



# NATIONAL DRUG CONTROL STRATEGY

Data Supplement 2013







## Message from the Director

The 2013 *National Drug Control Strategy* pursues a 21st century approach to drug policy that balances public health programs, effective law enforcement, and international partnerships. This “third way” is based on decades of scientific research that show drug addiction is a disease of the brain—one that can be prevented, treated, and from which people can recover.

Scientific research has also demonstrated that this approach is achieving results. The rate of current cocaine use in the United States has dropped by 50 percent since 2006, and methamphetamine use has declined by one-third. New data released this year suggest we are making headway in our efforts to address the epidemic of prescription drug abuse, with the number of people currently abusing prescription drugs decreasing by nearly 13 percent—from 7.0 million in 2010 to 6.1 million in 2011. And the number of Americans reporting that they drove after using illicit drugs also dropped by 12 percent between 2010 and 2011. However, research also tells us about the challenges that lie ahead—we continue to see elevated rates of marijuana use among young people, likely driven by declines in perceptions of risk.

This companion document to the 2013 *National Drug Control Strategy* compiles data from a wide array of information systems, providing a reference regarding what we know about the drug problem. As in past years, the *National Drug Control Strategy* continues to place a high priority on strengthening these information systems to support the formulation and assessment of policies and programs to reduce drug use and its consequences.

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# Introduction and Legislative History

Up-to-date information on the availability and prevalence of illegal drugs and the criminal, health, and social consequences of their use is vital to the implementation of the *National Drug Control Strategy*. Such information also is important for measuring the effectiveness of Federal, state, and local drug control programs. *The Office of National Drug Control Policy (ONDCP) Reauthorization Act of 2006* defines ONDCP's reporting requirements, citing specific provisions of HR 6344 that address the contents of the *National Drug Control Strategy*, as follows:

- v. An assessment of current illicit drug use (including inhalants and steroids) and availability, impact of drug use, and treatment availability, which assessment shall include—
  - I. estimates of drug prevalence and frequency of use as measured by national, State, and local surveys of illicit drug use and by other special studies of nondependent and dependent illicit drug use;
  - II. illicit drug use in the workplace and the productivity lost by such use; and
  - III. illicit drug use by arrestees, probationers, and parolees.
- vi. An assessment of the reduction of illicit drug activity, as measured by—
  - I. the quantities of cocaine, heroin, marijuana, methamphetamine, ecstasy, and other drugs available for consumption in the United States;
  - II. the amount of marijuana, cocaine, heroin, methamphetamine, ecstasy, and precursor chemicals entering the United States;
  - III. the number of illicit drug manufacturing laboratories seized and destroyed and the number of hectares of marijuana, poppy, and coca cultivated and destroyed domestically and in other countries;
  - IV. the number of metric tons of marijuana, heroin, cocaine, and methamphetamine seized and other drugs; and
  - V. changes in the price and purity of heroin, methamphetamine, and cocaine; changes in the price of ecstasy; and changes in tetrahydrocannabinol level of marijuana and other drugs.
- vii. An assessment of the reduction of the consequences of illicit drug use and availability, which shall include—
  - I. the burden illicit drug users placed on hospital emergency departments in the United States, such as the quantity of illicit drug-related services provided;
  - II. the annual national health care costs of drug use; and
  - III. the extent of drug-related crime and criminal activity.

- viii. A determination of the status of drug treatment in the United States, by assessing—
  - I. public and private treatment utilization; and
  - II. the number of illicit drug users the Director estimates meet diagnostic criteria for treatment.

A further provision stipulates the following:

“(C) SELECTION OF DATA AND INFORMATION—In selecting data and information for inclusion under subparagraph (A), the Director shall ensure—

- I. the inclusion of data and information that will permit analysis of current trends against previously compiled data and information where the Director believes such analysis enhances long-term assessment of the National Drug Control Strategy; and
- II. the inclusion of data and information to permit a standardized and uniform assessment of the effectiveness of drug treatment programs in the United States.

Data are available for many of the areas listed above; however, there are specific areas for which measurement systems are not yet fully operational. The tables presented in this volume contain the most current drug-related data on the areas the 2006 ONDCP Reauthorization Act requires ONDCP to assess.



# Improving Federal Drug-Related Data Systems

ONDCP supports improvements to enhance the policy relevance of Federal drug-related data systems. These include the following developments:

- Since the National Institute of Justice (NIJ) discontinued the *Arrestee Drug Abuse Monitoring* (ADAM) program in 2003-2004, ONDCP resumed data collection starting in 2007 at 10 sentinel locations across the country. The new round of ADAM data, designated as *ADAM II*, uses both self-report and urinalysis-based measurement of recent drug use and permits trend comparisons with the earlier series collected in 2000–2003 for each data collection site. This enables the production of local estimates of drug use prevalence among the adult male arrestee population. Annual data collection cycles are continuing through 2013 under ONDCP funding and management. In 2012, the number of sites was reduced from 10 to 5 due to resource restrictions.
- The Center for Behavioral Health Statistics and Quality, formerly the Office of Applied Studies (OAS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) is planning a redesign of the *National Survey on Drug Use and Health* to implement improvements in the study methodology.
- SAMHSA's *Drug Abuse Warning Network* (DAWN) is an important source of national and local data on substance abuse derived from information on visits to hospital emergency departments and drug-related deaths identified by medical examiners. DAWN has posted online detailed tables on drug-related emergency department visits for the period 2004 to 2011 at the national level as well as for the participating metropolitan areas. 2011 is the final year in the DAWN data series. SAMHSA is exploring the collection of drug-involved emergency visits from a national sample in conjunction with the National Hospital Care Survey conducted by the National Center for Health Statistics.
- ONDCP funded a research effort to generate demand-side estimates of the total number of users, total expenditures, and total consumption for four illicit drugs from 2000 to 2010: marijuana, cocaine, heroin, and methamphetamine. This research used a methodology first published in 1995 which estimated these figures back to 1988. The latest figures are critical to measuring progress of one of ONDCP's performance goals.
- ONDCP is supporting the National Highway Transportation Safety Administration's next iteration of the National Roadside Survey. Data from this survey were instrumental to ONDCP's development of drugged driving as a priority focus in the *Strategy*. Implementation of the survey is currently underway with results expected by the end of 2014. Estimates of the prevalence of drugged driving from the survey are being used to track progress toward achieving the *Strategy's* goal of reducing drugged driving by 10% by 2015.

ONDCP also has re-established an interagency working group to address data and analysis issues. This working group helps implement a key focus of the *National Drug Control Strategy* to improve information

## IMPROVING FEDERAL DRUG-RELATED DATA SYSTEMS

systems for analysis, assessment, and local management in the drug control field. This entails attention to existing Federal data systems that need to be sustained and enhanced; developing new data systems and analytical methods to address information gaps; and implementing measures of drug use and related problems that are useful at the community level.



# Description of Data Sources

The following sections provide brief descriptions of the major data sources used to develop the Data Supplement.

## **National Survey on Drug Use and Health**

**(Source for Tables 1-6, 16, 22-25, 27-29, 33-35, 55, 58, 59, 71-74, 81, and 82)**

The National Survey on Drug Use and Health (NSDUH), formerly the National Household Survey on Drug Abuse (NHSDA), measures the prevalence of drug and alcohol use among household members ages 12 and older. Topics include drug use, health, and demographics. In 1991, it was expanded to include college students in dormitories, people living in homeless shelters, and civilians living on military bases. The NHSDA was administered by the National Institute on Drug Abuse (NIDA) from 1974 through 1991; SAMHSA has administered the survey since 1992. The data collection methodology was changed from paper-and-pencil interviews (PAPI) to computer-assisted interviews (CAI) in 1999, and the sample was expanded almost fourfold to permit state-level estimates and more detailed subgroup analyses, including racial and ethnic subgroups and single-year age categories. These and further changes in 2002, including the name change, payment of an incentive to respondents, and improved training of interviewers, have caused breaks in trend data after 1998 and after 2001. State-level estimates also are calculated using single-year data for more common behaviors and aggregated multiyear data for less common phenomena.

## **What America's Users Spend on Illegal Drugs: 1988–2000**

**(Source for Tables 7, 61, and 69)**

This report estimates total U.S. expenditures on illicit drugs based on available drug price, purity, and demand data. Data are provided on estimated numbers of users and both yearly and weekly expenditures for drugs, which are then combined with drug price/purity data to calculate trends in total national drug expenditures and consumption. The first report was published by ONDCP in 1993. It was updated in 1995, 1997, and 2000. For each update, estimates for all years are adjusted due to changes in the database, methodology improvements, and assumption adjustments. These estimates currently are being updated.

## **Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth**

**(Source for Tables 8-10, 17–19, 54)**

The Monitoring the Future (MTF) study provides information on drug-use trends and changes in values, behaviors, and lifestyle orientations of American youth. The study examines drug-related issues, including recent drug use, perceived harmfulness of drugs, disapproval of drug use, perceived availability of drugs, and driving after smoking marijuana. Although the initial focus of MTF has been high school seniors and graduates who complete follow-up surveys, 8th- and 10th-graders were added to the study sample in 1991. The University of Michigan has conducted the study under a grant from NIDA since 1975, and new data are released in December of each year.

### Youth Risk Behavior Survey

**(Source for Tables 11–15, 20, 21, 75–80, and 94–99)**

The Youth Risk Behavior Survey (YRBS) is a component of the Youth Risk Behavior Surveillance System (YRBSS), conducted by the Centers for Disease Control and Prevention (CDC) in conjunction with some state and local jurisdictions. The YRBSS has the following three complementary components: (1) national school-based surveys, (2) state and local school-based surveys, and (3) special population surveys, which thus far have included a national household-based survey conducted in 1992 and a survey of alternative schools. Each of these components provides unique information about various subpopulations of adolescents in the United States. The school-based survey was initiated in 1990, and thereafter, has been conducted biennially in odd-numbered years among national probability samples of 9th- through 12th-graders from public and private schools. Schools with a large proportion of Black and Hispanic students are oversampled to provide stable estimates for these subgroups. The national Alternative High School Youth Risk Behavior Survey (ALT-YRBS), conducted in 1998, is a nationally representative sample of students enrolled in alternative high schools who are at high risk for failing or dropping out of regular high school or who have been expelled from regular high school because of illegal activity or behavioral problems. The most recent available YRBS was conducted in 2009, and 2011 results are expected in midyear 2012.

### Juvenile Justice Bulletin

**(Source for Table 26)**

The Office of Juvenile Justice and Delinquency Prevention under the Office of Justice Programs of the U.S. Department of Justice published a one-time analysis of data from the 1997 National Longitudinal Survey of Youth (NLSY97) addressing the co-occurrence of substance use behaviors in youth that focuses on behaviors that overlap with substance abuse behaviors.

### Survey of Inmates in Federal Correctional Facilities and Survey of Inmates in State Correctional Facilities

**(Source for Table 30)**

The Bureau of Justice Statistics (BJS), Office of Justice Programs, Department of Justice, conducts the Survey of Inmates in Federal Correctional Facilities (SIFCF) and Survey of Inmates in State Correctional Facilities (SISCF) every 5 or 6 years. These surveys provide comprehensive background data on inmates in Federal and state correctional facilities, based on confidential interviews with a nationally representative sample of inmates. Topics include current offenses and sentences, criminal histories, family and personal backgrounds, gun possession and use, prior alcohol and drug treatment, and educational programs and other services provided in prison. The SIFCF and SISCF were sponsored jointly in 1991 by BJS and the Bureau of Prisons and conducted by the Census Bureau. The most recent surveys were conducted in 2004, and before that, in 1997. Jail inmates were surveyed in 1998 as part of the survey of inmates in local facilities and included a special addendum on drug testing, sanctions, and interventions. More recently, in 2002, the Survey of Inmates in Local Jails was conducted. These surveys provide information on substance use among prison and jail inmates. The next round of inmate surveys is expected to occur in 2013.

### Survey of Health Related Behaviors among Active Duty Military Personnel

#### (Source for Tables 31 and 32)

The Department of Defense commissioned the Survey of Health Related Behaviors Among Active Duty Military Personnel in 2008. It is part of a series of periodic surveys (previously known as the Survey of Health Related Behaviors Among Military Personnel) on health-related behavior, including illicit drug use, among active-duty military personnel. The survey was conducted in 1980, 1982, 1985, 1988, 1992, 1995, 1998, 2002, 2005, and 2008. Before 2008, the DoD surveyed a representative sample of personnel in the services under its jurisdiction—the Army, Navy, Marine Corps, and Air Force. The Coast Guard, under the Department of Homeland Security, was added to the 2008 survey. Because of changes in the drug questions implemented in 2005 and 2008, the latest data are not comparable with those of previous years. A new survey round was conducted in 2011, but results are not yet available.

### The Economic Costs of Drug Abuse in the United States

#### (Source for Table 36, 87, and 100)

ONDCP commissioned the study The Economic Costs of Drug Abuse in the United States, 1992–2002 to update a previous study it sponsored in 2001. Prior to this, the study was conducted by NIDA and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The report uses a cost-of-illness methodology and was released by ONDCP in December 2004. A companion unpublished report, The Economic Costs of Drug Abuse in the United States: Estimates for States and Selected Metropolitan Areas, 2002, developed cost estimates at the state level and for 25 major metropolitan areas.

### The Economic Impact of Illicit Drug Use on American Society

#### (Source for Table 37)

The U.S. Department of Justice National Drug Intelligence Center commissioned the study The Economic Impact of Illicit Drug Use on American Society to monetize the consequences of illicit drug use for the year 2007. Although it uses a cost-of-illness framework, methodological details of this 1-year study yield estimates that are not comparable to prior estimates, such as those conducted by NIDA, NIAAA, and ONDCP.

### National Vital Statistics Data

#### (Source for Tables 38-40, 85, and 86)

Data on drug-induced deaths are based on information from all death certificates filed (2.5 million in 2010) in the 50 States and the District of Columbia. Information from the states is provided to the National Center for Health Statistics (NCHS), a component of CDC. NCHS tabulates causes of death attributable to drug-induced mortality. Drug-induced deaths include not only deaths from dependent and nondependent use of legal or illegal drugs, but also poisoning from medically prescribed and other drugs. Drug-induced causes exclude unintentional injuries, homicides, and other causes indirectly related to drug use. Also excluded are newborn deaths due to the mother's drug use. The International Classification of Diseases, Version 10 (ICD-10) was implemented in 1999 following conventions defined by the World Health Organization to replace Version 9 (ICD-9), in use since 1979. In addition to data published by CDC, unpublished state-level tabulations were extracted from the online system WONDER on drug-induced death trends.

### **Drug Abuse Warning Network**

#### **(Source for Tables 41-43 and 106-110)**

The Drug Abuse Warning Network (DAWN) provides data on drug-related emergency department episodes and medical examiner cases. DAWN helps Federal, state, and local drug policymakers to examine drug-use patterns and trends and assess health hazards associated with drug abuse. DAWN collects data on the demographic characteristics of substance abusers and the specific drugs involved in each drug-related emergency department visit or death. NIDA maintained DAWN from 1982 through 1991; SAMHSA has maintained it since 1992. In 2003, DAWN was redesigned to accommodate enhancements, including establishing a sentinel hospital system for early reporting, changing the case-reporting criteria, and converting from paper to electronic forms. The redesigned system includes immediate access to data by participating sites (DAWN Live!). Due to these major changes, historical data from 2002 and earlier are not comparable to 2003 and later. DAWN detailed tables have been posted online for the period 2004 to 2009 for national estimates as well as for participating metropolitan areas.

### **HIV/AIDS Surveillance Reports**

#### **(Source for Tables 44-46)**

The HIV/AIDS Surveillance Reports contain tabular and graphic information about U.S. AIDS and HIV case reports, including data by state, metropolitan statistical area, mode of exposure to HIV, sex, race/ethnicity, age group, vital status, and case definition category. In addition, estimates of HIV incidence have been added to the series. The Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, a component of CDC, publishes this report semiannually. Data on mode of exposure to HIV are of interest to the Strategy in light of the role of injection drug use in HIV transmission.

### **Reported Tuberculosis in the United States**

#### **(Source for Table 47)**

The TB Surveillance Reports contain tabular and graphic information about reported tuberculosis cases collected from 59 reporting areas (the 50 States, the District of Columbia, New York City, U.S. dependencies and possessions, and independent nations in free association with the United States). The reports include statistics on tuberculosis case counts and case rates by state and metropolitan statistical area, with tables of selected demographic and clinical characteristics (e.g., race/ethnicity, age group, country of origin, form of disease, and drug resistance). The Division of TB Elimination, National Center for HIV, STD, and TB Prevention, a component of CDC, publishes the report annually. The reports also include information on injection drug use and non-injection drug use among TB cases.

### **Summary of Notifiable Diseases**

#### **(Source for Table 48)**

This data system publishes summary tables of the official statistics for the reported occurrence of nationally notifiable diseases in the United States, including hepatitis. These statistics are collected and compiled from reports to the National Notifiable Diseases Surveillance System, which is operated by CDC in collaboration with the Council of State and Territorial Epidemiologists. These data

are finalized and published in CDC's Morbidity and Mortality Weekly Review Summary of Notifiable Diseases, United States for use by state and local health departments; schools of medicine and public health; communications media; local, state, and Federal agencies; and other agencies or individuals interested in following the trends of reportable diseases in the United States. The annual publication of the summary also documents which diseases are considered national priorities for notification and the annual number of cases of such diseases.

### **Uniform Crime Reports**

#### **(Source for Tables 49 and 51)**

The Uniform Crime Reports (UCR) is a nationwide census of thousands of city, county, and state law enforcement agencies compiled by the Federal Bureau of Investigation (FBI). The goal of the UCR is to count in a standardized manner the number of offenses, arrests, and clearances known to police. Each law enforcement agency voluntarily reports data on crimes. Data are reported for the following nine index offenses: murder and manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny, theft, motor vehicle theft, and arson. Data on drug arrests, including arrests for possession, sale, and manufacturing of drugs, are included in the database. Distributions of arrests for drug abuse violations by demographics and geographic area also are available. More specifically, ONDCP has used the online Arrest Data Analysis Tool developed by BJS to extract race-specific arrest rates. UCR data have been collected since 1930; the FBI has collected data under a revised system since 1991.

### **National Prisoner Statistics Program**

#### **(Source for Table 52)**

The National Prisoner Statistics (NPS) program, operated by the Bureau of Justice Statistics, collects statistics on prisoners at midyear and yearend. The Census Bureau serves as the data collection agent for BJS. BJS depends upon the voluntary participation of state departments of corrections and the Federal Bureau of Prisons for NPS data. BJS compiles an annual report on the number of persons in state and Federal prisons at yearend. The most recent annual report, Prisoners in 2011, compares the prison population with the previous year. It includes the number of prisoners held at yearend in the U.S. territories and commonwealths, in military facilities, and in facilities operated by or for the U.S. Immigration and Customs Enforcement. Data are presented on prison capacities and the use of local jails and privately operated prisons. Estimates are provided on the number of sentenced prisoners by age, gender, race, and Hispanic origin, and type of offense, including prisoners who are drug offenders.

### **Fatality Analysis Reporting System**

#### **(Source for Tables 53)**

The Fatality Analysis Reporting System (FARS) is a census of fatal motor vehicle traffic crashes in the United States maintained by the National Highway Traffic Safety Administration of the U.S. Department of Transportation. FARS contains a number of variables to describe drug involvement for persons involved in fatal crashes, including whether or not the person was tested for drugs, the type of test if one was administered, and the test result. Drug involvement means only that drugs were found in the driver's system, and does not imply impairment, nor does it indicate that drug use was the cause of the crash.

### **National Survey of Substance Abuse Treatment Services**

#### **(Source for Tables 56, 57, 83, and 84)**

The National Survey of Substance Abuse Treatment Services (N-SSATS) measures the location, scope, and characteristics of drug abuse and alcoholism treatment facilities throughout the United States. In 2002, SAMHSA redesigned and renamed the survey N-SSATS. It was previously named the Uniform Facility Data Set (UFDS) and the National Drug and Alcoholism Treatment Unit Survey (NDATUS). The survey collects data on unit ownership, type, and scope of services provided; sources of funding; number of clients; treatment capacities; and utilization rates. Data are reported for a point prevalence date in the fall of the year in which the survey is administered. Many questions focus on the 12 months prior to that date. The N-SSATS, then called NDATUS, was administered jointly by NIDA and the National Institute on Alcohol Abuse and Alcoholism from 1974 to 1991. SAMHSA has administered this data system since 1992.

### **Treatment Episode Data Set**

#### **(Source for Table 60)**

The Treatment Episode Data Set (TEDS) provides information on the demographic and substance abuse characteristics of annual admissions to treatment for abuse of alcohol, drugs, or both. It includes admissions to facilities that are licensed or certified by the state substance abuse agency to provide substance abuse treatment. Because TEDS is an admissions-based system, these data do not represent individuals, since an individual admitted to treatment twice within a calendar year would count as two admissions. SAMHSA administers this data system.

### **The Price and Purity of Illicit Drugs**

#### **(Source for Tables 62-65)**

This study commissioned by ONDCP updates national-level drug price and purity trends for the three major drugs: cocaine (with crack as a subset), heroin, and methamphetamine. National-level price trends for marijuana also are provided, but purity trends are not because THC content is not typically measured and is not recorded in DEA's database. DEA's System To Retrieve Information on Drug Evidence (STRIDE) is the primary source of data for this study. STRIDE provides laboratory analyses of street-level drug purchases and of drugs removed from the marketplace where DEA participated in the seizure(s). The system also provides analyses of drug evidence and their physical and chemical attributes to determine geographic origins. Regional price and purity trends are weighted by DAWN data to calculate a national-level estimate. These estimates became available in July 2008, prepared by the Institute for Defense Analyses. In 2012, the same methodology was applied to data through 2011. Price data are expressed in current dollars.

### **University of Mississippi Potency Monitoring Project**

#### **(Source for Table 66)**

The University of Mississippi (UM) issues a Quarterly Report for the Potency Monitoring Project that publishes average concentrations of THC for various types of cannabis specimens. UM conducts all U.S. Government potency testing of eradicated and seized cannabis through a NIDA contract. The specimens of domestically eradicated cannabis are sent to UM from state and local drug labs. In addition, specimens of seized cannabis are sent from DEA's field forensic labs.

### Federal-Wide Drug Seizure System

#### (Source for Table 67)

The Federal-Wide Drug Seizure System (FDSS) was a computerized system that deconflicted overlapping information about drug seizures made by and with the participation of the FBI, the DEA, and the Department of Homeland Security. The FDSS database includes drug seizures by other Federal agencies (e.g., the Forest Service) to the extent that custody of the drug evidence was transferred to one of the three agencies identified above. The FDSS has been maintained by DEA since 1988. The National Seizure System has superseded FDSS.

### National Seizure System

#### (Source for Tables 67, 70 and 93)

The National Seizure System (NSS) tabulates information pertaining to drug seizures made by participating law enforcement agencies. NSS also includes data on clandestine methamphetamine laboratories seized in the United States by local, state, and Federal law enforcement agencies. The records contained in the system are under the control and custody of the DEA, and are maintained in accordance of Federal laws and regulations. Use of the information is limited to law enforcement agencies in connection with activities pertaining to the enforcement of criminal laws. The El Paso Intelligence Center (EPIC) is the central repository for these data. For example, the methamphetamine data are useful in determining, among other criteria, the types, numbers, and locations of meth laboratories seized; manufacturing trends; precursor and chemical sources; the number of children and law enforcement officers affected; and investigative leads.

### Drug Enforcement Administration

#### (Source for Tables 68 and 88-92)

DEA's Office of Domestic Cannabis Eradication/Suppression Program provides resources to state and local law enforcement for cannabis eradication. The data tabulated in these tables are from state and local law enforcement agencies reporting of the results of their efforts.

### Arrestee Drug Abuse Monitoring

#### (Source for Tables 101-105)

The National Institute of Justice established the Drug Use Forecasting program in 1987 to provide an objective assessment of the drug problem among those arrested and charged with crimes. In 1997, this program became the Arrestee Drug Abuse Monitoring (ADAM) program. Arrestees were interviewed and asked to provide urine specimens that were tested for evidence of drug use. Urinalysis results were matched to arrestee characteristics to help monitor trends in drug use. ADAM collected data in 39 major metropolitan sites across the United States in 2003. Data collection was suspended in 2004 due to funding constraints. In 2007, ONDCP resumed collection of ADAM data from 10 sentinel sites, focusing on male arrestees. The new data, referred to as ADAM II, are designed to be trendable with data from 2000 to 2003.

### The European School Survey Project on Alcohol and Other Drugs

#### (Source for Tables 111-113)

The European School Survey Project on Alcohol and Other Drugs (ESPAD) was jointly published by the Swedish Council for Information on Alcohol and Other Drugs, the Council of Europe Co-Operation

Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) and, most recently, the European Monitoring Centre for Drugs and Drug Addiction. Under this project, data on drug use prevalence were collected from annual school surveys in a number of European countries in 1995, 1999, 2003, and 2007. The target age of youth surveyed was 15 years, comparable to 10th-graders in the United States. The substances focused on included alcohol, tobacco, and other drugs, with 35 countries participating in the 2007 ESPAD.

### **Inter-American Drug Abuse Control Commission**

#### **(Source for Tables 114 and 115)**

The Organization of American States, Inter-American Observatory on Drugs released the Report on Drug Use in the Americas, 2011, the first analysis of drug trends in the Western Hemisphere, covering the period 2000-2009. The report was based on information provided by the national observatories or equivalent agencies of reporting countries.

### **International Narcotics Control Strategy Report**

#### **(Source for Tables 116, 117, 119, 121, 122, and 124-127)**

The International Narcotics Control Strategy Report (INCSR) is an annual report by the Department of State to Congress prepared in accordance with the Foreign Assistance Act. The INCSR provides information on the steps taken during the previous year by the main illicit drug-producing and transit countries to prevent drug production, trafficking, and related money laundering. The INCSR helps determine how cooperative a country has been in meeting legislative requirements in various geographic areas. Drug supply figures, such as seizures and cultivation estimates, are forwarded from each host nation, through the American embassy, to this U.S. Department of State report, which is released in March of each year.

### **U.S. Government**

#### **(Source for Tables 118, 120, and 123)**

The annual potential production estimates for each country cultivating significant amounts of illicit coca and poppy are presented in annual briefings by the U.S. Government intelligence community. These unpublished presentations provide the figures used to calculate the potential production numbers for each growing area. Those data include net cultivation, leaf production, and the crop yield and processing efficiencies.

### **Colombian National Police (CNP)/U.S. Department of State INL Air Wing**

#### **(Source for Table 123)**

Eradication figures for Colombia represent aerial eradication from 1999 to 2004 and are obtained from the U.S. Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL) working with the Policia Nacional de Colombia (CNP). CNP is responsible for airborne coca and poppy eradication. INL and CNP have collaborated in the mounting of a campaign using spray planes to eradicate coca and opium poppy cultivation. INL has assisted the CNP with training, maintenance, logistics, and operational support to make this effort possible. The program also provided logistical and operational support in the form of cargo airplanes and an airborne Multi-spectral Digital Imaging System (MDIS) for identification and mapping of coca. The CNP/INL Air Wing provides unpublished periodic data on coca and poppy eradication.



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# Acronyms

- ADAM** Arrestee Drug Abuse Monitoring system (formerly DUF)
- AIDS** acquired immunodeficiency syndrome
- BJS** Bureau of Justice Statistics
- CAI** computer-assisted interview
- CBHSQ** Center for Behavioral Health Statistics and Quality, formerly the Office of Applied Studies (part of SAMHSA)
- CDC** Centers for Disease Control and Prevention
- CSAP** Center for Substance Abuse Prevention (under SAMHSA)
- CSAT** Center for Substance Abuse Treatment (under SAMHSA)
- DAWN** Drug Abuse Warning Network
- DEA** Drug Enforcement Administration
- DSM-IV** Diagnostic and Statistical Manual, Fourth Edition
- DUF** Drug Use Forecasting program
- ED** hospital emergency department
- EPIC** El Paso Intelligence Center
- ESPAD** European School Survey Project on Alcohol and Other Drugs
- FARS** Fatality Analysis Reporting System
- FBI** Federal Bureau of Investigation
- FDSS** Federal-Wide Drug Seizure System
- FinCEN** Financial Crimes Enforcement Network
- HHS** Department of Health and Human Services
- HIDTA** High Intensity Drug Trafficking Areas program
- HIV** human immunodeficiency virus
- ICD-9** International Classification of Diseases, Version 9
- ICD-10** International Classification of Diseases, Version 10
- IDU** injection drug user
- INCSR** International Narcotics Control Strategy Report
- MDMA** 3,4-methylenedioxymethamphetamine (Ecstasy)

## ACRONYMS

- ME** medical examiner
- MSM** men who have sex with men
- MTF** Monitoring the Future study
- N-SSATS** National Survey of Substance Abuse Treatment Services
- NCHS** National Center for Health Statistics (under CDC)
- NDATUS** National Drug and Alcoholism Treatment Unit Survey
- NHSDA** National Household Survey on Drug Abuse (now NSDUH)
- NHTSA** National Highway Traffic Safety Administration (part of the U.S. Department of Transportation)
- NIAAA** National Institute on Alcohol Abuse and Alcoholism
- NIDA** National Institute on Drug Abuse
- NIJ** National Institute of Justice
- NSDUH** National Survey on Drug Use and Health (formerly NHSDA)
- NSS** National Seizure System
- NTOMS** National Treatment Outcome Monitoring System
- OAS** Office of Applied Studies, replaced by the Center for Behavioral Health Statistics and Quality (part of SAMHSA)
- OJP** Office of Justice Programs (part of the U.S. Department of Justice)
- OCDETF** Organized Crime Drug Enforcement Task Force
- PAPI** paper-and-pencil interview
- RSAT** Residential Substance Abuse Treatment program
- SAMHSA** Substance Abuse and Mental Health Services Administration
- SAPT** Substance Abuse Prevention and Treatment (a Federal block grant program)
- SIFCF** Survey of Inmates in Federal Correctional Facilities
- SISCF** Survey of Inmates in State Correctional Facilities
- STAR** Sequential Transition and Reduction Model
- STRIDE** System To Retrieve Information on Drug Evidence
- STD** sexually transmitted disease
- TCE** Targeted Capacity Expansion program
- THC** delta-9-tetrahydrocannabinol (the principal psychoactive ingredient of marijuana)
- UCR** Uniform Crime Reports

## ACRONYMS

**UFDS** Uniform Facility Data Set

**YRBS** Youth Risk Behavior Survey

**YRBSS** Youth Risk Behavior Surveillance System



