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Extent of the Drug Abuse Problem

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THE EXTENT OF THE DRUG ABUSE PROBLEM

This information paper is a summary of data published by several sources attempting to define the drug abuse problem through surveys and statistical data. No one source can stand alone for a macro view of the drug problem, but multiple studies together can provide a representative overview. Data accuracy is affected by accessibility to poor, unreported regions as well as under-reporting of small populations and rural areas. Additionally, the timeliness of information is dependent upon the frequency of surveys and publishing schedules. This paper serves to report trends and is most useful when reviewed as a summary of comparative data.

TRENDS:

Surveying agencies vary slightly in the data they report; however, the overall trend of drug use (which had been decreasing since the 1980's) appears to be on the rise again. Notably, perception of the harmfulness of drugs has decreased among youth.

One such survey is the Preliminary Estimates from the 1993 National Household Survey on Drug Abuse (NHSDA).¹ This survey showed that in 1993, 11.7 million Americans used illicit drugs. Seventy-seven million Americans aged 12 years or older (more than one-third of the population) had tried drugs at least once in their lifetime. Marijuana was the most common drug, used by 77% of current illicit drug users; 28% of drug users were between the ages of 18 - 34; 12% were age 12-17; 10% were age 35 or older.

The percentage of the general population that perceives a risk from using illicit drugs was reported to be slightly higher in 1993 than in 1992. However, the NHSDA survey found that age groups 12-17 had a 50% reduction in perceived health and social risk for using marijuana, cocaine and heroin. In 1993, 50% of the survey sample reported that marijuana was easy to get; 38% said that cocaine was easy to obtain. Furthermore, the significant decline in illicit drug use seen in the 1980's is not evident in 1993. Researchers do not yet know whether this data signals an increase in drug use or a leveling off.

Both the Monitoring the Future Study and NHSDA show an increase in drug abuse by 8th, 10th, and 12th graders, and continue to find increases in drug use in the population 35 years and older.² Sixty percent of current cocaine users are between the ages of 18-34.

¹Substance Abuse and Mental Health Services Administration . Advance Report No. 7. Preliminary Estimates from the National Household Survey on Drug Abuse. Office of Applied Studies, July 1994, App. 5, 23 - 29.

²Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (1993). National Survey Results on Drug Use From the Monitoring the Future Study, 1975-1992. Volume I, Secondary School Students. NIH Publication Number 93-3597, 35-72.

Legalization of some or all drugs is a growing agenda for various sectors of the population. The media frequently provides a forum for both sides of the legalization issue. Editorials and articles on the benefits of legalization are appearing more frequently, although they often illicit angry responses from the opposing viewpoint. Anti-drug commercials are shown on television interspersed with violent drug genre films. Roadside signs advertising drug abstinence are adjacent to billboards of cartoon characters smoking cigarettes. These present mixed messages to the public.

A 1990 Gallup poll indicated that 80% of Americans think drug legalization is a bad idea, 14% felt it was a good idea, and 2% said some drugs should be legalized and some not. Four percent had no opinion. Sixty-four percent of the population felt too little money was being spent on the drug abuse problem. Sixty-two percent said that they would pay higher taxes to help combat drug abuse.

NHSDA reports illegal drug use is correlated with educational status. In 1993, 18-34 year-olds who had not completed high school had the highest rate of current drug use (15.4%), while college graduates had the lowest (6.0%). Surveys conducted in the 1970's showed that in the early 1960's, less than 5% of the population had any experience with illicit drugs. In the early 70's, that number doubled to over 10%. By 1974, over half of young adults (ages 18-25) and over one-fifth of youth (ages 12-17) had tried illicit drugs. By 1988, an estimated 36.6% (72.6 million) of Americans age 12 or older used illicit substances. In 1993, use of illicit drugs for all age groups increased to 37.2%, 17.9% for ages 12-17, and 50.9% for ages 18-25.

Many researchers argue that alcohol and tobacco are the "gateway drugs" for youth to proceed to hard drugs and criminal acts. NHSDA lists the use of tobacco by 12-17 year-olds in 1993 as 43.0% and alcohol use as 41.3%. For 18-25 year-olds, 86.4% used tobacco and 87.1% used alcohol. Use of any illicit drug by 12-17 year-olds was 23% and for 18-25 year-olds was 74.6%. Another somber NHSDA statistic from 1992 and 1993 showed 16.2% of youths (12-17) and 23.9% of young adults (18-25) in the Northeast region of the United States reported having been approached by drug dealers within the past month, whereas 5.8% of persons 35 years old or older reported being approached. Similar findings were reported in the other regions. These data illustrate that younger people are the primary target community for drug sales.

DRUGS AND YOUTH:

According to an article published in the December 18, 1994 issue of the Los Angeles Times, crack cocaine is the number one illegal drug affecting pregnancy.³ Crack has become the leading category of child abuse--exposure to drugs during pregnancy. The financial toll is overwhelming because crack induces labor, causing premature birth as well as damaging lifetime effects of the drug introduced into developing fetal body systems during pregnancy. Birth defects and inherited drug dependency created from prenatal

³Connell, Rich. "The Hidden Devastation of Crack." Los Angeles Times, Sunday, Dec. 18, 1994.

exposure, even in the least serious cases, can cost \$8,000 to \$20,000 per child per year. In 1991, Los Angeles County hospitals estimated that \$22 million was spent treating drug exposed infants.

In Los Angeles County alone, child welfare workers report 2,500 to 3,000 drug-exposed newborns each year. Eighty percent of these cases involve cocaine. A recent study by the Los Angeles County Department of Children's Services showed that in a random sample of 613 children in foster homes, 44% of their natural parents were users of crack. The Los Angeles Times reports that tens of thousands of children affected by the crack epidemic are in the school system. This poses challenges for teachers and administrators, and adds high cost due to requirements for treatment and special education programs. These students also affect other public agencies as numbers of affected children are flooding the system on a scale never seen before. The number of children living apart from their parents because of abuse or neglect has doubled with the onset of crack.

Challenging Times: Educating Children and Youth at Risk⁴ provides the following data: More than 70% of teenagers who commit suicide are frequent alcohol and drug users. Medical treatment for cocaine-addicted babies cost \$504 million in 1992. An estimated 1.3 million teenagers between the ages 12 and 17 are illegal drug users. Approximately 7.5 million (66%) of the nation's illegal drug users are between the ages of 18 and 34. Women of child-bearing age represent 30% of adult drug users in the nation. Of all newborns in this country, 16% are exposed to drugs during pregnancy.

The Drug Abuse Update (Fall 1994) published statistics from the "Morbidity and Mortality Weekly Report" stating that adolescents who have dropped out of school have an increased risk of unhealthy behaviors.⁵ These youth miss out on health education that is important in building skills to avoid risky behavior and are more likely to use alcohol, marijuana or cocaine than in-school adolescents. Scientific evidence is showing that marijuana is not a benign substance. Its effects include such symptoms as impairment of learning, memory, perception, judgment, and complex motor skills.

A national assessment on the impact of "gateway drugs" (alcohol, cigarettes and marijuana) was conducted by the Center on Addiction and Substance Abuse (CASA) at Columbia University.⁶ The study asserted that youth ages 12-17 who used all three gateway drugs are 266 times more likely to use cocaine than those children who abstain from the three drugs. The report cited that of those who used all three gateway drugs, 89% went on to use cocaine. Of those youth who smoked tobacco or drank alcohol, 90% went on to use marijuana.

⁴Challenging Times: Educating Children and Youth at Risk. National Professional Resources, Inc., Vol. 1, Sept/Oct Issue 1994.

⁵National Families in Action. Drug Abuse Update. No. 50, Fall 1994.

⁶Manisses Communications Group, Inc. Alcohol and Drug Abuse Weekly. Vol 1, No. 42, Oct 31, 1994

COST TO SOCIETY:

The national drug control budget has increased almost sevenfold over the last ten years. The amount allotted to state and local assistance was 37 times higher in 1992 than in 1991, growing from \$29 million to \$1.016 billion. Corrections spending increased by 14 times, drug prevention increased by 17 times, and drug treatment went up 293%. Drug abuse prevention expenditures went up 1,616%. The total percentage increase in the federal drug control budget from 1981-1991 was 641%. According to a report published by the Government Accounting Office (GAO) in 1993, Drugs: International Efforts to Attack a Global Problem,⁷ the annual federal government expenditure for drug use reduction from 1989 to 1992 was \$39 billion.

The State and Local Spending on Drug Control Activities⁸ document published by the Office of National Drug Control Policy (December 1993) summarizes the FY 1990-1991 data tabulated by the U.S. Bureau of the Census. Areas covered include criminal justice, education, and health/rehabilitation. The report found that state governments had a slightly higher expenditure share than did local governments. The majority of expenditures (79% or \$12.6 billion) were in the criminal justice system (law enforcement, prosecution and correction). The largest criminal justice share went to corrections, \$6.8 billion, which represented 43% of all spending on the drug problem. Police spending for drug control activity was 12% (arrests, seizures and detentions). Fiscal year 1991 showed a 13% increase (\$15.9 billion total) in drug control spending over 1990. Overall, approximately one and one half cents of every dollar spent by state and local governments was spent on some drug control activity. The ONDCP State and Local Spending report showed \$2.8 billion was devoted to drug health and hospital services, or an increase of 27% from 1991 to 1992. Spending for drug education for this reporting period was \$869 million.

The 1994 RAND study, Controlling Cocaine: Supply Versus Demand Programs, showed that cocaine drug-related crime cost \$514 million in property destruction, \$570 million for victims of crime, and \$6.2 billion for criminal justice proceedings.⁹ Together, these 1992 costs totaled \$7.3 billion. The same cost categories in 1985 totaled \$11.1 billion.

DRUGS AND HEALTH:

The link between drug abuse and health problems creates challenges for all sectors of the treatment and health care disciplines. The prevalence of drug-related diseases is a modern plight of extreme emergency. Especially in cities, the lack of drug abuse care and

⁷GAO, Drugs: International Efforts to Attack a Global Problem. GAO/NSIAD-93-165. June 1993.

⁸ONDCP, State and Local Spending on Drug Control Activities: Report from the National Survey of State and Local Governments. Dec 1993, 5-12

treatment overburden hospital emergency rooms. At a recent conference on drug abuse policy reform in Washington D.C., Commissioner Margaret Hamburg, M.D., stated "In New York City, there is an estimated 550,000 drug users, but treatment is available for fewer than 43,000."⁹ Dr. Hamburg illustrated the magnitude of the modern plight as a case of three major epidemics: "AIDS, drug abuse and tuberculosis. Each builds on the other...making the task for treatment more difficult." Drug abuse is directly responsible for high newborn infant mortality rates, e.g., in New York City the infant death rate has risen 2000% since 1989. This rate is worse than in many third world nations. Secondly, Hamburg states that "drug abuse has played an enormous role in the infectious disease epidemic, it is a gateway to AIDS transmission. Sixty percent of all drug users are infected with AIDS. More than 40% of HIV-positive people are also infected with TB." Moreover, "combined with the phenomenon of drug-resistant TB, [this epidemic] represents a significant threat to patients and professionals alike." Hamburg points out that public health and substance abuse professionals in communities are often separate entities and are placed in different branches of government. This arrangement reduces the efficiency of joint policy and planning initiatives.

The Drug Abuse Update (Summer 1994) compared drug-related emergency episodes in the first half of 1992 to the first half of 1993.¹⁰ From January to June of 1992, emergency centers reported 214,587 such incidents. From January to June 1992 there were 232,833 drug-related emergency admissions. A 1992 National Institute on Drug Abuse (NIDA) report focusing on emergency hospital admissions showed hospital drug-related episodes up 8% from 1991, a total of 433,493 episodes. Additionally, 7,632 drug-related deaths were reported by medical examiners in metropolitan areas during 1992. (These figures are based upon the number of visits or "episodes," rather than by number of people treated, i.e., one person could have several episodes.)

A 1990 study published in the Journal of the American Medical Association showed that of the ten leading causes of death, half were due to lifestyle.¹¹ Twenty-five percent of all deaths were directly related to consumption of alcohol, tobacco or drugs. Of the 2,148,000 deaths in 1990, tobacco deaths ranged in the 400,000s while illicit drug use accounted for 20,000 deaths. An increasing rate of HIV infections is also the result of injected drug use. Out of 888 HIV positive respondents in a 1993 San Francisco-based study, 60% said they were infected by injection.

The Washington Post reported scientific research findings suggesting a close link between hereditary and drug addiction.¹² Some scientists have discovered similar gene

⁹Rydell, Peter, Everingham, Susan S. Controlling Cocaine: Supply Versus Demand Programs: RAND, MR-331-ONDCP/A/DPRC. 1994

¹⁰National Families in Action. Drug Abuse Update. No. 49, Summer 1994

¹¹U.S. Department of Health and Human Services. Economic Costs, Cost Effectiveness, Financing and Community Based Drug Treatment. National Institute on Drug Abuse. DHHS Publication Number (ADM) 91-123

patterns in cocaine addicts which supports a developing theory that cocaine addiction may be hereditary. This does not mean that a person will use cocaine, but that there is an increased risk for addictive behavior.

DRUGS AND CRIME:

High percentage rates of crime are associated with drugs. The 1992 Bureau of Justice Statistics (BJS) Survey of State Prison Inmates showed a close relationship between drugs and crime.¹³ Fifty-eight percent of federal inmates and 21% of state inmates in 1992 were incarcerated for drug law violations. The BJS data for 1994 show that drug offenders account for 62% of all federal inmates. Drug users reported greater involvement in crime and were more likely than non-users to have criminal records. Criminal activity is two to three times higher among frequent users of cocaine and heroin than for infrequent users.

In two national surveys the Drug Abuse Reporting Program (DARP) found that most people in drug treatment programs had admitted to committing crimes for economic gain prior to entering treatment. Eighty-seven percent had prior arrests. The Drug Use Forecasting (DUF) program released data relating to state and federal inmates who were under the influence of drugs at the time of arrest. In most cities more than 50% of prisoners were found to have used drugs recently. Cocaine was found more often than any other drug. The second study, Drugs and Crime Facts, 1993, showed 81% of state inmates were both gang members and used drugs.¹⁴

The BJS also reports that in 1991, 33.2% of violent crime victims reported that the criminal displayed symptoms of being under the influence of drugs at the time of the incident. Of state convicted persons, 31% admitted to being under the influence of drugs at the time of their crime, 50% within a month prior to committing a crime. Additionally, 70% of state prisoners and 8.3% of youth in long-term juvenile facilities used drugs at some point in their lives. Among jail inmates who used drugs, the median age at which they began to use was 16 years old. Nineteen percent used drugs before age ten. More than one-third stated they used hard drugs such as cocaine, LSD, PCP, heroin, or methadone, and were under the influence when committing their current crime. Cocaine and crack users were three times more likely than other drug users to commit offenses to get money for drug purchases. Among violent offenders in state prisons, over half were under the influence of drugs at the time of the offense.

Substance abuse ranks at the top of the list as a major cause of violence in schools. In a recent National School Boards Association survey of 700 school districts, 39% report serious incidents (shooting or knifing) in the last year. While violence is more prevalent in urban schools, rural districts are reporting increased violence as well. In addition to the

¹²National Families in Action. Drug Abuse Update. No. 49, Summer 1994

¹³Bureau of Justice Statistics. Survey of State Prison Inmates, 1991. NCJ-136949.

¹⁴U.S. Department of Justice. Drugs and Crime Facts, 1993. NCJ-146286. Aug 1994.

effects of illegal drug use, this trend is attributed to the breakdown of the family, the media's portrayal of violence, and easy access to weapons.

Illegal drugs such as cocaine, amphetamines, and PCP affect physiological functioning and cognitive ability, and can increase the likelihood the user will act violently. According to Los Angeles County Sheriff Sherman Block: "Crack causes bizarre behavior and random violence, a change in the nature of crime..." Young people are committing murder at an alarming rate. Juvenile homicide arrests in Los Angeles County alone have risen 187% between 1985 and 1990. The advent of crack cocaine has increased public anxiety, overburdened policing districts, and encouraged a prolific rise of gang activity. The sale of crack by gang members makes money, thereby increasing their ability to buy vehicles, and increasing their mobility and turf range, and providing funds to purchase weapons.

The Bureau of Justice Publication, Drugs, Crime, and the Justice System, states that in 1992 the DEA eradicated 272 million marijuana plants, made 12,360 arrests, and seized marijuana production assets valued at \$69.3 million.¹⁵ More than 172,391 pounds of cocaine, 1,530 pounds of heroin, and 444,370 pounds of marijuana were seized. Total asset seizures in 1992 by the DEA (for all types of drug trade) totaled \$875 million. Drug seizures reported by other federal agencies participating in the Federal Drug Seizure Program in 1992 equaled 2,550 pounds of heroin, 303,250 pounds of cocaine, 787,390 pounds of marijuana, and 4,040 pounds of hashish.

DRUGS IN THE WORKPLACE:

The Department of Health and Human Services' document Drugs in the Workplace found that at locations where drug testing takes place, 20% of employees in the workplace test positive for illicit drugs.¹⁶ Research on the relationship between drug use and job performance show that the earlier a person began using drugs, the more they used drugs throughout their lifetime and the greater the probability was of their being unsuitable for employment. Employees who use drugs were found to be absent 50% more frequently, taking sick leave of 35% more often and experiencing unexcused absences at a rate 240% higher than other employees. Medical costs are also higher. Vehicle accidents are five times more likely than with other employees. Some causes for absenteeism were directly related to the behavior-impairing effects of particular drugs. Other factors had to do with certain behavioral patterns or personality traits which make users more likely to be absent from work than non-users.

Money from Crime: A Study of the Economics of Drug Dealing in Washington D.C. states that individual earnings from drug dealing at the street level show that buyers spend

¹⁵U.S. Department of Justice (1992). Drugs, Crime and the Justice System: A National Report from the BJS. NCJ-133652. Dec 1992.

¹⁶U.S. Department of Health and Human Services (1989). National Institute on Drug Abuse. Research Monograph Series 91. Drugs in the Workplace. DHHS Pub. No. (ADM) 89-1612.

a monthly average of \$400 per person.¹⁷ More than one in four drug-using employee is selling drugs to fellow workers to support their own habit.

The 1994 RAND Study Controlling Cocaine: Supply Versus Demand Programs tabulates the cost of lost employee productivity due to cocaine drug abuse.¹⁸ In 1992 the costs of hospital stays, morbidity, mortality, incarceration and crime career totaled \$19.7 billion. Morbidity costs are associated with the value of goods and services lost because cocaine users are less productive or unable to perform their usual activities. Mortality costs are based upon monetary output loss due to premature death. Crime careers are the lost productivity that results because drug users engage in crime instead of legal employment.

¹⁷Rueter, Peter MacCoun; Robert; Murphy, Patrick. Money from Crime. A Study of the Economics of Drug Dealing in Washington D.C. RAND, K-3894 RF. June 1990

¹⁸Rydell, Peter, Everingham, Susan S. Controlling Cocaine: Supply Versus Demand Programs: RAND, MR-331-ONDCP/A/DPRC. 1994.

EXTENT OF THE DRUG ABUSE PROBLEM: STATISTICS

51% OF PERSONS ENTERING THE FULL-TIME WORK FORCE (AGES 18-25) HAVE EXPERIENCE IN ILLEGAL DRUG USE. IN THE 1960's, LESS THAN 5% HAD EXPERIENCED ILLEGAL DRUGS.

66% OF AMERICANS USE COCAINE ON A REGULAR BASIS.

10 MILLION AMERICANS USE PRESCRIPTION DRUGS WITHOUT APPROPRIATE MEDICAL PRESCRIPTIONS.

ESTIMATED COST TO THE BUSINESS COMMUNITY FOR DRUG ABUSE IS AS MUCH AS \$150 BILLION PER YEAR.

60% OF THE WORLD'S PRODUCTION OF ILLEGAL DRUGS ARE USED IN THE UNITED STATES.

DRUG DEALERS EARN MORE MONEY THAN 150 OUT OF 170 NATIONS OF THE WORLD.

85% OF THE DRUG ABUSERS ARE TIED TO THE WORKPLACE.

DRUG ABUSE COSTS THE NATION'S ECONOMY \$900 PER YEAR PER PERSON.

64% OF DRUG ABUSERS ADMIT THAT DRUGS ADVERSELY AFFECT THEIR JOB PERFORMANCE.

18% OF DRUG ABUSERS SAID THEY STOLE FROM FELLOW WORKERS.

75% OF DRUG ABUSERS ADMIT TO USING DRUGS ON THEIR JOB.

44% OF DRUG ABUSERS SAID THEY SOLD DRUGS TO CO-WORKERS TO SUPPORT THEIR HABIT.

1/2 TO 1/3 OF ALL PERSONS COMMITTING HOMICIDES IN THE US TEST POSITIVE FOR DRUGS UPON ARREST.

5000 NEW PEOPLE WILL TRY COCAINE TODAY.

OVER 10 MILLION PEOPLE UNDER THE AGE OF 35 HAVE USED LSD.

THE SALE OF ILLEGAL DRUGS IN THE U.S. GROSSES MORE THAN ALL THE AMERICAN FARMERS TAKE IN FROM ALL THE CROPS AND MORE THAN DOUBLE THE COMBINED PROFITS OF ALL FORTUNE 500 COMPANIES.

IN 1992, DEA DRUG SEIZURES TALLIED \$857 MILLION DOLLARS IN THE U.S.

1 AND 1/2 CENTS OF EVERY DOLLAR SPENT BY STATE AND LOCAL GOVERNMENTS IS SPENT FOR SOME ASPECT OF DRUG CONTROL ACTIVITIES.

\$12.6 BILLION IS SPENT IN THE CRIMINAL JUSTICE SYSTEM FOR DRUG-RELATED CRIMES, 43% IS SPENT ON CORRECTIONS, 12% ON ENFORCEMENT, 27% ON HEALTH AND TREATMENT SERVICES, AND THE REMAINDER ON EDUCATION AND REHABILITATION.

44% OF ALL STATE AND LOCAL FUNDING WAS SPENT ON DRUG CONTROL IN FLORIDA, CALIFORNIA, AND NEW YORK CITY (OVER \$1 BILLION).

USE OF COCAINE HAS TRIPLED OVER THE PAST FEW YEARS.

20 TONS OF COCAINE ARE SMUGGLED INTO THE U.S. PER YEAR; 160 TONS SOLD ILLEGALLY PER YEAR.

\$4,000 INVESTMENT IN BOGATA EQUALS \$500,000 RETURN IN THE U.S.

A DRUG DEALER EARNS MORE THAN \$100,000 PER MINUTE IN PROFITS.

SINCE 1960, VIOLENT CRIME IN THE U.S. HAS INCREASED 400%, NINE TIMES FASTER THAN OUR POPULATION GROWTH.

OVER 1/3 OF ALL VIOLENT ACTS AND 50% OF ALL HOMICIDES ARE DRUG RELATED.

PROFITS ARE SO MONUMENTAL THAT SOME DRUG ORGANIZATIONS NO LONGER COUNT THEIR MONEY, THEY WEIGH IT.

IN 1993, 375,000 "COKE" BABIES WERE BORN IN THE U.S.

THE DRUG INDUSTRY IS A \$120 BILLION A YEAR UNDERGROUND ECONOMY.

1/3 OF ALL PRE-COLLEGE KIDS IN AMERICA USE ILLEGAL DRUGS.

ONE OUT OF EVERY 18 HIGH SCHOOL STUDENTS USES MARIJUANA (AVERAGE OF THREE JOINTS) EVERYDAY.

BY THE EIGHTH GRADE, 10% OF YOUTH HAVE TRIED MARIJUANA.

HIGH SCHOOL DROPOUTS

FEWER THAN 50% OF DROPOUTS FIND JOBS AFTER LEAVING SCHOOL.

DROPOUTS EARN LESS THAN HIGH SCHOOL GRADUATES.

OVER A LIFETIME, DROPOUTS EARN \$250,000 LESS THAN GRADUATES.

4 OUT OF 5 DROPOUTS USE DRUGS ON A REGULAR BASIS.

DROPOUTS USE DRUGS TWICE AS FREQUENTLY AS HIGH SCHOOL GRADUATES.

DROPOUTS ARE NOT ACCEPTED INTO THE MILITARY.

80% OF PRISON INMATES ARE HIGH SCHOOL DROPOUTS.

60% OF ADULTS ON WELFARE ARE HIGH SCHOOL DROPOUTS.

THE DRUG USER AS AN EMPLOYEE

3 TIMES MORE LIKELY TO BE LATE FOR WORK.

2.5 TIMES MORE LIKELY TO HAVE AN ABSENCE OF 8 DAYS OR MORE.

2.2 TIMES MORE LIKELY TO REQUEST TIME OFF.

3.6 TIMES MORE LIKELY TO HAVE AN ACCIDENT ON THE JOB.

5 TIMES MORE LIKELY TO HAVE AN ACCIDENT OFF THE JOB.

5 TIMES MORE LIKELY TO FILE A WORKER'S COMPENSATION CLAIM.

7 TIMES MORE LIKELY TO HAVE WAGE GARNISHMENTS.

1/3 LESS PRODUCTIVE.

300% HIGHER MEDICAL COSTS.