

Leading Drug Indicators

133885

An Office of National Drug Control Policy
White Paper
September 1990

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U.S. Department of Justice
National Institute of Justice

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Preface

One year ago, President Bush unveiled his National Drug Control Strategy, a comprehensive plan for addressing our Nation's drug problem. At the time, no one doubted the dire need for such a Strategy. The destructive power of drugs had touched virtually every community across the country. Hospitals were crowded with drug-related emergencies, children not yet in their teens were found addicted to cocaine, and crack was cheap and easy to find in almost every city.

Today the drug crisis is far from over. But there are some clear signs of progress. Mounting empirical evidence indicates that our current epidemic, though still intolerably large, has begun to recede. In the pages that follow, an attempt is made to sift through some of this evidence, to place it in proper context, and to present a comprehensive look at what we now know about the problem. Measuring the extent of drug use has never been an exact science. But the array of indicators presented in this brief report suggest that, all things considered, the situation has taken a turn for the better in the last twelve months.

It would be a grave mistake to attribute momentum against drugs to a specific policy or single government initiative; no such credit is claimed here. The fight against drugs may often require leadership at some remove, but it is actually fought close at hand — by individual doctors, teachers, policeman, neighborhoods, and families. The encouraging statistical trends outlined in the following pages are the cumulative product of an all-too-often unnoticed individual and collective effort in local communities across our country — and of comparable allied sacrifice and diligence in foreign lands, as well.

I am also painfully aware that despite successes already achieved, many Americans still confront the tragedy and misery of drug use and addiction everyday. There still remain cities, towns, and neighborhoods where drugs have the upper hand, and raw statistics and surveys offer their residents little consolation. But I am confident that through continued pressure and determination on every front, we can restore more and more of them to safety and health.

I am also confident that the small but sure signs of progress we have seen thus far make the best case for sticking with our plan. We have, in the National Drug Control Strategy, an ambitious but realistic program to erode steadily the prevalence of American drug use. Our task for the year ahead is to press on with our Strategy, ensure that it is implemented, and consolidate all its component parts. By combining ever stronger Federal effort with the energy of private citizens, State and local government and civic leaders, we may soon see the scourge of drugs in full retreat.

William J. Bennett
*Director, Office of National Drug
Control Policy*

Leading Drug Indicators

By the late 1980s, a series of surveys and statistical indicators had confirmed what many American law enforcement officials, medical professionals, teachers, and parents already knew: that the United States was experiencing a serious epidemic of drug use. Cocaine use was widely and correctly understood to be the most immediately threatening aspect of the epidemic. And beginning in 1985, a cheap, easily manufactured, and highly addictive smokeable form of that drug — crack — achieved widespread prevalence. Hard data collected in subsequent years made clear just how bad the Nation's drug problem had become: the number of drug-related hospital emergencies was soaring; as many as eight out of every ten men arrested had traces of cocaine in their systems; and the number of Americans reporting weekly or more frequent cocaine use was rising sharply.

Statistical analysis is always a complicated business, of course, and the task of measuring illegal activities like the trafficking and use of drugs is especially difficult. National surveys tend to miss hard-to-reach subsections of the population; some statistical measures are too narrowly focused; and others don't provide enough material on which to base a national estimate. Nevertheless, broad, regular, and objective measurement is the best way — indeed, the only way — the scope of the crisis can be understood, and intelligent policy toward it can be formulated. Reports of drive-by shootings or teenage drug overdoses are horrifying evidence of the destructive power that drugs can have. But a strategy designed to fight the problem requires a more systematic, albeit less vivid, evaluation of drug use and trafficking patterns and effects. Impressions and anecdotes are not enough.

Unfortunately, there exists no single measurement, no annual report, no one set of data that can by itself fairly describe a drug epidemic in all its complexity. Indeed, any attempt to measure the drug

problem begs a more fundamental question: what, exactly, are we trying to measure? Different sets of drug-related statistics very often seem to suggest different — even sharply conflicting — conclusions. This summer, for example, the Washington, D.C. murder rate — generally assumed to be strongly related to the local drug problem — rose to an all-time high. But at exactly the same time, the percentage of D.C. arrestees testing positive for drug use fell to its lowest level in nearly three years. Last fall, 20 tons of cocaine were found in a Los Angeles warehouse, the largest single seizure in history, inviting speculation that the amount of cocaine in the country was far greater than previously supposed. Yet only a few months later, Drug Enforcement Administration officials reported that Los Angeles-area wholesale cocaine had become significantly more expensive and less pure — a striking sign that the drug was possibly becoming scarce.

Like the old fable about blind men describing an elephant, individual drug statistics usually tell us only part of a large and complex story. Each piece of news they deliver is vital to our understanding of the extent and nature of the problem. But each must be read in full context. Our drug-related information is culled from myriad different sources; is necessarily released and evaluated in piecemeal fashion, as it becomes available; and is not always the product of research conducted in identical time periods. The temptation to assess progress or failure in the fight against drugs by the standard of whatever happens to be the latest piece of good or bad news is natural, perhaps. But it is almost by definition shortsighted and misleading.

This document is designed to facilitate a broader and more dispassionate view of the latest available drug-related data in several basic areas. By most objective evaluations, these data describe a drug problem that has been getting better, not worse. Some of the most important indicators, in fact, suggest dramatic improvement. Cocaine-related emergency room mentions, which since 1985 had been multiplying at an alarming rate, actually leveled off in early 1989 — and then began to decline, dropping a full 22 percent between October and December. In the first quarter of this year, these numbers fell a further 4 percent. And after three successive years of surges in cocaine-related deaths, the rate of increase slowed considerably between 1988 and 1989.

Other drug use surveys have recorded steady, meaningful declines. This June, for example, SmithKline Beecham Clinical Laboratories released a survey showing that 13.8 percent of nearly one million American workers tested positive for drugs; three years earlier, a similar survey found 18.1 percent testing positive. Law enforcement data from the largest American metropolitan areas increasingly suggest that once ubiquitous cocaine has become harder to find, more expensive, and less pure. And Colombian government crackdowns on cocaine cartel activities have apparently so depressed the market for coca leaf in the Andes that peasant farmers have begun voluntarily switching to alternative, legal crops.

Not all trends are encouraging. By most conventional measures, violent crime in the United States continues unabated. As explained in a subsequent chapter of this paper, the relationship between drugs and crime is ambiguous and complex. Although the wave of recent homicides across the country is commonly associated with the drug trade, many law enforcement experts speculate that rising murder rates in many cities might be due, paradoxically, to a *shrinking* drug market — a situation in which gangs and dealers battle one another over restricted turf and fewer customers.

Similarly mixed signals emerge from reports concerning opium poppy cultivation in Central America and Asia. The International Narcotics Control Strategy Report, discussed at further length later in this document, makes clear that many countries have had bumper crops of opium in the last year, raising alarms that cheaper, high quality heroin may soon be flooding American cities — perhaps even replacing cocaine as the drug of choice. So far, however, there is virtually no hard evidence that heroin use is significantly increasing in the United States. Emergency room mentions for heroin actually dropped in the first three months of this year. A comparable threat was widely noted last summer, when reports that “ice,” a smokeable methamphetamine widely used in Hawaii, would be the next wave of the drug epidemic. Here, too, little evidence exists to suggest that ice has penetrated the mainland drug market.

New threats *do* exist, of course. Illegal drug markets are volatile and unpredictable. And steady, recent gains against drug trafficking and use should delude no one into believing that the drug problem is no longer unacceptably large and dangerous. Illegal drugs continue to account for thousands of American deaths, billions of dollars in health care costs, and immeasurable damage to families and communities. If current statistical trends describe a drug problem no longer spiralling wildly out of control — and actually abating — then a longer, historical view should make clear that now is exactly the wrong time to change direction, withdraw attention and effort, and give in to false comfort.

In the pages that follow, the leading indicators of America’s drug problem are described, evaluated, and interpreted. More targeted, subsidiary indicators of drug trafficking and use sometimes make the news, of course. But the surveys, studies, and statistical reports summarized here are widely considered the best, most basic and important measures now available. An attempt is made here to place each of these indicators in a larger context, to describe what it can tell us and to acknowledge what it can’t, and to interpret its results in light of what we know about the drug problem from other sources.

In the months ahead, all of these indicators will, as always, be closely scrutinized for evidence of significant further movement — for good or ill. This document is offered as a way to encourage better

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understanding and accurate interpretation of such data as it continues to emerge. And it is hoped that our national strategy against drugs — shaped in part by these statistics — will continue to help move the numbers in the right direction, further and faster than seemed possible just one short year ago.

The National Household Survey on Drug Abuse

The National Household Survey on Drug Abuse is a comprehensive indicator that measures the prevalence of drug use in the Nation among the American household population age 12 and older. Periodically since 1972, the National Institute on Drug Abuse (NIDA) used a sample of approximately 4,000 to 9,000 randomly selected Americans to be interviewed in person in their homes. The survey was last conducted in 1988, and data for the 1990 survey was collected earlier this year. After the compilation and analysis of the data, NIDA releases a report that estimates the percentage of the general population that has used drugs in that year, with results broken down into estimates for various demographic groups and the Nation as a whole.

As with any such survey, the Household Survey must rely solely upon the answers of its respondents. While it is true that a survey based on self-reported drug use is less reliable than results from urinalysis or medical examination, researchers in the field of deviant behavior say that fairly accurate data is obtained by the Household Survey's carefully selected and trained interviewers who do everything possible to minimize their respondents' perception of risk in answering questions with candor. Concern for the confidentiality of respondents' answers is central to the design and execution of the Household Survey, which provides privacy for the respondents during the interview.

Despite these precautions, however, it is not unreasonable to assume that some unknown proportion of respondents will have a tendency to deny the use of illicit drugs, which would result in a lower estimate of national drug use. It is also possible that the candor of respondent answers has decreased to some degree as social tolerance for drug use has diminished, just as it is possible some respondents may have exaggerated reports of drug use when it enjoyed more social acceptability. In any case, it is generally accepted by researchers that the number of respondents who answer dishonestly is essentially consistent and represents a negligibly small percentage of the sample.

The Household Survey estimates the prevalence of the use of a wide variety of drugs, marijuana and other illicit drugs, such as cocaine, heroin, and hallucinogens, as well as non-medical use of prescription drugs. For an estimate of aggregate drug use, the survey also includes a report on "any illicit drug use." The reported estimates of drug use are then tabulated in three categories: "current" use (within the past 30 days); "past year" use; and lifetime use. In 1985, the survey began to record the frequency of drug use in the past year for marijuana and

cocaine, reporting data on those using drugs "12 or more times" and "once a week or more". The published report breaks down findings by age, sex, race, region, current employment, and educational attainment of those 18 years or older.

The Household Survey is an important indicator because it attempts to measure the prevalence of drug use among an estimated 98% of the population: those Americans who live in households, as opposed to college dormitories, military barracks, nursing homes, and prisons.

Understanding drug use trends among so broad a section of the population is essential in discerning the extent of the drug problem in the United States. But it should again be noted, however, that estimates of drug use provided by the survey may be conservative since some groups known for higher drug use rates — the homeless, prisoners, college students in dormitories — have not been included in the survey sample. On the other hand, people with low rates of drug use, such as those in nursing homes, have not been included in the sample either.

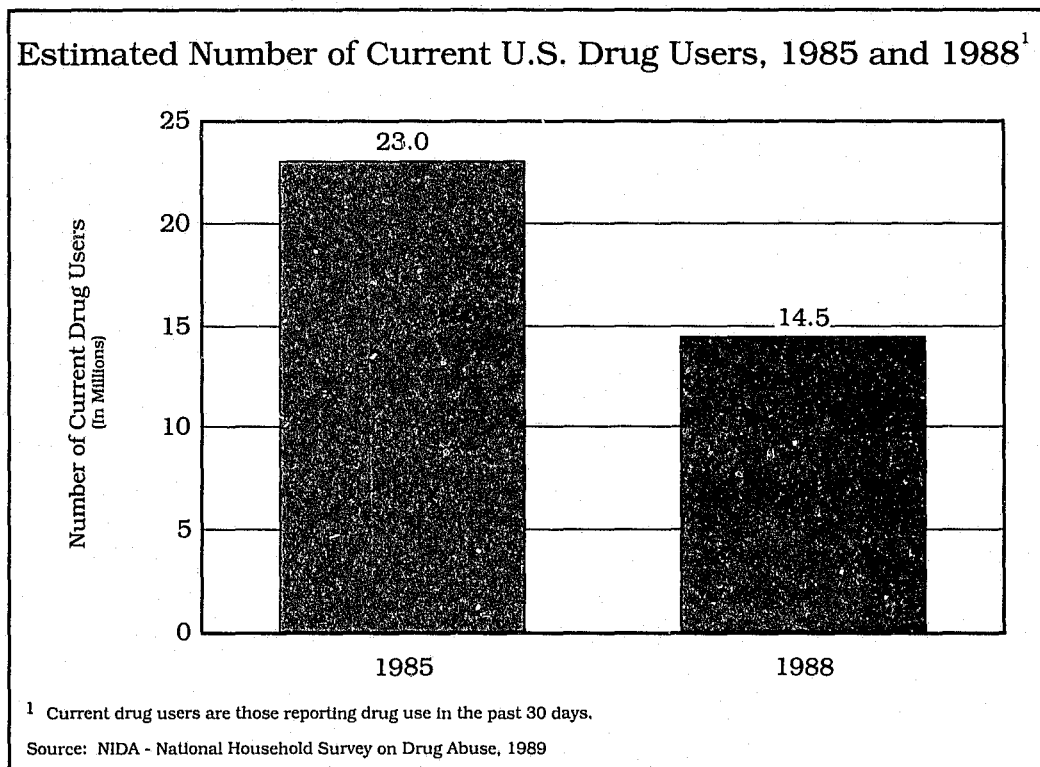
Strengths and Limitations

The most significant strength of the Household Survey is that it is our broadest measure of drug use in the Nation. Since the survey collects information on the use of a large number of illicit drugs, it can determine which drugs are being used most frequently and by what segment of the population. Moreover, since the survey has been conducted since its inception in 1972 with a consistent set of questions and interview methodology, data from the survey (unlike many indicators) can be used to establish clear trends and patterns over time.

A widely recognized limitation of the Household Survey is the delay between the time the survey is conducted and the date its results are released. And during the 1980s the survey was conducted only once every three years, which did not give us enough data to study the evolution of drug use trends in detail. The survey, therefore, has been useful as a general review of the size and direction of the Nation's drug problem as it has developed over recent years, rather than the most up-to-date information on national drug use. Beginning with the 1990 Household Survey, however, data will be collected each year, and thus reported in a more timely and relevant fashion.

An additional limitation is that only about 80 percent of those selected for the study agree to be interviewed. While the 20 percent who are not interviewed has been consistent over time and is comparable to other major surveys, there is reason to believe that a disproportionate share of non-respondents use drugs — perhaps heavily.

Some critics of the Household Survey have charged that the small sample of approximately 9,000 respondents is too small to produce an accurate picture of nationwide drug use, especially in certain subsec-



tions of the population. Drugs like crack and heroin, used by a very small segment of the population — are not truly amenable to study by the Household Survey. Frequent heroin use, for example, is not even estimated in the Household Survey because interviewers rarely find more than a few people who use the drug. Yet it is worth noting that one of the key findings of the survey — that weekly cocaine use soared between 1985 and 1988 — has been confirmed by virtually every other drug indicator. Nonetheless, the 1991 survey will be based on an increased sample size of nearly 31,000, which will include expanded coverage of hard-to-reach populations, and a set of metropolitan area studies.

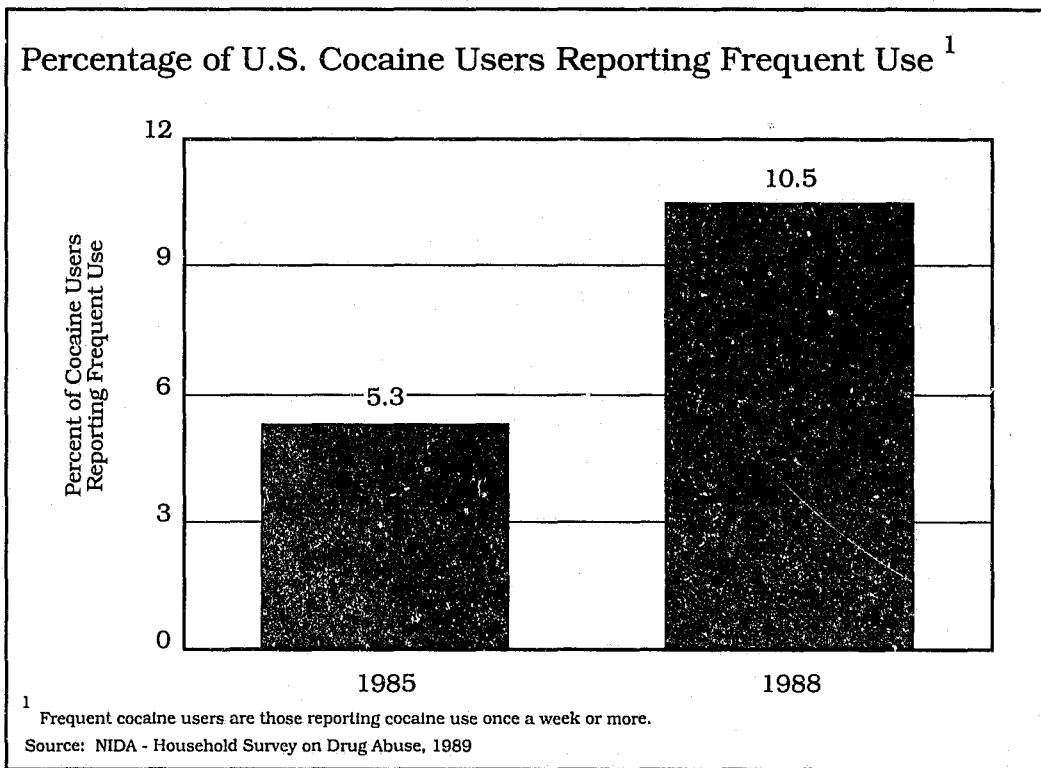
What the Household Survey Tells Us

According to the 1988 Household Survey, 37 percent of the household population aged 12 and older have used illicit drugs one or more times in their lives. About 7 percent of this population — 14.5 million people — were current users (had used drugs in the past month). In addition, nearly twice as many males as females were cocaine users, and whites constituted 69 percent of all cocaine users. More important than these statistics, however, are drug use trends — patterns of drug use over time.

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The 1988 report revealed some startling news when compared to the 1985 survey. As the graph on page 9 makes clear, the number of Americans using any illicit drug in the 30-day period preceding the survey dropped 37 percent; current use of cocaine and marijuana dropped 49 percent and 36 percent respectively. This was a continuation of the general downward trend since drug use peaked in 1979.

Other news from the 1988 survey, however, suggests that another part of the drug problem intensified between 1985 and 1988. As the graph below illustrates, the estimated "frequent" use of cocaine — ingesting the drug one or more times each week, and calculated as a percentage of the total cocaine-using population — essentially doubled from 5.3 percent to 10.5 percent from 1985 to 1988. What these numbers make clear is that while fewer people are using cocaine overall, those who were still using the drug in 1988 were using it more often. Not coincidentally, 1985 was the first year in which crack-cocaine became widely available.



Drug Abuse Warning Network

The Drug Abuse Warning Network (DAWN), administered by the National Institute on Drug Abuse, monitors the number and pattern of drug-related health emergencies and drug-related deaths in major metropolitan areas across the country. The program was initiated in 1972 and records data every quarter.

In 1989, DAWN data were collected from a panel of over 700 hospital emergency rooms in 21 metropolitan areas and from 87 medical examiners in 27 different metropolitan areas. All the emergency rooms participating in the DAWN system are open 24 hours a day and are located in non-Federal, short-term hospitals. The system bases trend estimates on consistently reporting hospitals.

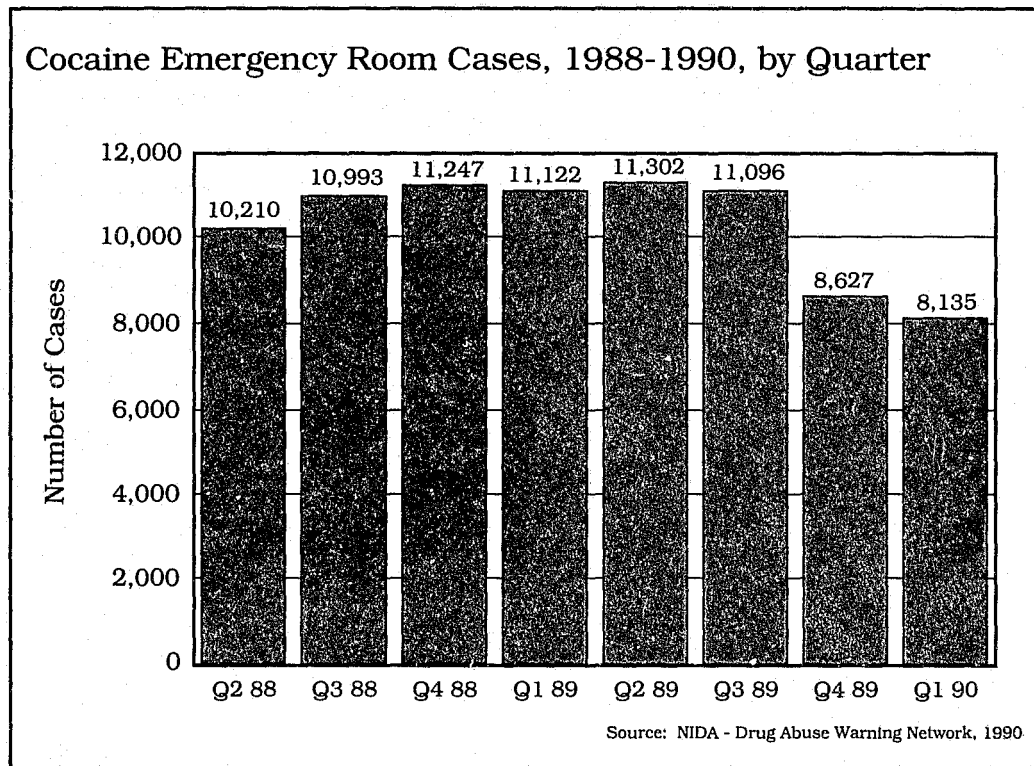
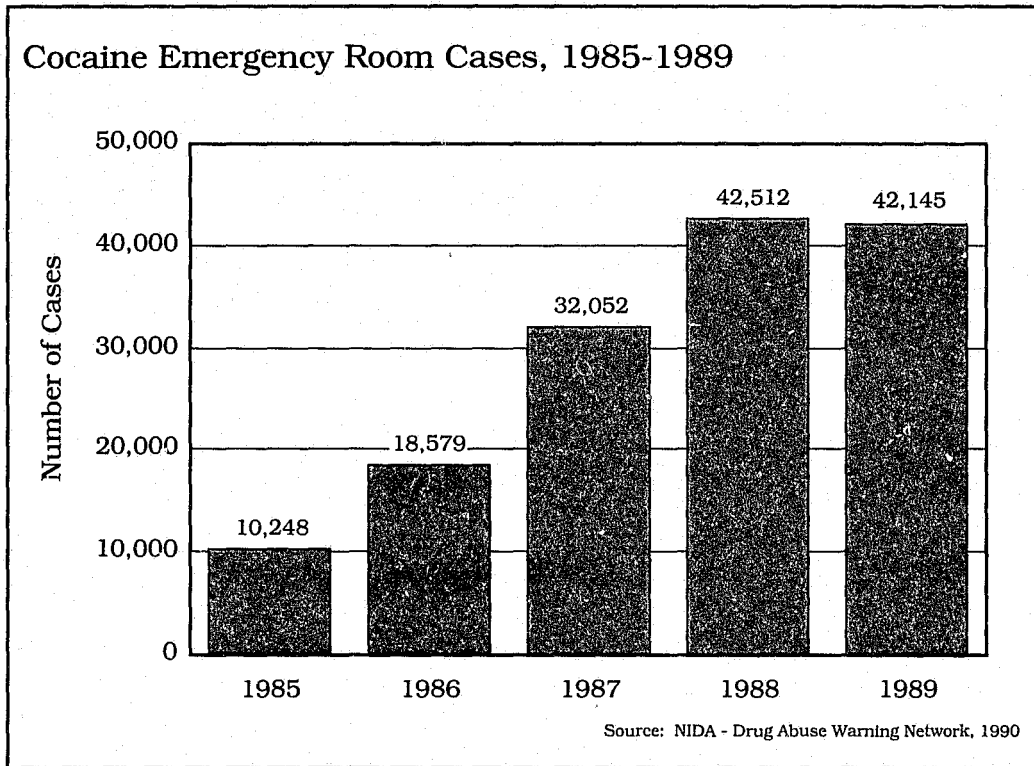
DAWN collects two basic sorts of information: drug-related deaths reported by medical examiners and drug-related visits to hospital emergency rooms. Forensic data and/or hospital case records are analyzed to determine whether use of illicit drugs was involved in the death or emergency room visit in question — and if so, which drugs. Also collected are data regarding the sex, age, and race of individuals; the reason for admission or cause of death; single or multiple drug use; and the method in which the drug was consumed (injected, smoked, inhaled, etc.) Because of the hazardous and even deadly effects of drug use, the information provided by emergency rooms in the DAWN system helps measure increases and decreases in the drug-related damage done to the Nation's health.

Strengths and Limitations

DAWN data by themselves do not allow us to conclude what type of drug user becomes an emergency room statistic. DAWN researchers speculate that in most instances, people who arrive at emergency rooms as a result of their drug use are heavy users of illegal drugs. They are people who, after a prolonged period of regular drug use, begin either to consume increased amounts of drugs to overcome their higher tolerance levels or to experiment with multiple drug use. Both practices make drug use even more dangerous and life-threatening.

It is also possible that among the DAWN statistics are many first-time or "experimental" users whose inexperience with drugs leads to a serious medical emergency. But the data alone do not permit us to determine the precise mix of bottomed-out addicts and novices showing up in emergency rooms. Nonetheless, most drug researchers agree that DAWN statistics most likely capture drug users who are at the peak of their consumption: a medical emergency is often the precipitating event that steers a drug user either to treatment or to reduced levels of consumption.

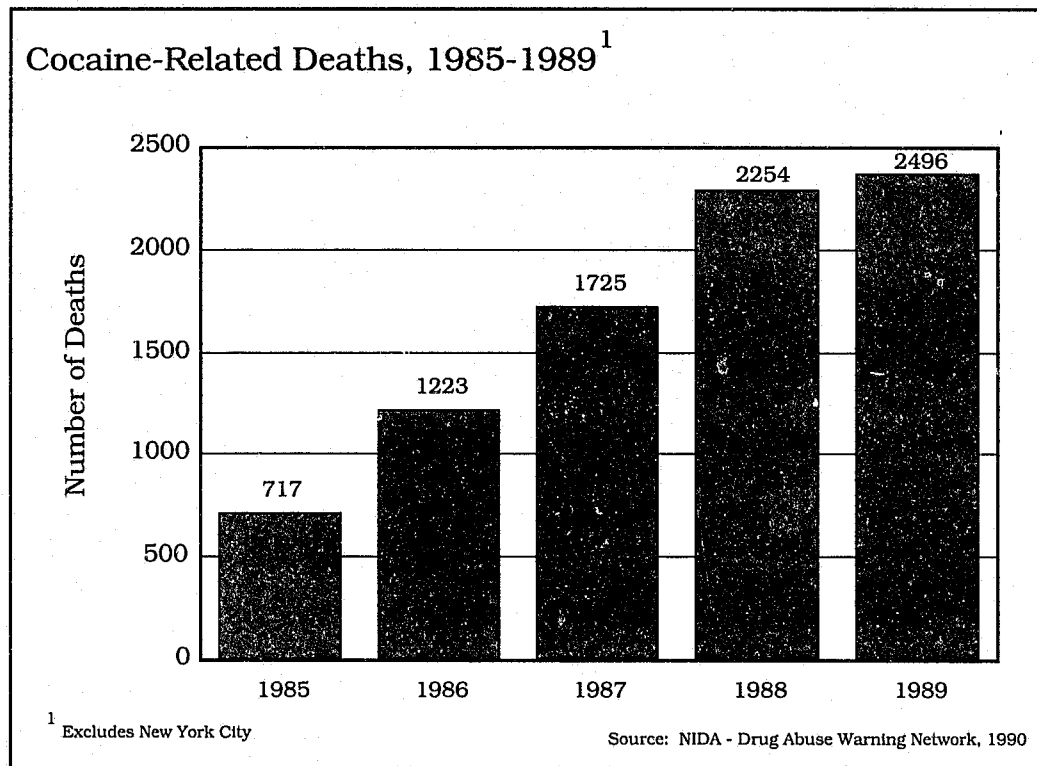
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By definition, drug users who become part of DAWN statistics are people who have gotten into trouble with drugs. That is why DAWN statistics are so important in assessing the severity of the Nation's drug problem. Still, some caution should be taken in interpreting the data. The total DAWN figures are not necessarily a true representative sample of hospital emergencies across the country. And since reporting hospitals are primarily in large metropolitan areas, dangerous drug use in rural areas goes under-reported. (DAWN is now being reconstituted to include more data from rural areas and create a true national sample). DAWN statistics are also subject to the shifting potency and quality of the drugs themselves. A sudden drop in the purity of cocaine in one city may result in a parallel drop in medical emergencies, even though the number of users and frequency of use remains the same.

What DAWN Tells Us

Few other indicators have illustrated the sweep of the Nation's cocaine epidemic during the mid-1980s as well as DAWN. As the graph on page 12 illustrates, the DAWN hospitals reported 10,248 cocaine-related emergency room cases in 1985. After three years of steep increases, that number had grown more than 400 percent to 42,512 "mentions" in 1988. In some cities, the boom in cocaine emergencies was far greater still: Phoenix jumped from 15 emergency room visits in



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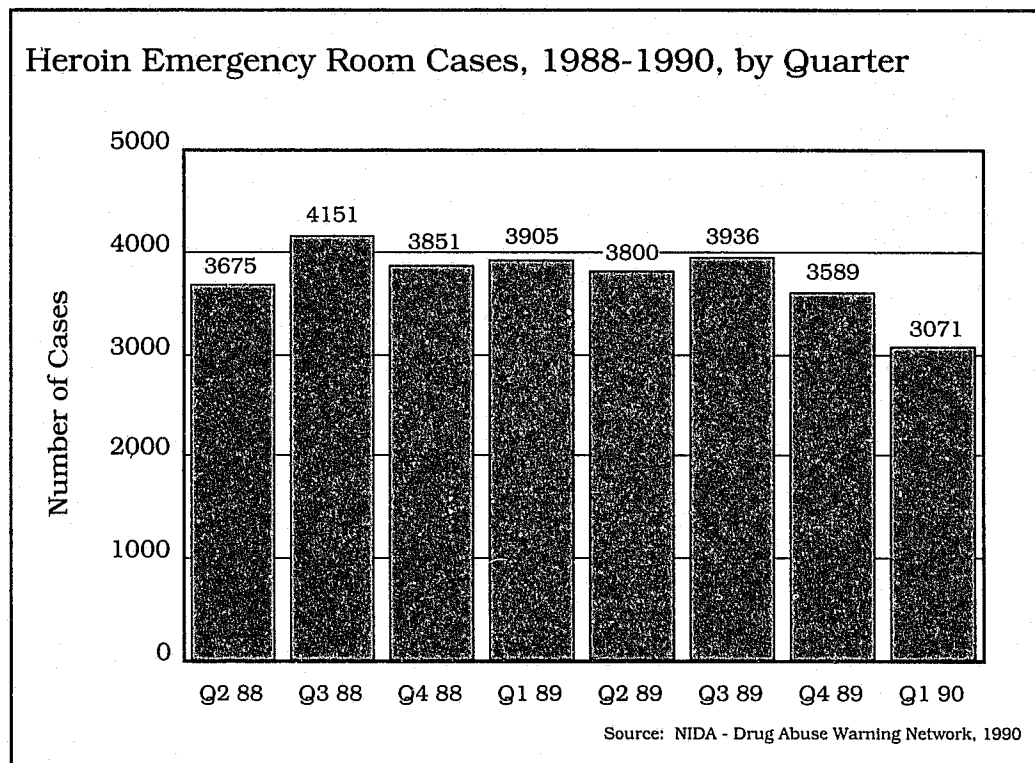
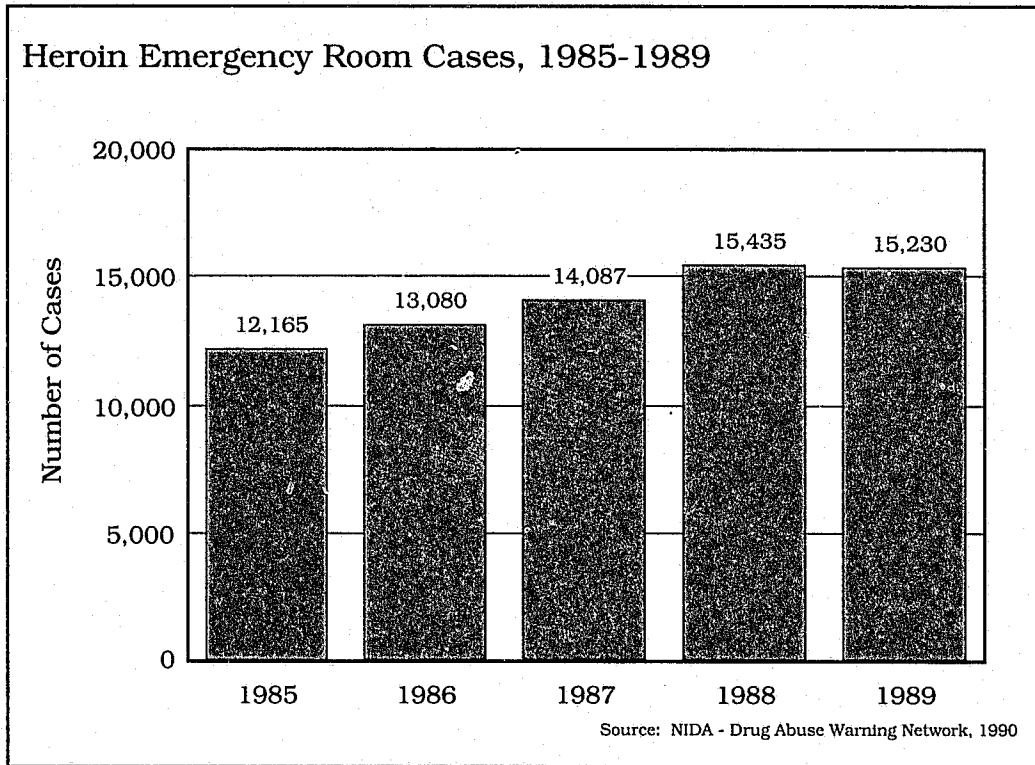
1985 to 296 in 1988; during the same period, Detroit emergency rooms saw a jump from 186 cocaine mentions in one quarter to over 1000 three years later.

The number of cocaine mentions reached a plateau, however, in the final quarter of 1988, and remained stable for three successive quarters. In the last three months of 1989, emergency room mentions for cocaine dropped a dramatic 22 percent from the prior quarter. Preliminary data indicate that they continued to decline a further 4 percent in the first three months of 1990.

Medical examiner data, meanwhile, demonstrates the dramatic increase between 1985 and 1988 in the number of deaths attributable to cocaine. As the graph on the previous page illustrates, the total number of cocaine-related deaths (excluding New York City) more than tripled between 1985 and 1988 before the rate of increase slowed to just 11 percent between 1988 and 1989.

All these figures suggest that the cocaine epidemic, at least as measured by emergency room visits, leveled off and may even have begun to recede in the latter half of 1989. While it is possible that the dramatic drop in cocaine emergencies during the fourth quarter of 1989 was due to transient and temporary factors (bad weather that kept dealers in doors or drug supply disruptions) it is worth noting that similar plateaus were reached during 1988 and 1989 for emergency room mentions of marijuana and of all drugs combined. And as the graph on page 15 shows, the number of heroin cases were level during 1989 before taking a 14 percent drop (according to preliminary figures) in the first quarter of 1990, reaching the lowest level since 1986.

Because the magnitude of the drops recently observed in the DAWN data so far has no parallel in any other indicator, we must be cautious about reading them as evidence of a long-term decline in drug use. And the most recent DAWN data show that cocaine and other drug-related emergencies are still occurring at a historically very high level. Nevertheless, the small decline in emergency room mentions during the first quarter of 1990 was the second consecutive quarter showing a meaningful decline in cases, raising hopes that a genuine national trend of decreased heavy drug use may be underway.



The Drug Use Forecasting Program

The Drug Use Forecasting program (DUF) was established by the National Institute of Justice to measure the rate of drug use among those arrested for serious crimes. Since 1986, the DUF program has used urinalysis to test a sample of arrestees in selected major cities across the Nation to determine recent drug use. Urine specimens are collected from arrestees anonymously and voluntarily, and tested so as to detect the use of ten different drugs, including cocaine, marijuana, PCP, methamphetamine, heroin, and opium. The DUF program releases a report every quarter on the percentage of arrestees tested in each city who have recently used drugs.

In 1989, 22 cities participated in the DUF program, which found that anywhere from 56 to 82 percent of male arrestees volunteering for DUF tested positive for at least one drug. DUF also tests females at most of its sites, although the sample sizes are smaller. Where possible, DUF breaks down its findings by race, age, and the crime with which an individual has been charged.

The DUF program is unique in two significant ways. First, it determines drug use primarily through urinalysis; and second, it examines drug use among those charged with criminal behavior. Urinalysis is currently the most reliable method of determining whether someone has recently used drugs. The testing system employed by the DUF program can detect whether drugs have been used during the last two to three days, although marijuana and PCP can sometimes be detected weeks later. The alternative — simply asking arrestees, soon after arrest, if they have recently used drugs — produces understandably unreliable results.

Detecting and measuring drug use among those charged with criminal behavior is crucial to understanding the nature and extent of drug use in the Nation. The criminal population is underrepresented in other drug use surveys of the U.S. population such as the National Household Survey or the High School Senior Survey. By drug testing a sample of those arrested in major cities, the DUF program provides us with concrete information about a subsection of the population where drug use is heavily concentrated. Indeed, the results of the DUF program show that the rate of drug use is as much as ten times greater among those arrested for serious crimes than among the general population.

Strengths and Limitations

The strength of the DUF program is, as mentioned, that it provides information on the criminal population where rates of drug use are high. The quarterly reports provided by DUF allow us to see the extent

of drug use among those charged with criminal offenses, a group thought to be underrepresented in household and other surveys, and it supports other evidence suggesting drug use and criminal activity often go hand in hand. Moreover, because DUF tests for ten different drugs, we can determine which drugs are most frequently used by the criminal population. The DUF system has tracked both the rise of cocaine in most cities as well as the decreasing popularity of PCP in several metropolitan areas over the last few years. For this reason, the National Institute of Justice suggests that DUF can be used as a forecasting tool in determining which drug trends may reach the general population. While it is certainly true that DUF has charted the rapid growth of crack use among the criminal population, it is not clear whether information regarding the use of drugs by criminals gives us any ability to forecast epidemic drug use among the general population.

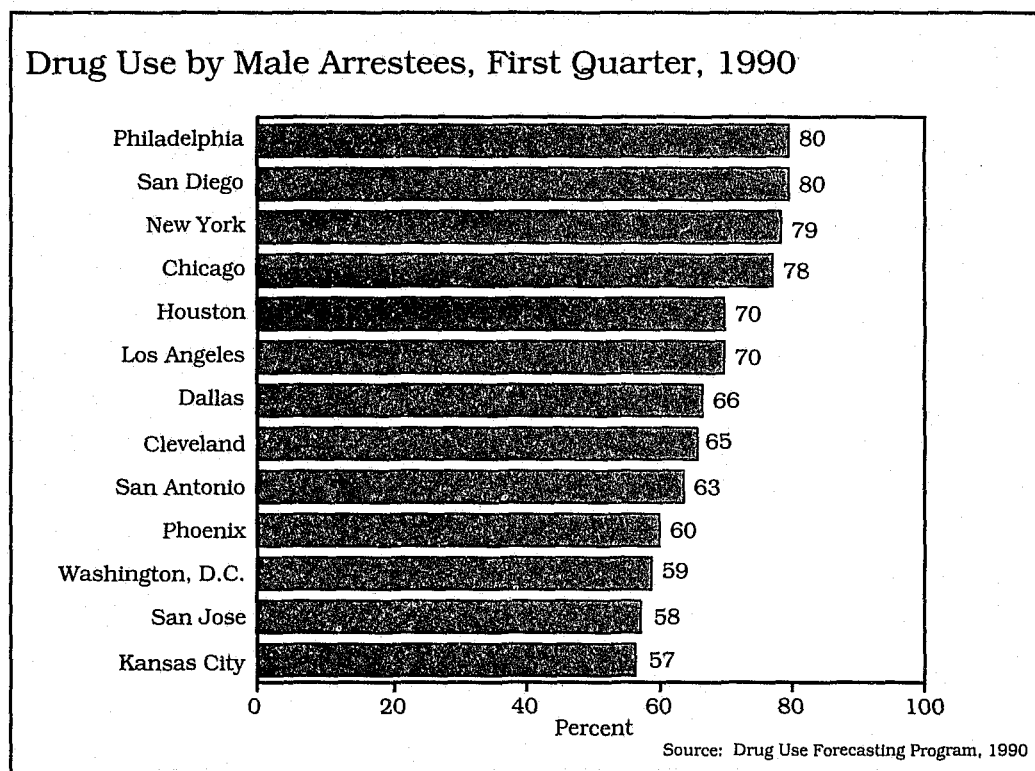
The chief limitation of the DUF system is that it does not employ a "probability sample" — the arrestees selected for testing are not necessarily an accurate reflection of all arrestees. That means that information obtained by DUF in a given quarter cannot be reliably extrapolated to the larger criminal population, either from city to city or from quarter to quarter. And because the method by which the sample is taken varies from city to city, it is difficult to make meaningful comparisons between cities. As a result, DUF provides us with valuable information about arrestees tested in a given city, during a given quarter, but is less effective in establishing national drug use trends over a longer period.

The findings of the DUF program give rise to two questions that no current indicator can adequately answer. First, although DUF tells us about recent drug use, it doesn't tell us about the frequency of drug use. DUF numbers cannot tell us whether the arrestee is an addict or an occasional user. Second, DUF appears to establish a link between drug use and crime, although the precise nature of the connection remains unclear: we don't know, for example, whether the arrestee committed the crime with which he has been charged while under the influence of the drug that has been detected through urinalysis. That ambiguity should warn us to treat all cause-and-effect statements about criminal behavior and drug use that are based exclusively on DUF data as highly speculative.

What DUF Tells Us

Throughout 1989 and through the first quarter of 1990, cocaine remained the most prevalent drug used by males and females arrested for serious crimes. As the graph on page 18 illustrates, the percentage of male arrestees testing positive for any drug during the first three months of this year ranged from a high of 80 percent in San Diego and Philadelphia to a low of 57 percent in Kansas City. Although no clear trends are evident, in the last two quarters of available data, 9 of 20 DUF

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cities recorded their lowest rates of male arrestee drug use since data collection was initiated. No clear downward trend has been established, however, and arrestee drug use could fluctuate as it has in the past. Nevertheless, this decline in arrestee drug use seen in a number of DUF sites across the country parallels what has occurred in Washington, D.C., the only city in the Nation that currently tests every arrestee for drug use. In June of 1990, only 48 percent of arrestees tested positive for cocaine, the lowest level since May 1987 and a substantial drop from the 67 percent who tested positive one year earlier.

The DUF program has also provided some interesting information about heroin and amphetamine use. Although numerous studies and press reports have suggested that the United States is on the verge of a new heroin epidemic or about to undergo a wave of methamphetamine use in the form of "ice," those fears are not bore out by the DUF data. True, a few cities such as Chicago have seen an increase in the number of arrestees testing positive for opiates, which would include heroin. But in most cities opiate use shows up in less than 10 percent of the arrestee sample. DUF data shows that opiate use in most cities has neither gone up or down. Amphetamine use, on the other hand, has yet to penetrate more than a few Western cities. In San Diego, where illicitly manufactured dangerous drug use has traditionally been far higher than elsewhere, 30 percent of male arrestees tested positive for am-

phetamines. But in most other cities, less than 7 percent of arrestees test positive for amphetamine use. So although the threat of new drug epidemics remains, there has not been, at least through the first quarter of 1990, any evidence of significant increases in the use of either heroin or ice among the criminal population tested, the very place where one would expect to see such emerging trends.

Finally, the DUF data does provide us with some additional insight into drug use and crime. It is widely and correctly assumed that many crimes are committed by those seeking money to support their drug habit. The DUF data bolster this assumption; approximately three-quarters of those arrested for burglary or robbery in 1989 tested positive for drugs. But as the table on this page suggests, drug use is prevalent among the majority of most other serious offenders, including those charged with assault, homicide, and weapons offenses — crimes that have no direct and obvious link with generating income. While it is clear that drugs like cocaine and PCP can induce violent and aggressive states of mind, the DUF data falls short of establishing that these drugs have been the sole cause of violent crimes committed by otherwise nonviolent drug users.

Drug Use by Charge at Arrest, January-December, 1989

Charge	Total Sample	Percentage Testing Positive for any Drug
Assault	1711	55
Burglary	1701	75
Damage/Destroy Property	226	55
Drug Sale/Possession	2652	83
Family Offense	425	50
Flight/Escape/Warrant	488	68
Fraud/Forgery	415	58
Homicide	263	57
Larceny/Theft	2321	71
Probation/Parole Violation	481	64
Prostitution	145	59
Robbery	990	73
Sex Offenses	418	44
Stolen Vehicle	1080	64
Stolen Property	356	70
Weapons	675	63

Source: NIDA - Drug Abuse Warning Network, 1990

High School Senior Survey

The National High School Senior Drug Abuse Survey is the leading indicator of drug use and attitudes toward drugs among our Nation's high school seniors. The Survey has been conducted on an annual basis since 1975 through a program entitled "Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth." The program is conducted by the University of Michigan's Institute for Social Research and is funded by the National Institute on Drug Abuse (NIDA).

The High School Senior Survey includes a national sample of over 130 public and private high schools, with approximately 17,000 participating seniors. A representative follow-up sample of 2,400 individuals is chosen from each class, half of whom are surveyed every year. The survey is administered in the schools, and students responding to the questions are assured confidentiality. Survey questions focus on the respondents' use of illicit drugs and alcohol, including current use (use within the last 30 days), annual use, and lifetime use. The Survey also includes a series of questions concerning attitudes towards drug use, perceived harmfulness of drug use, and perceived availability of drugs.

The survey sample does not capture high school dropouts or those absent the day of the survey. Survey statistics may therefore be somewhat conservative since dropouts and truants are believed to have higher than average rates of drug use. But since the methodology has been consistent since 1975, the value of the survey as an indicator of trends remains high.

Strengths and Limitations

The High School Senior Survey is the best information currently available on trends in drug use, changes in values, behaviors, and habits of American youth. As a fifteen-year survey with a continuous history, it is also a useful barometer of drug use among young people in general. The survey has also used the same methodology over the entire period, thereby ensuring minimal variances due to the influence of changes in wording, formatting, interview techniques, and so on that can have profound effects on survey results in general.

The overriding importance of the High School Seniors Survey, however, is that it takes a snapshot of Americans who are on the verge of assuming the full responsibilities of citizenship — entering the work force, attending college, entering the military, and raising families. High rates of drug use at this stage are certainly cause for concern. By providing information about drug use at this stage of education, the High School Senior Survey helps assess the effectiveness of prevention and education efforts designed to teach young people resist illicit drugs.

Despite its success in measuring trends, the survey is not without its limitations. As noted before, it misses the 15 to 20 percent of youth who drop out of high school and the 5 to 10 percent of students absent due to sickness, extracurricular activities, truancy, or other reasons. A further limitation is that no perspective is provided on how and why those seniors who use drugs in fact use them -- that is, in what settings, and under what circumstances. Finally, without more longitudinal data, it is impossible to assess the seniors' "natural history" of drug use, and thus determine whether those reporting drug use are at the beginning, end, or middle of their drug-using career.

What the High School Senior Survey Tells Us

The 1989 Survey, released on February 13, 1990, provides encouragement that many of the positive trends of recent years have been continuing and, indeed, intensifying. Reported use of any illegal drug in the past 30 days decreased from 21.3 percent in 1988 to 19.7 percent in 1989, down from the peak of 38.9 percent found in 1978 and 1979. Annual use of any illicit drug decreased from 38.5 percent in 1988 to 35.4 percent in 1989, down from 54.2 percent reported in 1979. The trend is the same when individual drugs are examined, with both lifetime and current use of marijuana and cocaine decreasing from 1988 to 1989. The only drug which saw an increase in use from 1988 to 1989 was PCP, where annual use increased from 1.2 percent to 2.4 percent.

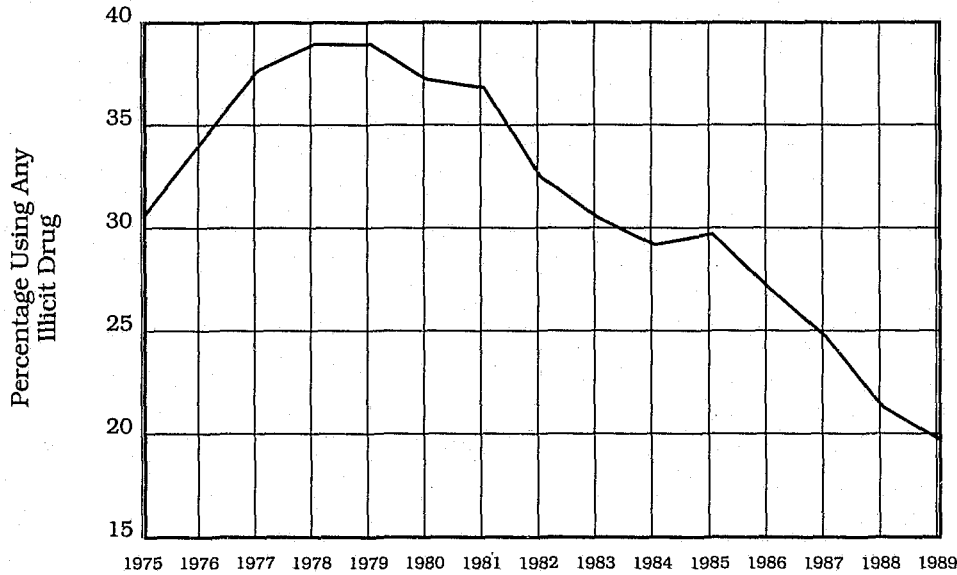
Despite the decrease in use of most drugs, the situation in our Nation's high schools is far from ideal. One out of two students has used an illegal drug before he graduates; one out of ten has used cocaine. The graphs on page 22 show how drug use in general among high school seniors peaked in the late 1970s and how lifetime cocaine use peaked in the mid-1980s and has fallen sharply since.

One of the most positive findings of the survey is that disapproval of drug use, which was already high, continues to grow. Seniors who disapprove of occasional marijuana use increased from 74 percent in 1988 to 77.2 percent in 1989, continuing a trend which began in 1979, while the percentage disapproving of occasional cocaine use increased from 89.1 in 1988 to 90.5 in 1989, continuing a trend which began in 1982. At the same time, the perceived harmfulness of drug use has been on the rise. Seniors who thought occasional use of cocaine was harmful rose from 69.2 percent in 1988 to 71.8 percent in 1989, continuing a trend that has been seen since these data began to be collected in 1986.

While drug use, disapproval of drug use, and the perceived harmfulness of drug use have all been heading in positive directions, the perceived availability of drugs has been increasing. In 1989, 58.7 percent of seniors thought that cocaine was easily available, up from the 55.0 percent who thought so in 1988, while the percentage that thought

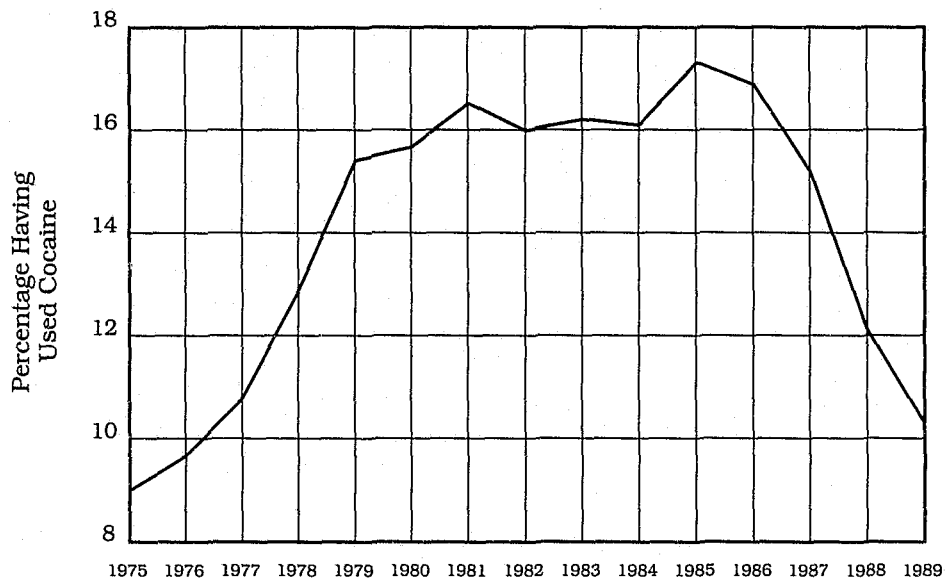
Leading Drug Indicators

Percentage of High School Seniors Reporting Drug Use in the Past 30 Days, 1975-1989



Source: NIDA - High School Student Survey, 1990

Percentage of High School Seniors Reporting Lifetime Cocaine Use, 1975-1989



Source: NIDA - High School Student Survey, 1990

heroin would be easily available increased from 28.0 percent to 31.4 percent in the same year. Both of these increases continue a trend which has been afoot since 1983.

One of the most fascinating findings of the 1989 survey is the correlation between the use of cocaine and marijuana by seniors and the perceived harmfulness of such use. Perceptions of the harmfulness of marijuana use increased steadily between 1980 and 1989, while seniors' reported use of the drug declined. Likewise, as the perceived harmfulness of cocaine use started to rise in 1987, cocaine use among seniors began to decline. While several factors have obviously contributed to this phenomenon, it is important to note that efforts to educate our young people as to the dangers of drug use seem to be taking hold.

For the first time, the 1989 survey examined the use of steroids, finding that 3 percent of seniors had taken steroids at least once in their lifetime. Significantly, 4.7 percent of males had tried these drugs while only 1.3 percent of females had tried them. Another interesting finding of the 1989 survey involved students who are frequently truant. While those who routinely skip class do have higher rates of drug use, their level of reported drug use is also declining. This offers hope that the movement away from drug use may run broad and deep among this age group.

The longitudinal data collected from past survey participants provide some interesting information on changes in drug use as the respondents to the survey get older. Use of marijuana and cocaine tends to increase after high school until age 21, and then drop. Use of other illicit drugs such as amphetamines, barbiturates, and LSD falls after high school. Although one must remain cautious in discussing causality from this sort of longitudinal data, use of a drug has been found to decrease over time as the perceived harmfulness of such use rises.

Price and Purity Indicators

Following trends in both the price and purity of illicit drugs is a crucial, if imprecise, method for determining the availability of drugs in the United States. Field agents from the DEA regularly report on street availability of drugs in major metropolitan areas. But because such reports often must rely on rumor and local perceptions, the DEA also tracks changes in both price and purity data through purchases and seizures to determine shifts in the availability of illegal drugs.

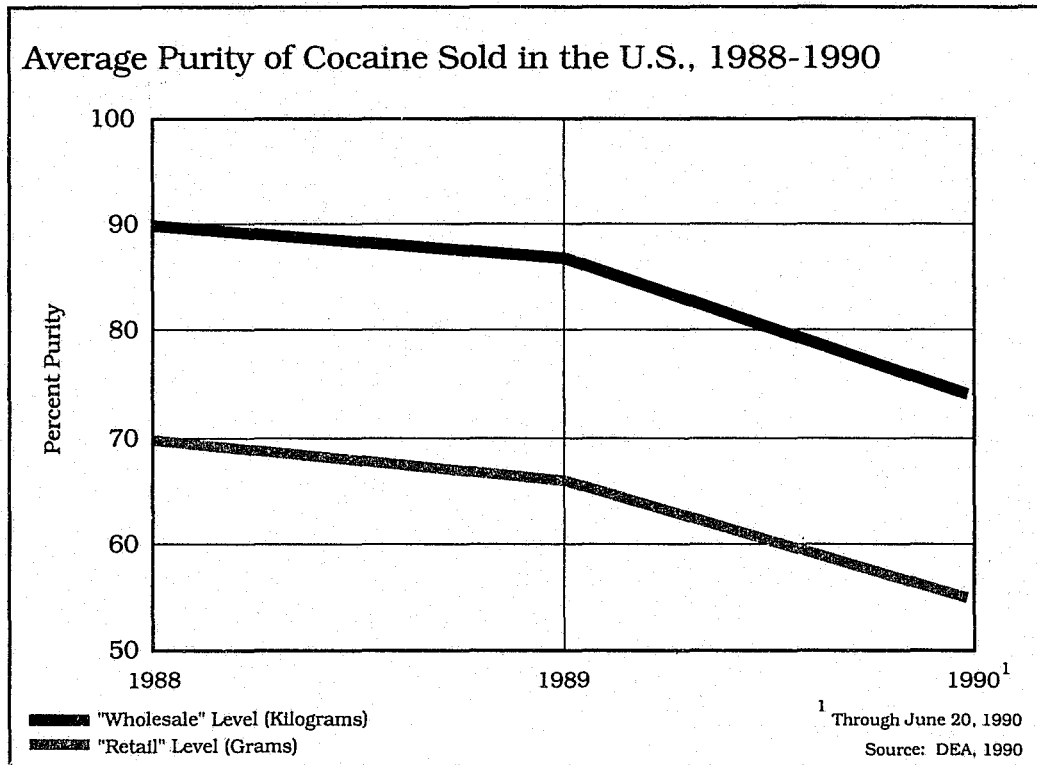
Strengths and Limitations

The value of price and purity indicators rests on two beliefs: first, that if drugs are scarce fewer people will use them; and second, shifts in the supply and demand for drugs are reflected in their price, purity, and general availability. These arguments, if true, suggest that the economics of drug trafficking are subject to the same laws of the marketplace as other goods: if supply rises and/or demand falls, prices drop; if supply falls and/or demand rises, prices climb. The importance of drug purity stems from a common feature of the drug dealing business. Both heroin and cocaine are routinely "cut" with other substances (traffickers will cut heroin with a substance like quinine or lactose; cocaine is frequently

Range of Cocaine Prices, 1989-1990, per Kilogram

City	1989	1990 (Through June 20)
Los Angeles	\$14,000-20,000	\$21,000-32,000
New York	17,000-25,000	20,000-35,000
Houston	11,000-21,000	20,000-30,000
Chicago	19,000-25,000	19,000-32,000
Miami	16,000-22,000	17,500-23,000

Source: DEA, 1990



cut with baking soda or powdered milk), which decrease its purity. If drug supplies dwindle, distributors and street dealers are likely to adulterate their product with cheap additives so they can maintain the same level of sales with less potent doses.

The problem with this market model is that drugs such as heroin and cocaine are sold exclusively in illegal, underground markets. Not only does their illegality create all kinds of distortions in normal pricing systems, but the clandestine nature of their distribution make studies of price changes very difficult. Moreover, although illegal drugs are trafficked across the United States, the level of price, purity, and availability has shown large disparities among different cities and regions.

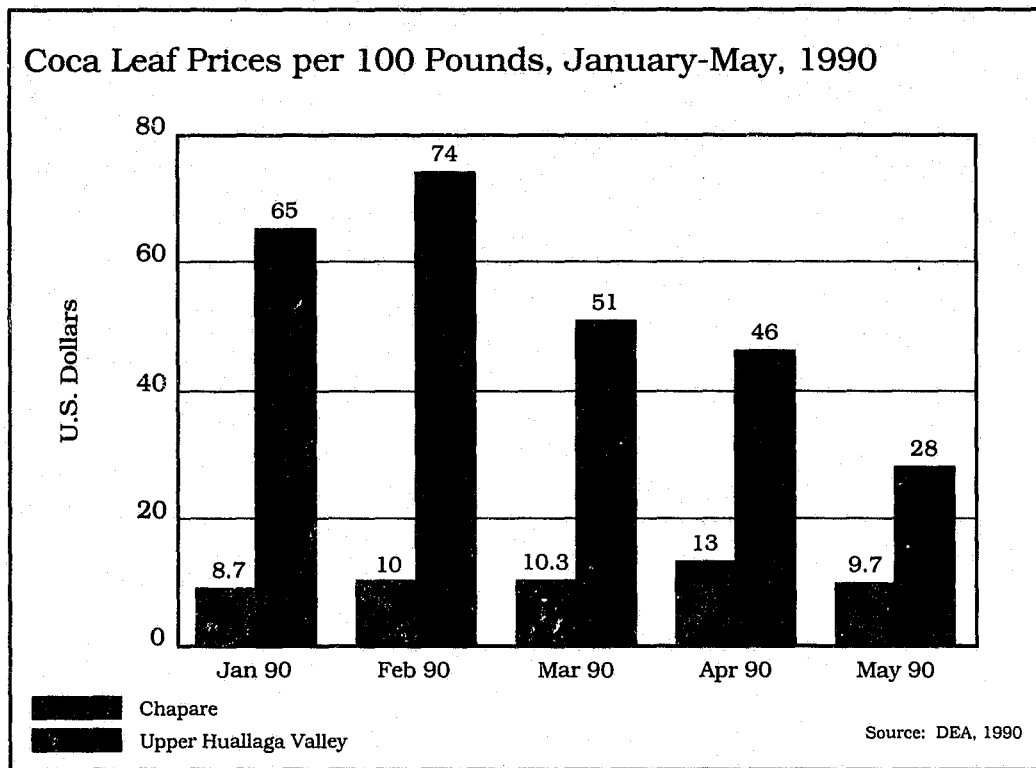
What Price and Purity Indicators Tell Us

In testimony before the Senate Foreign Relations Committee in June 1990, the DEA reported that the price of cocaine at both the wholesale (by kilogram) and retail (by gram) level had undergone notable increases, in some cases to the highest level since 1985. The table on page 24 illustrates the most recent range of prices for cocaine in five major cities and compares them to 1989 prices. Meanwhile, purity levels for both kilograms and grams have been declining, suggesting that the new scarcity of cocaine has reverberations throughout the market.

Leading Drug Indicators

While all explanations of these price increases are at best speculative, it is nevertheless worth noting a number of plausible theories to explain the shifts in the cocaine market. For example, it is difficult to dismiss the importance of the numerous multi-ton seizures of cocaine by both U.S. and Mexican officials. Between October 1989 and June 1990, 43 tons of cocaine has been seized in the United States. And during the first five months of 1990, Mexican officials seized twice as much as they had during the same period in 1989. True, large seizures may only be indicative of better law enforcement or vastly increased shipments. But when paired with the changes in price and purity, recent seizures do seem to have had an impact. Moreover, these market shifts come in the wake of a crackdown on the cocaine cartel initiated by the Colombian government in August 1989. Since then, numerous cocaine processing labs in the Andes have been seized and transportation routes used by traffickers have been disrupted, events that would certainly bring added costs to drug distributors that could then be passed on to dealers and consumers in the United States.

There is also the possibility that the shifts in prices reflect the manipulation of the market by traffickers who are exploiting the perception of a cocaine shortage. Similarly, increased enforcement activities may have caused distributors to stockpile cocaine supplies, creating a market shortage or local price jumps that are only temporary.



Along with changes in the domestic price of cocaine have been some noteworthy changes in the price of coca leaf in the producing countries. U.S. officials cooperating with the host governments in the Andean source countries, regularly estimate the price of coca leaf sold to be converted into coca paste and then cocaine powder. Price estimates are obtained from different growing areas and reported on a monthly basis. As the graph on page 26 shows, from January to May 1990, the leaf price of one hundred pounds of coca fell from \$65 to \$10 in Peru's Upper Huallaga Valley, and rose slightly, then fell in Bolivia's Chapare Region.

The precise meaning of these changes is far from certain. Fluctuations in leaf price are a function of local supply and demand for raw materials generated by cocaine processors and distributors. A drop in leaf price can also reflect disruptions in processing and transportation as well as an overabundance of coca due to overplanting or declining demand. In any case, the impact of low coca leaf prices on the U.S. street price for cocaine is ambiguous. But the fact that prices both on the street and at the source have undergone significant changes in the past months do make a compelling case that there has been some disruption to the normal market mechanisms, whatever those disruptions may be.

The crucial test will be whether market disruptions can be maintained over several more months and into the future. If so, arguments about the possibility of stockpiling or temporary disruptions will carry less weight, and we would expect to see more tangible evidence of a shrinking U.S. cocaine market. At that point, the drug consumers will feel the full impact of cocaine scarcity, resulting in a significant and measurable drop in consumption, more addicts seeking treatment, fewer hospital emergencies, and a lower rate of arrestees testing positive for cocaine.

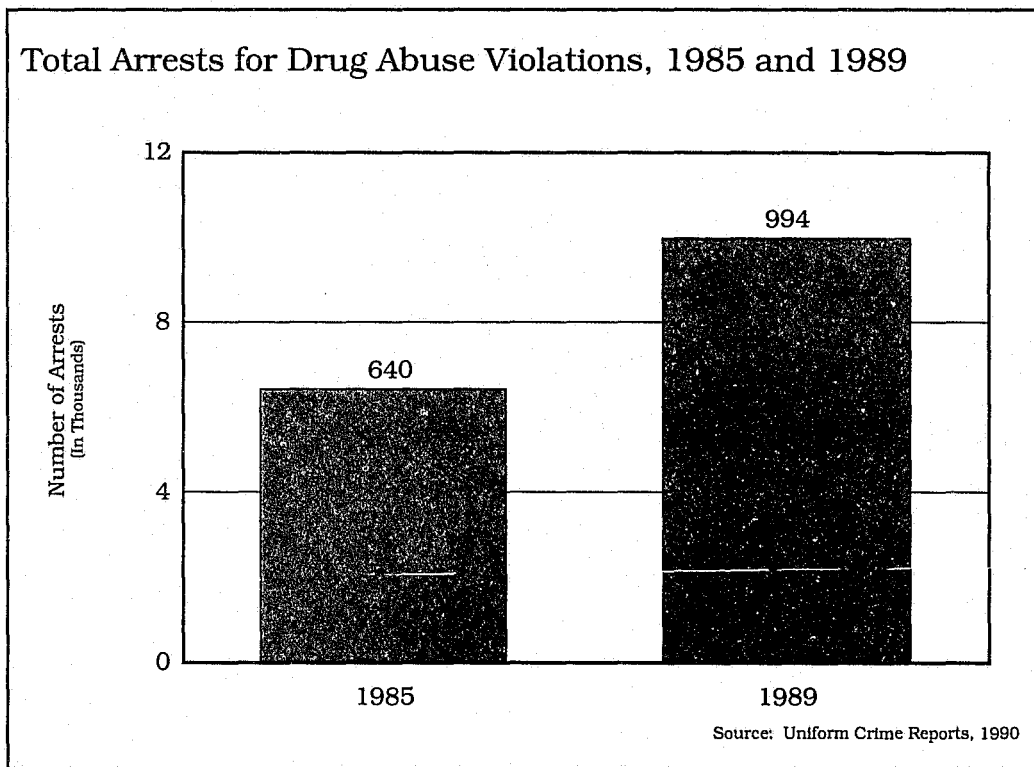
Crime Statistics

The U.S. Department of Justice measures crime in three principal ways. The Uniform Crime Reports (UCR) collected by the Federal Bureau of Investigation produce both an estimate of all serious or "index" crimes reported to authorities and a record of all arrests made by law enforcement officials. The National Crime Survey, administered by the Bureau of Justice Statistics (BJS), gathers data through an annual survey of 50,000 households, thereby including crimes that go unreported to the authorities.

According to the UCR, the Crime Index rose 2 percent from 1988 to 1989, a 15 percent increase since 1985. This rise reflects increases in the number of murders, forcible rapes, robberies, aggravated assaults, burglaries, larcenies, and motor vehicle thefts. Drug law violations are not counted as index crimes, and because such violations frequently involve the willful possession and distribution of drugs, they are less likely to emerge from survey data. Nevertheless, we do know that there was, during the latter half of the 1980s, a significant increase in the number of arrests made for drug violations. The UCR figures show that between 1985 and 1989, the total number of arrests for drug offenses rose from 639,530 to 993,881 — a 55 percent increase. We also know that while drug offenses accounted for only 17 percent of all defendants convicted in 1980, that figure climbed to 30 percent by 1987. Less formal but equally impressive statistics come from reports out of local police departments across the country. In March 1989, for example, the *New York Times* reported that approximately 3 out of every 10 arrests in New York City were drug arrests.

What Crime Statistics Tell Us

It is impossible to determine from the figures above how the increase in predatory crime is linked to the massive rise in drug-related criminal activity and drug consumption. Yet it is widely and reasonably assumed that a significant part of the growth in violent crime has been fueled either directly or indirectly by the large increase in drug crimes and drug use. Although no consistent figures are kept on "drug-related crime," we can assume that drug use affects the crime rate in at least three ways that are distinct from specific drug offenses: crime that is committed while under the influence of drugs; crime — mostly murder, assault, and weapons offenses — that is directly linked to drug trafficking; and crime that is committed for the purpose of generating enough income to support a drug habit. In most cases, however, when a crime is reported or when police make an arrest, the determination that it is actually drug-related depends solely on the judgment of those at the scene.



Even more difficult is finding support for the claim that rising crime is solely a result of addicts trying to get enough money to support their addiction. The 1986 BJS study of State prison inmates found that while nearly 47 percent had actively been involved with drugs, less than one-seventh of the prison population fit the pattern of addicts who had committed crimes to generate income. Moreover, nearly three-fifths of those who had regularly used a major drug indicated that heavy drug use began *after* their first arrest, suggesting that in many cases crime *precedes* drug use. It appears that once regular drug use begins, those who have committed crimes tend to commit them at a greater frequency. Studies cited in the Department of Justice's "Report to the Nation on Crime and Justice" suggest that criminal involvement intensifies as a drug addiction develops.

Nevertheless, many law enforcement officials acknowledge that at times an *inverse* relationship exists between the drug problem and the crime rate. One perhaps counterintuitive theory argues that the recent surges in murder rates in cities across the country could actually reflect a shrinking of local drug markets: as the availability of cocaine declines and as the number of customers fall, drug traffickers are left fighting one another over turf. A declining cocaine market could also explain the recent rises in robbery and burglary: as drug distribution opportunities decrease, one-time drug dealers might turn to the next most lucrative criminal enterprises.

Leading Drug Indicators

Of course, these scenarios are simply theories, but they demonstrate the need to be cautious about linking the rate of violent crime to the size of the drug problem. Although crime and drugs are intimately related, determining trends in the Nation's drug problem requires that we make important distinctions between the two.

The International Narcotics Strategy Report

The International Narcotics Control Strategy Report (INCSR) is the Department of State's annual report to Congress that gauges the effectiveness of anti-drug efforts among the world's major drug producing and transit nations. INCSR has been released since 1987 in accordance with a law that conditions U.S. assistance to major drug producer or transit countries upon their full cooperation with the United States and their progress in the suppression of illicit drug production, trafficking, and money laundering.

The President is required to "certify" that the anti-drug efforts of these countries are satisfactory to Congress on or before March 1 of each year, and INCSR serves as the factual basis for his recommendations. At stake is the provision of most U.S. economic and all military assistance, fifty percent of which is withheld at the beginning of each fiscal year pending the outcome of the certification process. Certification also requires that countries receiving U.S. drug control assistance have fully cooperated and taken adequate steps to reduce illegal drug production and punish those involved in the drug trade.

Raw data, the essential ingredient of INCSR, are compiled in the field by specialists from the Department of State, DEA agents, and other embassy personnel. Their contributions are supplemented and further refined in Washington by the Federal agencies directly involved in international drug policy and enforcement. Each report contains an extensive description of the progress or lack of progress in the suppression of illegal drugs in more than 46 countries.

Strengths and Limitations

Each country report provides specific information on the criteria established for certification. In addition, the report provides an assessment of current production levels of major drugs and a summary of U.S. funding for drug control. A typical profile contains a status report of anti-drug efforts (updated at mid-year), an outline of United States anti-drug programs in place, a catalog of accomplishments and weaknesses in the country's law enforcement, crop control, drug abuse prevention, anti-money laundering programs, and a chronology of policy watersheds and other significant drug-related events from the previous year. Because many countries do not collect data themselves regarding their own drug production and use, INCSR is often the only source available to assess changes in the international drug trade.

Like the National Narcotics Intelligence Consumers Committee report (discussed in another chapter), INCSR provides increasingly accurate drug production data, which are arrived at through the use of sophisticated survey and methodological techniques. Final production figures are reviewed and certified by a committee which includes the Department of State and all concerned agencies. INCSR also compiles drug seizure data, though the evaluation process here is somewhat less thorough.

Of course, the accuracy of production data in INCSR is always tied the precision of our measurement techniques, and occasionally increased production estimates may reflect only improved data collection. In 1989, for example, improved survey and analytic methods required a substantially increased estimate of Mexican cannabis cultivation over the previous year. Conversely, drug seizure data are based on information from foreign law enforcement and other sources, and are generally not as methodologically rigorous as production data.

Another function of INCSR is to attempt to gauge foreign government resolve toward drug control, while recognizing that governments are sometimes limited in their ability to combat their drug problems due to events beyond their control — such as civil war. This year, for instance, INCSR laid the groundwork for recertifying Lebanon, a country beset by political chaos whose government has little ability to enforce civil laws much less drug laws in most of the country. Thus, the INCSR is an indicator of the international drug problem that is geared toward the certification process, rather than a statistical measure of long-term trends in drug production and consumption.

What the 1990 INCSR Tells Us

There are signs of both warning and encouragement in the 1990 INCSR. It warns of increased opium cultivation and heroin refining in the world's largest opium producer — Burma. In the absence of Burmese enforcement and eradication efforts, and partly owing to excellent weather conditions, the 1989 opium crop is estimated at somewhere between 1,650 and 2,625 metric tons — roughly double last year's harvest. Prospects for improvement are said to be dimmed by the military regime's current focus on stifling domestic opposition.

The INCSR Mid-Year Update, released this past summer, indicates that Colombia, which processes as much as 80 percent of the cocaine reaching the United States, seized 38 metric tons of cocaine base and paste in the first five months of 1990 — more than the total for all of 1989. In Peru's Upper Huallaga Valley, where more than half of the world's illicit coca is grown, large-scale seizures of leaf, paste and coca base have helped push the market price for coca below the "break-even" point for many farmers.

The updated INCSR also outlines a major turn-around in Mexico's anti-drug efforts, including a new asset forfeiture law that has led to \$1 billion in asset seizures. And the report highlights the Mexican Government's newly initiated Northern Border Response Force, which has contributed significantly to the seizure of 25,000 kilograms (kgs) of cocaine, 375,000 kgs of marijuana, and 230 kgs of opiates, as well as 5,000 drug-related arrests.

In the context of reports of decreasing cocaine purity and increasing cocaine prices in the U.S., (the price of pure Los Angeles cocaine, for example, has surged an estimated 88 percent since December), the report leaves room for cautious optimism. The combination of supply shortages in the United States and the glut of raw and semi-processed coca in Peru is suggestive of a squeeze in the traffickers' ability to move raw coca from the fields to the end market — the United States.

The National Narcotics Intelligence Consumers Committee Report

The National Narcotics Intelligence Consumers Committee report (NNICC) is a cooperative, annually produced paper that draws together facts and figures on worldwide drug production, eradication, seizures, and trend data on U.S. drug consumption. It is a document based more on careful compilation and refinement of existing data than on original research.

NNICC draws on most major drug indicators, prime among them the Department of State's International Narcotics Control Strategy Report (INCSR). The report also uses data from the Drug Abuse Warning Network, the Drug Use Forecasting program, and the DEA's Domestic Monitor Program. NNICC organizes its data by drug type, in contrast to INCSR which consists of specialized country dossiers. But like INCSR, NNICC contains a special chapter on drug-related financial crimes.

Because it documents the many facets of the drug problem ranging from trafficking to illicit drug retail price and purity to drug-related hospital emergencies, and because it collects them from a range of sources, NNICC serves primarily as an expanded summary of current drug statistics. Yet the report also includes comprehensive citations to original data sources, making it a useful reference text of drug statistics.

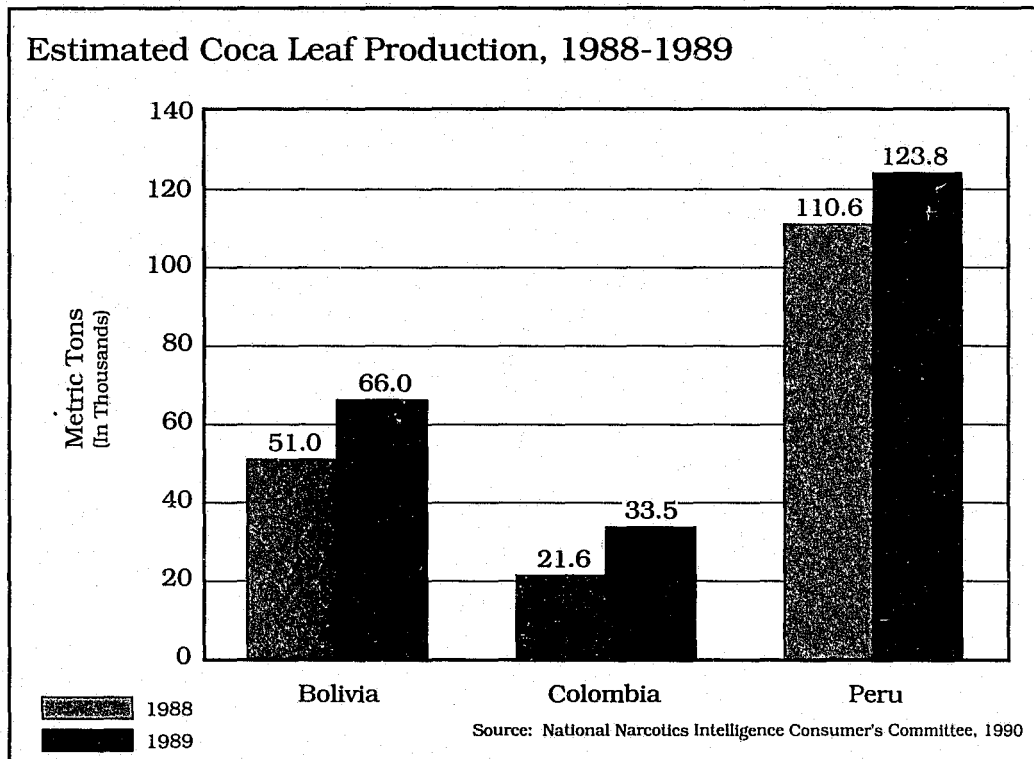
Strengths and Limitations

Released every June since 1978, NNICC, like INCSR, reports on (increasingly accurate) drug production data, which involve the use of sophisticated survey and methodological techniques. Final production figures are determined by a multi-agency committee that includes the Departments of State, Defense, and Treasury, along with NIDA, the FBI, the CIA, the DEA, the Customs Service, the Coast Guard, the Immigration and Naturalization Service, and the Office of National Drug Control Policy. Production figures appearing in the report have the advantage of being the sole, studied product of the interagency consultative process. They are the only figures agreed upon, with occasional reservations, across the spectrum of drug intelligence consumers. NNICC also compiles seizure data, though the evaluation process for overseas seizure data is less rigorous than for production. Yet no matter what method used, all seizure data suffers from the same weakness: no accurate numbers exist on the total amount of drugs entering the United States. Seizures of any size do not by themselves tell us whether we are seizing a greater or smaller portion of smuggled drugs, nor do they help us determine the overall size of drug trafficking operations. It is possible that large seizures of illegal drugs could reflect increased levels of production at the source, or more effective interdiction efforts by law enforcement officials.

What the 1990 NNICC Tells Us

The 1989 NNICC (released in June 1990) reports that cocaine continues to be widely available in the United States. Despite large seizures between September and December of 1989, there were few indications of a drop in domestic cocaine supplies. Yet the report acknowledges that during this same period there were wholesale price increases ranging from \$1,000 to as high as \$12,500 per kilogram and declines in purity at the retail level of as much as 10 percent. The NNICC explains these changes as a reaction to press stories about successful seizures by law enforcement officials of large amounts of cocaine toward the end of 1989. The much-publicized seizures created perceptions of a shrinking cocaine market among dealers who raised their price and increased the use of adulterants.

The report also describes a shift in cocaine smuggling patterns. Although south Florida had long been a preferred smuggling route, during 1989, Colombian cocaine traffickers increasingly used Mexican organizations to transport cocaine through the Southwest border. Such a shift makes more plausible the theory that increased interdiction efforts in the Florida area forced traffickers to alter traditional transshipment routes. Also of note is the increase in cocaine seizures in Western Europe during 1989. Reports indicate that more cocaine than heroin was seized in Europe last year, a fact that could reflect an expanding



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cocaine industry or a saturated or less penetrable U.S. market. And as the graph on page 35 illustrates, coca leaf production was up in all three Andean countries in 1989.

The NNICC report also concludes that heroin availability increased during 1989. It points to three contributing factors: greater opium and heroin production in source countries; less eradication; and the presence of well-established trafficking organizations both abroad and in the United States. Seizures of heroin, too, increased in 1989. A 380 kilogram shipment of Southeast Asian heroin was seized in New York last year, the largest single seizure of heroin ever in the United States. While all these indicators point to increased heroin production and importation, other indicators of heroin use, such as DAWN and DUF, have not shown increases, at least through the first quarter of 1990.

Finally, the NNICC report surveys the availability of dangerous drugs during 1989. Although an increased number of clandestine labs were seized in the United States, methamphetamine use remained high in the West and Southwest, and the availability of MDMA or "Ecstasy" increased. The problem of "ice," a crystal, smokeable form of methamphetamine, appeared to be restricted to Hawaii where a gram sells for 3 to 4 times the price of a gram of cocaine. Most interesting has been the significant decrease in the use of PCP, once among the most prevalent drugs. As both the DUF and DAWN data demonstrate, PCP use has declined in virtually all major U.S. cities.

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