	1
12 Years	3	4
13 Years	8	9
14 Years	16	17
15 Years	24	24
16 Years	27	26
17 or Older	20	17
Total	100%	100%

Note: Detail may not total 100% because of rounding.

Detention was used in 18% of delinquency cases involving 13-year-olds in 1992, 21% of cases involving 14-year-olds, and 24% of those involving 15-year-olds (table 24). In general, the likelihood of detention increased for each successive age group through age 15. Across all offense categories, detention was less likely for cases involving 17-year-olds than for cases involving 16-year-olds.

Intake Decision

Delinquency cases involving juveniles age 16 and older were more likely to be handled formally (i.e., petitioned) than cases involving younger youth (figure 5). Overall, 47% of delinquency cases involving youth age 15 and younger were processed with the filing of a petition, compared with 55% of cases involving older youth. The likelihood of formal handling was relatively constant between 1988 and 1992 for cases involving youth under age 16, increasing from 46% to 47%. For older youth, the proportion of cases handled formally increased from 53% to 55%. The largest increase in the likelihood of formal petitioning occurred in cases involving drug law violations. Formal handling of drug cases involving younger youth increased from 58% to 63% between 1988 and 1992. For drug cases involving older youth, formal handling increased from 59% to 65%.

Judicial Decision and Disposition

The probability of transfer to criminal court was substantially greater for cases involving older juveniles. In 1992, 3.2% of all formally processed delinquency cases involving juveniles age 16 or older were transferred to criminal court, compared with 0.3% of cases involving younger juveniles (table 25). The probability of transfer increased somewhat between 1988 and 1992 for both age groups. The use of transfer for property cases involving younger juveniles increased from 0.1% to 0.2%, while transfer of property cases involving older youth increased from 2.6% to 2.9%. The likelihood of transfer also increased for person offense cases, from 0.4% to 0.7% for cases involving youth under age 16, and from 4.0% to 4.9% for cases involving older youth.

Table 24: Percent of Delinquency Cases Detained by Age at Referral, 1992

	Age at Referral							
Offense	10	11	12	13	14	15	16	17
Delinquency	5%	9%	13%	18%	21%	24%	24%	20%
Person	6	12	16	21	24	27	29	25
Property	4	7	11	15	17	20	20	17
Drugs	•	•	27	31	35	40	37	30
Public Order	8	14	18	23	26	27	26	18

• Too few cases to obtain a reliable percentage.

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Juvenile Court Statistics 1992, May 1995.

Table 34: Percent of Petitioned Delinquency Cases Adjudicated by Sex, 1988 & 1992

Offense	1988	1992
Male	62%	58%
Person	56	54
Property	63	59
Drugs	60	61
Public Order	63	60
Female	57%	52%
Person	51	49
Property	56	52
Drugs	57	52
Public Order	63	56

Once adjudicated, cases involving male delinquents were more likely than those involving females to result in out-of-home placement in 1992. Placement was the most restrictive disposition in 29% of adjudicated cases involving males and in 23% of those involving females (table 35). The overall likelihood of out-of-home placement changed very little for males and females between 1988 and 1992. For cases involving drug law violations and public order offenses, however, the use of out-of-home placement decreased somewhat among both male and female cases. On the other hand, out-of-home placements grew slightly for cases involving female juveniles adjudicated for person offenses (from 22% to 24% between 1988 and 1992).

Table 35: Percent of Adjudicated Delinquency Cases That Resulted in Out-of-Home Placement by Sex, 1988 & 1992

Offense	1988	1992
Male	30%	29%
Person	33	33
Property	26	26
Drugs	34	32
Public Order	38	35
Female	24%	23%
Person	22	24
Property	19	19
Drugs	29	25
Public Order	35	32

The use of formal probation for adjudicated males and females did not change substantially between 1988 and 1992 (table 36). The likelihood of probation increased slightly for cases involving males (from 56% to 57%) and for females (from 59% to 61%). Among cases involving males, the use of probation dropped somewhat for person offense cases and drug cases, while increasing slightly for property and public order offense cases. Among females, the use of probation increased slightly in all four offense categories.

Table 36: Percent of Adjudicated Delinquency Cases That Resulted in Formal Probation by Sex, 1988 & 1992

Offense	1988	1992
Male	56%	57%
Person	56	54
Property	58	59
Drugs	57	54
Public Order	50	52
Female	59%	61%
Person	61	62
Property	61	63
Drugs	60	62
Public Order	52	56

RACE

White youth accounted for 65% of the delinquency cases disposed by juvenile courts in 1992 (table 37).[7] White youth were responsible for 57% of person offense cases, 70% of property offense cases, 52% of drug law violation cases, and 65% of public order cases. Black youth were responsible for 31% of all delinquency cases, 40% of person offense cases, 27% of property cases, 46% of drug cases, and 32% of public order cases. Juveniles of other races accounted for 4% of all delinquency cases in 1992 and comparable proportions of each of the four major offense categories.

For all racial groups, a property offense was the most common charge involved in delinquency cases disposed in 1992 (table 38). Property offenses accounted for 61% of all

[7] In 1992 whites made up 80% of the national population of youth at risk of referral to a juvenile court. Nearly all youth of Hispanic ethnicity are included in the white racial category.

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Juvenile Court Statistics 1992, May 1995.

Table 37: Race Profile of Delinquency Cases by Offense, 1992

Offense	White	Black	Other Races	Total
Delinquency	65%	31%	4%	100%
Person	57	40	3	100
Property	70	27	4	100
Drugs	52	46	2	100
Public Order	65	32	3	100

Note: Detail may not total 100% because of rounding.

Table 39: Delinquency Case Rates by Race, 1992

	Cases per 1,000 Youth at Risk		
Offense	White	Black	Other Races
Delinquency	44.9	114.2	40.4
Person	8.0	30.1	7.3
Property	27.4	55.7	25.3
Drugs	1.8	8.2	1.3
Public Order	7.8	20.2	6.5

Note: Detail may not add to totals because of rounding.

cases involving white youth, 49% of those involving black youth, and 63% of cases involving youth of other races. In just over one-quarter (26%) of cases involving blacks, the youth was charged with a person offense, compared with 18% of cases involving white youth, and 18% of cases involving youth of other races. Cases involving black youth contained a larger proportion of drug law violations (7%) than cases involving either white youth (4%) or those of other races (3%).

Table 38: Offense Profile of Delinquency Cases by Race, 1992

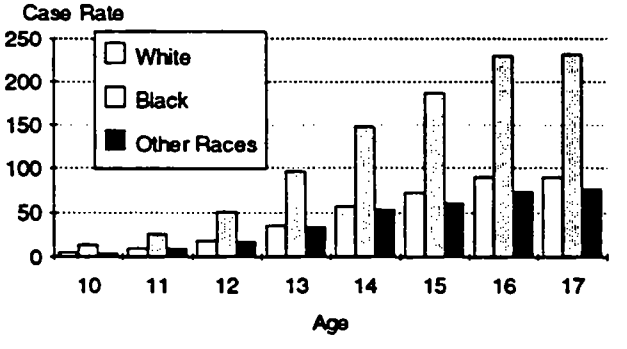
Offense	White	Black	Other Races
Person	18%	26%	18%
Property	61	49	63
Drugs	4	7	3
Public Order	17	18	16
Total	100%	100%	100%

Note: Detail may not total 100% because of rounding.

Delinquency case rates differed substantially by race (table 39). The case rate for black juveniles in 1992 (114.2 cases disposed for every 1,000 youth at risk) was 2.5 times the rate for white juveniles (44.9 per 1,000), and nearly 3 times the rate for youth of other races (40.4 per 1,000). The person offense and drug law violation case rates among blacks (30.1 and 8.2, respectively) were more than 3 times greater than the corresponding rates for whites (8.0 and 1.8), while the property and public order offense case rates for blacks (55.7 and 20.2) were more than double the rates for whites (27.4 and 7.8). In all offense categories, the case rate for juveniles of other races was lower than the corresponding rate for either black or white juveniles.

The delinquency case rates for all racial groups increased continuously with age through age 16 (figure 9). In contrast to the relatively large increases among individual ages through age 16, the differences between the case rates of 16- and 17-year-olds in each racial group were relatively small.

Figure 9: Delinquency Case Rates by Race and Age at Referral, 1992



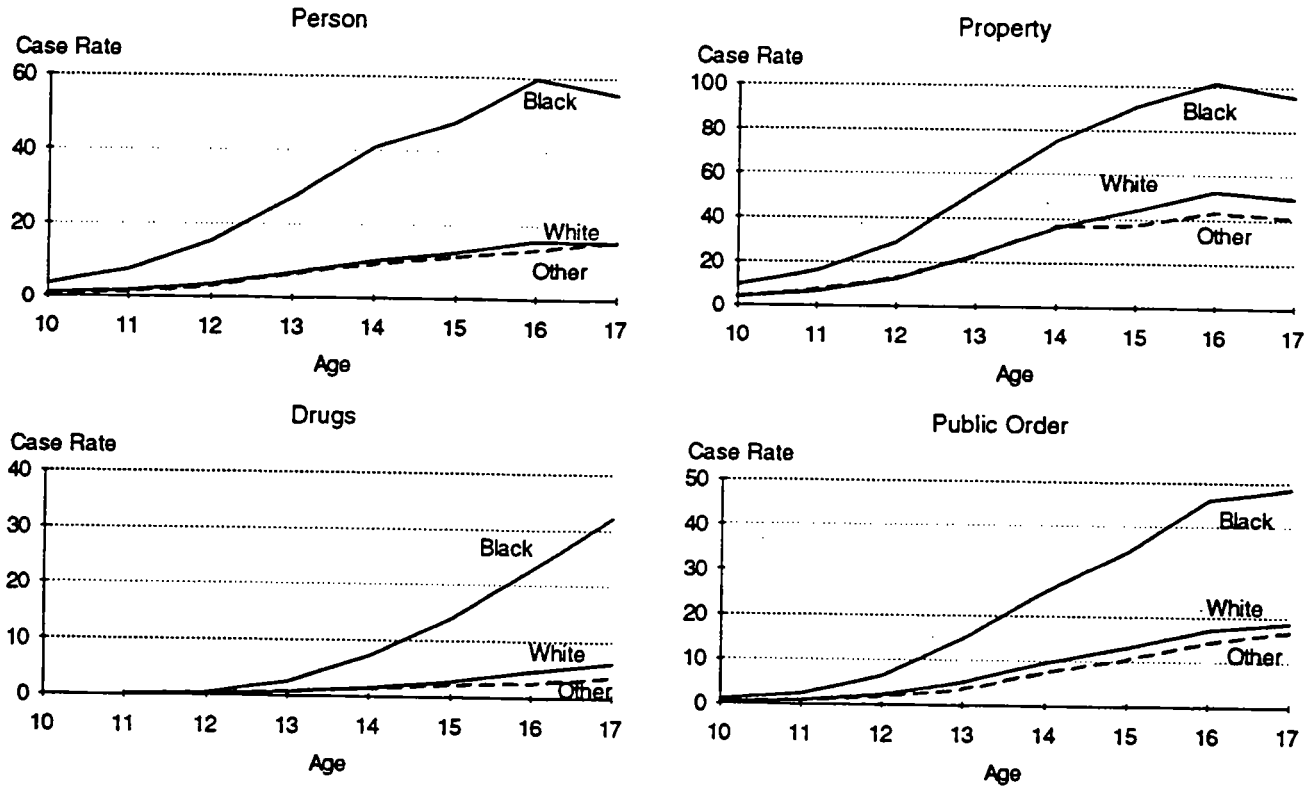
Case Rate = Cases per 1,000 youth in age group

Data Table

Age	White	Black	Other Races
10	5.0	13.6	4.5
11	9.3	25.7	9.1
12	18.2	50.9	17.7
13	35.7	96.6	33.7
14	57.3	148.3	54.2
15	72.1	187.1	60.8
16	89.9	230.1	73.5
17	89.8	231.8	76.8

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Juvenile Court Statistics 1992, May 1995.

Figure 10: Delinquency Case Rates by Race, Age at Referral, and Offense, 1992



Case Rate = Cases per 1,000 youth in age group

Data Table

Age	Person			Property			Drugs			Public Order		
	White	Black	Other	White	Black	Other	White	Black	Other	White	Black	Other
10	1.0	3.5	0.3	3.6	9.1	4.0	*	*	*	0.4	1.0	*
11	1.8	7.4	1.2	6.5	15.9	7.2	0.1	0.1	*	0.9	2.3	0.7
12	3.5	15.2	2.9	12.4	28.9	12.8	0.2	0.5	0.4	2.1	6.3	1.7
13	6.7	27.2	6.5	23.3	52.1	22.9	0.7	2.6	0.8	5.1	14.7	3.5
14	10.3	40.8	9.2	35.9	74.9	36.4	1.5	7.2	1.3	9.5	25.4	7.4
15	12.5	47.8	11.3	43.8	90.9	37.0	2.8	14.0	2.1	13.0	34.4	10.4
16	15.7	59.7	13.4	52.6	101.4	43.3	4.6	22.8	2.6	17.0	46.1	14.3
17	15.5	55.6	15.7	49.6	95.3	40.8	6.1	32.2	3.7	18.6	48.6	16.7

* Too few cases to obtain a reliable rate.

Source: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Juvenile Court Statistics 1992, May 1995.

Convicted felon populations: Sex, race, and age

In 1992 men comprised nearly 50% of the adult U.S. population but 87% of persons convicted of a felony and 93% of persons convicted of a violent felony (table 5). Whites were 86% of the adult U.S. population but 52% of persons convicted of a felony and 48% of the persons convicted of a violent felony. Corresponding figures for blacks were 11% of the adult U.S. population but 47% of convicted felons and 50% of felons convicted of a

Table 5. Demographic characteristics of persons convicted of felonies by State courts, 1992

Most serious conviction offense	Percent of convicted felons													
	Total	Sex		Race			Age at sentencing							
		Male	Female	White	Black	Other	13-19	20-29	30-39	40-49	50-59	60+	Mean	Median
All offenses	100%	87%	13%	52%	47%	1%	9%	46%	31%	10%	3%	1%	30	28
Violent offenses	100%	93%	7%	48%	50%	2%	13%	46%	27%	9%	3%	2%	29	27
Murder[a]	100	90	10	41	58	1	18	46	23	9	3	1	28	25
Rape	100	98	2	66	30	4	6	38	33	13	6	4	33	31
Robbery	100	94	6	34	65	1	18	53	23	5	1	–	26	25
Aggravated assault	100	90	10	50	48	2	10	45	29	10	4	2	30	28
Other violent[b]	100	93	7	72	27	1	7	37	32	15	5	4	33	31
Property offenses	100%	83%	17%	58%	41%	1%	11%	48%	29%	9%	2%	1%	29	27
Burglary	100	95	5	60	39	1	14	52	26	7	1	–	27	25
Larceny[c]	100	81	19	57	42	1	12	46	29	10	2	1	29	27
Fraud[d]	100	62	38	57	42	1	4	45	35	12	3	1	31	30
Drug offenses	100%	85%	15%	44%	55%	1%	7%	46%	34%	10%	2%	1%	30	29
Possession	100	83	17	44	55	1	7	42	37	12	2	–	31	30
Trafficking	100	86	14	44	55	1	7	49	33	9	2	–	30	28
Weapons offenses	100%	96%	4%	39%	60%	1%	13%	49%	25%	10%	2%	1%	29	27
Other offenses*	100%	90%	10%	64%	34%	2%	7%	41%	34%	13%	4%	1%	31	30

Note: Data on sex were available for 781,681 cases; on race, 550,405; and on age, 712,679.
–Less than 0.5%.
[a]Includes nonnegligent manslaughter.
[b]Includes offenses such as negligent manslaughter, sexual assault, and kidnaping.
[c]Includes motor vehicle theft.
[d]Includes forgery and embezzlement.
*Composed of nonviolent offenses such as receiving stolen property and vandalism.

Felony convictions and sentences relative to the numbers of arrests, 1992

Using data from the NJRP and the FBI's Uniform Crime Reports (UCR) on offenses and arrests, the number of felony convictions in 1992 was compared with the number of crimes reported to police for offenses likely to be felonies and the number of arrests made for these crimes in 1992. These numbers are aggregates and should not be interpreted as representing the disposition of individual cases tracked across processing stages of the criminal justice system. In fact, a person arrested for a specific offense may be convicted of a different crime. Nevertheless, the comparisons illustrate the approximate odds of conviction and a prison sentence, given an arrest for a felony.

For example, the FBI reports that in 1992 about 19,246 adults were arrested for murder (including nonnegligent manslaughter). NJRP data show that 12,548 persons were convicted of murder and 11,670 murderers received a prison sentence. Together the data show that for every 100 persons arrested for murder in the United States in 1992, 65 were convicted of murder, and 61 were sentenced to prison for that offense. Corresponding figures for drug traffickers were 55 convictions and 26 prison sentences for every 100 arrests for drug trafficking.

Offense	Uniform Crime Reports		Number of felony convictions	Number of felony sentences		For 100 arrests		
	Number of crimes reported to police	Number of adults arrested		Incarceration	Prison	Number of felony convictions	Number of felony sentences: Incarceration	Prison
Murder*	23,760	19,246	12,548	12,172	11,670	65	63	61
Rape	109,060	32,805	21,655	18,840	14,725	66	57	45
Robbery	672,480	127,729	51,878	45,653	38,390	41	36	30
Aggravated assault	1,126,970	432,650	58,969	42,458	25,946	14	10	6
Burglary	2,979,900	279,416	114,630	85,973	59,608	41	31	21
Motor vehicle theft	1,610,800	110,063	19,332	14,112	7,926	18	13	7
Drug trafficking	...	311,005	170,806	128,105	81,987	55	41	26

Note: The offenses selected have the greatest comparability across reporting series. A majority, but not all of the presented offenses, are felonies. The offense designations in convictions and sentences came from the most serious offense.
...Data not available.
*Includes nonnegligent manslaughter.
Source: *Crime in the United States, 1992* (FBI, 1993) provided data on reported crime and arrests.

Source: U.S. Department of Justice, Bureau of Justice Statistics, Felony Sentences in State Courts, 1992, January 1995.

The use of drugs other than cocaine or crack declined from 1983 to 1989. In the latter year, lower percentages of inmates reported the use of heroin, LSD, PCP, methadone taken outside a treatment program, marijuana, amphetamines, barbiturates, and methaqualone. Only the reported use of amphetamines and barbiturates taken together, often referred to as "uppers and downers" or "T's and blues," remained the same between 1983 and 1989.

Characteristics of drug users

Among convicted offenders in local jails in 1989, female inmates were more likely than male inmates to report that they had used a drug during the month preceding their offense (table 7). Fifty-five percent of all convicted women and 43% of the men had used a drug in the month before their offense; 44% of the convicted women and 26% of the men had used a major drug (heroin, cocaine or crack, LSD, PCP, or methadone); and 32% of the convicted women, compared to 16% of the men, had used a major drug daily.

Hispanic and black, non-Hispanic inmates awaiting or serving sentences were more likely to have used major drugs in the month before the offense than white, non-Hispanic inmates. More than 30% of the convicted Hispanic and black, non-Hispanic inmates had used a major drug in the month before their offense, compared to 23% of non-Hispanic whites. About 20% of convicted Hispanics and black, non-Hispanic inmates and 15% of the white non-Hispanics had been daily users of a major drug. Convicted and unconvicted inmates of different racial and ethnic groups reported similar lifetime experience with drugs, over 71% having used drugs and over 53% having used a major drug.

Nearly 50% of convicted jail inmates between age 18 and 34 had used drugs in the month before their current offense; about 30% had used a major drug during that month; and slightly less than 20% had been daily users. The proportion of inmates who had used any drug or a major drug at any time or in the month before their offense was lower for those older than 44.

The reported drug use of inmates with different educational backgrounds had no consistent pattern. Those inmates with less than a ninth grade education were less likely than other inmates to have used any drug (66%, compared to about 80%) or a major drug (44%, compared to about 58%). Among convicted inmates, however, similar percentages of the least educated and of those with other educational backgrounds reported drug use at any time in the month or daily in the month before their offense. Regardless of the level of education, nearly 17% of convicted jail inmates had used a major drug daily in the month before their current offense.

Table 7. Drug use history of jail inmates, by selected demographic characteristics, 1989

Characteristic	Number of jail inmates	Percent of jail inmates who had ever used		Number of convicted jail inmates	Percent of convicted jail inmates who had used			
					Drugs in the month before the offense		Drugs daily in the month before the offense	
		Any drug	A major drug		Any drug	Major drug	Any drug	Major drug
Sex								
Male	357,515	77.3%	54.1%	196,620	42.7%	25.9%	28.6%	15.7%
Female	37,293	82.0	67.8	21,782	55.1	43.9	40.1	31.8
Race and Hispanic origin								
White non-Hispanic	152,170	81.4%	57.9%	92,738	43.6%	23.3%	31.4%	14.7%
Black non-Hispanic	164,841	76.8	52.7	81,236	44.8	30.2	28.9	19.1
Hispanic	68,762	71.8	55.7	38,168	44.0	34.4	27.8	20.0
Other[a]	9,035	79.9	60.0	6,260	36.9	19.2	26.2	15.1
Age								
17 or younger	5,825	68.5%	39.0%	2,428	37.5%	11.3%	21.2%	3.3%
18-24	128,816	80.2	53.2	67,422	48.7	28.4	32.7	16.1
25-29	93,648	83.8	61.3	54,266	48.0	30.3	31.5	18.8
30-34	75,772	81.7	62.3	41,743	48.0	32.1	35.1	20.9
35-44	66,146	74.4	57.0	37,265	37.3	26.4	24.5	18.4
45-54	18,037	46.4	25.2	10,929	16.6	11.0	11.4	9.1
55 or older	6,566	22.6	14.3	4,350	6.7	4.9	4.2	0.4
Education[b]								
8th grade or less	61,460	66.1%	44.3%	34,735	37.2%	25.4%	27.6%	16.7%
Some high school	149,921	82.2	58.1	82,727	48.2	30.2	31.0	18.0
High school graduate	129,828	79.4	58.3	69,715	46.1	27.0	31.7	16.9
Any college	51,228	76.6	55.3	29,839	36.6	25.8	25.0	17.6

Note: Major drug includes heroin, crack, cocaine, PCP, LSD, and methadone. Any drug includes the major drugs, marijuana or hashish, amphetamines, barbiturates, and methaqualone. Data were missing on drug use for 0.2% of cases and on education for 0.5% of cases.

[a]Includes Asians, Pacific Islanders, American Indians, Aleuts, Eskimos, and other racial groups.

[b]Education is categorized by the last completed year.

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

The 1989 Survey of Inmates in Local Jails

The 1989 Survey of Inmates in Local Jails included interviews with a nationally representative sample of 5,675 jail inmates in 424 jails across the Nation. Interviews were conducted for BJS by the U.S. Bureau of the Census in July, August, and September 1989. Inmates responded to questions about their current detention status, current and previous offenses, prior drug and alcohol use, and various personal, social, and family characteristics. (See *Methodology* for further information.)

Inmates in jail with drug charges

The percentage of jail inmates charged with drug offenses more than doubled between 1983 and 1989 (table 1). The proportion of inmates in jail with drug charges as their most serious offense increased from 9% in 1983 to 23% in 1989. When multiple charges against each inmate were considered, the percentage of inmates with at least one drug charge rose from 11% in 1983 to 26% in 1989. This growth occurred as the total number of inmates held in local jails increased by 77%. The number of inmates with a drug charge as their most serious offense rose from 20,479 in 1983 to 87,551 in 1989, a 328% increase. Over the same period, the number of persons held for all other offenses rose from 199,094 to 292,649, a 47% increase.

Table 1. Jail inmates charged with drug offenses, 1989 and 1983

Status and drug offenses of jail inmates	Percent of jail inmates 1989	1983
Drugs, most serious charge		
Total	23.0%	9.3%
Convicted	22.5	10.0
Unconvicted	23.8	8.3
Drugs, any charge		
Total	25.8%	11.0%
Convicted	25.5	11.4
Unconvicted	26.1	10.3
Number of jail inmates	380,160	219,573

Note: Excludes an estimated 15,394 inmates in 1989 and 3,979 inmates in 1983 because their offense was unknown.

Characteristics of inmates charged with drug offenses

Among inmates held for drug charges, the percentage of women increased from an estimated 9% in 1983 to almost 14% in 1989 (table 2). In 1989 an estimated 13,426 women were charged with drug offenses, an almost sixfold increase from the 2,243 reported in 1983. In 1989, about 1 in 3 women and 1 in 5 men in local jails were held for drug charges.

The increase in the number of women in local jails for drug charges is reflected in the statistics on arrests for drug violations. Women accounted for less than 14% of adult arrests for drug offenses in 1983 but nearly 17% of the arrests in 1989. Over the same period, the number of arrests of women for drug violations increased at a rate exceeding that for men:

	Adult arrests for drug violations*		
	1983	1989	Percent change
Total	583,500	1,247,800	114%
Female	79,800	208,300	161
Male	503,600	1,039,500	106

*The number of adult drug arrests was estimated by applying the sex and age distributions from reported arrests to the total estimated number of arrests. Adults are defined as persons age 18 or older.

The racial and ethnic composition of the jail population held on drug charges also changed significantly from 1983 to 1989. Hispanic inmates, who could be of any race, were 20% of those charged with drug offenses in 1983 but 25% in 1989. The percentage of black, non-Hispanic inmates increased from 35% of persons in jail for drugs to 48%, while the percentage of white, non-Hispanic inmates decreased

Table 2. Demographic characteristics of jail inmates, by type of offense, 1989 and 1983

Demographic characteristic	Percent of jail inmates charged with: Any drug offense 1989	1983	A nondrug offense 1989	1983
Sex				
Male	86.3%	90.7%	92.1%	93.3%
Female	13.7	9.3	7.9	6.7
Race and Hispanic origin				
White non-Hispanic	25.5%	43.7%	43.3%	46.8%
Black non-Hispanic	48.3	34.6	39.6	37.8
Hispanic	24.7	19.9	14.6	13.6
Other*	1.6	1.9	2.6	1.8
Age				
17 or younger	.7%	.2%	1.8%	1.5%
18-24	33.6	32.0	32.4	41.4
25-29	25.4	30.2	23.0	22.3
30-34	19.9	19.5	19.0	15.0
35-44	15.9	14.0	17.0	12.2
45-54	3.3	3.0	5.0	5.0
55 or older	1.2	.9	1.8	2.6
Median age	28 yrs.	27 yrs.	28 yrs.	26 yrs.
Education				
8th grade or less	15.2%	14.8%	15.7%	18.0%
Some high school	39.0	36.7	38.3	42.1
High school graduate	32.7	33.3	33.2	28.6
Some college or more	13.0	15.2	12.8	11.4
Number of jail inmates	97,999	24,118	282,161	219,573

Note: Excludes an estimated 15,394 inmates in 1989 and 3,979 in 1983 because their offense was unknown. In 1989 data were missing on education for 0.5% of cases. In 1983 data were missing on race and Hispanic origin for 0.2% of cases and on education for 1.1% of cases.
*Includes Asians, Pacific Islanders, American Indians, Aleuts, Eskimos, and other racial groups.

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

The State prison population increased 58% in 5 years but remained mostly male, minority, and young

In June 1991 State prisons held more than 711,000 inmates. In the 5 years from 1986 to 1991, the number of prisoners grew by over 58%.

Prison population

	1991	1986
Facilities	1,239	903
Inmates	711,643	450,416

Women were 5% of the inmates in 1991, up from 4% in 1986.

Sex

	1991	1986
Male	95%	96%
Female	5	4

Sixty-five percent of prison inmates belonged to racial or ethnic minorities in 1991, up from 60% in 1986.

Race or Hispanic origin

	1991	1986
White*	35%	40%
Black*	46	45
Other*	2	3
Hispanic	17	13

*Non-Hispanic inmates

Sixty-eight percent of inmates were under age 35 in 1991, down from 73% in 1986.

Age

	1991	1986
17 or younger	1%	1%
18-24	21	27
25-34	46	46
35-44	23	19
45-54	7	5
55-64	2	2
65 or older	1	1

Marital status of prison inmates remained the same from 1986 to 1991; about a fifth were married and over half had never married.

Marital status

	1991	1986
Married	18%	20%
Widowed	2	2
Divorced	19	18
Separated	6	6
Never married	55	54

About 34% of inmates in 1991 and 29% in 1986 had completed high school. Among dropouts in the 1991 survey, 37% — about a quarter of all prisoners — had gotten a general equivalency degree (GED). Altogether, 59% of inmates had a high school diploma or its equivalent.

Education

	1991	1986
8th grade or less	19%	21%
Some high school	46	51
High school graduate	22	18
Some college or more	12	11

Two-thirds of inmates were employed during the month before they were arrested for their current offense; over half were employed full time.

Work before arrest

	1991	1986
Employed	67%	69%
Full time	55	57
Part time	12	12
Not employed	33%	31%
Looking for work	16	18
Not looking	16	13

Before their admission to prison, an estimated 38% of women and 13% of men were receiving support from Social Security, welfare, or charity.

Income

Annual income, for inmates free at least a year	1991	1986
No income	3%	2%
Less than $3,000	19	25
$3,000-$4,999	10	12
$5,000-$9,999	21	22
$10,000-$14,999	17	16
$15,000-$24,999	16	13
$25,000 or more	15	11

The percentage of veterans among prison inmates declined from 20% in 1986 to 16% in 1991.

Veteran status

	1991	1986
Veterans	16%	20%
Vietnam era	3	5
Other	14	15
Nonveterans	84%	80%

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

Source: U.S. Department of Justice, Office of Juvenile Justice Delinquency and Prevention, Conditions of Confinement: Juvenile Detention and Corrections Facilities, August 1994.

Judges have also ordered juveniles to be placed in reception centers for preadjudication assessments, rather than waiting to perform such assessments after adjudication and prior to placement in a long-term commitment facility; 10 percent of juveniles in reception centers are not yet adjudicated. The vast majority of juveniles in training schools and ranches are committed, although some juveniles in each type of facility are admitted voluntarily.

Delinquent Offense Type. The CIC census asked facilities for the number of juveniles confined for different types of offenses. In this study we consider eight categories of delinquent offenses:

Violent crimes: murder, non-negligent manslaughter, forcible rape, robbery, aggravated assault.

Other crimes against persons: negligent manslaughter, simple assault, sexual assault, etc.

Serious property crimes: burglary, arson, larceny/theft, motor vehicle theft.

Other property crimes: vandalism, forgery, counterfeiting, stolen property, unauthorized use of a motor vehicle.

Distribution of drugs: distribution of drugs (includes growing or manufacturing for the purpose of distributing).

Other drug-related offenses: possession, use, or driving under the influence of drugs (includes growing or manufacturing for self-use).

Technical probation or parole violators: violation of the terms of probation or parole (those charged with or adjudicated of a new offense are reported under other offense categories).

Public order/other: Alcohol-related offenses (drunkenness, liquor law violations, driving under the influence of alcohol); public order offenses (weapons offense, prostitution, commercialized vice, disorderly conduct, minor traffic offenses, curfew or loitering violations, offenses against morals and decency, and the like); other offenses not elsewhere categorized.

Juveniles may also be confined for status offenses, they may be voluntarily admitted, or they may be admitted for other reasons, such as family, emotional, or mental health problems. As shown in Table 3-9, 18 percent of juveniles are confined for violent crimes, 10 percent for other offenses against persons, 22 percent for serious offenses against property, and 5 percent for drug distribution. Another 5 percent are confined for other drug offenses, 7 percent for technical violations, and 11 percent for other offenses (mostly public order). Only 4 percent of juveniles are confined for status offenses.

The distribution of offense types is quite similar across facility types, with three exceptions. First, while nearly all juveniles are confined in facilities holding some violent offenders, the proportion of juveniles in ranches confined for violent crimes is noticeably smaller than that in other facility types.[9] Second, the proportion of juveniles confined for technical violations or "other" offenses is much higher in detention centers than in other facilities. We expect that many of the juveniles detained for other offenses are generally placed in community corrections, given the less serious nature of the offenses and the lower concentration of those who commit these offenses in long-term confinement facilities.[10]

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[9] The proportion of juveniles confined in ranches for violent crimes is substantially lower in the South and Midwest, where violent offenders constitute 5 percent of juveniles confined to ranches.

[10] A small percentage of juveniles placed in juvenile correctional institutions come from adult courts, but the CIC census does not collect data on the number of juveniles placed in this manner.

Source: U.S. Department of Justice, Office of Juvenile Justice Delinquency and Prevention, Conditions of Confinement: Juvenile Detention and Corrections Facilities, August 1994.

Finally, ranches are slightly more likely to hold status offenders and much more likely to hold juveniles who have been admitted voluntarily or for other reasons.

Table 3-9

Percent of Confined Juveniles by Offense Type

	Detention Centers (N=19,490)	Reception Centers (N=2,080)	Training Schools (N=34,671)	Ranches (N=8,126)	Total (N=64,367)
Status offenders	4%	4%	3%	7%	4%
Voluntary/other[a]	2%	9%	6%	21%	7%
Delinquent offenders	94%	86%	91%	71%	89%
Violent crimes	18%	16%	19%	12%	18%
Other crimes against persons	9%	15%	12%	9%	10%
Serious property crimes	22%	19%	23%	19%	22%
Other property crimes	9%	13%	14%	13%	12%
Distribution of drugs	5%	5%	5%	4%	5%
Other drug-related offenses	4%	5%	5%	4%	5%
Technical violators	13%	5%	5%	4%	7%
Public order/other	14%	8%	8%	6%	11%

Source: 1991 CIC Census

[a] This category includes juveniles admitted by parental request and those detained for dependency, neglect, abuse, emotional disturbance, mental retardation, etc.

Age. The population confined in juvenile facilities ranges in age from under 9 to over 20. Only 2 percent of confined youth are under 13, and only 3 percent are over 18 (Table 3-10).[11] Seventy-one percent of all juveniles are between the ages of 15 and 17. Juveniles in detention centers are less likely than those in other facility types to be over the age of 17.

[11] The 1991 CIC census asked for the number of juveniles under age 9, over age 20, and each year in between. A small number of juvenile facilities hold youth who were committed while juveniles until they reach the age of 21.

Table 3-21

Percent of Confined Juveniles, by Race/Ethnicity, 1987-1991

	1987 (N=62,821)	1991 (64,367)
White	47%	37%
Black	37%	44%
Hispanic	13%	17%
Native American/Alaskan Native	1%	1%
Asian/Pacific Islander	1%	2%

Source: 1987 and 1991 CIC Censuses

Offense Types. The percentage of the juvenile population confined for property crimes decreased 6 percent between 1987 and 1991 (Table 3-22). The percentage of juveniles confined for status offenses and voluntary or other reasons also declined during this period. These declines directly correspond to an increase in the percentage confined for drug offenses and crimes against persons during that time. The increase in the percentage of juveniles confined for drug offenses occurred during the first 2 years of the period (1987 to 1989). The increase in the percentage of juveniles confined for crimes against persons occurred during the last 2 years (1989 to 1991).

Each type of facility experienced an increase in the percentage of juveniles confined for crimes against persons between 1987 and 1991: from 19 percent to 27 percent in detention centers, from 22 percent to 31 percent in reception centers, from 26 percent to 31 percent in training schools, and from 12 percent to 21 percent in ranches. These findings are consistent with longer trends in juvenile arrest data from 1980 to 1989; juvenile arrests for violent offenses increased 29 percent, while juvenile arrests for most property crimes dropped sharply.[18]

Analyses of juvenile arrest data also show a 27-percent decline in drug abuse arrests during the decade, despite a sharp increase after 1986. The recent increase in drug arrests after 1986 corresponds to the recent trend in the proportion of juveniles charged with drug offenses. The percentage of juveniles in detention centers charged with drug offenses increased between 1987 and 1989, then decreased between 1989 and 1991. Ranches also experienced a slight increase and then decrease in the percentage confined

Source: U.S. Department of Justice, Office of Juvenile Justice Delinquency and Prevention, Conditions of Confinement: Juvenile Detention and Corrections Facilities, August 1994.

[18] See Snyder, Howard, *Arrest of Youth*, 1990, OJJDP Update on Statistics, January 1992.

Source: U.S. Department of Justice, Office of Juvenile Justice Delinquency and Prevention, Conditions of Confinement: Juvenile Detention and Corrections Facilities, August 1994.

Table 3-22

Percent of Confined Juveniles, by Offense Type, 1987-1991

	1987 (N=62,821)	1991 (N=64,367)
Status offenders	7%	4%
Voluntary/other	9%	7%
Delinquent offenders		
Total	84%	89%
Violent crimes	13%	18%
Other crimes against persons	9%	10%
Serious property crimes	26%	22%
Other property crimes	14%	12%
Distribution of drugs	2%	5%
Other drug-related offenses	4%	5%
Technical violations	7%	7%
Public order/other	9%	11%

Source: 1987 and 1991 CIC Censuses

for drug offenses, while training schools and reception centers experienced a steady increase from 5 to 12 percent and from 8 to 12 percent, respectively.[19]

Summary of Trends

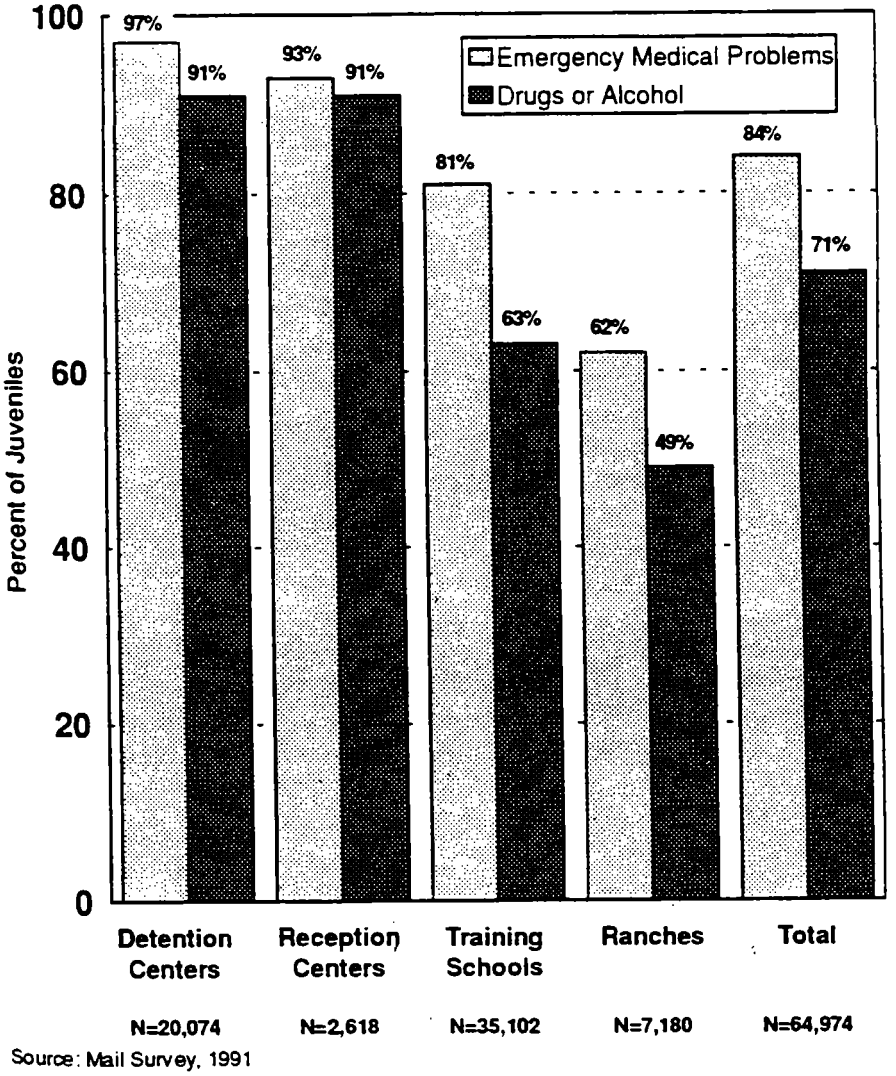
Juvenile facilities admitted more juveniles in 1990 than in any year since 1978. In terms of more recent trends, juveniles confined to detention centers on average stayed longer in 1990 than they did in 1986, while juveniles in the other types of facilities spent less time confined. The characteristics of the confined juvenile population have also changed in recent years: They are more likely to be male, to be minorities, and to be confined for a crime against persons or for distribution of drugs.

[19] These figures suggest a need to modify the widely held perception among practitioners that juvenile drug crimes are currently responsible for the rising juvenile facility admissions and population. The increase in juveniles confined for drug offenses (specifically, for distribution of drugs) does equal the small 3-percent increase in the overall population from 1987 to 1991 but is less than the increase in juveniles confined for violent crimes. Further, it appears that detention for drug offenses did not increase after 1989.

We collected some information on the content of health screenings in the mail survey and more detailed information during site visits. The mail survey indicates that approximately 84 percent of juveniles are screened for emergency medical problems and 71 percent for drug or alcohol use (Figure 4B-1).[23] Juveniles held in detention and reception centers are more likely to be screened for these conditions than are juveniles held in training schools or ranches.

Figure 4B–1

Percent of Juveniles in Facilities That Perform Health Screening for Emergency Medical Problems and Drugs or Alcohol by Facility Type



Source: Mail Survey, 1991

[23] This percentage includes juveniles held in facilities that conduct screenings but do not meet the assessment criterion of conducting screenings within 1 hour of admissions.

Source: U.S. Department of Justice, Office of Juvenile Justice Delinquency and Prevention, Conditions of Confinement: Juvenile Detention and Corrections Facilities, August 1994.

We collected data on some of the elements that a health appraisal may include. When we attempted to distinguish between appraisals for conforming and nonconforming facilities, we found no clear pattern. Nonconforming facilities are not more or less likely to include the elements on which we collected data. Table 4B-6 lists some of the elements that a health appraisal may include. As shown in the table, 79 percent of juveniles undergo a medical examination (blood pressure, temperature, etc.); 78 percent are asked to provide an alcohol or drug use history; 68 and 53 percent are tested for tuberculosis and sexually transmitted diseases (STD's), respectively; only 21 percent are tested for hepatitis; and 10 percent for HIV. With the exception of hepatitis and STD testing, juveniles in reception centers are more likely to have these procedures performed than are juveniles in other types of facilities. For example, over 98 percent of juveniles in reception centers receive a medical examination compared with an average of 79 percent across all facility types.

Table 4B-6

Percent of Confined Juveniles in Facilities Receiving Health Appraisals, by Recommended Elements and Facility Type, 1991

Health Appraisal Elements	Detention Centers N=20,074	Reception Centers N=2,618	Training Schools N=35,102	Ranches N=7,144	Total N=64,939
Review medical history	76%	98%	80%	75%	79%
Medical exam	86%	98%	86%	86%	86%
Record height and weight	88%	98%	88%	86%	88%
Review of health screening	84%	98%	80%	69%	81%
Alcohol use history	75%	97%	82%	62%	78%
Mental health a appraisal	61%	86%	67%	56%	65%
Drug use history	78%	94%	80%	62%	78%
Tuberculin test	56%	94%	73%	69%	68%
Test for hepatitis	16%	8%	23%	30%	21%
Tests for sexually transmitted diseases	46%	58%	60%	40%	53%
HIV/AIDS test	8%	26%	10%	13%	10%
Other	8%	10%	9%	7%	9%

Source: Mail Survey, 1991

Source: U.S. Department of Justice, Office of Juvenile Justice Delinquency and Prevention, Conditions of Confinement: Juvenile Detention and Corrections Facilities, August 1994.

Table 6C-5

Percent of Juveniles in Facilities, by Available Treatment Programs and by Facility Type

Type of Treatment Program:	Detention Centers N=19,579	Reception Centers N=2,348	Training Schools N=33,869	Ranches N=5,741	Total N=61,538
Psychological counseling	77%	94%	90%	50%	82%
Family counseling	41%	86%	68%	53%	58%
Employment counseling	55%	74%	95%	84%	81%
Health and nutrition	88%	95%	98%	93%	94%
AIDS prevention	86%	94%	95%	90%	92%
Other counseling programs	29%	14%	29%	44%	30%
Juvenile sex offenders	21%	79%	53%	19%	40%
Violent juvenile offenders	22%	83%	51%	18%	40%
Juveniles with drug/alcohol dependency	47%	84%	80%	43%	66%
Suicide risks	46%	90%	62%	15%	53%
Juvenile arsonists	6%	70%	26%	7%	20%
Other specialized treatment programs	4%	29%	16%	11%	12%

Source: CIC Census, 1991

Of specialized programs, drug or alcohol treatment programs are most likely to be offered to juveniles. In general, juveniles in training schools are more likely to have available each type of treatment program than are juveniles in other facility types.

An individual program plan (IPP) is a record kept of each juvenile's behavior and progress toward goals. Almost all juveniles in training schools and ranches, but only 35 percent of juveniles in detention centers, are held in facilities that prepare individual program plans (Table 6C-6).

Source: U.S. Department of Justice, Office of Juvenile Justice Delinquency and Prevention, Conditions of Confinement: Juvenile Detention and Corrections Facilities, August 1994.

Table 2-B

Lifetime Prevalence of Drug Use

Inhalants	18.5%
Stimulants (other than cocaine or "crack")	17.5
Hallucinogens	9.7
Cocaine (not including "crack")	9.4
Opiates (other than heroin)	8.3
Sedatives	7.5
Tranquilizers	7.2
"Crack"	3.5
PCP	2.8
Heroin	1.3

The statistics generated by the *High School Survey* provide some reason for optimism that the epidemic of adolescent drug use is waning. However, for those concerned about youth in the juvenile justice system, there is reason for continuing concern. These surveys do not provide an accurate reflection of many of the youth served by the juvenile justice system, as they do not measure drug and alcohol use among those who are not attending school. Dropouts constitute an estimated 15 to 20 percent of youth the age of high school seniors, and these youth tend to be at high risk for substance use and delinquency (Schinke, Botvin, & Orlandi, 1991). Thus, it is necessary to examine additional statistics to find out the extent of drug use among juveniles.

The Drug Use Forecasting Study is an ongoing project to determine the extent of drug use among criminal offenders - both adults and juveniles. Male juvenile arrestees/detainees in eleven cities across the United States are asked to submit voluntarily to urinalysis and an interview; they are assured of anonymity of their responses. Table 2-C summarizes the data from the 1990 Annual Report (National Institute of Justice, 1991).

Unfortunately, comparable information is not available on female adolescents in these same cities. However, studies of adult female arrestees have shown a higher incidence of drug use, in some cases, than male arrestees. (See Chapter 4 for additional discussion of this issue.)

The data in Table 2-C indicate that the amount of drug involvement by youth in the juvenile justice system is substantial. An earlier report, Survey of Youth in Custody, 1987 (Beck, Kline, & Greenfeld, 1988), found similar results. Marijuana, cocaine and amphetamines were the drugs most commonly used by youth. More than 39 percent of youth under age 18 were under the influence of drugs at the time of their current offense, and more than 57 percent reported using a drug in the previous month. This study also found that the largest percentage of juveniles (33.5%) began using drugs between the ages of 12 and 13.

Another study that underscores the concern about drug-involved youth in the juvenile justice system was conducted in a juvenile detention center in Florida (Dembo, Williams, Wish, & Schmeidler, 1990). Both urinalysis and interviews were conducted with 399 male and female detainees who were assured of confidentiality of individual results. Forty-seven percent tested positive for drugs as follows:

Marijuana	37%
Cocaine	10%
Combination (2 or more drugs - included in above categories)	7%

This study concluded that juvenile offenders who use illicit drugs tend to have higher crime rates. The authors believe that reducing drug dependence must be a priority. Successful interventions must address emotional and behavioral problems and will require a broad range of treatment approaches, including social, educational and vocational skills training.

Finally, a study that examined juvenile courts' handling of drug and alcohol cases showed an increase of nearly twelve percent in drug cases and eight percent in alcohol cases between 1985 and 1988. In addition, drug cases, during the latter part of this period, were more likely to be handled formally and to result in youth being placed in detention. This has resulted in larger caseloads and has placed a greater strain on juvenile court resources. This study also found an increasing disparity between white and nonwhite case rates. Drug cases involving white youth decreased 15 percent, but the rate for nonwhites increased 88 percent during the period of this research (Sickmund, 1991).

PATTERNS OF DRUG INVOLVEMENT

Some youth can limit their use of drugs and alcohol, but drug involvement for many is a progressive process. Youth are motivated to begin using drugs and alcohol for many reasons. However, adolescents do not anticipate progression of substance use to a problem stage when they initiate use. Typically, they consider themselves invulnerable to negative consequences and feel they can use drugs and alcohol without negative effects.

There are many models representing the stages of drug involvement. The following Tables aggregate the elements of several models into four basic stages of drug involvement providing a convenient and practical framework for conceptualizing the progression of drug use (Beschner, 1986; Jaynes & Rugg, 1988; Macdonald, 1989; Nowinski, 1990).

Juvenile justice professionals need to be aware of the indicators of drug use and progression from one stage to the next. Behavioral indicators may alert adults to the need to assess drug involvement with a particular youth.

RISK FACTORS AND CORRELATES FOR ADOLESCENT SUBSTANCE ABUSE AND DELINQUENCY

Youth who become involved in delinquent behaviors and the use of drugs and alcohol come from all social strata, both large and small communities, and healthy as well as dysfunctional families. They may be gifted or limited in intellectual abilities, have few or many talents, and vary markedly in personality. There is no easy predictor of delinquency or substance abuse.

Indeed, research indicates that a complex array of cognitive, psychological, attitudinal, social, personality, pharmacological, and developmental factors foster initiation of adolescent drug use (Schinke, Botvin & Orlandi, 1991). Some of the characteristics that are typical of adolescent development appear to increase the chances that some youth will at least begin the process of experimenting and taking risks with drugs, alcohol and illegal behaviors. As presented in Chapter 1, young people are establishing their identity and independence. As a part of this process, they need to explore different behaviors and values. Experimentation and opposition to adult norms and values, within limits, is typical adolescent behavior. For some youth, however, these behaviors plunge them into a world of activities that can become very dangerous. The pleasure, thrill, or excitement may be so stimulating that they continue to seek it. For some, the acts of rebellion against parents or society are particularly satisfying. Others acquiesce to peer influences from youth who offer friendship and acceptance to those who will engage in similar activities.

Young people often feel invincible and invulnerable. They have difficulty understanding that they are not exceptions to the rules of drug use and delinquency. There is a tendency for youth to believe

Table 2-D

STAGE 1

EXPERIMENTAL AND SOCIAL USE OF DRUGS AND ALCOHOL

Frequency of use:	Occasional; perhaps a few times monthly. Usually on weekends when at parties or with friends. May use when alone.
Sources of drugs/ alcohol:	Friends/peers primarily. May use parents' alcohol.
Reasons for use:	To satisfy curiosity; acquiescence to peer pressure; for social acceptance; to defy parental limits; to take a risk or seek a thrill; to appear grown up; to relieve boredom; for the pleasurable feelings produced; and to diminish inhibitions in social situations.
Effects:	At this stage youth will experience euphoria and return to a normal state after using. A small amount may cause intoxication. Feelings sought include: • fun, excitement; • thrill; • belonging; and • control.
Behavioral indicators:	Little noticeable change; some may lie about use or whereabouts; some may experience moderate hangovers; occasionally, adults may find evidence of use, such as a beer can or marijuana joint.

Table 2-E

STAGE 2

PURPOSEFUL MISUSE

Frequency of use:	Regular; may use several times per week. May begin using during the day.
Sources:	Friends; begins buying enough to be prepared.
Reasons for use:	To manipulate emotions; to experience the pleasure the substances produce; to cope with stress and uncomfortable feelings such as pain, guilt, anxiety and sadness; and to overcome feelings of inadequacy.
Effects:	Euphoria is the desired feeling, and youth will return to a normal state following use. Intoxication begins to occur regularly, however. Feelings sought include: • pleasure; • relief from negative feelings such as boredom, and anxiety; and • stress reduction. May begin to feel some guilt, fear and shame.
Behavioral indicators:	School performance may decline; school attendance problems may begin; mood swings; lying and conning; may have both straight and drug-using friends; decrease in extra-curricular activities; appearance (clothing, grooming) may change; conflict with parents and/or siblings may be exacerbated; and behavior may be more rebellious.

Table 2-F

STAGE 3

HABITUAL USE: DAILY PREOCCUPATION

Frequency of use:	Uses almost daily; may be using alone rather than with friends.
Sources:	May sell drugs to keep a supply for personal use. May begin stealing to have money to buy drugs/alcohol.
Reasons for use:	Youth who progress to this stage of drug/alcohol involvement experience depression or other uncomfortable feelings when not using. Substances are used to stay high or at least maintain normal feelings.
Effects:	Users experience euphoria, but after effects subside will experience pain, depression and general discomfort. May have suicidal ideations/attempts. Tries to control use, but is unsuccessful. Feels shame and guilt. More of a substance is needed to produce the same effect.
Behavioral indicators:	Poor school performance and attendance; change in friendships - no longer has straight friends; stealing; drug culture appearance e.g., clothing, hairstyles, jewelry; poor family relationships; lying and conning to cover use; all interest is focused on procuring and using drugs/alcohol; and changes in personality.

Table 2-G

STAGE 4

DEPENDENCY/ADDICTION

Frequency of use:	Daily use; continuous
Sources:	Will use any means necessary to obtain and secure needed drugs/alcohol. Will take serious risks; often engages in criminal behavior such as shoplifting and burglary.
Reasons for use:	Drugs/alcohol are needed to avoid pain and depression. Many wish to escape the realities of daily living. Use is out of control.
Effects:	The youth's normal state is pain or discomfort; drugs/alcohol help them feel normal; when the effects wear off, they again feel pain. They are unlikely to experience euphoria at this stage. May experience suicidal thoughts or attempts. Often feels guilt, shame and remorse. May experience blackouts. May experience changing emotions, such as depression, aggression, irritation and apathy.
Behavioral indicators:	Physical deterioration includes weight loss, health problems; appearance is poor; may experience memory loss, flashbacks, paranoia, volatile mood swings, and other mental problems; likely to drop out of school or be expelled; may run away from home; possible overdoses; and lack of concern about being caught - focused only on procuring and using drugs/alcohol.

that they can somehow engage in certain behaviors but escape their negative consequences. Because of their limited future time perspective they tend to see themselves as always being as they now are: young, strong, and in control. Many cannot believe the negative impact of drug and alcohol use will affect them, even if they are acquainted with others in such distress.

While there are no absolute methods to forecast drug and alcohol use, or involvement in delinquent behaviors, research has shown that certain factors correlate more strongly with these problems. A given youth may experience several of these problems and not become involved in delinquency or substance abuse. However, among youth with histories of drug and alcohol involvement and delinquent behavior, these factors are proportionately more prevalent. A combination of several of these factors is a stronger indicator of the possibility of such behavior (Hawkins, Lishner, Jenson, & Catalano, 1987).

Family Factors

- **Parent and sibling drug use and criminal behavior.** Children whose parents or siblings engage in crime are at increased risk of delinquency. Parental and sibling alcoholism and use of illicit drugs also increase the risk of alcoholism and drug abuse in offspring. Attitudes and early drinking behaviors appear to be shaped more by parents and relatives than by peers (Hawkins et al., 1987; Knott, 1986). A recent study of adult probationers found that 70 percent of respondents from chemically dependent homes scored positive on the addiction scale used in the research, while only 33 percent of those from non-chemically dependent homes did so. The adult probationers from chemically dependent homes also reported being arrested 26 percent more as juveniles than those from non-chemically dependent homes (McGaha, 1991).

- **Poor and inconsistent family practices.** Children from families with lax supervision, excessively severe, or inconsistent disciplinary practices, and low communication and involvement between parents and children are at high risk for later delinquency and drug use (Hawkins, et al., 1987). Lack of acceptance, closeness, warmth, and praise for good behavior also are family characteristics associated with adolescent substance abuse (Jaynes & Rugg, 1988).

- **Family conflict.** Children raised in families with high rates of conflict appear at risk for both delinquency and illicit drug use. It is the conflict, rather than the actual family structure (e.g., "broken home" or single parent family) that predicts delinquency and drug use (Hawkins et al., 1987).

- **Family social and economic deprivation.** Social isolation, poverty, poor living conditions, and low-status occupations are circumstances that appear to elevate the risk of delinquency and drug use (Hawkins et al., 1987).

School-Related Factors

- **School failure.** School failure is a predictor of delinquency and drug use. Low achievement, low vocabulary and poor verbal reasoning by late elementary school predict later delinquency. Truancy, placement in special classes, and early dropout from school are likely causal factors for drug abuse (Hawkins et al., 1987).

- **Low degree of commitment to education and attachment to school.** This factor is sometimes called school bonding. Delinquent youth tend not to have a commitment to educational pursuits, are less likely to participate in school activities, are unlikely to have an achievement orientation and

to express educational aspirations, and care less about teachers' opinions. Low commitment to school also is related to drug use. Drug users are more likely to be absent from school, to cut classes, and to perform poorly than nonusers. Dropouts tend to have patterns of greater drug use (Hawkins et al., 1987).

Behavioral and Attitudinal Factors

- **Early antisocial behavior.** Conduct problems in early elementary grades have been associated with continued delinquency and use of drugs in adolescence. Early delinquent behavior appears to predict early initiation of the use of illicit drugs; and early initiation of drug use increases the risk for regular use and the probability of involvement in crime (Hawkins et al., 1987).

- **Attitudes and beliefs.** Alienation from the dominant values of society, low religiosity, and rebelliousness are related to drug use and delinquent behavior. Adolescents who are problem drinkers tend to value independence and autonomy, be more tolerant of deviance, and place more importance on the positive than on the negative functions of drinking. They also tend to have lower expectations of achievement. Individuals with positive attitudes toward drug use are more likely to become substance users. Perceiving substance use as normal and widespread behavior is correlated with engaging in substance use. The initiation into use of any substance is preceded by values favorable to its use (Hawkins et al, 1987; Knott, 1986; Schinke, Botvin, & Orlandi, 1991).

Environmental Factors

- **Neighborhood attachment and community disorganization.** High population density, high neighborhood crime rates, and lack of informal social controls are predictors of increased delinquency. Disorganized communities have less ability to limit drug use among adolescents (Hawkins et al., 1987).

- **Peer factors.** Association with delinquent peers is one of the strongest correlatives of delinquency. Similarly, drug behavior and drug-related attitudes of peers are among the most potent predictors of drug involvement. Adolescents tend to increase use of drugs due to the influence of friends, and they also tend to choose friends who reinforce their own drug norms and behaviors (Hawkins et al., 1987). Adolescents who are problem drinkers usually do not feel their peer group and their parents are compatible; are more easily influenced by peers than by parents; and feel more pressure from peers for drinking and drug use (Knott, 1986).

- **Mobility.** Transitions (such as from elementary to middle school and from junior high to senior high school) and residential mobility are predictors of delinquency. Residential mobility also is associated with high rates of drug initiation and frequency of use (Hawkins, et al, 1987).

Constitutional and Personality Factors

- **Constitutional factors.** These factors are often present from birth or early childhood and are thought to have neurological or physiological origins. Attention and cognitive deficits, such as low verbal ability and poor language and problem-solving skills have been associated with delinquent behavior. There also is evidence of a constitutional predisposition toward alcoholism, suggesting that genetic factors may play a role in this area (Hawkins et al., 1987).

- **Personality factors.** Alienation, low motivation, sensation-seeking, willingness to take risks, and

need for stimulation are associated with drug and alcohol use. Some studies have found a relationship between sensation-seeking and delinquency; however, other research has not substantiated these findings (Hawkins et al., 1987). Other characteristics associated with substance use include low self-esteem and self-confidence, need for social approval, high anxiety, low assertiveness, rebelliousness, low personal control and low self-efficacy (Schinke, Botvin, & Orlandi, 1991).

Physical and Sexual Abuse

- This area of investigation is relatively recent. However, some studies have found a high correlation between physical and/or sexual abuse and drug use and/or other deviant behavior. It is postulated that child maltreatment leads adolescents to become disengaged from conventional norms and behaviors and to initiate patterns of deviant behaviors (Dembo et al., 1988). There also appears to be a high correlation between parental abuse of drugs and alcohol and abuse and neglect of their children. These emotional wounds, in turn, increase the likelihood that youth will use substances to compensate for unmet emotional needs (Nowinski, 1990).

A better understanding of the causes of juvenile delinquency and substance abuse will require continuing research. However, juvenile justice professionals can use the knowledge currently available to guide them in assessing youth at risk of delinquent behavior and substance abuse. There is also the possibility that they can contribute to future research efforts in this area by careful documentation of cases. Information that is recorded during intervention may be more accurate than reflections by workers or youth later.

THE CONSEQUENCES OF ADOLESCENT DRUG USE AND DELINQUENCY

The Association Between Delinquent Behavior and Drug Use

Approximately 11 percent of the youth in custody in 1989 were charged with alcohol or drug offenses, such as sale, possession, and manufacture of illegal substances. Forty-nine percent of these youth were held in 1989 for distribution of drugs. This represented a substantial increase from the number of youth held for such offenses in 1987 (Allen-Hagen, 1991).

Delinquent behaviors that are common to only 11 percent of the population of youth in custody may seem of less significance on the surface. However, this figure underestimates the effects of drug use in several ways. Many youth who use drugs and engage in delinquent behavior are not apprehended. Self-reports of adolescent delinquency and drug use are usually much higher than actual statistics. The statistics just cited include only youth in custody in the juvenile justice system; those on probation, diverted from the system, or otherwise not in custodial care are not included. It is increasingly recognized that adolescent substance abusers need treatment services, and many jurisdictions attempt to obtain such services instead of placing youth in correctional facilities. While these youth may have been arrested for a drug-related offense, they may be diverted for treatment services.

Data already discussed show that the rate of substance use among youth entering the juvenile justice system is much higher than the 11 percent who are charged with drug or alcohol offenses. In the 1987 report of youth in custody (Beck, Kline & Greenfeld, 1988), more than 39 percent of youth under 18 years of age reported they were under the influence of drugs at the time they committed the offense for which they were currently charged. In a Florida Detention center,

47 percent of youth tested positive for drugs (Dembo et al., 1988). The Drug Use Forecasting study found that between 10 and 31 percent of youth had positive urinalysis results at the time of arrest (National Institute of Justice, 1991). These statistics underscore the fact that many youth may be affected by drugs at the time they commit crimes. Delinquent behavior and drug use often coincide (Hawkins et al., 1987).

Questions have been raised about the precipitating factors of drug use and delinquency: Does drug use cause delinquent behavior or does delinquency result in increased drug use? While there are research findings that support either theory (drug use causes delinquency or delinquency causes drug use), the majority of evidence suggests that neither may be true, but both problems have common causal factors as discussed in the previous section of this chapter. Studies indicate that delinquent behavior often precedes drug use chronologically. It is common for delinquent behavior to peak between ages 15 and 17; concomitantly drug use increases through the teens and often peaks in the early twenties. Those who engage in and continue both behaviors comprise a small proportion of the juvenile and adult criminal justice system; however, they commit a disproportionately large number of crimes (Hawkins et al. 1987).

Drug use is associated with both income-generating crimes and violent crimes. As youth progress to more serious drug involvement, the source of their supply of drugs and alcohol changes. They gradually need more drugs to maintain their level of comfort, and they are less likely to receive them from friends and family members. Therefore, many resort to stealing, shoplifting, burglary, prostitution and other crimes that produce income with which to purchase drugs.

Other youth may commit crimes because of the effects of drugs. Some will experience impaired judgment and may attempt to drive automobiles while under the influence of drugs or alcohol. Other risky behaviors are also associated with drug use, including risky sexual activity. Various substances have different physiological effects (see Chapter 3). Some will result in youth becoming more disorderly or violent. Examples of drug categories that can result in disorderly, aggressive or violent behaviors include: CNS depressants; CNS stimulants; inhalants; hallucinogens; and PCP.

The Effects of Drug Use and Delinquency for Individual Youth

Substance abuse profoundly affects adolescent development. When youth become chemically dependent, the developmental process usually slows markedly and may stop completely for many. This includes development in all areas, including social, psychological, physical, and cognitive development. One study cited by Nowinski (1990) compared adults and adolescents in treatment for substance abuse. The research found that the adults began abusing substances at an average age of 15, while the average age at which the youth in the study started abusing substances was less than 12 years. There is a vast difference between the development of 11- and 12-year-olds and that of youth who are 15 or 16 years old. With early initiation in substance abuse, many youth never experience important developmental tasks. Professionals often find the development of these youth is much behind that which is expected of their chronological ages (Nowinski, 1990).

Social and Psychological Consequences

Habitual substance abuse interferes with the youth's capacity for making choices and decisions, an important part of adolescent development. Developing self-control is a major task, but substance abuse creates dependency and defeats attempts at control. Youth may loudly protest that they are choosing to use drugs; in reality, however, as involvement with drugs progresses,

they have less and less choice. Substance abuse also affects social interactions and results in alienation from the mainstream adolescent subculture for many youth. They are likely to be stigmatized by peers and become outsiders. Many do not confront some of the developmental tasks of most youth, such as dating and developing appropriate skills, as their lives are totally absorbed with drug use. As a result of substance abuse, some youth will experience psychological consequences including agitation, depression and paranoia (Nowinski, 1990).

Physical and Health Consequences

Physical effects of adolescent substance abuse include accidental injuries, physical illnesses and infections, possible overdoses, and even death. Suicides and homicides follow only injuries as the leading causes of death for adolescents. Many suicides and homicides, as well as accidental injuries are directly or indirectly related to drug involvement. For example, more than half of traffic fatalities for teenagers (ages 16-20) in 1990 involved alcohol (Did you know. . ., 1992).

As the pursuit of drugs becomes the focal point for youth, many experience malnutrition because of appetite changes or their inability to afford nourishing food because of the expense of their drug habit. Depending on the type of drug(s) being abused, youth may experience damage to various systems and organs of the body, including the cardiovascular, respiratory, and endocrine and reproductive systems and to the brain, liver, kidneys and other organs. Effects on the brain may include hallucinations, psychotic episodes, changes in sleep patterns, and changes in concentration abilities and short-term memory (Schonberg & Schnoll, 1986; Macdonald, 1989).

Drug use is a factor in AIDS and other sexually transmitted diseases. Youth may become infected with the Human Immunodeficiency Virus (the causative agent of AIDS) through sexual activity or blood contact with an infected person. Blood contact most often occurs through shared use of intravenous drug needles and paraphernalia. Small amounts of infected blood may remain on these instruments after they are used to administer drugs. If they are not thoroughly cleaned before being used again, the virus can be transmitted to uninfected individuals. An infected person also can infect another through the exchange of body fluids during sexual activity. Drug use increases the risk of this happening if inhibitions are lowered and judgments are clouded resulting in the failure of youth to abstain or use precautions they might otherwise have used.

Adolescent pregnancies also may result from unprotected sexual activity while youth are drug-involved. Youthfulness and poor health conditions are likely to result in complications for adolescent mothers during pregnancy and delivery. Exposure to alcohol and other drugs *in utero* also may result in spontaneous abortions, stillbirths, premature deliveries, congenital malformations, low birth weights, addiction withdrawal, and health and developmental problems for the infant. These children also often experience later behavioral, emotional and learning problems (*NIDA Notes*, 1990).

Cognitive and Academic Consequences

Arrested cognitive development means that many youth remain at the concrete level of cognitive operations. This not only affects academic abilities, but moral and social development as well. Youth may continue to make behavioral choices according to immediate consequences rather than ethical principles. Declining grades, increased absenteeism, and eventually dropping out of school are also consequences for many drug-involved youth (Nowinski, 1990).

Legal Consequences

Legal problems are a reality for drug-involved youth. As discussed earlier, they are subject to arrests for drug-related offenses, such as possession of drugs and driving while intoxicated. Illegal activity is also likely to include income-generating crimes, such as stealing, shoplifting, and breaking and entering. Disorderly conduct, aggressive behaviors and violence may be rooted in the effects of substance abuse and result in legal consequences for youth (Nowinski, 1990).

Environmental and Social Consequences of Drugs and Delinquency

Family

Adolescent substance abuse has a massive impact on families. Many youth who abuse drugs and alcohol are a part of families where one or more members have substance abuse problems. However, despite the history of other family members, the habitual use of drugs or alcohol by an adolescent often precipitates a crisis for the family. An addicted adolescent will become preoccupied with drug or alcohol use; similarly, his or her family is likely to become preoccupied with the adolescent and his or her behavior. When this occurs many other aspects of family life may be jeopardized, including the marriage relationship and other children in the family. The effects on the family are likely to include progressive preoccupation with the "problem youth," struggles for control, and personality and lifestyle changes. Family members may accommodate the drug-involved youth, and in the process, lose control of their own lives. Resentment, guilt, and blame are often experienced by family members. Siblings, as well as parents, are profoundly affected by an addicted adolescent family member (Nowinski, 1990).

Various roles may be taken by family members with a drug-involved youth. Different models use distinct terms for these. However, generally the roles include the following activities (Macdonald, 1989; Nowinski, 1990):

- enabling the youth by protecting him or her from negative consequences and placating others who may be affected;
- compensating for the drug-involved youth by being a model sibling; and
- distracting the family from the problems of the drug-involved youth by drawing attention to another problem.

If not already in disarray, adolescent substance abuse may eventually render the family dysfunctional. Treatment interventions are often necessary to restore parents and siblings to previous levels of functioning. For families with a history of multiple problems, interventions may need to focus on learning appropriate roles and resolving long-standing issues.

Peers

Just as peers are an influential factor in developing drug and alcohol problems in an adolescent, a drug-involved youth has a reciprocal influence on his or her peer group. Adolescents are more likely to seek and accept friendships with other youth who share their values and preferences for drug-related behaviors. They may introduce other youth, and even siblings, to drug-related activities, just as they were once initiated.

School and Community

Drug-involved adolescents are likely to become disengaged from school and community activities. They are unlikely to have time and talents available for making a positive contribution to their environment.

Simultaneously, they may contribute to problems in the school and community that are related to drug behaviors. Issues of community safety and protection are likely to be exacerbated by drug-involved youth who engage in delinquent behaviors to generate income or in disorderly, aggressive and violent behaviors caused by the drugs they have consumed.

Societal Costs of Substance Abuse and Illegal Activities

In addition to the distress of individual youth and their families, delinquent and drug-involved youth present societal concerns, as well. There are both economic costs and social problems that can be attributed to these juveniles.

Economic Costs

In examining the links between drugs and crime, Gropper (1985) lists several economic impacts of crime committed by persons using drugs. These include *non-drug crimes* such as burglary, robbery and theft from which victims suffer an economic loss. *Freeloading* includes the costs to relatives, friends, and the public to support drug-involved persons, including shelter, meals, cash loans, public transfer payments, and evasion of taxes. For most youth, basic support is expected from parents or public welfare. However, if they begin drug use and delinquent behavior at an early age, it may be expected that economic dependence will continue into adult years and their potential earnings and contribution to society will be minimized or lost. *Many youth who are habitual or addicted drug users become involved in drug distribution crimes.* Some youth are involved in drug distribution to receive cash, while others do so to secure an adequate supply of drugs for their own use. These crimes increase costs for law enforcement and place other youth at risk for involvement with drugs. In some cases, youth are injured or killed because of drug distribution crimes. Other economic costs include the expense of providing correctional facilities, courts, treatment, and other services to protect the public and rehabilitate offenders. (See Chapter 9 for additional information on cost issues.)

Social Costs

Among the intangible costs of drug use and delinquency are the suffering caused to victims of crimes and the families and loved ones of the juveniles involved. General fear of crime on the part of the public is also a social burden (Gropper, 1985).

Youth Gangs. Youth gangs that are involved in drug-related crimes appear to be spreading at an alarming rate. Gangs involve youth and young adults from a variety of cultural, ethnic, socioeconomic, and racial groups. It is estimated there are nearly 1,500 youth gangs nationwide, with more than 120,500 members. African American and Hispanic youth comprise about 87 percent of gang membership. The ages of gang members tend to range from about 13 to 24 years; nearly all gang members are male (Gurule, 1991; Spergel & Chance, 1991).

Youth become involved in gangs for a variety of reasons. For some, they fulfill socialization and survival needs for young people in low-income, socially isolated, and transitional areas. Family dysfunction, school problems, lack of employment opportunities and poverty also appear to be contributing causes for joining gangs. Racism, cultural traditions, opportunities for criminal activities and the lack of effective interventions also contribute to gang development (Spergel & Chance, 1991). Some youth turn to gang involvement to meet needs for acceptance, recognition, and belonging. it is not unusual for gangs to be considered "family," providing mutual care and support among members. Youth frequently become involved with gangs because of low self-esteem, a poor sense of identity, and to alleviate boredom (Harper, 1989).

Youth gangs are not a new phenomena; however, they appear to be becoming more violent than ever before. Drug trafficking and other illegal moneymaking activities have become an important focus for these groups of young people. The violence perpetrated has included drive-by shootings, turf battles, and killings of informers. Victims of this violence range from innocent bystanders to other gang members, and sometimes include professionals who are trying to intervene, such as police and teachers. There is speculation about links between youth gangs and organized crime, but further research is needed in this area. Comprehensive approaches that combine social intervention and law enforcement suppression strategies appear to be the most effective in gaining control of gang problems. In addition to intervention techniques, prevention strategies are needed to ameliorate community problems that foster gang development and target youth at risk of gang involvement at an early age (Gurule, 1991; Spergel & Chance, 1991).

Income-generating Crimes and Drug Trafficking. As young people progress to habitual use and addiction, they generally must seek alternative means for financing their drug purchases. For many this involves income-generating crimes, including drug trafficking. It is difficult to determine through official statistics the number of income-generating crimes (e.g., thefts, robberies, burglaries) directly related to drug use. However, as the information given earlier indicates, many youth who are arrested and detained for these crimes are found to have drugs in their systems when they undergo urinalysis. Thus, the likelihood that drug use is a motive for such crimes in many situations is strong.

The selling of drugs has become a big business. It operates on a supply and demand basis with entrepreneurs often making huge profits on drugs that are in greatest demand. Although youth may become involved in drug trafficking independently or cooperatively with a small group of peers, many are involved in working for other persons or organizations including adult employers. In some cases, their only reward is a steady supply of the drugs they need. However, in many instances, they are able to make a monetary profit, as well. There have been some examples of youth carrying large amounts of cash, wearing beepers to be able to serve their customers promptly, and purchasing extravagant items such as expensive cars and clothing. However, the majority of youth involved probably earn much less. Not all youth who participate in drug trafficking are heavy users of illicit substances. They may find that this illegal activity is the only (or most profitable) employment opportunity available to them. Many, on the other hand, will re-invest most of their profits to purchase their own supply of drugs. Fields (1986) found that successful young drug dealers possessed individual autonomy, commitment to the work ethic, and dealing techniques, including entrepreneurial knowledge and skills.

Prostitution. Prostitution is another type of deviant behavior in which drug-involved youth may participate. It is estimated that 125,000 to 200,000 male and female youth become involved in prostitution each year (Haffner, 1987). For some, this area of criminal activity is a way of procuring money and/or drugs. In some cases youth will consort with an adult (or another juvenile) in exchange for a supply of drugs. Often, however, their prostitution activities involve many "customers" who pay for their services. In turn, they can purchase the drugs they need. In addition to the hazards of drug use, juveniles who engage in prostitution face many dangers, including violence and the potential for contracting sexually transmitted diseases.

While these examples of the economic and social costs of drug use and delinquency are not exhaustive, they serve to illustrate the enormous impact of these activities on society. There appears to be a growing link between drug use and violent crime, both because

of the effects of certain drugs, and the associated gang-related and drug-trafficking activities. Younger age is a factor that has been associated with a greater tendency toward aggressiveness and violence. As McBride & Swartz (1990) state:

> . . .younger addicts, enculturated into a climate of greater overall violence and prone to opportunistically using multiple drugs. . .have shown less reluctance to turn to violent crime as a way of generating income, settling scores or demarcating territorial rights. Within this increasingly volatile and violent mix, the emergence of cocaine, and particularly crack and free base cocaine, along with the proliferation of a powerful arsenal of weaponry, seems to have wrought a quantum change in the degree and lethality of street violence.

CONCLUSION

This chapter has presented information about the history of adolescent substance abuse in the United States. The extent of drug use among adolescents has been described, and characteristics of progression through four stages of drug involvement were outlined. Risk factors for both drug use and delinquent behavior by adolescents were explored. Finally the association between and consequences of adolescent drug use and delinquency were addressed. This is not a comprehensive presentation of these areas. However, the information presented here serves as a stimulus to broaden views about these problems and encourage juvenile justice professionals to investigate these issues more fully in their particular jurisdictions.

Drug and delinquent behaviors present an immense challenge to the juvenile justice system. All aspects of the system have been challenged by these problems as you will read in more detail in Chapter 4.

TABLE 15

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY AGE AND BY STATE FOR FISCAL YEAR 1993

STATE	UNDER AGE 12	12 - 17	18 - 20	21 - 24	25 - 34	35 - 44	45 - 54	55 - 64	AGE 65 AND OVER	NOT REPORTED BY AGE	TOTAL	
ALABAMA	1	488	453	8771	3,517	1,728	252	299	9	0	7,348	
ALASKA	47	176	101	177	609	347	68	12	5	0	1,542	
ARIZONA	59	182	319	813	2,956	2,226	407	83	27	0	7,072	A
ARKANSAS	0	399	367	840	2,558	1,143	164	27	14	0	5,512	
CALIFORNIA	121	5,103	3,331	8,209	33,238	22,861	5,183	1,014	199	0	79,259	
COLORADO	10	1,189	726	1,128	4,233	2,685	482	55	22	0	10,529	
CONNECTICUT	23	316	676	1,950	7,337	4,123	677	88	45	0	15,235	
DELAWARE	1	6	113	407	1,181	718	126	18	5	11	2,586	
DISTRICT OF COL	19	103	241	825	5,712	5,222	1,085	111	31	0	13,349	
FLORIDA	100	3,501	1,766	3,596	12,558	6,281	936	154	43	21	28,956	
GEORGIA	188	841	1,050	3,102	14,870	7,523	1,023	183	55	9	28,844	
GUAM	0	35	4	20	43	16	4	0	0	0	122	
HAWAII	0	567	48	146	498	317	49	0	2	0	1,627	
IDAHO	N/A	361	102	148	357	181	25	5	1	0	1,180	
ILLINOIS	545	3,193	2,531	5,976	21,478	10,620	1,602	292	55	0	46,292	
INDIANA	10	202	436	952	2,346	1,692	571	174	44	1	6,428	
IOWA	0	233	262	424	1,111	599	68	16	3	0	2,716	
KANSAS	7	291	324	700	2,242	1,022	130	22	99	0	4,837	
KENTUCKY	34	739	660	918	2,714	1,472	328	76	41	562	7,544	
LOUISIANA	N/A	1,075	863	1,963	7,085	3,905	873	254	57	56	16,131	
MAINE	0	224	121	227	442	287	51	0	5	0	1,357	
MARYLAND	13	756	716	2,115	7,494	4,120	600	56	3	2	15,875	
MASSACHUSETTS	0	725	1,682	5,114	18,876	9,882	1,279	111	30	0	37,699	
MICHIGAN	500	1,900	1,210	2,732	11,673	8,122	1,467	229	63	18	27,914	
MINNESOTA	4	698	678	989	3,171	1,684	301	0	17	0	7,542	
MISSISSIPPI	21	26	129	447	3,074	619	109	24	9	0	4,458	
MISSOURI	9	550	726	1,598	5,365	2,310	298	0	28	0	10,884	
MONTANA	0	160	196	750	0	423	92	5	4	0	1,630	
NEBRASKA	246	410	229	320	1,110	551	137	34	17	0	3,054	
NEVADA	1	84	80	205	1,019	581	113	10	3	0	2,096	
NEW HAMPSHIRE	33	170	174	316	916	432	59	10	1	0	2,111	
NEW JERSEY	9	901	1,264	4,004	13,805	7,050	1,060	104	37	0	28,234	
NEW MEXICO	0	273	191	241	809	501	144	0	0	2	2,161	
NEW YORK	291	2,482	4,072	8,243	25,007	8,421	5,900	384	0	0	54,800	
NORTH CAROLINA	12	699	856	2,258	7,877	3,859	489	80	38	2	16,170	
NORTH DAKOTA	0	27	42	50	141	67	13	2	1	0	343	
OHIO	637	2,939	1,380	3,348	11,436	6,794	1,368	333	106	0	28,341	
OKLAHOMA	1	124	126	271	965	400	68	0	3	0	1,958	
OREGON	15	2,827	1,721	489	6,153	3,648	665	63	20	10	15,611	
PENNSYLVANIA	3	1,824	1,302	3,496	14,686	8,412	1,525	0	146	0	31,394	
PUERTO RICO	11	977	1,541	2,341	6,119	2,785	552	85	11	11	14,433	
RHODE ISLAND	0	313	208	502	1,996	1,261	174	5	5	0	4,464	
SOUTH CAROLINA	39	519	294	698	2,811	1,792	544	175	66	0	6,938	
SOUTH DAKOTA	N/A	259	128	123	270	122	26	2	3	1,145	2,078	B
TENNESSEE	2	586	244	683	2,197	976	146	0	48	0	4,882	
TEXAS	0	2,096	1,683	4,229	15,959	9,173	1,494	244	44	0	34,922	
UTAH	169	654	313	501	1,378	747	110	23	7	28	3,930	
VERMONT	0	95	91	143	329	170	30	2	4	3	867	
VIRGINIA	3	543	583	1,487	5,574	2,872	382	0	636	0	12,080	
WASHINGTON	6	1,175	572	1,213	4,396	3,379	719	97	19	0	11,576	
WEST VIRGINIA	101	415	214	267	744	620	154	67	45	0	2,627	
WISCONSIN	N/A	1,275	1,295	2,630	10,286	6,011	1,564	481	267	0	23,809	
WYOMING	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
TOTALS	3,291	45,706	38,434	85,195	312,721	172,752	35,686	5,239	2,442	1,881	703,347	
PERCENT OF TOTAL	.5%	6.5%	5.5%	12.1%	44.5%	24.6%	5.1%	.7%	.3%	.3%	100%	

A = Figures represent clients "served."
B = Figure in the "12 - 17" category includes those under age 12.
N/A = Information not available.

Note: Rounding increases total percent (100%) to 100.1%.

Source: State Alcohol and Drug Abuse Profile (SADAP), FY 1993; 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) 1993."

Full copies of publications used to produce this information packet may be obtained by contacting the agencies below:

ONDCP Drugs & Crime Clearinghouse
PO Box 6000
Rockville, MD 20849-6000
1-800-666-3332

U.S. Department of Justice, Bureau of Justice Statistics, *Drugs and Jail Inmates, 1989*, August 1991. Order # NCJ-130836.

U.S. Department of Justice, Bureau of Justice Statistics, *Felony Sentences in State Courts, 1992*, January 1995. Order # NCJ-151167.

U.S. Department of Justice, Bureau of Justice Statistics, *Survey of State Prison Inmates, 1991*, May 1993. Order # NCJ-136949.

U.S. Department of Justice, National Institute of Justice, *Drug Use Forecasting, 1994 Annual Report on Adult and Juvenile Arrestees*, November 1995. Order # NCJ-157644.

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Conditions of Confinement: Juvenile Detention and Corrections Facilities*, August 1994. Order # NCJ-145793.

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, *Juvenile Court Statistics, 1992*, May 1995.

Centers for Disease Control
Atlanta, GA 30333

U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, *Youth Risk Behavior Surveillance--United States, 1993*, Morbidity and Mortality Weekly Report, Volume 44, Number SS-1, March 24, 1995.

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

National Clearinghouse for Alcohol and Drug Information, *Prevention Resource Guide: Elementary Youth*, December 1994.

National Clearinghouse for Alcohol and Drug Information, *Prevention Resource Guide: Secondary School Students*, December 1994.

National Parents Resource Institute for Drug Education, *Press Release and Summary Results for PRIDE*, November 1995. Available through the World Wide Web http://www.health.org/pride.htm

U.S. Department of Health and Human Services, Office of the Inspector General, *Youth and Alcohol: A National Survey, Drinking Habits, Access, Attitudes, and Knowledge*, 1991.

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(continued)

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network, Annual Medical Examiner Data, 1993*, 1995. Order # BKD160.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Estimates From the Drug Abuse Warning Network, Annual Trends in Total Drug-Related Episodes, 1978-1994*, November 1995. Available through the World Wide Web http://www.health.org/94dawn

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse: Population Estimates 1994*, September 1995.

U.S. Government Printing Office
Superintendent of Documents
Mail Stop: SSOP
Washington, DC 20402-9328
202-783-3238

U.S. Department of Justice, Federal Bureau of Investigation, *Crime in the United States, 1994, Uniform Crime Reports*, November 1995.

American Probation and Parole Association
c/o Council of State Governments
Iron Works Road
PO Box 11910
Lexington, KY 4058-1910

American Probation and Parole Association, *Identifying and Intervening with Drug-Involved Youth*, June 1992.

National Association of State Alcohol and Drug Abuse Directors
444 North Capitol Street, NW, Suite 642
Washington, DC 20001
202-783-6868

Gustafson, John S., et.al., *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1993*, January 1995.

University of Michigan
News and Information Services
412 Maynard
Ann Arbor, MI 48109-1399
(313) 763-5043

Johnston, Lloyd, et.al., *Monitoring the Future Study*, "Drug Use Rises Again in 1995 Among American Teens," December 11, 1995 press release.

Johnston, Lloyd, et.al., *National Survey Results on Drug Use From the Monitoring the Future Study, 1975-1994, Volume II College Students and Young Adults*, preliminary tables, November 17, 1995.

Office of National Drug Control Policy
Drugs & Crime Clearinghouse



Drugs & Crime Data

Methamphetamine

Facts and Figures

January 1996

PK29

INTRODUCTION

This information packet includes excerpts from selected Federal government publications which contain information on methamphetamine. These data include prevalance of methamphetamine use, production estimates, laboratory seizures, and trafficking and distribution patterns. Information from the following publications is presented in this packet:

National Household Survey on Drug Abuse, Main Findings 1993
Monitoring the Future Study, December 1, 1995 press release
National Survey Results on Drug Use from The Monitoring the Future Study, 1975-1994, Volume II, College Students and Young Adults, preliminary tables
Epidemiologic Trends in Drug Abuse, December 1993
Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995
Preliminary Estimates of Drug-Related Emergency Department Episodes, Advance Report 11
Drug Abuse Warning Network, Annual Medical Examiner Data, 1993
DEA Annual Statistical Report, FY 1994
Survey of State Prison Inmates, 1991
Drug Enforcement and Treatment in Prisons, 1990
Illegal Drug Price/Purity Report, United State: January 1992-March 1995
The NNICC Report 1994, The Supply of Illicit Drugs to the United States
Mexican Methamphetamine Traffickers: A Growing Domestic Threat

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 Candice Byrne at the ONDCP Drugs & Crime Clearinghouse. This Clearinghouse is funded by the Office of National Drug Control Policy to support drug control policy research. The Clearinghouse is managed by the U.S. Department of Justice, Bureau of Justice Statistics and is a component of the National Criminal Justice Reference Service. For further information concerning the contents of this information packet or other drugs and crime issues, call 1-800-666-3332, or write ONDCP Drugs & Crime Clearinghouse, PO Box 6000, Rockville, MD 20849-6000.

Table 11.8 Percentage Reporting Anabolic Steroid and Ice Use in Their Lifetime, by Age Group and Demographic Characteristics: 1993

Demographic Characteristic	Use in Lifetime	
	Anabolic Steroids	Ice[2]
Total	0.4	0.7
Number of Users (in 1000s)	746	1,352
Age		
12-17	0.2	0.3
18-25	1.5	0.9
26-34	0.6	0.7
35+	*	0.7
Sex		
Male	0.7	0.7
Female	0.1	0.6
Race/Ethnicity[1]		
White	0.4	0.6
Black	0.3	0.4
Hispanic	0.5	0.8
Population Density		
Large metro	0.4	0.9
Small metro	0.3	0.4
Nonmetro	0.4	0.5
Region		
Northeast	0.3	0.2
North Central	0.5	0.6
South	0.3	0.7
West	0.4	1.0

* Low Precision; no estimate reported.

[1] The category "other" for Race/Ethnicity is not included.

[2] Question asked was: Now, let's talk about a form of methamphetamine that can be smoked, say in a cigarette or pipe. Have you ever used the smokable form of methamphetamine called "Ice"?

Source: Office of Applied Studies, SAMHSA, National Household Survey on Drug Abuse, 1993.

TABLE 2

Long-Term Trends in Lifetime Prevalence of Use of Various Types of 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	'94–'95 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	
Any Illicit Drug[a,b]	55.2	58.3	61.6	64.1	65.1	65.4	65.6	64.4	62.9	61.6	60.6	57.6	56.6	53.9	50.9	47.9	44.1	40.7	42.9	45.6	48.4	+2.8
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	+0.5
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	+3.5s
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	-0.3
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	-0.5
Amyl & Butyl Nitrites[e,f]	—	—	—	—	11.1	11.1	10.1	9.8	8.4	8.1	7.9	8.6	4.7	3.2	3.3	2.1	1.6	1.5	1.4	1.7	1.5	-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	+1.3
Hallucinogens, Adjusted[g]	—	—	—	—	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	+1.4
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	+1.2
PCP[e,f]	—	—	—	—	12.8	9.6	7.8	6.0	5.6	5.0	4.9	4.8	3.0	2.9	3.9	2.8	2.9	2.4	2.9	2.8	2.7	-0.1
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	+0.1
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	—	5.4	4.8	4.7	3.5	3.1	2.6	2.6	3.0	3.0	0.0
Other Cocaine[i]	—	—	—	—	—	—	—	—	—	—	—	—	14.0	12.1	8.5	8.6	7.0	5.3	5.4	5.2	5.1	-0.1
Heroin[j]	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	+0.4s
Other Opiates[k]	9.0	9.6	10.3	9.9	10.1	9.8	10.1	9.6	9.4	9.7	10.2	9.0	9.2	8.6	8.3	8.3	6.6	6.1	6.4	6.6	7.2	+0.6
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	-0.4
Crystal Meth. (Ice)[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2.7	3.3	2.9	3.1	3.4	3.9	+0.5
Sedatives[k,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	+0.3
Barbiturates[k]	16.9	16.2	15.6	13.7	11.8	11.0	11.3	10.3	9.9	9.9	9.2	8.4	7.4	6.7	6.5	6.8	6.2	5.5	6.3	7.0	7.4	+0.4
Methaqualone[k,m]	8.1	7.8	8.5	7.9	8.3	9.5	10.6	10.7	10.1	8.3	6.7	5.2	4.0	3.3	2.7	2.3	1.3	1.6	0.8	1.4	1.2	-0.2
Tranquilizers[k]	17.0	16.8	18.0	17.0	16.3	15.2	14.7	14.0	13.3	12.4	11.9	10.9	10.9	9.4	7.6	7.2	7.2	6.0	6.4	6.6	7.1	+0.5
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	+0.3
Been Drunk[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	65.4	63.4	62.5	62.9	63.2	+0.3
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	+2.2s
Smokeless Tobacco[o]	—	—	—	—	—	—	—	—	—	—	—	31.4	32.2	30.4	29.2	—	—	32.4	31.0	30.7	30.9	+0.2
Steroids[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3.0	2.9	2.1	2.1	2.0	2.4	2.3	-0.1

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 3

Long-Term Trends in Annual Prevalence of Use of Various Types of 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	'94–'95 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*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	+3.2s
Any Illicit Drug Other Than Marijuana[a,b]	26.2	25.4	26.0	27.1	28.2	30.4	34.0	30.1	28.4	28.0	27.4	25.9	24.1	21.1	20.0	17.9	16.2	14.9	17.1	18.0	19.4	+1.4
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	+4.0ss
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	+0.3
Inhalants, Adjusted[c,d]	—	—	—	—	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	+0.2
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	0.0
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	+1.7ss
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	+1.9ss
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	+1.5ss
PCP[a,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	+0.2
Cocaine	5.6	6.0	7.2	9.0	12.0	12.3	12.4	11.5	11.4	11.6	13.1	12.7	10.3	7.9	6.5	5.3	3.5	3.1	3.3	3.6	4.0	+0.4
Crack[b]	—	—	—	—	—	—	—	—	—	—	—	4.1	3.9	3.1	3.1	1.9	1.5	1.5	1.5	1.9	2.1	+0.2
Other Cocaine[f]	—	—	—	—	—	—	—	—	—	—	—	—	9.8	7.4	5.2	4.6	3.2	2.6	2.9	3.0	3.4	+0.4
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	+0.5sss
Other Opiates[b]	5.7	5.7	6.4	6.0	6.2	6.3	5.9	5.3	5.1	5.2	5.9	5.2	5.3	4.6	4.4	4.5	3.5	3.3	3.6	3.8	4.7	+0.9ss
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	-0.1
Crystal Meth. (Ice)[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.4	1.3	1.7	1.8	2.4	+0.6
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	+0.7s
Barbiturates[b]	10.7	9.6	9.3	8.1	7.5	6.8	6.6	5.5	5.2	4.9	4.6	4.2	3.6	3.2	3.3	3.4	3.4	2.8	3.4	4.1	4.7	+0.6
Methaqualone[b,m]	5.1	4.7	5.2	4.9	5.9	7.2	7.6	6.8	5.4	3.8	2.8	2.1	1.5	1.3	1.3	0.7	0.5	0.6	0.2	0.8	0.7	-0.1
Tranquilizers[b]	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	+0.7s
Alcohol[a]	84.8	85.7	87.0	87.7	88.1	87.9	87.0	86.8	87.3	86.0	85.6	84.5	85.7	85.3	82.7	80.6	77.7	76.8	76.0	—	—	—
																			72.7	73.0	73.7	+0.7
Been Drunk[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	52.7	50.3	49.6	51.7	52.5	+0.8
Cigarettes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smokeless Tobacco[e]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Steroids[f]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.9	1.7	1.4	1.1	1.2	1.3	1.5	+0.2

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. See Table 2 for relevant footnotes.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 4

Long-Term Trends in Thirty-Day Prevalence of Use of Various Types of 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	'94–'95 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*16500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*15400*	
Any Illicit Drug[a,b]	30.7	34.2	37.6	38.9	38.9	37.2	36.9	32.5	30.5	29.2	29.7	27.1	24.7	21.3	19.7	17.2	16.4	14.4	18.3	21.9	23.8	+1.9
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	+1.2s
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	+2.2s
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	+0.5
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	+0.6
Amyl/Butyl Nitrites[e,f]	—	—	—	—	2.4	1.8	1.4	1.1	1.4	1.4	1.6	1.3	1.3	0.6	0.6	0.6	0.4	0.3	0.6	0.4	0.4	0.0
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	+1.3sss
Hallucinogens; Adjusted[g]	—	—	—	—	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	+1.4sss
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	+1.4sss
PCP[e,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	-0.1
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	+0.3
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	—	1.3	1.6	1.4	0.7	0.7	0.6	0.7	0.8	1.0	+0.2
Other Cocaine[i]	—	—	—	—	—	—	—	—	—	—	—	—	4.1	3.2	1.9	1.7	1.2	1.0	1.2	1.3	1.3	0.0
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	+0.3sss
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	+0.3
Stimulants[k,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	0.0
Crystal Meth. (Ice)[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.6	0.6	0.5	0.6	0.7	1.1	+0.4
Sedatives[k,m]	5.4	4.5	5.1	4.2	4.4	4.8	4.6	3.4	3.0	2.3	2.4	2.2	1.7	1.4	1.6	1.4	1.5	1.2	1.3	1.8	2.3	+0.5s
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	+0.5ss
Methaqualone[k,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	0.0
Tranquilizers[k]	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	+0.4s
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	+1.2
Been Drunk[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	31.6	29.9	28.9	30.8	33.2	+2.4
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	+2.3s
Smokeless Tobacco[o]	—	—	—	—	—	—	—	—	—	—	—	11.5	11.3	10.3	8.4	—	—	11.4	10.7	11.1	12.2	+1.1
Steroids[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.8	1.0	0.8	0.6	0.7	0.9	0.7	-0.2

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. '—' indicates data not available. See Table 2 for relevant footnotes.
SOURCE: The Monitoring the Future Study, the University of Michigan.

TABLE 5

Long-Term Trends in Thirty-Day Prevalence of Daily Use of Various Types of 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	'94–'95 change
Approx. N =	*9400*	*15400*	*17100*	*17800*	*15500*	*15900*	*17500*	*17700*	*16300*	*15900*	*16000*	*15200*	*16300*	*16300*	*16700*	*15200*	*15000*	*15800*	*16300*	*15400*	*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	+1.0ss
Inhalants[c]	—	*	*	0.1	*	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.2	0.2	0.3	0.2	0.1	0.1	0.1	0.1	+0.1
Inhalants, Adjusted[c,d]	—	—	—	—	0.1	0.2	0.2	0.2	0.2	0.2	0.4	0.4	0.4	0.3	0.3	0.3	0.5	0.2	0.2	—	—	—
Amyl & Butyl Nitrites[e,f]	—	—	—	—	*	0.1	0.1	0.0	0.2	0.1	0.3	0.5	0.3	0.1	0.3	0.1	0.2	0.1	0.1	0.2	0.2	-0.1
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	0.0
Hallucinogens, Adjusted[g]	—	—	—	—	0.2	0.2	0.1	0.2	0.2	0.2	0.3	0.3	0.2	*	0.3	0.3	0.1	0.1	0.1	—	—	—
LSD	*	*	*	*	*	*	0.1	*	0.1	0.1	0.1	*	0.1	*	*	0.1	0.1	0.1	0.1	0.1	0.1	0.0
PCP[e,f]	—	—	—	—	0.1	0.1	0.1	0.1	0.1	0.1	0.3	0.2	0.3	0.1	0.2	0.1	0.1	0.1	0.1	0.3	0.3	0.0
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	+0.1
Crack[h]	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	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
Heroin[j]	0.1	*	*	*	*	*	*	*	0.1	*	*	*	*	*	0.1	*	*	*	*	*	0.1	0.0
Other Opiates[k]	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	*	*	0.1	0.1	0.0
Stimulants[b,k]	0.5	0.4	0.5	0.5	0.6	0.7	1.2	0.7	0.8	0.6	0.4	0.3	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.3	+0.1
Crystal Meth. (Ice)[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.1	0.1	0.1	*	0.1	0.0
Sedatives[k,m]	0.3	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	0.1	+0.1
Barbiturates[k]	0.1	0.1	0.2	0.1	*	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	0.1	0.1	*	0.1	*	0.1	+0.1
Methaqualone[k,m]	*	*	*	*	*	0.1	0.1	0.1	*	*	*	*	*	0.1	*	*	*	0.1	0.0	0.1	0.1	0.0
Tranquilizers[k]	0.1	0.2	0.3	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	*	0.1	*	0.1	0.1	0.1	*	*	0.1	*	0.0
Alcohol																						
Daily[n]	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	+0.6ss
Been drunk daily[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.9	0.8	0.9	1.2	1.3	+0.1
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	+1.6
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	+2.2s
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	+1.2
Smokeless Tobacco[o]	—	—	—	—	—	—	—	—	—	—	—	4.7	5.1	4.3	3.3	—	—	4.3	3.3	3.9	3.6	-0.4
Steroids[l]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	0.1	0.2	0.1	0.1	0.1	0.4	0.2	-0.2

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 2 for relevant footnotes.

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

Footnotes for Table 2–Table 5

[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 1989–95; 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 1989–95.

[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 1990–95.

[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 1990–95; 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 represents 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 1994–95 were based on all six forms.

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

TABLE 1

Trends in Lifetime[e] Prevalence of Various Types of Drugs Among College Students 1-4 Years Beyond High School

(Entries are percentages)

	Percent who used in lifetime															
Approx. Wtd. N =	1980 *(1040)*	1981 *(1130)*	1982 *(1150)*	1983 *(1170)*	1984 *(1110)*	1985 *(1080)*	1986 *(1190)*	1987 *(1220)*	1988 *(1310)*	1989 *(1300)*	1990 *(1400)*	1991 *(1410)*	1992 *(1490)*	1993 *(1490)*	1994 *(1410)*	'93-'94 change
Any Illicit Drug[f]	69.4	66.8	64.6	66.9	62.7	65.2	61.8	60.0	58.4	55.6	54.0	50.4	48.8	45.9	45.5	-0.4
Any Illicit Drug[f] Other than Marijuana	42.2	41.3	39.6	41.7	38.6	40.0	37.5	35.7	33.4	30.5	28.4	25.8	26.1	24.3	22.0	-2.4
Marijuana	65.0	63.3	60.5	63.1	59.0	60.6	57.9	55.8	54.3	51.3	49.1	46.3	44.1	42.0	42.2	+0.2
Inhalants[b]	10.2	8.8	10.6	11.0	10.4	10.6	11.0	13.2	12.6	15.0	13.9	14.4	14.2	14.8	12.0	-2.8s
Hallucinogens	15.0	12.0	15.0	12.2	12.9	11.4	11.2	10.9	10.2	10.7	11.2	11.3	12.0	11.8	10.0	-1.8
LSD	10.3	8.5	11.5	8.8	9.4	7.4	7.7	8.0	7.5	7.8	9.1	9.6	10.6	10.6	9.2	-1.4
Cocaine	22.0	21.5	22.4	23.1	21.7	22.9	23.3	20.6	15.8	14.6	11.4	9.4	7.9	6.3	5.0	-1.4
Crack[c]	NA	NA	NA	NA	NA	NA	NA	3.3	3.4	2.4	1.4	1.5	1.7	1.3	1.0	-0.4
MDMA ("ecstasy")[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	3.8	3.9	2.0	2.9	2.3	2.1	-0.2
Heroin	0.9	0.6	0.5	0.3	0.5	0.4	0.4	0.6	0.3	0.7	0.3	0.5	0.5	0.6	0.1	-0.5s
Other Opiates[a]	8.9	8.3	8.1	8.4	8.9	6.3	8.8	7.6	6.3	7.6	6.8	7.3	7.3	6.2	5.1	-1.1
Stimulants[a]	29.5	29.4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted[a,d]	NA	NA	30.1	27.8	27.8	25.4	22.3	19.8	17.7	14.6	13.2	13.0	10.5	10.1	9.2	-0.9
Crystal meth. (ice)[h]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.0	1.3	0.6	1.6	1.3	-0.4
Sedatives[a]	13.7	14.2	14.1	12.2	10.8	9.3	8.0	6.1	4.7	4.1	NA	NA	NA	NA	NA	NA
Barbiturates[a]	8.1	7.8	8.2	6.6	6.4	4.9	5.4	3.5	3.6	3.2	3.8	3.5	3.8	3.5	3.2	-0.3
Methaqualone[a]	10.3	10.4	11.1	9.2	9.0	7.2	5.8	4.1	2.2	2.4	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	15.2	11.4	11.7	10.8	10.8	9.8	10.7	8.7	8.0	8.0	7.1	6.8	6.9	6.3	4.4	-1.9s
Alcohol[i]	94.3	95.2	95.2	95.0	94.2	95.3	94.9	94.1	94.9	93.7	93.1	93.6	91.8	91.2	—	—
More than a few sips														*87.1*	*88.1*	*+1.0*
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.
An asterisk indicates a percentage of less than 0.05%. NA indicates data not available.

[a]Only drug use which was not under a doctor's orders is included here.
[b]This drug was asked about in four of the five questionnaire forms in 1980-89, and in five of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 1175.
[c]This drug was asked about in two of the five questionnaire forms in 1987-89, and in all six questionnaire forms in 1990-1994.
[d]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.
[e]Data are uncorrected for cross-time inconsistencies in the answers.
[f]Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, and heroin, or any use of other opiates, stimulants, barbiturates, methaqualone (until 1990), or tranquilizers not under a doctor's orders.
[g]This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 470.
[h]This drug was asked about in two of the six questionnaire forms. Total N in 1994 (for college students) is 470.
[i]In 1993, the question text was changed slightly in three of the questionnaire forms to indicate that a "drink" meant "more than a few sips." The data in the upper line came from forms using the original wording (N was approximately 750 in 1993), while the data in the lower line came from forms using the revised wording. Data is based on all six forms again in 1994, using the revised question wording.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 2

Trends in Annual Prevalence of Various Types of Drugs Among College Students 1-4 Years Beyond High School

(Entries are percentages)

	Percent who used in last twelve months															
Approx. Wtd. N =	1980 *(1040)*	1981 *(1130)*	1982 *(1150)*	1983 *(1170)*	1984 *(1110)*	1985 *(1080)*	1986 *(1190)*	1987 *(1220)*	1988 *(1310)*	1989 *(1300)*	1990 *(1400)*	1991 *(1410)*	1992 *(1490)*	1993 *(1490)*	1994 *(1410)*	'93-'94 change
Any Illicit Drug[c]	56.2	55.0	49.5	49.8	45.1	46.3	45.0	40.1	37.4	36.7	33.3	29.2	30.6	30.6	31.4	+0.7
Any Illicit Drug[c] Other than Marijuana	32.3	31.7	29.9	29.9	27.2	26.7	25.0	21.3	19.2	16.4	15.2	13.2	13.1	12.5	12.2	-0.3
Marijuana	51.2	51.3	44.7	45.2	40.7	41.7	40.9	37.0	34.6	33.6	29.4	26.5	27.7	27.9	29.3	+1.5
Inhalants[b]	3.0	2.5	2.5	2.8	2.4	3.1	3.9	3.7	4.1	3.7	3.9	3.5	3.1	3.8	3.0	-0.8
Hallucinogens	8.5	7.0	8.7	6.5	6.2	5.0	6.0	5.9	5.3	5.1	5.4	6.3	6.8	6.0	6.2	+0.2
LSD	6.0	4.6	6.3	4.3	3.7	2.2	3.9	4.0	3.6	3.4	4.3	5.1	5.7	5.1	5.2	+0.1
Cocaine	16.8	16.0	17.2	17.3	16.3	17.3	17.1	13.7	10.0	8.2	5.6	3.6	3.0	2.7	2.0	-0.7
Crack[c]	NA	NA	NA	NA	NA	NA	1.3	2.0	1.4	1.5	0.6	0.5	0.4	0.6	0.5	-0.2
MDMA ("ecstasy")[f]	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.3	2.3	0.9	2.0	0.8	0.5	-0.3
Heroin	0.4	0.2	0.1	*	0.1	0.2	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.0
Other Opiates[a]	5.1	4.3	3.8	3.8	3.8	2.4	4.0	3.1	3.1	3.2	2.9	2.7	2.7	2.5	2.4	-0.1
Stimulants[a]	22.4	22.2	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted[a,d]	NA	NA	21.1	17.3	15.7	11.9	10.3	7.2	6.2	4.6	4.5	3.9	3.6	4.2	4.2	0.0
Crystal meth. (ice)[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.1	0.1	0.2	0.7	0.8	+0.1
Sedatives[a]	8.3	8.0	8.0	4.5	3.5	2.5	2.6	1.7	1.5	1.0	NA	NA	NA	NA	NA	NA
Barbiturates[a]	2.9	2.8	3.2	2.2	1.9	1.3	2.0	1.2	1.1	1.0	1.4	1.2	1.4	1.5	1.2	-0.3
Methaqualone[a]	7.2	6.5	6.6	3.1	2.5	1.4	1.2	0.8	0.5	0.2	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	6.9	4.8	4.7	4.6	3.5	3.6	4.4	3.8	3.1	2.6	3.0	2.4	2.9	2.4	1.8	-0.6
Alcohol[h]	90.5	92.5	92.2	91.6	90.0	92.0	91.5	90.9	89.6	89.6	89.0	88.3	86.9	86.5	NA	NA
More than just a few sips														*83.8***	*82.7*	*-1.1*
Cigarettes	36.2	37.6	34.3	36.1	33.2	35.0	35.3	38.0	36.6	34.2	35.5	35.6	37.3	38.8	37.6	-1.1

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.
An asterisk indicates a percentage of less than 0.05%. NA indicates data not available.

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

[b]This drug was asked about in four of the five questionnaire forms in 1980-89, and in five of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 1175.

[c]This drug was asked about in one of the five questionnaire forms in 1986, two of the five questionnaire forms in 1987-89, and in all six questionnaire forms in 1990-1994.

[d]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

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

[f]This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 470.

[g]This drug was asked about in two of the six questionnaire forms. Total N in 1994 (for college students) is 470.

[h]In 1993, the question text was changed slightly in three of the questionnaire forms to indicate that a "drink" meant "more than a few sips." The data in the upper line came from forms using the original wording (N was approximately 750 in 1993), while the data in the lower line came from forms using the revised wording. Data is based on all six forms again in 1994, using the revised question wording.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 3

Trends in Thirty-Day Prevalence of Various Types of Drugs Among College Students 1-4 Years Beyond High School

(Entries are percentages)

	Percent who used in last thirty days															
Approx. Wtd. N =	1980 *(1040)*	1981 *(1130)*	1982 *(1150)*	1983 *(1170)*	1984 *(1110)*	1985 *(1080)*	1986 *(1190)*	1987 *(1220)*	1988 *(1310)*	1989 *(1300)*	1990 *(1400)*	1991 *(1410)*	1992 *(1490)*	1993 *(1490)*	1994 *(1410)*	'93-'94 change
Any Illicit Drug[e]	38.4	37.6	31.3	29.3	27.0	26.1	25.9	22.4	18.5	18.2	15.2	15.2	16.1	15.1	16.0	+0.9
Any Illicit Drug[e] Other than Marijuana	20.7	18.6	17.1	13.9	13.8	11.8	11.6	8.8	8.5	6.9	4.4	4.3	4.6	5.4	4.6	-0.8
Marijuana	34.0	33.2	26.8	26.2	23.0	23.6	22.3	20.3	16.8	16.3	14.0	14.1	14.6	14.2	15.1	+0.8
Inhalants[b]	1.5	0.9	0.8	0.7	0.7	1.0	1.1	0.9	1.3	0.8	1.0	0.9	1.1	1.3	0.6	-0.7
Hallucinogens	2.7	2.3	2.6	1.8	1.8	1.3	2.2	2.0	1.7	2.3	1.4	1.2	2.3	2.5	2.1	-0.4
LSD	1.4	1.4	1.7	0.9	0.8	0.7	1.4	1.4	1.1	1.4	1.1	0.8	1.8	1.6	1.8	+0.2
Cocaine	6.9	7.3	7.9	6.5	7.6	6.9	7.0	4.6	4.2	2.8	1.2	1.0	1.0	0.7	0.6	-0.2
Crack[c]	NA	NA	NA	NA	NA	NA	NA	0.4	0.5	0.2	0.1	0.3	0.1	0.1	0.1	0.0
MDMA ("ecstasy")[f]	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.3	0.6	0.2	0.4	0.3	0.2	-0.1
Heroin	0.3	0.0	0.0	0.0	*	*	0.0	0.1	0.1	0.1	0.0	0.1	0.0	*	0.0	0.0
Other Opiates[a]	1.8	1.1	0.9	1.1	1.4	0.7	0.6	0.8	0.8	0.7	0.5	0.6	1.0	0.7	0.4	-0.3
Stimulants[a]	13.4	12.3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Stimulants, Adjusted[a,d]	NA	NA	9.9	7.0	5.5	4.2	3.7	2.3	1.8	1.3	1.4	1.0	1.1	1.5	1.5	-0.1
Crystal meth. (ice)[g]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.0	0.0	0.0	0.3	0.5	+0.2
Sedatives[a]	3.8	3.4	2.5	1.1	1.0	0.7	0.6	0.6	0.6	0.2	NA	NA	NA	NA	NA	NA
Barbiturates[a]	0.9	0.8	1.0	0.5	0.7	0.4	0.6	0.5	0.5	0.2	0.2	0.3	0.7	0.4	0.4	0.0
Methaqualone[a]	3.1	3.0	1.9	0.7	0.5	0.3	0.1	0.2	0.1	0.0	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	2.0	1.4	1.4	1.2	1.1	1.4	1.9	1.0	1.1	0.8	0.5	0.6	0.6	0.4	0.4	0.0
Alcohol[h]	81.8	81.9	82.8	80.3	79.1	80.3	79.7	78.4	77.0	76.2	74.5	74.7	71.4	72.0	—	—
More than a few sips														*67.7*	*67.5*	*-0.2*
Cigarettes	25.8	25.9	24.4	24.7	21.5	22.4	22.4	24.0	22.6	21.1	21.5	23.2	23.5	24.5	23.5	-1.0

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.
An asterisk indicates a percentage of less than 0.05%. NA indicates data not available.

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

[b]This drug was asked about in four of the five questionnaire forms in 1980-89, and in five of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 1175.

[c]This drug was asked about in two of the five questionnaire forms in 1987-89, and in all six questionnaire forms in 1990-1994.

[d]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

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

[f]This drug was asked about in two of the five questionnaire forms in 1989, and in two of the six questionnaire forms in 1990-1994. Total N in 1994 (for college students) is 470.

[g]This drug was asked about in two of the six questionnaire forms. Total N in 1994 (for college students) is 470.

[h]In 1993, the question text was changed slightly in three of the questionnaire forms to indicate that a "drink" meant "more than a few sips." The data in the upper line came from forms using the original wording (N was approximately 750 in 1993), while the data in the lower line came from forms using the revised wording. Data is based on all six forms again in 1994, using the revised question wording.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 5

Trends in Lifetime[k] 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	'93-'94 change
Approx. Weighted N's =	*(6900)*	*(6800)*	*(6700)*	*(6600)*	*(6700)*	*(6600)*	*(6800)*	*(6700)*	*(6500)*	
Any Illicit Drug[h]	70.5	69.9	67.9	66.4	64.5	62.2	60.2	59.6	57.5	-2.2s
Any Illicit Drug[h] Other than Marijuana	48.4	47.0	44.6	42.7	40.8	37.8	37.0	34.6	33.4	-1.2
Marijuana	66.5	66.0	63.8	62.8	60.2	58.6	56.4	55.9	53.7	-2.1s
Inhalants[b]	12.3	12.7	12.6	13.2	12.5	13.4	13.5	14.1	13.2	-0.8
Inhalants, Adjusted[g]	18.6	15.7	15.0	NA	13.5	14.1	13.9	14.5	13.5	-1.0
Nitrites[f]	12.6	6.9	6.2	NA	1.9	1.4	1.2	1.3	1.0	-0.4
Hallucinogens	18.5	17.1	17.0	15.9	16.1	15.7	15.7	15.4	15.4	0.0
Hallucinogens, Adjusted[g]	20.1	17.2	17.2	NA	16.5	16.0	15.9	15.5	15.5	-0.1
LSD	14.6	13.7	13.8	12.7	13.5	13.5	13.8	13.6	13.8	+0.3
PCP[f]	8.4	4.8	5.0	NA	2.5	3.1	2.0	1.9	2.0	+0.1
Cocaine	32.0	29.3	28.2	25.8	23.7	21.0	19.5	16.9	15.2	-1.8ss
Crack[c]	NA	6.3	6.9	6.1	5.1	4.8	5.1	4.3	4.4	+0.1
Other Cocaine[j]	NA	28.2	25.2	25.4	22.1	19.8	18.4	15.1	13.9	-1.2
MDMA ("Ecstasy")[i]	NA	NA	NA	3.3	3.7	3.2	3.9	3.8	3.8	+0.1
Heroin	1.3	1.3	1.1	1.0	0.9	0.9	0.9	0.9	0.8	0.0
Other Opiates[a]	10.7	10.6	9.8	9.6	9.4	9.3	8.9	8.1	8.2	+0.1
Stimulants, Adjusted[a,d]	32.3	30.8	28.8	25.3	24.4	22.4	20.2	18.7	17.1	-1.6s
"Ice"[m]	NA	NA	NA	NA	2.5	2.9	2.2	2.7	2.5	-0.2
Sedatives[a]	16.7	15.0	13.2	12.1	NA	NA	NA	NA	NA	NA
Barbiturates[a]	11.1	9.7	8.9	7.9	8.7	8.2	7.4	6.5	6.4	0.0
Methaqualone[a]	13.1	11.6	9.7	8.7	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	17.6	16.5	15.1	13.5	12.9	11.8	11.3	10.5	9.9	-0.6
Alcohol[l]	94.8	94.9	94.8	94.5	94.3	94.1	93.4	93.7	—	—
More than a few sips								*90.4*	*91.2*	*+0.8*
Cigarettes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Steroids[f]	NA	NA	NA	1.1	1.2	1.7	1.9	1.5	1.3	-0.2

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.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 6

Trends in Annual Prevalence of Various Types of Drugs Among Respondents of Modal Age 19-28

(Entries are Percentages)

	Percent who used in last twelve months									
	1986	1987	1988	1989	1990	1991	1992	1993	1994	'93-'94 change
Approx. Weighted N's =	*(6900)*	*(6800)*	*(6700)*	*(6600)*	*(6700)*	*(6600)*	*(6800)*	*(6700)*	*(6500)*	
Any Illicit Drug[h]	41.9	39.3	36.3	32.8	30.7	27.0	28.3	28.4	28.4	0.0
Any Illicit Drug[h] Other than Marijuana	27.0	23.9	21.3	18.3	16.7	14.3	14.1	13.0	13.0	+0.1
Marijuana	36.5	34.8	31.8	29.0	26.1	23.8	25.2	25.1	25.5	+0.5
Inhalants[b]	1.9	2.1	1.8	1.9	1.9	2.0	1.9	2.1	2.1	0.0
Inhalants, Adjusted[g]	3.0	2.8	2.4	NA	2.1	2.2	1.9	2.3	2.2	-0.1
Nitrites[f]	2.0	1.3	1.0	NA	0.4	0.2	0.1	0.4	0.3	-0.2
Hallucinogens	4.5	4.0	3.9	3.6	4.1	4.5	5.0	4.5	4.8	+0.3
Hallucinogens, Adjusted[g]	4.9	4.1	3.9	NA	4.2	4.6	5.1	4.6	4.9	+0.3
LSD	3.0	2.9	2.9	2.7	3.3	3.8	4.3	3.8	4.0	+0.2
PCP[f]	0.8	0.4	0.4	NA	0.2	0.3	0.3	0.2	0.3	+0.1
Cocaine	19.7	15.7	13.8	10.8	8.6	6.2	5.7	4.7	4.3	-0.4
Crack[c]	3.2	3.1	3.1	2.5	1.6	1.2	1.4	1.3	1.1	-0.1
Other Cocaine[j]	NA	13.6	11.9	10.3	8.1	5.4	5.1	3.9	3.6	-0.3
MDMA ("Ecstasy")[i]	NA	NA	NA	1.4	1.5	0.8	1.0	0.8	0.7	-0.1
Heroin	0.2	0.2	0.2	0.2	0.1	0.1	0.2	0.2	0.1	0.0
Other Opiates[a]	3.1	3.1	2.7	2.8	2.7	2.5	2.5	2.2	2.5	+0.3
Stimulants, Adjusted[a,d]	10.6	8.7	7.3	5.8	5.2	4.3	4.1	4.0	4.5	+0.5
"Ice"[i]	NA	NA	NA	NA	0.4	0.3	0.4	0.8	0.9	+0.1
Sedatives[a]	3.0	2.5	2.1	1.8	NA	NA	NA	NA	NA	NA
Barbiturates[a]	2.3	2.1	1.8	1.7	1.9	1.8	1.6	1.9	1.8	-0.1
Methaqualone[a]	1.3	0.9	0.5	0.3	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	5.4	5.1	4.2	3.7	3.7	3.5	3.4	3.1	2.9	-0.2
Alcohol[l]	88.6	89.4	88.6	88.1	87.4	86.9	86.2	86.5	–	–
More than a few sips								*84.2*	*83.7*	*-0.5*
Cigarettes	40.1	40.3	37.7	38.0	37.1	37.7	37.9	37.8	38.3	+0.5
Steroids[f]	NA	NA	NA	0.5	0.3	0.5	0.4	0.3	0.4	+0.1

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.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

TABLE 7

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									'93-'94
	1986	1987	1988	1989	1990	1991	1992	1993	1994	change
Approximate Weighted N =	*(6900)*	*(6800)*	*(6700)*	*(6600)*	*(6700)*	*(6600)*	*(6800)*	*(6700)*	*(6500)*	
Any Illicit Drug[b]	25.8	23.4	20.5	17.7	15.9	15.1	14.8	14.9	15.3	+0.4
Any Illicit Drug Other than Marijuana[h]	13.0	10.7	9.5	7.5	6.0	5.4	5.5	4.9	5.3	+0.4
Marijuana	22.0	20.7	17.9	15.5	13.9	13.5	13.3	13.4	14.1	+0.6
Inhalants[b]	0.4	0.6	0.6	0.5	0.6	0.5	0.6	0.7	0.5	-0.2
Inhalants, Adjusted[c]	0.7	0.9	0.9	NA	0.7	0.6	0.7	0.7	0.6	-0.1
Nitrites[f]	0.5	0.5	0.4	NA	0.1	*	0.1	0.2	0.1	-0.1
Hallucinogens	1.3	1.2	1.1	1.1	0.9	1.1	1.5	1.2	1.4	+0.3
Hallucinogens, Adjusted[g]	1.4	1.2	1.1	NA	1.0	1.2	1.6	1.2	1.4	+0.2
LSD	0.9	0.8	0.8	0.8	0.6	0.8	1.1	0.8	1.1	+0.3
PCP[f]	0.2	0.1	0.3	NA	0.2	0.1	0.2	0.2	0.1	-0.1
Cocaine	8.2	6.0	5.7	3.8	2.4	2.0	1.8	1.4	1.3	0.0
Crack[c]	NA	1.0	1.2	0.7	0.4	0.4	0.4	0.4	0.3	-0.1
Other Cocaine[j]	NA	4.8	4.8	3.4	2.1	1.8	1.7	1.1	1.0	-0.1
MDMA ("Ecstasy")[i]	NA	NA	NA	0.4	0.2	0.1	0.3	0.3	0.2	-0.1
Heroin	0.1	0.1	0.1	0.1	0.1	*	0.1	0.1	0.1	0.0
Other Opiates[a]	0.9	0.9	0.7	0.7	0.7	0.6	0.7	0.7	0.6	-0.1
Stimulants, Adjusted	4.0	3.2	2.7	2.1	1.9	1.5	1.5	1.5	1.7	+0.3
"Ice"[i]	NA	NA	NA	NA	0.1	*	0.1	0.3	0.5	+0.2
Sedatives[a]	0.9	0.8	0.7	0.5	NA	NA	NA	NA	NA	NA
Barbiturates[a]	0.7	0.7	0.7	0.5	0.6	0.5	0.5	0.6	0.6	0.0
Methaqualone[a]	0.3	0.2	0.1	0.0	NA	NA	NA	NA	NA	NA
Tranquilizers[a]	1.8	1.6	1.4	1.2	1.1	0.9	1.0	1.0	0.8	-0.2
Alcohol[j]	75.1	75.4	74.0	72.4	71.2	70.6	69.0	69.7	—	—
More than a few sips								*66.9*	*67.7*	*+0.7*
Cigarettes	31.1	30.9	28.9	28.6	27.7	28.2	28.3	28.0	27.9	0.0
Steroids[f]	NA	NA	NA	0.2	0.1	0.2	0.1	0.0	0.1	+0.1

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 5.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

FOOTNOTES FOR TABLES 5-8

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

[b]This drug was asked about in four of the five questionnaire forms in 1986-89, and five of the six questionnaire forms in 1990-1994. Total N is approximately 5400 in 1994.

[c]This drug was asked about in two of the five questionnaire forms in 1987-89, and in all six questionnaire forms in 1990-1994.

[d]Based on the data from the revised question, which attempts to exclude the inappropriate reporting of non-prescription stimulants.

[e]Adjusted for underreporting of amyl and butyl nitrites.

[f]This drug was asked about in one questionnaire form. Total N in 1994 is approximately 1100.

[g]Adjusted for underreporting of PCP.

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

[i]This drug was asked about in two questionnaire forms. Total N in 1994 is approximately 2200.

[j]This drug was asked about in one of the five questionnaire forms in 1987-89, and in four of the six questionnaire forms in 1990-1994. Total N in 1994 is approximately 4300.

[k]Lifetime prevalence is uncorrected for any cross-time inconsistencies in responding. See text.

[l]In 1993, the question text was changed slightly in three of the questionnaire forms to indicate that a "drink" meant "more than a few sips." The data in the upper line came from forms using the original wording (N was approximately 3700 in 1993), while the data in the lower line came from forms using the revised wording (N was approximately 2400 in 1993 – one of the questionnaire forms, added in 1990, was deleted to insure a representative age distribution in the ten-year age grouping). Data is based on all six forms again in 1994, using the revised question wording.

Source: University of Michigan, *National Survey Results on Drug Use From The Monitoring the Future Study, 1975-1994, Volume II: College Students and Young Adults*, preliminary tables, November 1995.

RESEARCHING HIDDEN COMMUNITIES: A QUANTITATIVE COMPARATIVE STUDY OF METHAMPHETAMINE USE IN THREE SITES

Patricia Morgan, Ph.D.
Institute for Scientific Analysis
University of California

Berkeley, California

INTRODUCTION

1. Research Focus and Design

This community-based qualitative study has aimed to uncover, analyze, and compare the context of methamphetamine use among previously unstudied populations in Honolulu, San Francisco, and San Diego with a sample of 150 moderate to heavy active users in each site. The research design integrates ethnography, indepth taped interviews, and a quantitative questionnaire. These study sites were selected based on the high incidence of methamphetamine use in each area along with major differences between areas in the predominant mode of use: snorting in San Diego, injecting drug use in San Francisco, and smoking "ice" (d-methamphetamine hydrochloride) in Honolulu.

Because the study focused on unknown user populations never previously researched, it was vital to begin by developing a comprehensive targeted sampling design, identifying primary user populations, by systematically gathering information regarding the following: estimated size, characteristics, and locations of user groups. Working closely with local drug and alcohol administrative, criminal justice, community groups, provider agencies, and academic consultants at each site, we utilized existing expertise, research findings, and data sources (1) to develop a systematic sampling strategy identifying preliminary target populations in each site, (2) to construct relevant items for the quantitative instrument and the qualitative interview guide, and (3) to operationally define "moderate to heavy" use in each site so we could develop sampling criteria of current and active users.

2. Study Site Characteristics

Honolulu—The target populations were residents of the Greater Honolulu area and the major suburban communities on the leeward and windward coasts of Oahu. Our study was one of the first systematic community-based research efforts among illicit drug users in Hawaii. The primary user populations consisted of various Asian and South Pacific Islander ethnic groups. These groups are among the least understood or researched populations, involving tightly knit cultural user groups traditionally difficult to access. The study thus presented significant challenges.

San Francisco Bay area—The target users resided in San Francisco, Alameda, and Contra Costa Counties. A major population consisted of inner-city generally older

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, December 1993*, 1994.

injecting drug users and gay men; however, we also identified a substantial population of nonurban lower working-class white users in outlying areas, including members of outlaw biker groups, who had never been studied previously and presented significant challenges.

San Diego—This site included the greater metropolitan area and communities in the eastern sectors of the county. It included several demographic groups never studied and very difficult to reach: young lower socioeconomic or working-class users, members of biker networks involved in manufacture and distribution, and significant numbers of Hispanic users.

STUDY FINDINGS

1. Demographic Characteristics

Respondents had several interesting similarities and differences across sites and by gender. Overall, 69 percent of our sample were male, and 31 percent were female. This breakdown was consistent across all study sites. The largest proportion of gay and bisexual respondents was found in the San Francisco site (31 percent, compared with 8 percent in San Diego and 9 percent in Honolulu).

The San Francisco population was the oldest, with almost 30 percent over age 40. They also tended to have used for a longer period of time: 30 percent had used for 20 years or more, and 42 percent had 10–15 years of experience. This tendency corresponds to the early popularity of "speed" in northern California during the early 1960s. In the Honolulu area, on the other hand, methamphetamine is a relatively recent phenomenon marked by the emergence of ice during the 1980s. Over half of this population is under age 30 (56 percent), and the overwhelming majority began using methamphetamine after 1984 (86 percent). The user population in San Diego falls in between the two other sites in both age and experience. Although 53 percent were under age 30, less than 7 percent were over 40. Over three-fourths of these respondents began using speed or methamphetamine between 1976 and 1987. This timing corresponds to the growing distribution and manufacturing networks that began to develop in this area during this period.

Ethnicity also differed significantly across study sites. The majority of respondents in Honolulu were Asian/Pacific Islander (78 percent). The largest Hispanic population was in San Diego (17.3 percent), and the greatest number of African-Americans were San Francisco (10 percent), many of them longtime older users. It is also interesting to note that educational status differed significantly across sites. In San Francisco, more than 43 percent had attended or graduated from college, while in Honolulu, 43 percent had not completed high school.

Our findings reveal several major categories of users, for example:

Blue-collar—The greatest number of male respondents fell within this category, generally working at seasonal, intermittent, or temporary jobs as semiskilled or manual laborers. In the California sites, they were generally found in nonrural areas, living in

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, December 1993*, 1994.

rented houses or apartments with yards cluttered with assorted disassembled objects and junk. They were commonly transient, seldom forming long-term ties to neighborhoods. In Honolulu, blue-collar users tended to live in similar environments, but tended to be less transient, with many living in specific ethnic communities.

Bikers—Our study included interviews with approximately 40 respondents from the California sites who reported either some history of membership or connections with several outlaw biker organizations. Although their role as major distributors of methamphetamine has declined during the past decade, they continue to retain a controlling presence in several white suburban working class communities marked by reported intimidation and fear of respondents. In addition, many biker users are second- and even third-generation members of methamphetamine-using families.

Gay and bisexual males—Most of these respondents were from the San Francisco site. They tended to describe heightened and prolonged sexual activity as a major rationale for their methamphetamine use. For gay males, methamphetamine was reported as the first drug of choice for sex—whether with a regular partner, a "trick," or at a sex club. Some male homosexuals stated that methamphetamine increased their desire for anal sex, and attributed the prevalence of "fisting" and other aggressive, high-risk sex practices to the effects of methamphetamine.

Asian/Pacific Islander, Honolulu user types—The ice form of methamphetamine is commonly referred to by its Filipino name of "batu." It is especially popular among Samoans, Filipinos, Chinese, Japanese, and Koreans as well as "mixed Hawaiians." Found within a quilt of various ethnic locales, most of these respondents are from tightly knit extended family networks in the lower socioeconomic groups. Ice use patterns were similar across all ethnic groups. Use generally initiated through these kinship groups and tended to occur within a social context. This pattern was true for both men and women, although females were more likely to begin and continue their use of ice through their male partners. Asian female ice users who seek temporary relationships to acquire ice, trade for sex, or make deliveries are called "batunas."

Welfare mothers—The highest proportion of women users on welfare was found in poor suburban areas in California. Several welfare mothers were also found in Honolulu. Most married or had children during their late teens or early adult years. For these users, methamphetamine provided needed energy for managing children and household chores. It also provided a supplemental source of income, with many active as low-level dealers.

Outlaw users—These respondents were both male and female respondents who tended to fall within two major groups: older inner-city users or members of various biker clubs. They generally reported abusive and chaotic childhoods which caused them to fend for themselves at a very early age when most began using illicit drugs. They were more likely to have criminal backgrounds, and to make their living through hustling, petty crimes, and small-scale dealing. They tended to describe themselves as strong-willed and "street wise" survivors, but were more likely to live in chaotic and difficult life situations.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, December 1993*, 1994.

2. Modes and Patterns of Use

Findings reveal circumstances unique to methamphetamine users, differences in modes of use across sites, and similarities in use patterns, rationales, activities, contexts, and evolving use habits.

Modes of use—Preferred modes of use differed clearly in each study site. Injectors account for 67 percent of the San Francisco sample, snorters for 70 percent of respondents in San Diego, while over 90 percent of the Honolulu users are smokers. Importantly, over 72 percent of our California respondents reported having smoked methamphetamine, citing several reasons, as follows:

> It's pretty common in people who have been snorting it for years and seems like their nose is f--- up and yet don't want to shoot. They draw the line there. It works, works fine, smoking it.

Especially in San Diego, smoking involves the use of light bulbs:

> . . . it was like a broken piece of glass, they broke the top off and they had a straw in there and the light pops up and they are sucking on this thing. . . The high was more controllable, I could accomplish things, I could regulate it. . . When I first started, I could take a line that most people did, I could put it in a light bulb, I could get high off it in the morning, go to work, come home, get high off of it again, maybe get high off it and go out. So that line would last me you know three highs . . .

Rationale and activities—The primary rationale for beginning to use methamphetamine most often involved work or social activities. Especially among blue-collar, welfare mothers, methamphetamine was often a utilitarian means to accomplish tasks either at work or at home. For many respondents, their boss was their initial source of supply:

> I used to work nights, and that's what really got me started. My boss had it all the time on night shift and he'd give me a line. After work I'd go home and couldn't sleep. Come back the next day tired and had no other choice but to do another line.

Close similarities were found between Hispanic respondents in San Diego and local Pacific Islander users in Honolulu who tended to view methamphetamine more as a drug that promoted or enhanced social activity.

> I use methamphetamine with my family, my brothers. I do it at their houses, in the bathroom, in the garage, even in the car! Do it anywhere! Every time we got together with my friends or brothers. Every time (San Diego Hispanic male).

> With ice, everyone can kick back and pass the pipe around . . . put it down, talk some more, pick it up and pass it around. It's more social than popping pills (Hawaiian Filipino male).

A common rationale reported in all sites centered on using methamphetamine to

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, December 1993*, 1994.

promote confidence and increase energy for engaging in social or interpersonal activities they would otherwise avoid.

> ...energy, you felt as if you could do anything you want, lack of fear, you think you can do anything.

The majority of respondents reported enhanced sexual activity as a major motivation or positive aspect. This view was true not only for gay males, but for most males in general, especially during the early months or years of use. According to a San Diego user, for example:

> No drug on the market has a rush that lasts long. The high might last long, forever, but that initial rush that you go after, that throat cough and the sexual drive high, that's what I go after. When I slam methamphetamine, I go off to that sexual drive high. . . It increases your euphoria in your head, your mind comes, that's one of the main reasons I like to do it!

After continued use, however, respondents reported two major trends. Users became less able to reach orgasm and often turned away from sex with partners toward masturbation, preferring isolation to social contact.

Role of other drugs—Many respondents stated that they preferred methamphetamine because it was less costly, lasted longer, or produced a smoother high. Also, many users preferred not to use other drugs while high on methamphetamine: only 35 percent of the overall sample reported using alcohol while high on the drug. Heroin was used with methamphetamine mainly among the San Francisco respondents (23 percent, compared with 4 percent in San Diego, and 3 percent in Honolulu). Marijuana was the most commonly used drug with methamphetamine (52 percent in San Diego, 37 percent in Honolulu, and 35 percent in San Francisco) and was generally used to facilitate and ease the "come-down" experience.

> Oh yeah, marijuana, always. Smoke a joint before we go to sleep, no matter what, even if you're gonna smoke the next day. We smoke a joint.

3. Effects of Continued Use

Bingeing—Pattern of use accelerated for the overwhelming majority of users across all study sites. Most respondents' patterns evolved into bingeing episodes. The most common bingeing pattern was typically 3–4 days without sleep (40 percent) followed by 36 percent reporting a typical pattern of 1–2 days without sleep. Only 5 percent of the sample overall was able to use without bingeing. Significantly, 17 percent of the Honolulu sample—11 percent in San Francisco and 7 percent in San Diego—averaged 7 days or more without sleep.

Tweaking—Bingeing commonly resulted in tweaking behavior that could involve a variety of compulsive behavior.

> It would take me 3 days sometimes just to get to the shower and I mean constant saying, constant trying, "I am going to take a shower." And then it'd be 3 days later before I

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, December 1993*, 1994.

> remember again, where I'd actually made it to that point in the house.
>
> 'Cause generally I'd get in the room and start smoking in my room, or you know, people wouldn't like seeing me smoke it or maybe I didn't want to share it with all the people that were there. Or I may get in there and start tweaking on my face for an hour you know, tweak on your face for 8 hours. You go in the bathroom and think you got a little bump and the next thing you know it's 3 or 4 hours later you don't even realize the time lapse.

Respondents in all sites reported a compulsion to clean house or to work on machinery of any type. One termed this compulsion the "McGyver effect."

> . . . Okay, a little stove, or maybe the heating element of the coffee pot, and I would take this things apart and find out no, this doesn't work. So then you got a perfectly ruined coffee pot, you got this torn apart, that torn apart . . . Just uncontrolled energy thinking you can do anything or I can take this and turn it into that, I guess the McGyver effect.

Others talked about turning into "a white tornado" cleaning the entire house, doing laundry, even cleaning their bathroom tile with a toothbrush.

Coming down—A common negative aspect of methamphetamine use was the coming down experience. Users who tended to binge for several days described very similar effects in each site. In San Diego one respondent referred to this effect as the "post crystal syndrome" (PCS).

> Say you've been going for a week or two. Your first day off you're okay because the stuff is still kicking in your system. So you don't feel the high that you did, but you don't feel the down that you're going to. On the second day, you become a zombie, some Haitian voodoo doctor's idea of a good human being! There's not much to you, you're an eating and sleeping machine! You get what we call the "waking nods"! You'll be awake in a chair, you'll just start nodding and you can't control it . . . Third day is even worse, it's the absolute coma. The only time that you wake up are the times you want to eat! . . . Fourth day, same thing! It's kind of a mimic of the second day, you're a zombie . . . You have no motivation, you don't have a terrible desire to do the drug because you know it won't work on you! . . . It might bring you up a little, but it's a very temporary high . . . It seems that you have to work through the PCS. Fifth day, you start to wake up. . . You get a glimmer of your real self back and that's the time you start again! Go back out and find some, and you do it, and boom—you're right back up to where you were.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, December 1993*, 1994.

4. Individual Consequences

Dependency: Control and addiction—One of the most significant findings to emerge from this research concerns beliefs regarding loss of control over methamphetamine use versus being addicted. Although 60 percent overall reported feeling they were addicted to their use of methamphetamine, less than 48 percent felt they had lost control over their use. The qualitative data suggest one interpretation. Many respondents considered themselves controlled addicts. Interestingly, only Honolulu males reported they were more likely to feel a loss of control (58 percent) than to be addicted to the use of methamphetamine (57 percent). This perception was not true, however, for female respondents in Honolulu (46 versus 63 percent). The group most likely to report feeling a loss of control were those who have been in treatment. For example:

> The trick with that drug is, you're not using it, it's using you! It won't let you remember to do . . . things . . . But that's the name of the meth game—abuse. It leads you right down the aisle and up to the alter of abuse. It always takes some more. Your tolerance level is always building.

Psychological problems—A majority of respondents across all study sites reported experiencing major psychological problems. Overall, 67 percent of the males and 70 percent of the females reported depression due to their methamphetamine use. Also, paranoia was common across all sites, with 58 percent of the males and 52 percent of females experiencing this problem.

> I see things laying in bed, staring at the wall or ceiling. I look for shadows and get paranoid. Be peeking out my window every 5 minutes! While everybody else is asleep, I'm thinking somebody is going to steal my car or stuff like that.

Hallucination was also reported as a very serious effect (70 percent of the males, and 63 percent of the females), as was anxiety (males 56 percent, females 59 percent).

> I had visual, hearing hallucinations. You'd have whole scenarios played out in your head from things that were going on outside! They weren't really happening, only in your head.

Behavioral problems—One significant finding was the common reporting of violence associated with methamphetamine use, especially among the Honolulu respondents: 53 percent of the males reported engaging in violent acts due to methamphetamine use compared with 37 percent in San Francisco and 42 percent in San Diego. The difference was most striking among females: 44 percent of women in Honolulu reported violent acts compared with 18 percent in San Francisco and 37 percent in San Diego.

Preexisting conditions—Interview and questionnaire data suggest that a significant number of respondents might have had preexisting health histories which predisposed them to use methamphetamine. For example, many respondents described being "hyper" as a child, with a substantial

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, December 1993*, 1994.

number receiving medication. These respondents tended to report that methamphetamine seemed to calm them down or balance their emotional state in some way. For example:

> But when I'm at work I'm hyper, meth or not. In fact, the meth probably tended to slow me down a little bit from my normal . . . (white female)

Other respondents reported a history of depression which was alleviated by their methamphetamine use. Several mentioned that this depression even motivated them to begin using methamphetamine:

> I was really depressed in the early seventies. I was holding everything inside of me. My connection asked me to try this . . . I snorted it . . . then I shot it . . . That brought me out of my depression! After the high was over with, I felt fine. The depression I had for years was gone! . . . But the cure also turned into a habit, an addiction. But I'd much rather have this addiction than be the way I was before. I was depressed for years.

5. Social Consequences

Serious social consequences reported by respondents centered around relationship problems with spouse and other family members, lovers, and friends. This consequence tended to be greater for women than for men, especially in San Diego and Honolulu. Serious money problems were also mentioned as very important, even though problems with work tended to rank as a lesser problem (51 percent compared with 33 percent). However, indepth interviews revealed that most respondents had lost employment due to their methamphetamine use.

> I lost a job 'cause of meth. Why? 'Cause I was always needing meth to go to work. At work I was always under the influence of meth. My boss noticed it, he knew what was going on. I'd use at work and the next day I wouldn't show up. 'Cause I was coming down. Or I didn't have no more to go to work on. Sometimes I'd just take off from work in the middle of the day! (Hispanic male)

This discrepancy is due perhaps to the marginal status of most respondents (especially in San Francisco) no longer in the labor force, many living on incomes from dealing drugs or other illicit activity.

6. Environmental Contexts

This study suggests a high concentration of methamphetamine use among working class populations who are currently disenfranchised, living in environments marginal to mainstream society. Many respondents employed in low status jobs, which were lost because of their meth use, are now living on government assistance or by engaging in illicit activities—or both. Approximately 45 percent reported their primary source of income from one of these sources. On the average, drug dealing in general is extremely prevalent among this population for both males (91 percent) and females (86 percent). More importantly, 77 percent reported engaging in methamphetamine-related drug sales. This activity was highest among San Diego respondents, with 88 percent of the

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, December 1993*, 1994.

males and 83 percent of the females involved in it. Overall, more than 70 percent of the female sample has been, or is currently involved in, dealing methamphetamine. Preliminary analysis reveals significant differences between these women and their male counterparts. Female dealers tend to be more concerned with business practices, with maintaining control within an ethical and professional enterprise, and with viewing this profession as a way to achieve independence and success for themselves and their children.

SUMMARY

Two basic considerations emerge from this brief discussion of the research findings. First, the rich and illuminating contextual data reveal the significant impact of methamphetamine use among previously unknown and hidden groups, as economically disenfranchised and high-risk populations in need of intervention. Second, this study also illustrates the potential for developing ethnographic epidemiology by successfully integrating systematic sampling with qualitative and quantitative data-gathering procedures.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, December 1993*, 1994.

increase in indoor growth operations is reported in New Orleans, but, there too, most marijuana is still imported (from Mexico or South America).

In Boston, by contrast, little local or indoor growing is reported: primary sources are Mexico, Colombia, and Jamaica. The marijuana is usually shipped in small-pound quantities via road or plane, usually by white traffickers. Smugglers also use the coast of Maine as an entry point, with recreational sailboats carrying shipments from mother ships in the Caribbean; some smaller shipments come from Arizona by plane.

Seizures continue to increase in Texas, where much of the larger smuggling organizations are controlled by Mexican family units on both sides of the border. Large seizures and field plant eradications have also been recently reported in Colorado. In Michigan, however, seizures were down in 1994, partly due to poor growing weather.

STIMULANTS

Atlanta: "It (methamphetamine) tends to be used only by white middle-class teenagers and young adults who have no links to the crack scene and who are afraid of crack because of its negative image as an almost immediately addictive drug... In rural areas, methamphetamine has come to be called 'redneck cocaine.'"

St. Louis: "Speed and speed derivatives have become more popular with high school and college students, who do not consider these drugs as dangerous as cocaine."

Phoenix: "Methamphetamine sales have become as profitable as cocaine was in the past."

MORTALITY DATA

Between 1993 and 1994, methamphetamine-related mortality increased in all areas reporting such data. In San Diego, the increase was slight (from 45 to 46 methamphetamine detections, or from 22 percent to 24 percent of total accidental overdose deaths). The increase was sharper in Honolulu (from 14 to 36 methamphetamine ME mentions). In Phoenix, methamphetamine-related deaths increased from 20 to 26 (1994 data do not include April figures), continuing a steady increase since 1991. In Seattle, which had averaged one stimulant-related death per year since 1989, two were reported in first quarter 1995. Even in the Midwest, in Minneapolis, methamphetamine-related deaths increased from one to four cases. Trend data were not available in Los Angeles, where 68 percent of drug deaths in 1994 were caused by methamphetamine.

Data in San Francisco and Colorado were available only through 1993. In San Francisco, methamphetamine ME mentions increased sharply between 1992 and 1993 (from 31 to 54). Only four amphetamine-related deaths occurred in Colorado

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume I: Highlights and Executive Summary, June 1995*, 1995.

between 1988 and 1993: two in 1988, one in 1991, and two during 1993.

EMERGENCY DEPARTMENT DATA

The previous issue of this Executive Summary discussed ED trends through 1993 for the three major drug categories only: cocaine, heroin, and marijuana. Since then, the 1993 data for methamphetamine have become available as well and are discussed below.

Methamphetamine ED mentions, like methamphetamine deaths, occur largely in the West. San Francisco and San Diego, by far, lead the Nation in mentions per 100,000 population, followed—at much lower rates—by Phoenix, Los Angeles, Seattle, and Denver (in descending order of magnitude). Between 1992 and 1993, rates increased in all those cities ($p < 0.05$), except San Diego; the rate there, however, is substantially higher than it was in 1991 (exhibit 32). In some of those cities, such as Los Angeles, San Francisco, and Phoenix, the increase in methamphetamine ED mentions corresponds to a decrease in mentions of another stimulant—cocaine. Other cities where methamphetamine ED rates apparently increased over that time period include Atlanta, Boston, Chicago, Dallas, Detroit, and St. Louis; however, rates in all those cities are still well below 4.0 per 100,000 population. In Hawaii, methamphetamine ED mentions, according to HEED, increased from 318 in 1993 to 488 in 1994.

Like methamphetamine rates, amphetamine ED mentions per 100,000 population appear to be rising in all the western cities, except Los Angeles (exhibit 33). That city's 1994 rate, however, is substantially higher than it was in 1991.

TREATMENT DATA

Methamphetamine is the most reported primary drug problem among San Diego and Honolulu treatment admissions (exhibit 34). The number of such admissions in San Diego has nearly tripled over the past 4 years. In Honolulu, the number has been increasing steadily since mid-1992. Stimulant admission numbers have also been increasing in Denver (after 9 years of fluctuating at lower percentages), Los Angeles (to a new high), Minneapolis/St. Paul (where the number more than doubled between 1992 and 1993 and increased again by 45 percent from 1993 to 1994), San Francisco, Seattle, and Texas. Primary stimulant problems account for less than 2 percent of admissions in Boston and less than 1 percent in Atlanta and New Orleans.

USE PATTERNS

Route of Administration

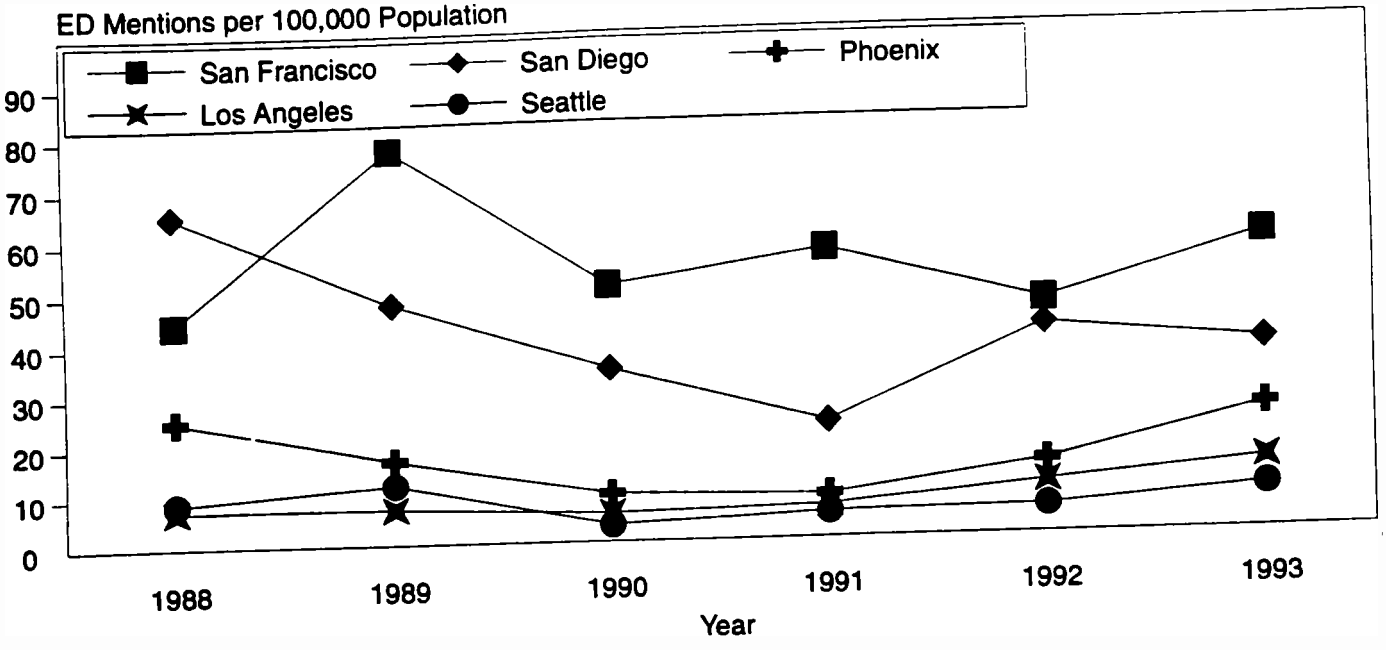
Los Angeles: ***"Ethnographic reports indicate that it (methamphetamine) is more popular than cocaine in some areas due to the versatility of methods of use (shooting, snorting, smoking, ingesting)."***

Denver: ***"In suburban areas, the methamphetamine is purchased in rock form and is smoked in crack pipes using hand-held torches."***

San Francisco: ***"The smoked form is referred to as 'glass' or 'ice.'"***

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume I: Highlights and Executive Summary, June 1995*, 1995.

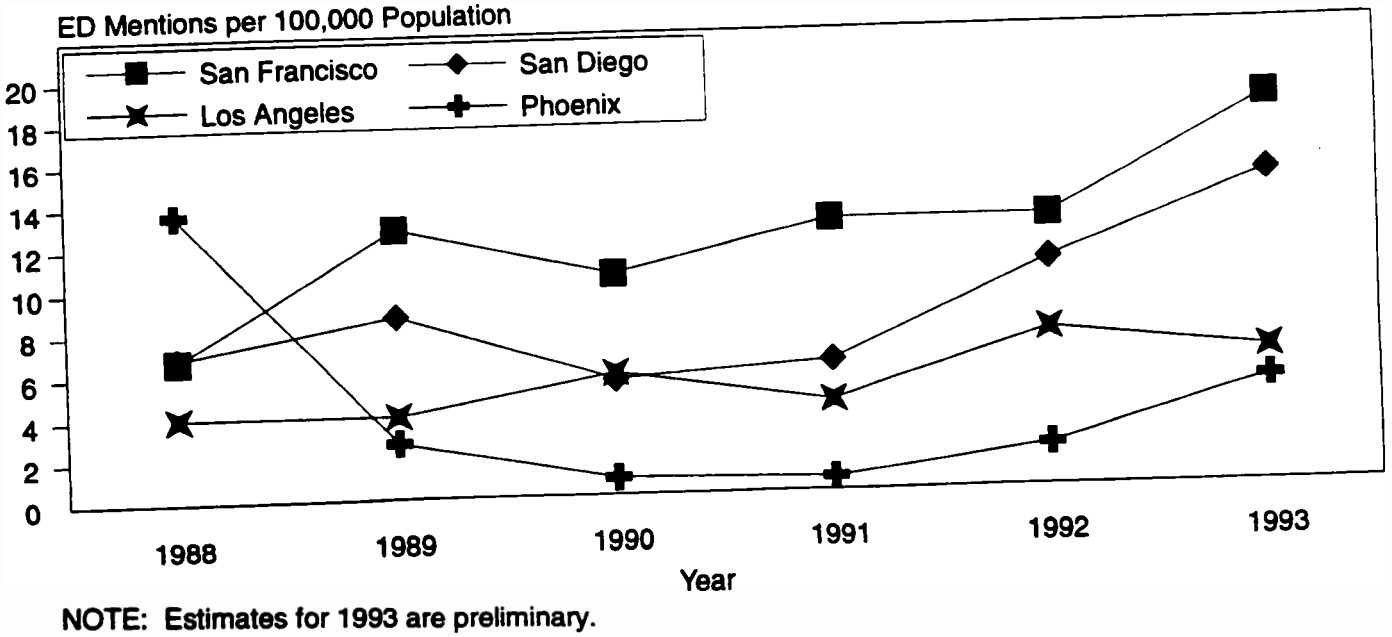
Exhibit 32. Annual trends in methamphetamine ED mention rates per 100,000 population in five top-ranking cities 1988–93



NOTE: Estimates for 1993 are preliminary.

SOURCE: SAMHSA, Drug Abuse Warning Network, April 1994 files

Exhibit 33. Annual trends in amphetamine ED mention rates per 100,000 population in five top-ranking cities 1988–93

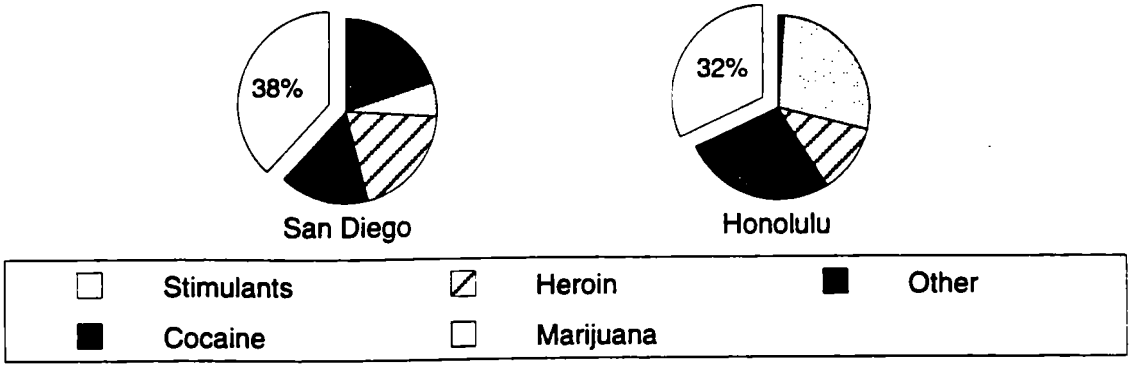


NOTE: Estimates for 1993 are preliminary.

SOURCE: SAMHSA, Drug Abuse Warning Network, April 1994 files

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume I: Highlights and Executive Summary, June 1995*, 1995.

Exhibit 34. Stimulants as a proportion of primary drugs of abuse among treatment admissions (excluding alcohol) in two CEWG cities, 1994

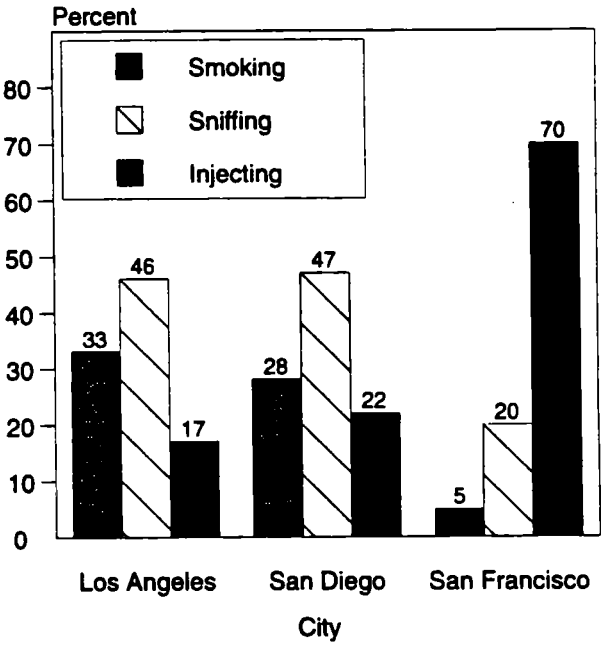


Methamphetamine presents a particular danger because, like heroin and cocaine, it can be snorted, injected, or smoked. A single mode of administration may dominate in a particular area, or all three modes may be present. For example, among methamphetamine treatment admissions in California, intranasal use is the most common route of administration in Los Angeles and San Diego (although smoking has been increasing sharply in San Diego over the past few years); in San Francisco, however, the majority inject (although street observers note that all three routes of use are widely practiced) (exhibit 35). Injection also predominates among admissions in Texas (68 percent) and Denver (45 percent—although smoking has become much more common there), and it equals smoking in Boston (21 percent each); intranasal use predominates in Atlanta (39 percent, followed closely by injection at 32 percent); and smoking is the most common route in Detroit (47 percent) and Chicago (31 percent).

Multisubstance Abuse

Among methamphetamine treatment admissions, marijuana and alcohol are common secondary or tertiary drugs of abuse (the order varies from city to city). In San Francisco, however, while alcohol is the most common secondary drug, the most common tertiary drug is cocaine.

Exhibit 35. Route of administration among methamphetamine treatment admissions in California CEWG cities



NOTE: Reporting periods are the same as those in exhibit 2, except for Los Angeles, where the period covered is 1/95–3/95.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume I: Highlights and Executive Summary, June 1995*, 1995.

Chicago: "The most intensive stimulant abusers...are those who prefer to inject...white IDUs on the North Side are reported to inject phenmetrazine HCl (Preludin)...black stimulant users on the South Side prefer methylphenidate (Ritalin), or 'west coast.'"

Some methylphenidate users in Chicago use it as a primary drug of choice; others inject it with heroin, as a speedball, instead of cocaine, or in combination with both cocaine and heroin for an even more potent effect. In Texas, some methylphenidate users crush and snort the pills, while others dissolve and then inject the drug.

DEMOGRAPHICS

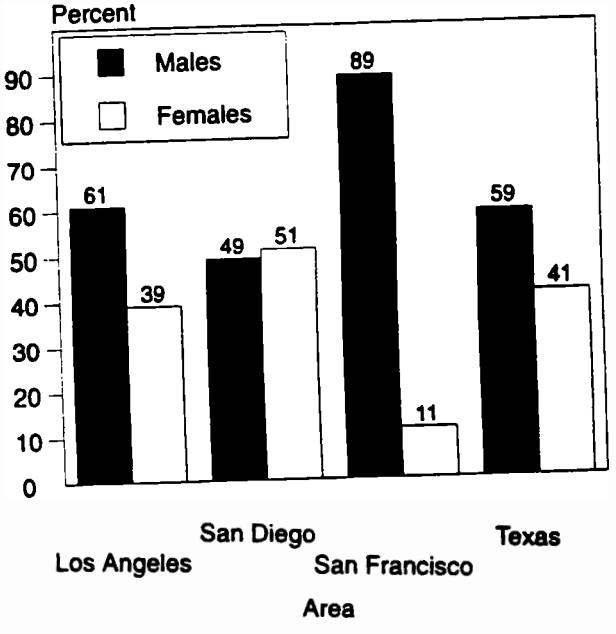
Phoenix: "Anecdotal reports from treatment centers, crisis centers, law enforcement, schools, and parents and significant others all describe increased use of methamphetamine by all ages, both sexes, and by whites and Hispanics."

San Diego: "It (methamphetamine) is a drug popular with adolescent females because of its anorexic properties. It is popular with construction workers and truck drivers because the drug enables them to work long, tedious hours without fatiguing."

Gender

In San Francisco, males predominate among stimulant decedents (94 percent) and treatment admissions (by more than eight to one) (exhibit 36). The gender gap narrows among admissions in Los Angeles, Denver, and Texas, with males still in the majority. In San Diego, however, women slightly outnumber men among stimulant admissions. In Seattle and Atlanta, stimulant admissions are approximately evenly divided between males and females.

Exhibit 36. Gender of primary stimulant admissions in selected CEWG areas



NOTE: Reporting periods are the same as those in exhibit 2, except for Los Angeles, where the period covered is 1/95–3/95.

Age

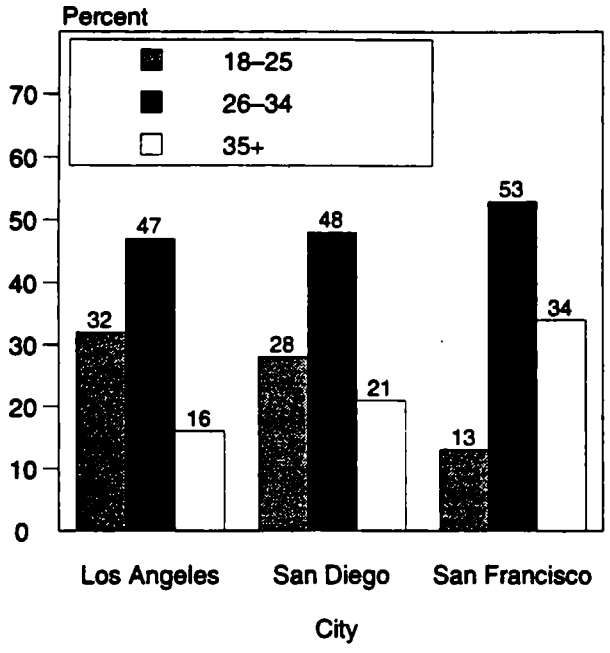
San Francisco decedents are relatively older (59 percent over 35); however, street observers in that city note that more young people (aged 18–25) are using methamphetamine. Approximately half of the stimulant admissions in all three California cities are aged 26–34 (exhibit 37). That age group is generally the largest for primary stimulant admissions in all areas. Admissions under age 18 rarely report primary stimulant

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume I: Highlights and Executive Summary, June 1995*, 1995.

problems. The average age of stimulant admissions has been dropping in Seattle over the past 2 years; conversely, in Texas, average age has been increasing (to 31 in 1994).

Young adults reportedly use methylenedioxymethamphetamine (MDMA) at raves in the Detroit suburbs and in New Jersey. (New Jersey raves differ from those in Europe and some American cities in that they are at fixed locations and open for business on a routine basis.) MDMA use also continues to increase in Texas among young, upper-middle-class whites and in the homosexual community.

Exhibit 37. Percentage of primary stimulant admissions in California CEWG cities by age group



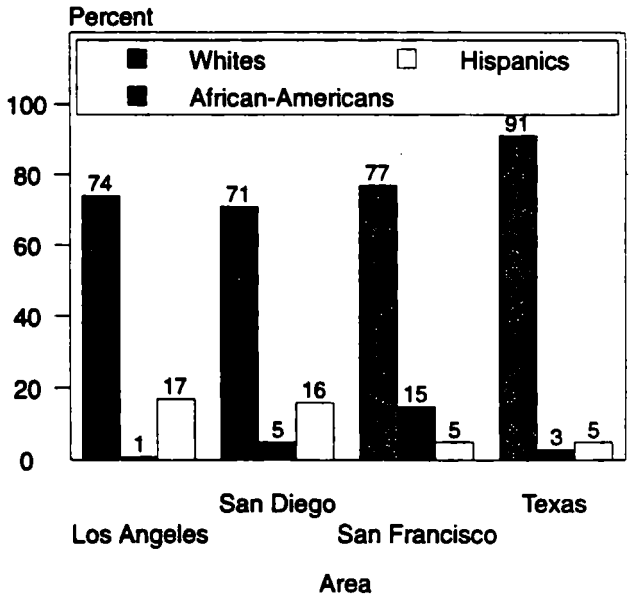
NOTE: Reporting periods are the same as those in exhibit 2, except for Los Angeles, where the period covered is 1/95–3/95.

Race/Ethnicity

San Francisco: "Observers who work close to the street scene concur that methamphetamine use increased during late 1994 and early 1995, particularly among Hispanics."

Whites accounted for the majority of methamphetamine deaths in San Francisco (81 percent) and Los Angeles (72 percent). In treatment demographics, too, whites usually predominate among stimulant admissions. For example, they account for approximately three-quarters of stimulant admissions in all three California cities and approximately 90 percent in Texas, Colorado, Seattle, and Atlanta (exhibit 38). The proportion of whites has been increasing in Texas, while that for Hispanics and African-Americans has been declining. In Los Angeles, by contrast, the percentage of Hispanics continues to increase.

Exhibit 38. Race/ethnicity of primary stimulant admissions in selected CEWG areas



NOTE: Reporting periods are the same as those in exhibit 2, except for Los Angeles, where the period covered is 1/95–3/95.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume I: Highlights and Executive Summary, June 1995*, 1995.

A Chicago student survey revealed shifting ethnic trends in the use of MDMA: in 1990, the highest use was reported by African-American and white males; in 1993, the highest rate was reported by Hispanic males.

LAW ENFORCEMENT DATA

Arrestee Data

Amphetamine/methamphetamine detections among San Diego adult arrestees increased between 1993 and 1994 (from 36 percent to 41 percent for males, and from 36 percent to 53 percent for females), continuing an upward trend since 1990. In Phoenix, among adult arrestees, 40 percent of males and 36 percent of females tested positive for amphetamine/methamphetamine (October 1994–April 1995). During the three quarters ending June 1995, positive findings among Los Angeles arrestees fluctuated between 7 and 9 percent for males, and between 12 and 14 percent for females. Among San Francisco arrestees, 4 percent of the males and 10 percent of the females tested positive (August 1994). In Dallas (the only Texas city where arrestees test positive for amphetamine), the percentage of positive tests declined between 1993 and 1994 for both male and female arrestees.

Methamphetamine criminal cases have been declining in Honolulu for the three latest semiannual reporting periods (since mid-1993) despite predictions that "ice" might replace marijuana due to recent stringent eradication policies.

In Phoenix, following a year-long investigation, police recently arrested 40 members of a methamphetamine distribution ring that was netting about $1 million per month. Approximately 60 percent of drug enforcement effort in that area is currently dedicated to methamphetamine.

Availability, Price, and Purity of Stimulants Other Than Methamphetamine

Methylphenidate is readily available on Chicago's South Side, where pills sell for $3–$4 each or for $2.00–$2.50 each in 5–10-pill quantities. In Michigan, which has historically had one of the country's highest methylphenidate distribution levels, the drug was removed from the triplicate prescription program in 1994 because of little street-level use; recently, however, there have been reports of sales or thefts from schools or from adolescents who receive the drug for attention deficit disorder (ADD). Similarly, in Texas, youth are reportedly buying or stealing methylphenidate from their classmates who take it by prescription. Prescriptions for the drug have increased sharply in Texas over the past decade.

Phenmetrazine availability is declining in Chicago.

Methcathinone ("cat" or "goob") lab seizures and arrests continue in Michigan's Upper Peninsula, Wisconsin, Minnesota, and other midwestern and western States. Production has become increasingly clandestine. The drug is typically inhaled, but some injecting has been reported.

Chicago: "...ethnographic reports over the past few years suggest the abuse of these drugs (pseudo-pharmaceuticals containing caffeine,

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume I: Highlights and Executive Summary, June 1995*, 1995.

ephedrine, or phenylpropanolamine) continues to decline."

Miami: "Abuse of prescription and over-the-counter epinephrine is reported among high school athletes involved in weight lifting..."

The Texas Department of Health has been receiving numerous ephedrine-related injury reports, mostly involving people under age 18. Court battles have been underway with manufacturers to limit product availability to minors, to curtail mislabeling and adulteration, and to strengthen package warnings.

Miami: "According to hotline calls and school counselors, methylene-dioxymethamphetamine (MDMA, "ecstasy," or 'XTC') is reported to be used by college students and recent graduates, as well as by bar and dance club customers. Hotline mentions of MDMA have increased."

Minneapolis/St. Paul: "Raves, all-night dance parties featuring laser light effects and high-powered sound systems, have become a more routine part of Twin Cities night life and youth culture. Although the abuse of...(MDMA)...is often associated with raves in other cities and countries, there have been no recent law enforcement seizures of it in either city."

MDMA sells for $15–$20 per dose and $55–$150 per milligram in Atlanta, mostly in the suburbs and in the club scene, where it is often sold together with methamphetamine. In Denver, MDMA seems less popular than in the past, but it is still available at $25 per tablet and $60 per gram. The drug is also available in Texas (where it sells for $6–$10 per 50–100-mg tablet), New Orleans, and San Francisco. In St. Louis, both MDMA and methylenedioxyamphetamine (MDA) are available in limited quantities around college campuses.

Methamphetamine Availability, Price, and Purity

Honolulu: "Qualitative data gathered from individuals involved with other drugs on the Big Island (Hawaii) indicates that the small amount of ice available...is due to the strong ties many individuals in the local drug community have to organized crime in Southeast Asian counties."

Atlanta: "Ethnographic data indicate that methamphetamine is becoming more popular and available in the Atlanta suburbs."

Miami: "Anecdotal reports indicate that methamphetamine in Dade County may be increasingly available."

Texas: "...street addicts report 'it is everywhere.'"

Long considered a "staple" in California, Texas, Arizona, and other southwestern and northwestern States, methamphetamine continues to increase in use and availability there. Furthermore, according to several law enforcement sources, methamphetamine availability has recently also increased in the Denver and Minneapolis/St. Paul areas. In Minneapolis, seizures nearly doubled in weight and number from 1992 to 1993 and more than doubled in weight from 1993 to 1994. The drug is also available in New Orleans, where law enforcement sources rate it the most frequently encountered dangerous drug. In Miami, by contrast,

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume I: Highlights and Executive Summary, June 1995*, 1995.

after increasing in 1993, methamphetamine availability declined in 1994: the elevated 1993 availability may have been a temporary phenomenon due to the deluge of construction crews, roofers, and tradespeople from other States following Hurricane Andrew.

Prices of methamphetamine—referred to in several cities as "crystal," "speed," or "crank"—as reflected in exhibit 39, have declined in Texas, while purity levels and availability have risen. Seizures at the border are at an all-time high. The highest purity is found in the California product, rather than in the Mexican or local Texas product. Conversely, in Phoenix, the Mexican product is of greater purity than that of the local biker groups. The pound price in Phoenix, where methamphetamine is sometimes referred to a "methlies quik," has increased slightly from the last report period. Prices are stable in Seattle. Similarly, prices and availability are stable in the rural areas surrounding St. Louis; however, for the first time in years, the drug has shown up in police exhibits within the city. In Boston, where methamphetamine remains scarce, prices are unchanged from last year.

Exhibit 39. Methamphetamine prices and purity in reporting areas

Area	Gram		Ounce		Pound	
	Purity (%)	Price	Purity (%)	Price	Purity (%)	Price
Atlanta	--	$75-$105	--	$1,200-$1,350	--	$12,000-$15,000
Boston	30	$75-$120	30	$800-$1,000	50	$5,000-$15,000
Denver	--	$90-$125	--	$800-$1,200	--	--
Honolulu ("ice")	--	$250-$450	--	$2,500-$6,000	--	$25,000-$40,000
Los Angeles (powder or crystal amphetamine)	--	$60-$100	--	$500-$800	80	$4,000-$10,000
Minneapolis/ St. Paul	--	$100	--	$1,200-$1,500	--	$13,000-$15,000
New Orleans	--	$110-$125	--	--	--	$16,000-$18,000
Phoenix	50-93	$80-$100	50-93	$500	50-93	$5,500-$10,000
St. Louis (rural areas)	up to 86	$80-$100	up to 86	$1,500-$1,700	--	--
San Diego	25-40	$50-$75	25-40	$500-$800	85-95	$4,000-$8,000
Seattle (crystal)	20-70	$80-$120	50-90	$800-$1,200	80-90	$10,000-$15,000
Texas	--	--	--	$800-$1,650	--	$8,000-$14,000

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume I: Highlights and Executive Summary, June 1995*, 1995.

Manufacture, Trafficking, and Distribution

In San Diego, manufacture has shifted over the years from biker gangs to "mom-and-pop cookers" to large-scale manufacturing operations—run both locally and by Mexican nationals across the border. Similarly, in Los Angeles, Mexican nationals continue to control major manufacturing laboratories. Over 90 percent of all methamphetamine labs seized are located in California.

These California-based Hispanic organizations are increasingly involved in smuggling to other areas, such as Seattle. In Texas, too, Mexican drug trafficking organizations have taken over the market traditionally controlled by biker gangs. Some of the methamphetamine in north Texas comes from California, some comes from Mexico, and some is produced locally. Denver methamphetamine is also trafficked and manufactured by Mexican nationals: most is produced in Mexico, where the precursor chemicals are legal. In Phoenix, some methamphetamine is brought across the border, and some is manufactured in rural Arizona. The same trafficking organizations in Phoenix, using the same trafficking patterns, are manufacturing and selling methamphetamine.

This shift in manufacture and trafficking patterns has also extended into various rural midwestern areas, where Hispanic traffickers and chemists have set up sites. In St. Louis, for example, methamphetamine was formerly distributed mainly by motorcycle gangs; more recently, however, other gangs and Hispanics have become involved in trafficking. Methamphetamine in New Orleans is similarly transported from California and Texas.

Even as far east as Atlanta, methamphetamine is brought in from the West and Southwest by Mexican trafficking organizations as well as outlaw biker gangs that heavily supply North Georgia. The DEA predicts increased availability in that area from Mexico. In other eastern areas, however, such as Boston, what little trafficking exists still involves biker groups.

Another shift concerning methamphetamine regards its manufacturing process. Because of changes in laws regarding precursor chemicals, most of the methamphetamine produced in Texas is manufactured via the ephedrine/red-phosphorous method, rather than the phenyl-2-propanone (P2P) method of the past. In Seattle, however, the labs seized in 1993 and 1994 were employing the two methods about equally. Most precursor chemicals destined for Pacific Northwest methamphetamine labs are smuggled across the Canada-Washington State land border.

Clandestine labs are also active in northern and central Florida, as well as in southeastern Missouri, where major shipments have been seized in the interstate Pipeline program.

Source: U.S. Department of Health and Human Services, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume I: Highlights and Executive Summary, June 1995*, 1995.

Marijuana/Hashish

- Marijuana/hashish-related episodes rose from 28,900 in 1993 to 40,100 in 1994, a 39 percent increase. Since 1990, marijuana/hashish-related episodes have increased 155 percent.

- Between 1993 and 1994, increases were seen among both sexes, all age groups, and both whites and blacks.

Methamphetamine

- Methamphetamine-related episodes rose 256 percent, from 4,900 to 17,400, between 1991 and 1994.

Total Drugs

- In 1994, there were 508,900 drug-related hospital emergency department episodes representing an increase of 10 percent from the 1993 estimate (460,900).

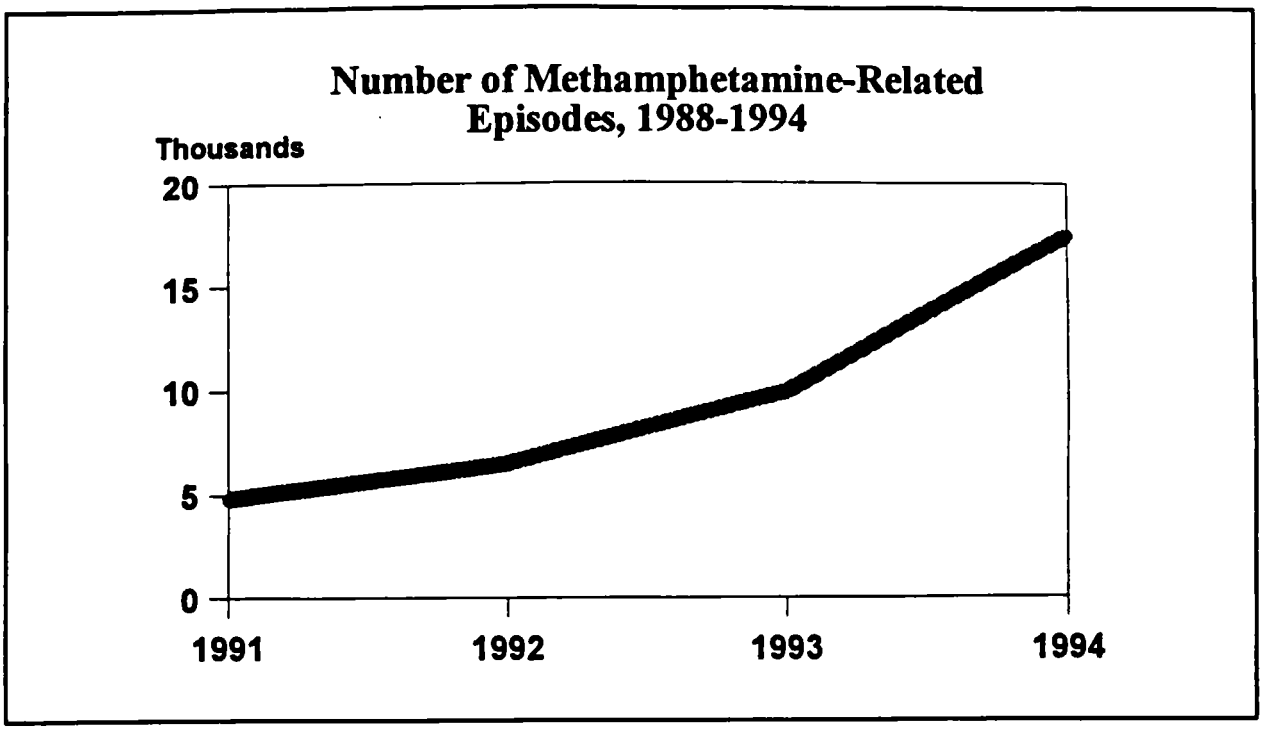
- "Suicide attempt or gesture" (193,200) was the most commonly reported motive for taking a substance and comprised 38 percent of all drug-related episodes in 1994. The most frequently recorded reason for a drug-related emergency department visit was "overdose" (260,200).

- In 1993, persons aged 26-34 years and 35-44 years had 958 and 1,017 drug-related episodes per 100,000 emergency department visits, respectively, compared with 737 for persons aged 18-25 years. Blacks had 893 drug-related episodes per 100,000 emergency department visits compared with 628 for Hispanics and 445 for whites in 1993. Men had 633 drug-related episodes per 100,000 emergency department visits compared with 535 for women in 1993.

Information about the Survey

The survey is the primary source of statistical information on the use of the emergency departments in the United States for the treatment of drug-related health problems. DAWN is a national probability survey conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA) which produces estimates of drug-related emergency department visits for various substances. The emergency department visit rates presented use data from the 1993 DAWN and the 1993 National Hospital Ambulatory Medical Care Survey (NHAMCS) conducted by the National Center for Health Statistics, Centers for Disease Control and Prevention. The latest data available from the NHAMCS are from 1993.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Preliminary Estimates of Drug-Related Emergency Department Episodes, Advance Report Number 11*, November 1995.



- **Methamphetamine**

  Between 1988 and 1991, there was a decrease in methamphetamine-related emergency department episodes. However, from 1991 through 1994, methamphetamine-related episodes rose 256 percent from 4,900 to 17,400. Between 1993 and 1994, methamphetamine-related episodes increased 75 percent from 9,900 to 17,400. Part of this increase was due to a change in reporting practices in two hospitals in the national panel. When these hospitals were excluded from the estimation, the increase in methamphetamine-related episodes based on the remainder of the sample was 45 percent between 1993 and 1994.

- **PCP**

  From 1988 through 1991, there was a dramatic decrease in episodes involving PCP and PCP combinations (from 12,300 to 3,500); however, from 1991 through 1993, there was an 91 percent increase (from 3,500 to 6,600). There was no change in PCP-related episodes between 1993 and 1994 (from 6,600 to 6,000).

- **LSD**

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Preliminary Estimates of Drug-Related Emergency Department Episodes, Advance Report Number 11*, November 1995.

Table 2.06a - Drugs mentioned most frequently by medical examiners in 1993

(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	3,910	45.78	39	Meperidine HCl	55	0.64
2	Heroin/Morphine [1]	3,805	44.55	40	Oxycodone	48	0.56
3	Alcohol-in-combination	3,444	40.32	41	Mesoridazine	47	0.55
4	Codeine	990	11.59	42	Trazodone	47	0.55
5	Diazepam	605	7.08	43	Chlorpromazine	45	0.53
6	Marijuana/Hashish	457	5.35	44	Flurazepam	45	0.53
7	Methadone	457	5.35	45	Oxazepam	43	0.50
8	Amitriptyline	404	4.73	46	Promethazine	41	0.48
9	Methamphetamine/Speed	382	4.47	47	Pseudoephedrine	39	0.46
10	Diphenhydramine	369	4.32	48	Fentanyl	36	0.42
11	Nortriptyline	351	4.11	49	Ephedrine	36	0.42
12	D-Propoxyphene	338	3.96	50	Pentobarbital	30	0.35
13	Acetaminophen	301	3.52	51	Lorazepam	30	0.35
14	Amphetamine	259	3.03	52	Hydroxyzine	25	0.29
15	PCP/PCP Combinations	206	2.41	53	Lithium Carbonate	25	0.29
16	Doxepin	197	2.31	54	Theophylline	25	0.29
17	Lidocaine	192	2.25	55	Benztropine	25	0.29
18	Quinine	179	2.10	56	Phenylpropanolamine	24	0.28
19	Phenobarbital	169	1.98	57	Clomipramine	24	0.28
20	Unspec Benzodiazepine	152	1.78	58	Ibuprofen	24	0.28
21	Desipramine	127	1.49	59	Hydromorphone	21	0.25
22	Fluoxetine	118	1.38	60	Cyclobenzaprine	21	0.25
23	Hydantoin	115	1.35	61	Caffeine	20	0.23
24	Aspirin	113	1.32	62	Propanolol HCl	20	0.23
25	Alprazolam	113	1.32	63	Clonazepam	17	0.20
26	Hydrocodone	105	1.23	64	Brompheniramine Maleate	15	0.18
27	Imipramine	99	1.16	65	Amoxapine	15	0.18
28	Butalbital	95	1.11	66	Phentermine	14	0.16
29	Chlordiazepoxide	88	1.03	67	Glutethimide	14	0.16
30	Temazepam	76	0.89	68	Haloperidol	14	0.16
31	Thioridazine	70	0.82	69	Quinidine Sulfate	14	0.16
32	Meprobamate	66	0.77	70	Amobarbital	12	0.14
33	Chlorpheniramine	65	0.76	71	Hydrocarbon	12	0.14
34	Secobarbital	63	0.74	72	Glues	11	0.13
35	Doxylamine Succinate	62	0.73	73	Loxapine	11	0.13
36	Carisoprodol	61	0.71	74	Triazolam	11	0.13
37	Carbamazepine	60	0.70	75	Valproic Acid	10	0.12
38	Dextromethorphan	59	0.69	76	Metoclopramide	10	0.12

NOTE: Percentages are based on a total raw medical examiner drug abuse case count of 8,541.

[1] Includes opiates not specified as to type.

See general footnotes at end of table.

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Networ Annual Medical Examiner Data, 1993*, 1995.

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

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

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

Fig. 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 (6.8%) had higher HIV-positive rates than white women (1.9%). Black women had a positive rate of 3.5%.

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

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

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

A quarter of inmates had used a needle to inject drugs

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

Fig. 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.

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

	Tests		Facilities	
Type of drug	Number given	Percent positive	Number testing	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	283,281	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	9.0
Methamphetamines	127,109	2.0	273	20.9
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 either random or systematic	Random or systematic only	Suspicion only
State confinement					
Amphetamines	136,121	1.1%	.6%	.4%	5.0%
Barbiturates	126,162	1.0	.6	.3	4.0
Cocaine	230,800	1.4	1.0	1.5	6.0
Heroin	172,284	1.0	.7	.5	3.7
LSD	71,064	1.0	.4	1.7	4.1
Marijuana/hashish	270,963	5.8%	5.1%	4.7%	14.3%
Methadone	76,807	1.1	.7	0	3.3
Methamphetamines	92,101	2.3	1.1	.0*	7.8
Unspecified drug	65,818	1.1	.5	.2	4.8
Other	52,559	1.8	1.2	0	13.8
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	.3	.0*	0
Marijuana/hashish	72,221	8.1%	7.7%	8.6%	6.4%
Methadone	30,580	.2	.2	.0*	0
Methamphetamines	35,008	1.1	1.0	1.2	.2
Unspecified drug	19,772	.7	1.1	.0*	1.5
Other	18,209	.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	1.6	1.0	.5	5.0	.6
Medium	1.2	1.7	1.4	6.8	4.2
Minimum	.5	1.4	.8	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 734 State confinement facilities and 82 Federal facilities with data on the number tested and number positive for a drug.
*Less than 0.05%.

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

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

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

Positive results from drug tests varied among facilities performing different functions

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

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

Positive drug tests were linked to interdiction activities

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

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

Facility function	Percent of positive tests				
	Amphetamines	Cocaine	Heroin	Marijuana	Methamphetamines
General adult population confinement	.7%	1.4%	.9%	5.1%	1.5%
Boot camp	.7	1.7	1.9	5.2	1.1
Reception/diagnosis and classification	1.4	1.1	1.6	4.2	.5
Medical treatment/hospitalization confinement	.4	2.0	.9	5.8	5.1
Alcohol/drug treatment confinement	1.8	3.0	1.6	7.6	1.2
Youthful offenders	.1	1.5	.5	2.1	0
Work release/prerelease	1.0	7.0	1.8	6.9	1.0
Returned to custody	2.7	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.

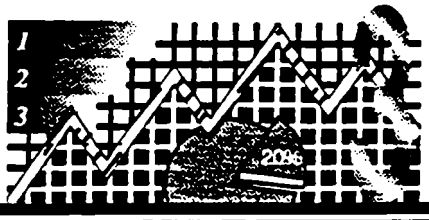
Table 15. Positive drug tests from July 1, 1989, to June 30, 1990, by drug interdiction activities of State confinement facilities

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%	.6%	4.6%	.6%
Body cavity search and clothing exchange	17,444	.5	1.2	.1	2.6	0
Body cavity search	41,497	.3	.5	.8	5.1	.1
Clothing exchange	88,430	.9	1.5	1.4	6.3	.7
Verbal questioning and patdown	23,321	3.6	5.2	4.0	13.5	16.2
Patdown	17,111	.0*	.5	.2	3.9	.1
Verbal questioning	2,377	.1	1.1	.4	4.8	.2
Other	3,114	.2	1.1	1.0	2.7	0
No reported interdiction activity	254	8.3	40.2	0	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	2.8
Verbal questioning and patdown	2,893	0	1.6	.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%	.9%	5.4%	.9%
Verbal questioning and patdown	60,065	1.0	1.2	.6	5.5	.6
Questioning	42,529	.4	.5	1.1	5.3	6.6
Patdown	62,209	.3	1.2	.6	6.6	.0*
Other	60,704	.6	2.1	1.3	5.3	4.9
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.

Department of Justice
Drug Enforcement Administration



Domestic Statistical Summary

NATIONWIDE
FY 1994

Average Number of Special Agents on Board*	2,775.6
Average Number of Intelligence Specialists on Board	166.6
Average Number of Special Agents Assigned to Intelligence Positions	85.2
Average Number of Diversion Investigators on Board	355.3

	FY 1991	FY 1992	FY 1993	FY 1994	% CHANGE FY 93-94
Total Arrests	23,287	24,689	21,591	21,920 /1	1.5
Case Class I & II	15,461	15,775	13,769	13,711 /1	-0.4
Violator Class I & II	6,688	6,672	5,626	5,608 /1	-0.3
Total Convictions	15,895	17,372	18,358	14,923	-18.7
Case Class I & II	10,858	11,813	11,996	9,708	-19.1
Violator Class I & II	5,456	5,664	5,673	4,438	-21.8
Drug Removals					
Analyzed Drug Removals					
Heroin (kgs.)	1,147.2	695.6	721.5	470.9	-34.7
Cocaine (kgs.)	59,320.0	78,802.7	60,666.3	64,424.9	6.2
Cannabis (kgs.)	108,191.4	204,241.1	142,592.4	154,730.3	8.5
Dangerous Drugs (d.u.)	32,380,896	49,117,945	83,841,110	157,698,974	88.1
Non-Analyzed (Gross Weight)					
Heroin (kgs.)	45.9	109.8	75.5	87.4	15.8
Cocaine (kgs.)	30,424.4	32,302.8	26,278.4	29,783.5	13.3
Cannabis (kgs.)	105,047.3	105,212.5	108,724.5	88,322.1	-18.8
Dangerous Drugs (d.u.)	37,177,928	10,961,008	26,927,771	24,442,764	-9.2
Clandestine Laboratory Seizures	408	335	286	272	-4.9
Assets					
Total Seizures (Millions)	$957.0	$877.7	$687.2	$646.8	-5.9
Total Forfeitures (Millions)	$550.0	$584.2	$501.5	$428.6	-14.5

NOTE: Headquarters data are not included in any figures.

* *Does not include Special Agents assigned to Intelligence Positions.*

/1 FY 94 arrests are estimated from current data and prior reporting patterns.

FY 94 figures reflect a leveling off in the decline in statistical accomplishments that was very pronounced during FY 93 and the first half of FY 94, the first 18 months of the Kingpin initiative. This decline was the expected result of the decision to devote significant resources to long-term conspiracy investigations.

03/08/95

Source: U.S. Department of Justice, Drug Enforcement Administration, *Annual Statistical Report, FY 1994*, January 1995.

NATIONAL SUMMARY
FY 1994

	FY 1991	FY 1992	FY 1993	FY 1994	PERCENT CHANGE FY 93-94
TOTAL ARRESTS BY CASE DRUG	23,287	24,689	21,591	21,920 /1	1.5
HEROIN	2,576	2,510	2,167	2,238 /1	3.3
COCAINE	12,585	13,225	11,264	11,498 /1	2.1
CANNABIS	4,867	5,818	5,172	4,986 /1	-3.6
DANGEROUS DRUGS	3,259	3,136	2,988	3,198 /1	7.0
OCDETF ARRESTS BY CASE DRUG	4,219	5,087	4,852	4,882 /1	0.6
HEROIN	650	498	657	613 /1	-6.7
COCAINE	2,532	3,281	2,968	3,156 /1	6.3
CANNABIS	604	800	719	632 /1	-12.1
DANGEROUS DRUGS	433	508	508	481 /1	-5.3
S/L TASK FORCE ARRESTS	6,555	7,206	6,373	6,161 /1	-3.3
CASE CLASS I & II	3,252	3,402	3,234	3,119 /1	-3.6
VIOLATOR CLASS I & II	1,212	1,398	1,336	1,230 /1	-7.9
ANALYZED DRUG REMOVALS (D.U.)					
METHAMPHETAMINE	28,081,812	43,419,435	80,211,392	129,403,225	61.3
AMPHETAMINE	379,927	314,328	224,281	65,651	-70.7
PHENCYCLIDINE (PCP)	1,464,574	532,644	547,175	1,098,611	100.8
LYSERGIDE (LSD)	289,154	3,129,344	2,229,962	1,224,942	-45.1
CLANDESTINE LABORATORY SEIZURES	408	335	286	272	-4.9
METHAMPHETAMINE	345	290	237	220	-7.2
AMPHETAMINE	26	15	8	11	37.5
PCP	5	4	3	12	300.0
ALL OTHER	32	26	38	29	-23.7
ASSET SEIZURES (MILLIONS)	$956.9	$877.6	$687.5	$646.8	-5.9
CURRENCY	$282.6	$273.4	$250.4	$314.4	25.6
REAL PROPERTY	$370.4	$325.1	$254.1	$171.7	-32.4
CONVEYANCES	$104.3	$87.6	$96.2	$69.0	-28.3
OTHER	$199.6	$191.5	$86.8	$91.7	5.6

/1 FY 94 arrests are estimated from current data and prior reporting patterns.

Source: U.S. Department of Justice, Drug Enforcement Administration, *Annual Statistical Report, FY 1994*, January 1995.

DRUG ENFORCEMENT ADMINISTRATION
SEIZURES OF FINISHED PRODUCT AT CLANDESTINE LABORATORIES
TOTAL DOMESTIC - FY 1994

	TOTAL NUMBER OF LABS SEIZED	NUMBER OF CASES WITH EXHIBITS SUBMITTED FOR ANALYSIS	AMOUNT OF FINISHED PRODUCT SEIZED	PERCENT OF TOTAL REMOVALS
METHAMPHETAMINE (D.U.)				
FY 1992	290	97	2,666,115	6.1%
FY 1993	237	89	3,529,916	4.4%
FY 1994	220	92	10,447,864	8.1%
AMPHETAMINE (D.U.)				
FY 1992	15	4	262,548	83.5%
FY 1993	8	8	10,737	3.2%
FY 1994	11	3	10,670	16.5%

SOURCE: STRIDE

Source: U.S. Department of Justice, Drug Enforcement Administration, *Annual Statistical Report, FY 1994*, January 1995.

DRUG ENFORCEMENT ADMINISTRATION
DEA/DEA -COOPERATIVE CLANDESTINE LABORATORY SEIZURES

DRUG	FY 1992 NUMBER	FY 1992 PERCENT OF TOTAL	FY 1993 NUMBER	FY 1993 PERCENT OF TOTAL	FY 1994 NUMBER	FY 1994 PERCENT OF TOTAL
METHAMPHETAMINE	290	86.6%	237	82.9%	220	80.9%
AMPHETAMINE	15	4.5%	8	2.8%	11	4.0%
P2P	3	0.9%	2	0.7%	4	1.5%
METHAQUALONE	1	0.3%	0	0.0%	0	0.0%
PCP	4	1.2%	3	1.0%	12	4.4%
COCAINE	5	1.5%	0	0.0%	1	0.4%
PSILOCYBIN	0	0.0%	0	0.0%	0	0.0%
MDA	1	0.3%	3	1.0%	1	0.4%
FENTANYL	1	0.3%	2	0.7%	0	0.0%
OTHER	15	4.5%	31	10.8%	23	8.5%
TOTAL	***335***	***100.0%***	***286***	***100.0%***	***272***	***100.0%***

Source: U.S. Department of Justice, Drug Enforcement Administration, *Annual Statistical Report, FY 1994*, January 1995.

DRUG ENFORCEMENT ADMINISTRATION
CLANDESTINE LABORATORY PRODUCTION ESTIMATES
(IN DOSAGE UNITS)
FY 1994

GEOGRAPHIC AREA	METHAMPHETAMINE			AMPHETAMINE		
	TOTAL NUMBER OF LABS	CHEMIST REPORTS RECEIVED	TOTAL ESTIMATED CAPACITY	TOTAL NUMBER OF LABS	CHEMIST REPORTS RECEIVED	TOTAL ESTIMATED CAPACITY
EAST (Boston, Philadelphia, Washington, Newark, Atlanta, New York, Miami)	11	2	334,900	1	0	0
CENTRAL (Detroit, St. Louis, New Orleans, Dallas, Houston, Chicago)	50	10	2,882,510	10	1	150,000
WEST (Seattle, Phoenix, Denver, San Francisco, Los Angeles, San Diego)	159	57	9,621,640	0	0	0
TOTAL	220	69	12,839,050	11	1	150,000

NOTE: TOTAL ESTIMATED CAPACITY IS BASED UPON CHEMIST REPORTS THAT ARE FILED AFTER CLANDESTINE LABORATORY SEIZURES.

Source: U.S. Department of Justice, Drug Enforcement Administration, *Annual Statistical Report, FY 1994*, January 1995.

DRUG ENFORCEMENT ADMINISTRATION
CLANDESTINE LABORATORY PRODUCTION ESTIMATES
(IN DOSAGE UNITS)
FY 1994

GEOGRAPHIC AREA	ALL OTHER			TOTAL		
	TOTAL NUMBER OF LABS	CHEMIST REPORTS RECEIVED	TOTAL ESTIMATED CAPACITY	TOTAL NUMBER OF LABS	CHEMIST REPORTS RECEIVED	TOTAL ESTIMATED CAPACITY
EAST (Boston, Philadelphia, Washington, Newark, Atlanta, New York, Miami)	9	4	46,800	21	6	381,700
CENTRAL (Detroit, St. Louis, New Orleans, Dallas, Houston, Chicago)	20	4	139,900	80	15	3,172,410
WEST (Seattle, Phoenix, Denver, San Francisco, Los Angeles, San Diego)	12	9	8,608,200	171	66	18,229,840
TOTAL	41	17	8,794,900	272	87	21,783,950

NOTE: TOTAL ESTIMATED CAPACITY IS BASED UPON CHEMIST REPORTS THAT ARE FILED AFTER CLANDESTINE LABORATORY SEIZURES.

Source: U.S. Department of Justice, Drug Enforcement Administration, *Annual Statistical Report, FY 1994*, January 1995.

DRUG ENFORCEMENT ADMINISTRATION
DOMESTIC RECORD METHAMPHETAMINE REMOVALS
FY 1994

NUMBER	DATE	LOCATION	DOSAGE UNITS
1	AUG 22, 1994	EL PASO, TX	11,081,880
2	MAR 24, 1994	SAN CLEMENTE, CA	8,708,520
3	MAR 11, 1994	SAN DIEGO, CA	8,148,103
4	NOV 12, 1993	LAS CRUCES, NM	5,303,698
5	MAR 30, 1994	ONTARIO, CA	4,763,588

FY 1985 - FY 1994

NUMBER	DATE	LOCATION	DOSAGE UNITS
1	OCT 27, 1989	HAYWARD, CA	88,900,000
2	JAN 12, 1988	PORTALES, NM	56,839,599
3	FEB 12, 1991*	CALIFORNIA	24,842,880
4	APR 24, 1993	LAS CRUCES, NM	19,342,000
5	JAN 10, 1989	VISTA, CA	17,707,528
6	OCT 14, 1989*	PENNSYLVANIA	12,889,060
7	APR 24, 1993*	NEW MEXICO	12,748,320
8	NOV 02, 1988	SACRAMENTO, CA	12,615,313
9	AUG 22, 1994	EL PASO, TX	11,081,880
10	MAY 05, 1989	LEUCADIA, CA	10,558,317

SOURCES: ***STRIDE (NET WEIGHT)***
****INFORMATION ONLY DEA-7 (GROSS WEIGHT)***

NOTE: ALL SEIZURES WERE MADE IN DEA DOMESTIC CASES.

Source: U.S. Department of Justice, Drug Enforcement Administration, *Annual Statistical Report, FY 1994*, January 1995.

DANGEROUS DRUGS

METHAMPHETAMINE: ANNUAL PRICE DATA (dollars)

Quantity	Division	1992	1993	1994	1995 (Jan - Mar)
Pound	National Range	5,000 - 25,000	4,000 - 20,000	3,500 - 25,000	3,800 - 20,000
Ounce	National Range	300 - 2,500	600 - 2,600	400 - 2,600	500 - 2,700
	San Francisco	300 - 1,200	400 - 1,200	400 - 1,000	600 - 700
	San Diego	600 - 1,000	500 - 850	500 - 850	500 - 850
	Phoenix	600 - 1,000	575 - 1,400	575 - 1,400	575 - 1,400
Gram	National Range	30 - 200	40 - 150	40 - 150	50 - 150
	San Francisco	45 - 125	45 - 120	50 - 120	60 - 100
	San Diego	50 - 80	50 - 80	50 - 80	50 - 80
	Phoenix	80 - 100	80 - 100	80 - 100	80 - 100

METHAMPHETAMINE: QUARTERLY PRICE DATA (dollars)

Quantity	Division	2nd Quarter 1994	3rd Quarter 1994	4th Quarter 1994	1st Quarter 1995
Pound	National Range	4,500 - 25,000	3,800 - 25,000	3,500 - 18,500	3,800 - 20,000
Ounce	National Range	500 - 2,600	500 - 2,500	500 - 2,000	500 - 2,700
	San Francisco	600 - 900	600 - 900	600 - 900	600 - 700
	San Diego	500 - 850	500 - 850	500 - 850	500 - 850
	Phoenix	575	575 - 1,400	575 - 1,400	575 - 1,400
Gram	National Range	40 - 150	60 - 150	40 - 150	50 - 150
	San Francisco	50 - 100	60 - 100	50 - 100	60 - 100
	San Diego	50 - 80	50 - 80	50 - 80	50 - 80
	Phoenix	80 - 100	80 - 100	80 - 100	80 - 100

Source: U.S. Department of Justice, Drug Enforcement Administration, *Illegal Drug Price/Purity Report, United States: January 1992-March 1995*, October 1995.

The street price for Rohypnol was generally $5 per dosage unit ($6 to $8 prices also have been reported.) Wholesale prices ranged from $1.25 to $3 per tablet. The cost for Rohypnol purchased in Colombia was from $0.10 to $0.22 per 1- or 2-milligram tablet. Street names for Rohypnol in the United States included "Rophies," "Ropies," "Ruffes," "Roofies," and "Roches."

Narcotics/Analgesics and Heroin Substitutes/ Supplements

Pharmaceutical products containing narcotics were a significant part of the illicit drug trafficking environment in the United States. These drugs were used alone or in combination, both as substitutes for and, supplements to, heroin. They were primary drugs of choice during 1994 for a substantial portion of the narcotic addict population in the United States. Frequently used pharmaceutical opiates included oxycodone (Percodan®), hydromorphone (Dilaudid®), hydrocodone (Tussionex® and Vicodin®), pentazocine (Talwin®), and codeine combinations such as Tylenol® with Codeine and Empirin® with Codeine. The diversion of take-home dosages of methadone from Narcotic Treatment Programs continued to be a national problem. Clinics with high dosing practices, minimal counseling, and generous take-home privileges provided ample opportunity for the diversion of methadone. The average price for methadone on the street was from $0.65 to $1.00 per milligram. Various drugs, such as clonidine (Catapres®), Soma®, Klonipin,® and Xanax®, reportedly were used in combination with methadone to enhance the "high."

Noncontrolled Drugs

By a wide margin, the most abused noncontrolled drug was Soma.® It is a muscle relaxing chemical, carisoprodol, normally used for the relief of discomfort associated with acute, painful muscle conditions. Other pertinent noncontrolled drugs that were abused include: nalbuphine (Nubain®), a synthetic narcotic analgesic; fluoxetin (Prozac®), an antidepressent; butorphanol (Stadol NS®), a synthetic opioid analgesic; butalbital (Fioricet®), a barbiturate headache reliever; and, Ketamine,® an anesthetic. Many of these drugs are used alone or in combination with other drugs for a synergistic effect.

Flunitrazepam (Rohypnol)

Flunitrazepam has been encountered by U.S. law enforcement agencies in virtually every southern State from California to Florida. Distributors in Texas reportedly travel to Mexico to obtain the drug. In South Florida, the drug is delivered primarily from Colombia via international mail services or commercial airlines. Overnight mail appears to be the preferred method of importation. Several packages seized in Miami over the past 2 years were shipped from Cali, Colombia, and contained up to 11,000 dosage units each. The most recent and largest seizures of flunitrazepam occurred in February 1995. On February 13, over 52,000 tablets, packaged loosely in plastic bags and located inside a car door, were seized by the State Police in Louisiana. On February 14, the Brownsville, Texas, Police Department seized over 57,000 tablets, packaged in bubble packs, along with 53 pounds of marijuana; the drugs were obtained in Mexico and destined for Florida. To date, over 1,000 Federal, State, and local investigations have been initiated regarding flunitrazepam. DEA actively is pursuing over 70 investigations involving distribution of the drug. In many investigations, flunitrazepam was seized along with other illegal substances, including cocaine and marijuana. Abuse of the drug in western Europe and the Caribbean has been reported over the last 10 years. In the United States, flunitrazepam is used widely in Texas where it is popular among some high school students. Flunitrazepam is reported to be readily available in the Miami area and epidemiologists have stated that it is South Florida's fastest growing drug problem.

ILLICITLY MANUFACTURED DANGEROUS DRUGS

DEA uses the term, "dangerous drugs," to refer to broad categories or classes of controlled substances other than cocaine, opiates, and cannabis products. The list of dangerous drugs includes illicitly manufactured, as well as legitimate pharmaceutical stimulants, depressants, hallucinogens, and narcotics. Each class of substance is generally unlike other classes in its primary action and effect on the user.

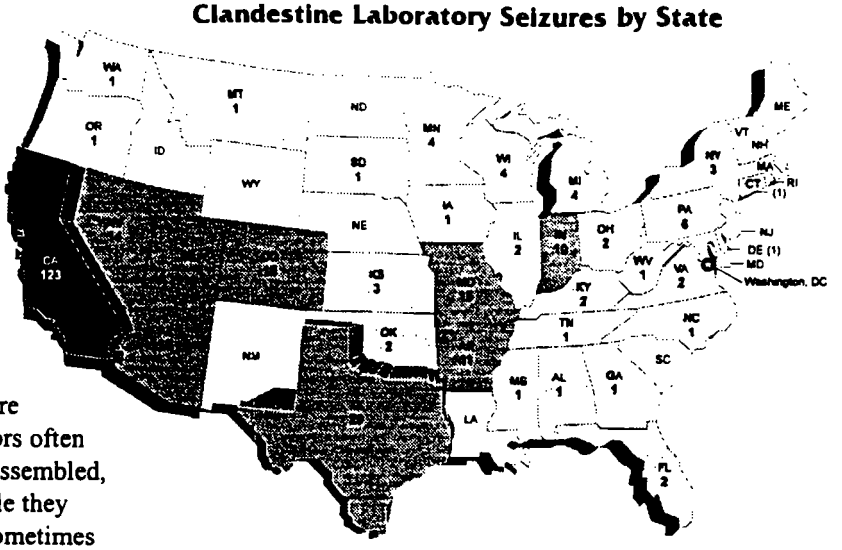
Clandestine Laboratories

Domestic clandestine laboratories produced most of the illicit dangerous drugs available in the United States. Clandestine laboratories came in all sizes and were found in a variety of locations, from

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1994, The Supply of Illicit Drugs to the United States*, August 1995.

sophisticated underground hideaways to motel rooms or kitchens, bathrooms, and garages. The most productive laboratories often were located in secluded, rural areas at a safe distance from the metropolitan areas that they served. Laboratory operators ran the gamut from high school dropouts to chemists with doctoral degrees.

Clandestine Laboratory Seizures by State



Clandestine laboratories commonly were operated on an irregular basis. Operators often produced a "batch" of a drug, then disassembled, stored, or moved their laboratories while they acquired additional chemicals. They sometimes traveled great distances to obtain chemicals and equipment in an attempt to evade law enforcement scrutiny. Clandestine laboratory operators were frequently well-armed; weapons, including explosives, routinely were confiscated in raids on clandestine laboratories. Operators usually disposed of their hazardous chemical wastes unsafely and illegally, often dumping the wastes on the ground or in nearby streams and lakes, or pouring them into the local sewage system.

In 1994, 306 clandestine laboratories were seized, compared to 270 in 1993 and 332 in 1992. As in previous years, methamphetamine was the most prevalent clandestinely manufactured drug in the United States.

Clandestine Laboratory Seizures by Selected Drug Type

Drug Type	1989	1990	1991	1992	1993	1994
Methamphetamine	652	429	315	288	218	263
Methaqualone	50	0	5	0	22	20
Amphetamine	93	51	20	12	12	6
PCP	11	11	3	4	6	9
MDMA	1	2	1	9	3	4
Fentanyl	0	1	1	0	2	0
MDA	5	4	5	2	2	0
Cocaine	1	4	4	4	1	0
P2P	33	17	7	3	1	1
Methaqualone	5	1	1	1	0	0
Other	6	1	13	3	3	3
Total Seizures	807	521	375	332	270	306

Note: Numbers include laboratories that produced controlled substances analogs of the drug type.

Stimulants

Stimulants encompass drugs that stimulate the central nervous system. They have an effect similar to the body's own adrenaline or epinephrine. They are used in the treatment of narcolepsy, hyperkinetic disorders, and obesity. Stimulants cause agitation, argumentativeness, decreased appetite, excessive activity, euphoria, increased wakefulness, raised pulse rate and blood pressure, and hallucinations.

Methamphetamine: Methamphetamine has been the most prevalent clandestinely produced controlled substance in the United States since 1979, even though the number of methamphetamine laboratory seizures declined from 1989 through 1993. There were 652 seizures of methamphetamine laboratories in 1989 and 218 in 1993. In 1994, seizures increased to 263. Methamphetamine laboratories accounted for 86 percent of all clandestine laboratory seizures during the year.

As in previous years, the clandestine manufacture of methamphetamine was based primarily in the West and Southwest. In 1994, DEA field divisions in Houston, Denver, Los Angeles, New Orleans, Phoenix, St. Louis, San Diego, and San Francisco accounted for about 86 percent of the methamphetamine laboratory seizures nationwide.

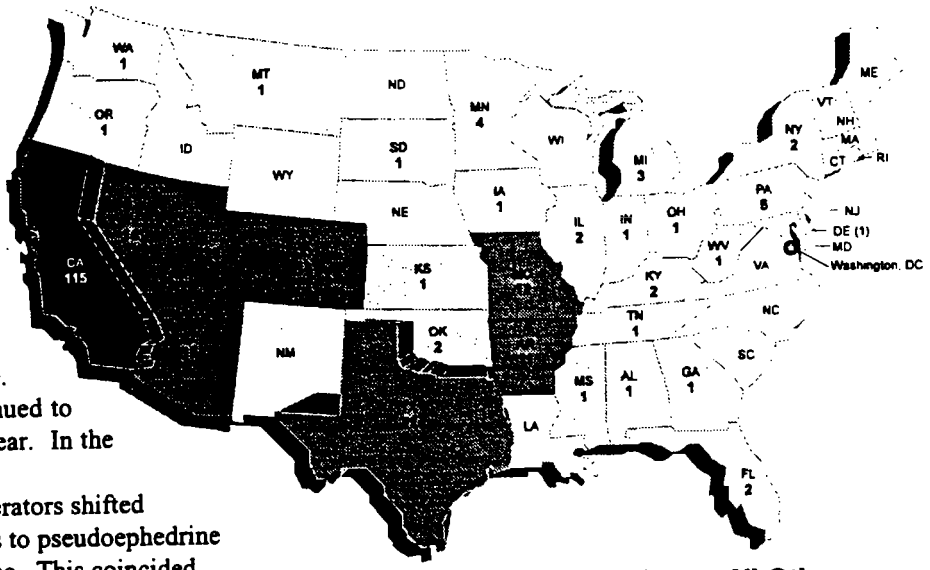
The primary method for manufacturing methamphetamine was the relatively simple process known as ephedrine reduction. This process, once noted almost exclusively in southern California, was widespread throughout much of the United States. The

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1994, The Supply of Illicit Drugs to the United States*, August 1995.

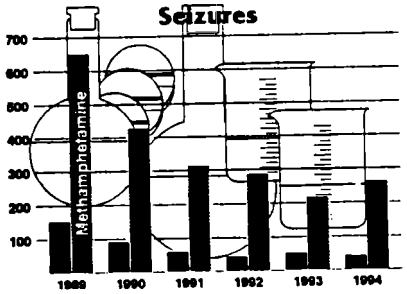
ephedrine reduction process results in a final product known as d-methamphetamine hydrochloride.

Prior to the popularity of the ephedrine reduction method, the most common method for making methamphetamine was the phenyl-2-propanone (P2P) process. This method produces a racemic mixture known as dl-methamphetamine hydrochloride. Some laboratory operators continued to use the P2P method during the year. In the latter part of 1994, clandestine methamphetamine laboratory operators shifted noticeably from ephedrine tablets to pseudoephedrine tablets as their source of ephedrine. This coincided with the placing of stronger controls on single-entity ephedrine tablets and the elimination of the threshold for ephedrine transactions. In the meantime, DEA opened or continued investigations on rogue ephedrine and pseudoephedrine tablet manufacturers and mail order distributors located in the eastern United States. These suppliers diverted millions of tablets to customers in California and other western States for delivery to clandestine methamphetamine laboratories. The methamphetamine laboratories overwhelmingly were operated by Mexican polydrug trafficking organizations. The customers routinely paid $10,000 or more in cash for the diverted ephedrine and pseudoephedrine tablets and used multiple names and addresses in their acquisitions.

Methamphetamine Laboratory Seizures by State

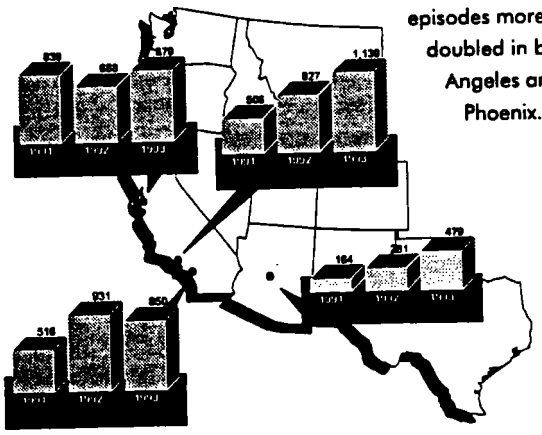


Methamphetamine vs. All Other Clandestine Drug Laboratory Seizures



Methamphetamine Use: Increasing in the West

According to the latest information available from DAWN, the estimated number of nationwide emergency room drug abuse episodes involving methamphetamine has increased steadily since 1991. Methamphetamine abuse is concentrated primarily in the metropolitan Los Angeles, Phoenix, San Diego, and San Francisco areas. Los Angeles and Phoenix in particular experienced dramatic increases in the number of methamphetamine-related episodes from 1991 to 1993. During this period, episodes more than doubled in both Los Angeles and Phoenix.



Methamphetamine production, trafficking, and distribution was an increasing domestic drug threat, particularly in the western United States. The increased threat can be traced to Mexican polydrug organizations that, over the past 3 years, have replaced outlaw motorcycle gangs as the predominant methamphetamine producers, traffickers, and distributors in California and much of the western United States. Having significantly expanded production capabilities, these organizations virtually have saturated the western U.S. market with high-purity methamphetamine.

Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1994, The Supply of Illicit Drugs to the United States*, August 1995.

"Ice": Ice is a large crystal form of high-purity d-methamphetamine hydrochloride. Ice derives its name from its appearance: large, clear crystals that resemble chunks of ice, shards of broken glass, or rock candy. Other terms for ice include quartz, glass, crystal meth, shabu, kaksonjae, hanyak, hiropon, batu, and crack meth.

Since the early 1990's, ice methamphetamine has been smuggled principally from Taiwan into Hawaii. Previously, the drug had been shipped from laboratories in South Korea. It was not until 1988 that its use became relatively widespread in Hawaii. By 1990, distribution of ice had spread to the U.S. mainland, although distribution remained limited to retail amounts in a few regions of the country.

In the fall of 1993, a methamphetamine laboratory capable of producing large quantities of ice was discovered in Taiwan. Police seized over 400 kilograms of semi-finished product, which would have yielded over 200 kilograms of ice. Post-seizure analysis revealed that most of the drug manufactured at the laboratory had been shipped to Japan and South Korea. More recently, in May 1995, the raid of a clandestine laboratory in Tainan, Taiwan, yielded 400 kilograms of ice. Additionally, intelligence indicated that multikilogram quantities of ice intended for the international market continued to be produced in Guangdong Province, China. In the United States, an operational ice laboratory was seized in the Los Angeles area in September 1993 by agents of the Bureau of Alcohol, Tobacco and Firearms. This was the first such laboratory confiscated in southern California.

Analyses of all samples of ice seized to date in the United States have shown purity levels of 90 to almost 100 percent. Ice sold for $300 to $500 per gram, and from $5,000 to $7,500 per ounce, and $38,000 to $85,000 per kilogram. Although the traffic was dominated by Korean businessmen, other individuals also shipped ice to Hawaii. Abusers in the United States ingested ice almost exclusively by smoking the drug in glass pipes.

Amphetamine: A total of 6 clandestine amphetamine laboratories was seized during the year, a decline from the 12 seized in 1992 and 1993. Five of the laboratories seized in 1994 were located in Texas.

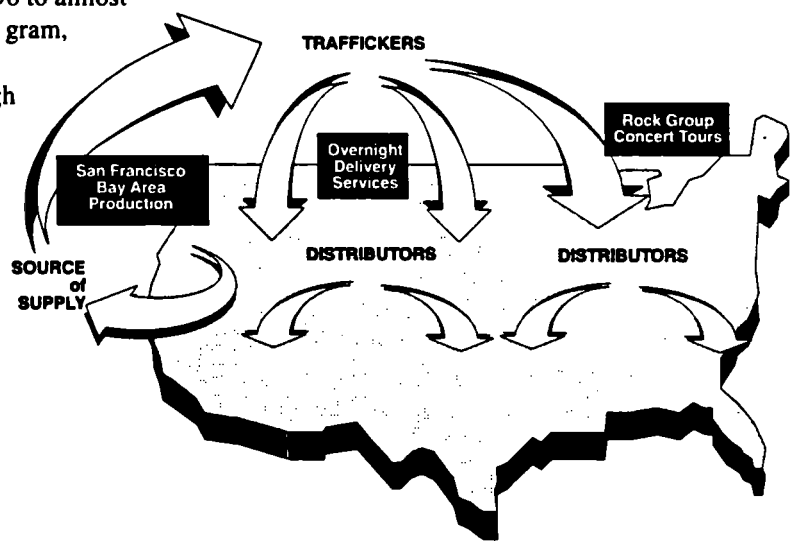
Hallucinogens

Hallucinogens are psychedelic or mind-altering drugs that interfere with normal perception, sensations, comprehension, self-awareness, and emotions. Hallucinogens have no accepted medical use in the United States. These drugs induce visual hallucinations, disorientation, confusion, paranoid delusions, euphoria, anxiety, panic, and increased pulse rate.

Lysergic acid Diethylamide (LSD): Drug law enforcement reporting and abuse indicators showed that LSD was available in at least retail quantities throughout the United States and that availability increased in a number of States. Reporting also indicated that an increased number of individuals or groups were manufacturing and distributing, or attempting to manufacture and distribute, LSD in the United States. The drug commonly was produced from lysergic acid, which is made from ergotamine tartrate, a substance derived from an ergot fungus on rye. LSD was sold under more than 80 street names including acid, blotter, cid, doses, and trips as well as names that reflect the designs on sheets of blotter acid.

LSD was manufactured in clandestine laboratories believed to be located in northern California. Initial distribution sources for the drug virtually were always located in the San Francisco Bay area. LSD was produced in crystalline form and then mixed with excipients or diluted as a liquid for production as ingestible forms. LSD was sold in tablet form (usually

LSD Trafficking from the San Francisco Bay Area



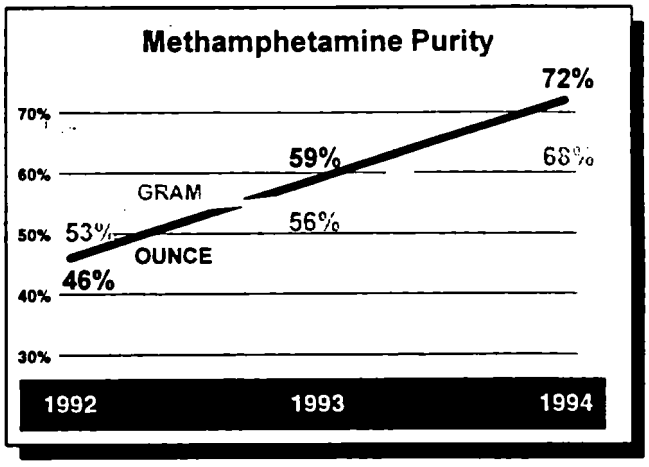
Source: U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report 1994, The Supply of Illicit Drugs to the United States*, August 1995.

U.S. Department of Justice
Drug Enforcement Administration

Mexican Methamphetamine Traffickers: A Growing Domestic Threat

March 1995
DEA-95026

Intelligence Division



Methamphetamine production, trafficking, and distribution are an increasing domestic drug threat, particularly in the western United States. The increased threat can be traced to Mexican polydrug organizations that, over the past 3 years, have replaced outlaw motorcycle gangs as the predominant methamphetamine producers, traffickers, and distributors in California and much of the western United States. Having significantly expanded production capabilities, these organizations have virtually saturated the western U.S. market with high-purity methamphetamine. As a result, prices at all levels of the traffic are declining, and many traditional manufacturing groups are finding it more cost effective to purchase this stimulant from Mexican sources. For example, in San Diego and San Francisco, a pound of methamphetamine currently sells for as low as $4,500—in Los Angeles, $4,700—as compared to 1991 when the lowest pound price nationwide was $6,000. Nationwide, purity of methamphetamine at the ounce and grams levels also has increased (see chart).

Production

Mexican traffickers have enhanced methamphetamine production capabilities significantly by establishing large-scale clandestine laboratories to produce multipound quantities. Typically, these traffickers operate laboratories in remote locations throughout California, primarily in the southern part of the state. At these laboratories, an average of 20 to 100 pounds of methamphetamine generally are produced during each manufacturing process. Sometimes, a single organization will operate and manage several laboratories simultaneously.

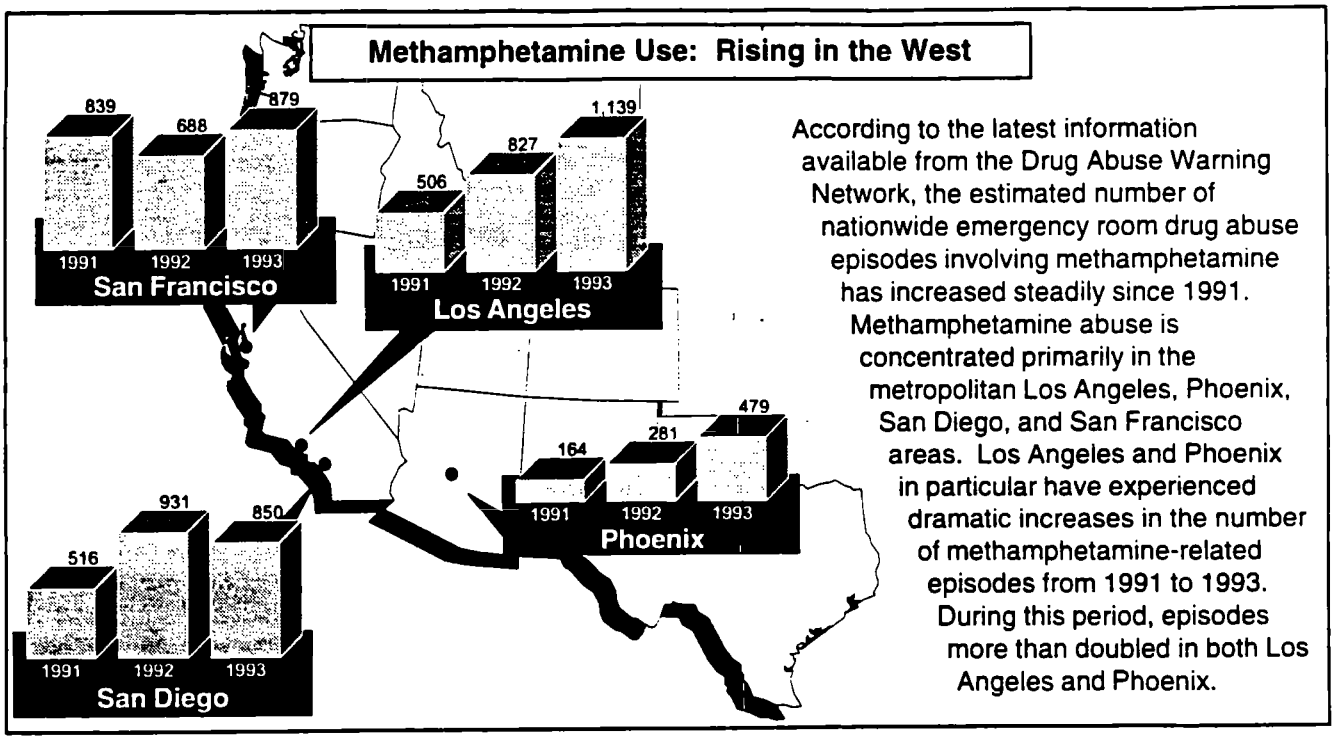
In addition to domestic manufacture, methamphetamine is being produced clandestinely, sometimes in bulk quantities, in Mexico and smuggled into the United States. Two points in evidence: the recent seizure of a large methamphetamine laboratory, including 30 kilograms of the stimulant, in Jalisco, Mexico; and, the U.S. Border Patrol's seizure of 315 kilograms of methamphetamine from two Hispanic males in Las Cruces, New Mexico, in February 1995. One of the largest methamphetamine seizures ever in the United States, this shipment originated from a source in Mexico.

Trafficking and Distribution

Mexican methamphetamine traffickers belong to polydrug trafficking organizations. These organizations are composed of combinations of Mexican nationals residing in Mexico and the United States, Mexican-Americans who operate on either side of the border, and illegal aliens residing in the United States. Domestically, these organizations have expanded methamphetamine distribution by using an established polydrug distribution infrastructure. This infrastructure—used to distribute heroin, cocaine, and marijuana—includes transportation networks to ship methamphetamine from production to street-level distribution sites.

Chemical Acquisition

In order to support their high level of production, Mexican traffickers obtain, smuggle, and broker substantial quantities of chemicals used to manufacture methamphetamine. As a result, the involvement of these organizations has altered traditional patterns of chemical acquisition and methamphetamine production in California and adjoining states. Compared to Mexican traffickers, motorcycle gangs traditionally relied on small-scale chemical diversion and purchases of limited amounts of chemicals to produce methamphetamine. Mexican traffickers, however, have established international connections for supplies of ephedrine and pseudoephedrine, key methamphetamine precursors controlled in the United States but not in Mexico. To exploit the relatively less stringent controls governing pseudoephedrine, its use as a precursor has increased—a trend that most likely will continue. In addition, traffickers are maneuvering to skirt U.S. laws controlling other chemicals such as hydriodic acid.



Concomitant with the activities of Mexican methamphetamine trafficking organizations, Mexico has emerged as a primary conduit for shipments of ephedrine. During 1994, the majority of ephedrine shipments destined for Mexico were supplied by sources in China, India, the Czech Republic, the United Arab Emirates, Thailand, and Switzerland. In addition, neighboring Guatemala has become a transshipment country for ephedrine. Even though Guatemala has an estimated annual need for only 500 to 1,500 kilograms of ephedrine, at least 10 metric tons were imported into Guatemala during 1994. The excessive amounts of ephedrine are suspected of being diverted to Mexico where authorities have seized a number of ephedrine shipments smuggled from Guatemala.

The ephedrine shipments either are used in Mexico to manufacture methamphetamine or are smuggled into the United States to supply domestic manufacturing operations. During 1994 alone, DEA documented the diversion of approximately 170 tons of ephedrine used in illicit methamphetamine production. The magnitude of this international diversion of ephedrine is unprecedented as Mexican trafficking organizations specifically target the illicit drug market in the United States. Mexican-produced methamphetamine and ephedrine increasingly are smuggled into the western United States, primarily at entry points along the border with southern California.

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.

Mexican trafficking organizations are obtaining other chemicals used in methamphetamine production besides ephedrine. Stringent controls placed on hydriodic acid sales in California have forced traffickers there to seek alternative sources for the chemical. Increasingly, manufacturers are using iodine and red phosphorus to make their own hydriodic acid. Chemical companies in the San Francisco Bay area are major suppliers of these chemicals. Since 1993, three Bay-area chemical companies (responsible for 42,812 of the 51,914 pounds of iodine purchased with cash in California in 1994) have increased their cash sales of iodine and red phosphorus dramatically. While cash transactions for the aforementioned chemicals rarely are made by a legitimate business, such sales are often indicative of purchases made by drug traffickers. A majority of the purchasers use Hispanic surnames. Based on the combination of chemicals and laboratory equipment purchased, it is believed that these items are being diverted for the illicit production of methamphetamine. In addition to iodine purchases, Mexican organizations also are purchasing finished hydriodic acid in places where controls are nonexistent such as Canada.

Outlook

Mexican predominance in the methamphetamine market in California provides Mexican trafficking organizations with a springboard to expand their operations to other areas of the country. The most likely immediate targets would be the metropolitan areas in nearby western states. However, Mexican traffickers also could supply methamphetamine markets further east. Recently, significant seizures of this stimulant from California-based Hispanic traffickers were made in Mississippi, Oregon, and Tennessee.

Source: U.S. Department of Justice, Drug Enforcement Administration, *Mexican Methamphetamine Traffickers: A Growing Domestic Threat*, March 1995

FOR MORE INFORMATION

Full copies of publications used to produce this information packet may be obtained by contacting the agencies below:

ONDCP Drugs & Crime Clearinghouse
PO Box 6000
Rockville, MD 20849-6000
1-800-666-3332

U.S. Department of Justice, Bureau of Justice Statistics, *Drug Enforcement and Treatment in Prisons, 1990*, July 1992. Order # NCJ-134724.

U.S. Department of Justice, Bureau of Justice Statistics, *Survey of State Prison Inmates, 1991*, May 1993. Order # NCJ-136949.

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

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network, Annual Medical Examiner Data, 1993*, 1995. Order # BKD160.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Household Survey on Drug Abuse: Main Findings 1993*, June 1995.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Preliminary Estimates of Drug-Related Emergency Department Episodes, Advance Report 11*, December 1995.

National Institute on Drug Abuse
Division of Epidemiology and Prevention Research
5600 Fishers Lane, Room 9-A-53
Rockville, MD 20857
301-443-6543

U.S. Department of Health and Human Service, National Institute on Drug Abuse, *Epidemiologic Trends in Drug Abuse, Volume 1: Highlights and Executive Summary, June 1995*, 1995.

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Intelligence Division
Washington, DC
202-307-8265

U.S. Department of Justice, Drug Enforcement Administration, *Annual Statistical Report, FY 1994*, January 1995.

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Intelligence Division
Washington, DC
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U.S. Department of Justice, Drug Enforcement Administration, *Illegal Drug Price/Purity Report, United States: January 1992-March 1995*, October 1995.

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U.S. Department of Justice, Drug Enforcement Administration, *The NNICC Report: The Supply of Illicit Drugs to the United States*, August 1995.

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Johnston, Lloyd, et.al., *National Survey Results on Drug Use From the Monitoring the Future Study, 1975-1994, Volume II College Students and Young Adults*, preliminary tables, November 17, 1995.