




June 2003

ONDCP
Drug Policy Information Clearinghouse
FACT SHEET

John P. Walters, Director www.whitehousedrugpolicy.gov 1-800-666-3332

Juveniles and Drugs

The White House Office of National Drug Control Policy (ONDCP) Drug Policy Information Clearinghouse prepared this fact sheet to summarize current information on juveniles and illicit drugs. This fact sheet includes information on youth drug use, juvenile drug-related crime, and programs designed to prevent or treat youth drug abuse.

Overview

Drug abuse is costly to our society as a whole but is especially harmful to our youth. Youth's immature physical and psychological development makes them more susceptible than adults to the harmful effects of drug abuse. Behavior patterns that result from teen and pre-teen drug use often produce tragic consequences. Self-degradation, loss of control, disruptive conduct, and antisocial attitudes can cause untold harm to juveniles and their families. In the 7 years that the National Center on Addiction and Substance Abuse (CASA) at Columbia University has published the *National Survey of American Attitudes on Substance Abuse*, results have indicated that teens and their parents view drugs as their biggest concern.

ONDCP has made "Stopping Use Before It Starts: Education and Community Action" one of the priorities of the National Drug Control Strategy. One objective of the strategy is to reduce past month use of illegal drugs in the 12- to 17-year-old age group by 10% over 2 years and 25% over 5 years. In support of this goal, the requested FY 2004 budget for drug prevention and prevention research totals \$1.9 billion. Activities supporting the Strategy's priorities include continued funding for ONDCP's National Youth Anti-Drug Media Campaign, the Drug-Free Communities Support Program, the Department of Education's Safe and Drug-Free Schools program, State and local prevention programs, and additional funding for juvenile drug

prevention activities. In addition to providing drug education, these programs also place increasing emphasis on training youth to resist social pressures to use drugs.

Prevalence Estimates

Results from the 2001 National Household Survey on Drug Abuse indicate that 10.8% of youth ages 12 to 17 are current drug users, having used an illicit drug at least once in the month before being interviewed (see table 1). The rate is higher than the 9.7% observed in 2000. The 2001 survey also shows that 20.8% of youth reported using illicit drugs at least once in the past year, and 28.4% reported having used drugs at least once during their lifetime.

Table 1. Past illicit drug use among 12- to 17-year-olds, 2001

Drug	Ever Used	Past Year	Past Month
Any illicit drug	28.4%	20.8%	10.8%
Marijuana/hashish	19.7	15.2	8.0
Cocaine	2.3	1.5	0.4
Crack	0.6	0.4	0.1
Heroin	0.3	0.2	0.0
Hallucinogens	5.7	4.0	1.2
LSD	3.1	1.9	0.4
PCP	1.0	0.5	0.1
MDMA (ecstasy)	3.2	2.4	0.6
Inhalants	8.6	3.5	1.0
Methamphetamine	1.4	0.8	0.2
Nonmedical use of psychotherapeutics	11.6	7.9	3.2
Pain relievers	9.4	6.4	2.6
Tranquilizers	2.6	1.7	0.5
Stimulants	3.7	2.2	0.7
Sedatives	0.7	0.3	0.1

Source: National Household Survey on Drug Abuse

Among youth who were heavy drinkers in 2001, 65.3% also used illicit drugs. Among nondrinkers, only 5.1% were using illicit drugs. Similarly, among youth that smoked cigarettes, the rate of past month illicit drug use was 48%, compared with 5.3% for nonsmokers.

Since 1991, the Monitoring the Future survey has collected data from 8th, 10th, and 12th grade students across the United States. Findings from the 2002 Monitoring the Future Study indicate that 24.5% of 8th graders, 44.6% of 10th graders, and 53% of 12th graders used an illicit drug during their lifetime (see table 2).

Table 2. Lifetime drug use among students, 2001–2002

Drug	8th Grade		10th Grade		12th Grade	
	2001	2002	2001	2002	2001	2002
Any illicit drug	26.8%	24.5%	45.6%	44.6%	53.9%	53.0%
Marijuana/ hashish	20.4	19.2	40.1	38.7	49.0	47.8
Inhalants	17.1	15.2	15.2	13.5	13.0	11.7
Hallucinogens	5.2	4.1	8.9	7.8	14.7	12.0
LSD	3.4	2.5	6.3	5.0	10.9	8.4
MDMA (ecstasy)	5.2	4.3	8.0	6.6	11.7	10.5
Cocaine	4.3	3.6	5.7	6.1	8.2	7.8
Crack	3.0	2.5	3.1	3.6	3.7	3.8
Other cocaine	3.3	2.8	5.0	5.2	7.4	7.0
Heroin	1.7	1.6	1.7	1.8	1.8	1.7
With a needle	1.2	1.0	0.8	1.0	0.7	0.8
Amphetamines	10.2	8.7	16.0	14.9	16.2	16.8
Methamphetamine	4.4	3.5	6.4	6.1	6.9	6.7
Steroids	2.8	2.5	3.5	3.5	3.7	4.0

Source: Monitoring the Future Study

The Monitoring the Future survey also collects data on past year and past month drug use. In 2002, 17.7% of 8th graders, 34.8% of 10th graders, and 41% of 12th graders reported using an illicit drug at some point in the year before being surveyed. In 1991, 11.3% of 8th graders, 21.4% of 10th graders, and 29.4% of 12th graders reported past year illicit drug use (see table 3).

Approximately 10.4% of 8th graders, 20.8% of 10th graders, and 25.4% of 12th graders reported past month use of an illicit drug. The drug most frequently used was marijuana, with 21.5% of seniors reporting past month use (see table 4).

The Centers for Disease Control and Prevention (CDC) conducts a survey of high school students nationwide every 2 years. Results from CDC's Youth Risk Behavior Surveillance (YRBS), 2001 indicate that more than 50% of surveyed 12th graders reported using marijuana at least once during their lifetime (see table 5).

Table 3. Past year illicit drug use, 1991–2002

Year	8th Grade	10th Grade	12th Grade
1991	11.3%	21.4%	29.4%
1992	12.9	20.4	27.1
1993	15.1	24.7	31.0
1994	18.5	30.0	35.8
1995	21.4	33.3	39.0
1996	23.6	37.5	40.2
1997	22.1	38.5	42.4
1998	21.0	35.0	41.4
1999	20.5	35.9	42.1
2000	19.5	36.4	40.9
2001	19.5	37.2	41.4
2002	17.7	34.8	41.0

Source: Monitoring the Future Study

Table 4. Past month drug use, 2001–2002

Drug	8th Grade		10th Grade		12th Grade	
	2001	2002	2001	2002	2001	2002
Any illicit drug	11.7%	10.4%	22.7%	20.8%	25.7%	25.4%
Marijuana/ hashish	9.2	8.3	19.8	17.8	22.4	21.5
Inhalants	4.0	3.8	2.4	2.4	1.7	1.5
Hallucinogens	1.6	1.2	2.1	1.6	3.3	2.3
LSD	1.0	0.7	1.5	0.7	2.3	0.7
MDMA (ecstasy)	1.8	1.4	2.6	1.8	2.8	2.4
Cocaine	1.2	1.1	1.3	1.6	2.1	2.3
Crack	0.8	0.8	0.7	1.0	1.1	1.2
Other cocaine	0.9	0.8	1.2	1.3	1.8	1.9
Heroin	0.6	0.5	0.3	0.5	0.4	0.5
With a needle	0.4	0.3	0.2	0.3	0.2	0.3
Amphetamines	3.2	2.8	5.6	5.2	5.6	5.5
Methamphetamine	1.3	1.1	1.5	1.8	1.5	1.7
Steroids	0.7	0.8	0.9	1.0	1.3	1.4

Source: Monitoring the Future Study

Results from the 2001 National Household Survey on Drug Abuse show that the earlier in life people initiate drug use, the more likely they are to develop a drug problem. For example, among adults who first used marijuana at the age of 14 or younger, 11.8% were classified as drug dependent or abusers compared with only 2.1% of adults who had first used marijuana at age 18 or older. The average age of persons who first used marijuana during 2000 was 17.5 years. In 1990, the average age of first-time marijuana users was 18.4 years, and in 1980, the average age was 19.1 years. Among new inhalant users in 2000, the mean age at first use was 16.2 years. This is down from 17.6 years in 1990 and 19.1 years in 1980.

Table 5. High school drug use, 2001

	<u>9th Grade</u>	<u>10th Grade</u>	<u>11th Grade</u>	<u>12th Grade</u>
Lifetime marijuana use	32.7%	41.7%	47.2%	51.5%
Current marijuana use	19.4	24.8	25.8	26.9
Lifetime cocaine use	7.2	8.6	10.4	12.1
Current cocaine use	3.7	4.2	4.4	4.5
Lifetime inhalant use	17.4	14.0	13.8	12.5
Current inhalant use	6.2	4.8	4.0	2.9
Lifetime heroin use	3.2	3.3	2.8	3.0
Lifetime meth use	8.1	9.7	9.2	12.8
Lifetime illegal steroid use	5.8	4.9	4.3	4.3
Lifetime injection of illegal drug	2.5	2.6	1.9	2.1

Source: Youth Risk Behavior Surveillance

Among high school students surveyed in 2001 as part of the YRBS, approximately 16% of male 10th graders reported using marijuana before age 13 (see table 6). Data from the 2002 Monitoring the Future Study show that 71.7% of 8th graders, 60.8% of 10th graders, and 53% of 12th graders reported that there is a “great risk” associated with smoking marijuana regularly. This is down from 83.8%, 82.1%, and 78.6% in 1991.

Table 6. Marijuana use before 13 years of age, 2001

<u>Grade</u>	<u>Female</u>	<u>Male</u>	<u>Total</u>
9	8.6%	15.0%	11.6%
10	8.6	15.9	12.1
11	6.5	10.4	8.5
12	5.3	10.4	7.8
Total	7.5	13.2	10.2

Source: Youth Risk Behavior Surveillance

Drugs and School

Results from the 2000 National Household Survey on Drug Abuse indicate that increased rates of past month use of cigarettes, alcohol, or any illicit drug had a deleterious effect on students grades. Although most data indicate that youth generally use drugs on weekends and after school during the week, survey results also show that drugs are being made available and used on school property.

Among students surveyed as part of the 2001 YRBS, 28.5% reported that they were offered, sold, or given an illegal drug on school property during the 12 months preceding the survey (see table 7).

More than 5% of students in grades 9 through 12 reported using marijuana on school property at least once in the 30 days before the YRBS survey (see table 8).

Table 7. Offered, sold, or given an illegal drug on school property, 2001

<u>Grade</u>	<u>Female</u>	<u>Male</u>	<u>Total</u>
9	23.4%	35.1%	29.0%
10	23.6	34.7	29.0
11	22.8	34.6	28.7
12	20.4	33.8	26.9
Total	22.7	34.6	28.5

Source: Youth Risk Behavior Surveillance

Estimates indicate that substance abuse and addiction will have added at least \$41 billion to the costs of elementary and secondary education for the 2000–2001

Table 8. Marijuana use on school property, 2001

<u>Grade</u>	<u>Female</u>	<u>Male</u>	<u>Total</u>
9	3.0%	8.0%	5.5%
10	3.2	8.6	5.8
11	2.5	7.7	5.1
12	2.4	7.5	4.9
Total	2.9	8.0	5.4

Source: Youth Risk Behavior Surveillance

school year. Examples of costs to schools include alcohol- and drug-related truancy, drug testing costs, employee training to increase awareness of and cope with alcohol/drug problems, and special education programs for those with substance abuse-related mental retardation or learning disabilities.

In 1999–2000, nearly 39% of secondary school principals reported that student drug abuse was a serious or moderate problem in their schools. This is an increase from 29.9% in 1993–1994. Approximately 21% of public schools conducted drug sweeps in 1999–2000. In rural areas, 31% of schools reported drug sweeps, while in central city schools, 15% conducted drug sweeps.

Consequences of Use

Substance abuse by young people can result in health-related problems (including mental health) or death, academic difficulties, risky behaviors, poor peer relationships, and involvement with the juvenile justice system. Below are some of the more commonly abused drugs and their possible side effects.

- ◆ **Amphetamines/methamphetamine:** Irritability, insomnia, convulsions, tremors, anxiety, paranoia, aggression, violent behavior, stroke, psychosis resembling schizophrenia, cardiovascular collapse, and death.

- ◆ **Inhalants:** Memory loss, learning problems, increased heart rate, distorted perception of reality and spatial relations, lethargy, nausea/vomiting, slurred speech, loss of motor coordination, wheezing, organ and muscle damage, sudden sniffing death syndrome which can cause heart failure, and withdrawal symptoms which can include grand mal seizures.
- ◆ **Marijuana:** Impaired memory, anxiety, panic attacks, symptoms of chronic bronchitis, daily coughs and phlegm, more frequent chest colds, and abnormal functioning of lung tissue injured or destroyed by marijuana smoke.
- ◆ **MDMA (ecstasy):** Depression, anxiety, paranoia, muscle tension, teeth clenching, tremors, increased heart rate and blood pressure, dehydration, hyperthermia, brain damage, and death.

The Drug Abuse Warning Network (DAWN) collects data on emergency department (ED) drug episodes in cities across the United States. A drug episode is an ED visit induced by or related to the use of illegal drugs or the nonmedical use of a legal drug. In 2001, 10% (61,695) of the total ED drug episodes involved patients ages 12 to 17. There were also 1,013 episodes among 6- to 11-year-olds. Preliminary data for January to June 2002 indicate that there were 29,846 ED episodes involving patients ages 12 to 17 and 813 ED episodes involving 6 to 11 year olds.

DAWN also collects the number of times individual drugs are mentioned in ED episodes. The number of ED drug mentions among patients ages 6 to 17 decreased from 104,133 in 2000 to 97,091 in 2001 (see table 9).

Year	Ages 6–11	Ages 12–17	Total Ages 6–17
1994	1,192	93,039	94,231
1995	1,828	92,847	94,675
1996	1,544	96,544	98,088
1997	2,358	98,442	100,800
1998	1,079	95,193	96,272
1999	1,549	82,976	84,525
2000	1,259	102,874	104,133
2001	1,268	95,822	97,091
2002*	1,162	46,504	47,667

*Data are preliminary for January to June 2002.
Source: ED Trends from DAWN

In 2001, marijuana was mentioned 16,559 times in ED episodes that involved juveniles ages 6 to 17 and from January to June 2002, marijuana was mentioned 8,781 times (see table 10).

Drug	1998	1999	2000	2001	2002*
Cocaine	4,362	3,299	4,402	3,514	1,255
Heroin	898	676	1,052	834	574
Marijuana	13,161	12,930	15,792	16,559	8,781
Amphetamines	1,635	1,686	2,681	2,603	1,436
Methamphetamine	1,081	844	1,122	1,323	571
MDMA (ecstasy)	—	347	902	899	490
Ketamine	20	—	25	—	22
LSD	1,970	1,960	1,430	952	—
PCP	391	331	699	655	399
Miscellaneous hallucinogens	724	700	433	—	—
Inhalants	984	344	642	65	—

*Data are preliminary for January to June 2002.
Source: ED Trends from DAWN

Youth alcohol or drug use may lead to earlier sexual initiation, unprotected sexual intercourse, and multiple partners. Results from a survey conducted by the Kaiser Family Foundation indicate that more than a third of sexually active young people report that alcohol or drugs have influenced their decisions about sex. Seven out of 10 young people ages 15 to 24 report that condoms often do not get used when people are drinking or using drugs, resulting in an elevated risk for sexually transmitted diseases or unwanted pregnancies. Twenty-nine percent of sexually active young people ages 15 to 24 comment that they have “done more” sexually when drinking or using drugs than they had planned.

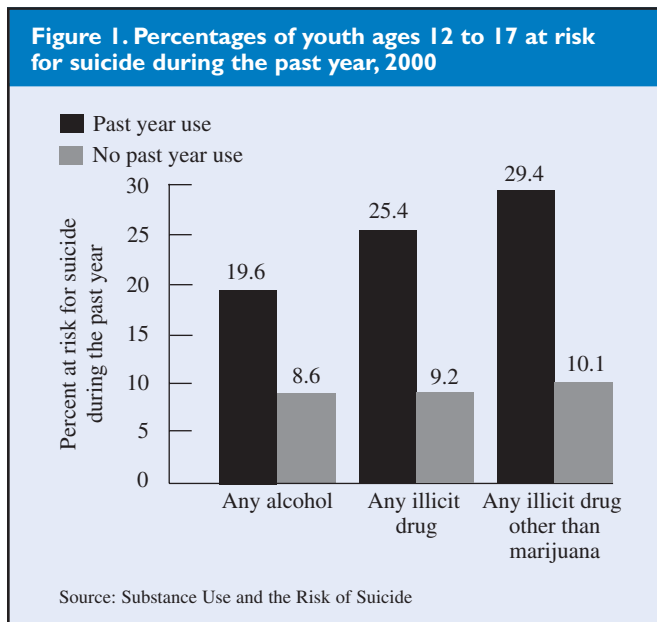
In 2001, 25.6% of high school students surveyed as part of YRBS reported alcohol or drug use at the time of their last sexual intercourse (see table 11).

Grade	Female	Male	Total
9	24.5%	23.8%	24.0%
10	20.8	35.7	27.7
11	18.4	31.3	24.7
12	19.9	32.0	25.4
Total	20.7	30.9	25.6

Source: Youth Risk Behavior Surveillance

Youth substance abuse is also associated with an increased risk of suicide. Results from the 2000 National Household Survey on Drug Abuse indicate that youth who reported alcohol or illicit drug use during the past year were more likely to be at risk for suicide than

those who did not use the substances. For example, youth reporting past year use of any illicit drug other than marijuana (29%) were almost three times more likely than youth who did not report past year use (10%) to be at risk for suicide (see figure 1).



Juveniles and Drug-Related Crime

During 2001, State and local law enforcement agencies reported 139,238 drug abuse arrests of juveniles under 18 (see table 12). Juvenile drug arrests represented 8.9% of all arrests of individuals under 18 and approximately 13% of drug arrests among all age groups.

Table 12. State/local juvenile drug arrests, 2001

Age	Arrests
Under 10	297
10-12	2,976
13-14	20,788
15	24,956
16	38,401
17	51,820
Total under 18	139,238

Source: Crime in the United States, 2001

The National Institute of Justice's Arrestee Drug Abuse Monitoring (ADAM) Program tested juvenile male detainees at five sites across the Nation during 2002: Birmingham, Alabama; Cleveland, Ohio; Phoenix, Arizona; San Antonio, Texas; and San Diego, California. Preliminary drug test results indicate that approximately 60% of the juvenile male detainees were positive for drugs, from a low of 51.6% in San Antonio to a high of

72% in Phoenix. Juvenile female detainees were also tested in all of the same sites, except for Cleveland. Preliminary results of the female urinalysis tests indicate that 45.9% were positive, with a range of 29.4% (San Antonio) to 62.5% (Birmingham).

In 1998, juvenile courts in the United States handled an estimated 192,500 delinquency cases in which a drug offense was the most serious charge. The drug offense cases accounted for 11% of all delinquency cases during the year. Also during 1998, 23% of all juvenile delinquency cases involving detention were drug-related cases. In 1989, 36% were drug cases (see table 13).

Table 13. Juvenile cases involving detention

Offense Type	1989	1994	1998
Drug	36%	24%	23%
Person	25	23	22
Property	17	15	15
Public order	26	21	22
Total	21	18	19

Source: Detention in Delinquency Cases

Juvenile drug courts are intensive treatment programs established and supervised by juvenile courts to provide specialized services to eligible drug-involved youth and their families. By May 22, 2003, there were 388 juvenile drug courts either in existence or being planned in the United States. Of these juvenile drug courts, 98 were in existence for more than 2 years, 178 were recently implemented, and 112 were being planned.

Drug Treatment

For youth ages 12 to 17, an estimated 1.1 million persons (4.9% of this population) needed treatment for an illicit drug abuse problem in 2001. Of this group, only 100,000 people (10.2% of youth ages 12 to 17 who needed treatment) received treatment.

The number of adolescents ages 12 to 17 admitted to treatment facilities in the United States increased from 95,000 in 1992 to 131,176 in 2000 (see table 14). The growth is attributable to an increase in admissions involving marijuana and an increase in referrals to treatment through the criminal justice system. In 2000, more than 60% of adolescent admissions involved marijuana as the primary drug of abuse and 50.8% of adolescent admissions were referred through the justice system.

The National Institute on Drug Abuse (NIDA) has evaluated treatment outcomes and found that longer stays by juveniles in treatment programs can decrease drug and alcohol use and criminal activity, and improve school performance and psychological adjustment. NIDA

Table 14. Admissions to treatment among 12- to 17-year-olds, 1992 and 2000

Primary Substance	1992		2000	
	N	%	N	%
Total admissions	95,000	100.0	131,176	100.0
Alcohol	53,404	56.2	31,800	24.2
Alcohol only	26,374	27.8	9,971	7.6
Alcohol w/second drug	27,030	28.5	21,829	16.6
Cocaine	3,849	4.1	2,500	1.9
Smoked cocaine	1,859	2.0	1,037	0.8
Non-smoked cocaine	1,990	2.1	1,463	1.1
Opiates	833	0.9	1,846	1.4
Heroin	723	0.8	1,480	1.1
Other opiates	110	0.1	366	0.3
Marijuana/hashish	21,898	23.1	81,189	61.9
Stimulants	1,390	1.5	4,244	3.2
Methamphetamine	743	0.8	3,110	2.4
Other amphetamine	440	0.5	950	0.7
Other stimulant	207	0.2	184	0.1
Other drugs	4,484	4.7	4,481	3.4
Tranquilizers	81	0.1	258	0.2
Sedatives/hypnotics	110	0.1	153	0.1
Hallucinogens	1,645	1.7	969	0.7
PCP	247	0.3	160	0.1
Inhalants	1,812	1.9	512	0.4
Over-the-counter	104	0.1	83	0.1
Other	485	0.5	2,346	1.8
None reported	9,142	9.6	5,116	3.9

Source: Treatment Episode Data Set

research indicates that before treatment 53.4% of the adolescents studied received grades in school that were average or better. After treatment, the figure rose to 79.6% (see table 15).

Table 15. Adolescent behavior before and 1 year after treatment

Behavior	Before	After
Drug use		
Weekly marijuana use	80.4%	43.8%
Heavy drinking	33.8	20.3
Hallucinogen use	31.0	26.8
Stimulant use	19.1	15.3
School performance		
Regular attendance	62.6	74.0
Average or better grades	53.4	79.6
Criminal activities		
Any illegal act	75.6	52.8
Any arrest	50.3	33.9

Source: Adolescent Treatment Programs Reduce Drug Abuse

Summary

The use of drugs by juveniles can have serious effects on the individual's health, behavior, and development. In addition to causing harm to the drug user, juvenile drug use also affects the child's family, friends, school, and society as a whole. Despite relatively stable indicators of drug use among juveniles, levels of use are still at unacceptable levels. The establishment and enhancement of prevention and treatment programs is essential to aid in the reduction of juvenile drug use.

Sources

Executive Office of the President:

Office of National Drug Control Policy

National Drug Control Strategy, 2003 Annual Report, February 2003.
www.whitehouse.gov/publications/policy/03ndcs/index.html

National Drug Control Strategy: FY 2003 Budget Summary, February 2002.
www.whitehouse.gov/publications/pdf/budget2002.pdf

Principles of Prevention.
www.whitehouse.gov/prevent/practice.html

National Institutes of Health:

National Institute on Drug Abuse

"Adolescent Treatment Programs Reduce Drug Abuse, Produce Other Improvements," *NIDA NOTES*, Vol. 17 No. 1, April 2002.
www.nida.nih.gov/NIDA_Notes/NNVol17N1/Adolescent.html

Inhalant Abuse Research Report, July 2000.
www.drugabuse.gov/ResearchReports/Inhalants/Inhalants.html

Marijuana-Info.org Web site.
www.marijuana-info.org

Methamphetamine Abuse and Addiction, January 2002.
www.drugabuse.gov/ResearchReports/methamph/methamph.html

MDMA (Ecstasy) InfoFacts, April 2001.
www.drugabuse.gov/Infobox/ecstasy.html

Monitoring the Future, 2002 Data from In-School Surveys of 8th, 10th, and 12th Grade Students, December 2002.
<http://monitoringthefuture.org/data/02data.html#2002data-drugs>

U.S. Department of Health and Human Services:

Centers for Disease Control and Prevention (CDC)

Youth Risk Behavior Surveillance System, 2001, June 2002.
www.cdc.gov/nccdphp/dash/yrbs/index.htm

Substance Abuse and Mental Health Services Administration

Emergency Department Trends From the Drug Abuse Warning Network, Preliminary Estimates, January–June 2002, January 2003.
www.samhsa.gov/oas/DAWN/Prelim2k2EDtrends/text/EDTrendPrelim02text.pdf

Results From the 2001 National Household Survey on Drug Abuse, August 2002.
www.samhsa.gov/oas/nhsda/2k1nhsda/vol1/toc.htm

Substance Use and the Risk of Suicide Among Youths, July 12, 2002.
www.samhsa.gov/oas/2k2/suicide/suicide.pdf

Treatment Episode Data Set (TEDS): 1992–2000, December 2002.
www.dasis.samhsa.gov/teds00/TEDS_2k_index.htm

U.S. Department of Justice:

Bureau of Justice Statistics

Indicators of School Crime and Safety, 2002, November 2002.
www.ojp.usdoj.gov/bjs/pub/pdf/iscs02.pdf

Drug Enforcement Administration

Drug Descriptions section of Web site.
www.dea.gov/concern/concern.htm

Federal Bureau of Investigation

Crime in the United States, 2001, October 2002.
www.fbi.gov/ucr/01cius.htm

National Drug Intelligence Center

Illicit Drugs and Youth, April 2002.
www.usdoj.gov/ndic/pubs/798/798p.pdf

National Institute of Justice

Preliminary Data on Drug Use & Related Matters Among Adult Arrestees & Juvenile Detainees, 2002, 2003.
www.adam-nij.net/files/2002_Preliminary_Data.pdf

Office of Juvenile Justice and Delinquency Prevention

Detention in Delinquency Cases, 1989–1998, January 2002.
www.ncjrs.org/pdffiles1/ojjdp/fs200201.pdf

Drug Offense Cases in Juvenile Courts, 1989–1998, September 2001.
www.ncjrs.org/pdffiles1/ojjdp/fs200136.pdf

Juvenile Drug Court Programs, May 2001.
www.ncjrs.org/pdffiles1/ojjdp/184744.pdf

Other Sources:

Kaiser Family Foundation, *Substance Use and Risky Sexual Behavior: Attitudes and Practices Among Adolescents and Young Adults*, February 2002.
www.kff.org/content/2002/3215/CASASurveySnapshot.pdf

National Inhalant Prevention Coalition Web site:
www.inhalants.org

Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project at American University, *Summary of Drug Court Activity by State and County: Juvenile and Family Drug Courts*, May 22, 2003.
www.american.edu/spa/justice/publications/juvfamchart.pdf

Partnership for a Drug-Free America, *Partnership Attitude Tracking Study, 2001*, February 2002.
www.drugfreeamerica.org/research

This fact sheet was prepared by Michele Spiess of the ONDCP Drug Policy Information Clearinghouse. The data presented are as accurate as the sources from which they were drawn. Responsibility for data selection and presentation rests with the Clearinghouse staff. The Clearinghouse is funded by the White House Office of National Drug Control Policy to support drug control policy research. The Clearinghouse is a component of the National Criminal Justice Reference Service. For further information about the contents or sources used for the production of this fact sheet or about other drug policy issues, call:

1-800-666-3332

Write the Drug Policy Information Clearinghouse, P.O. Box 6000, Rockville, MD 20849-6000,
or visit the World Wide Web site at:

www.whitehousedrugpolicy.gov



ONDCP

Office of National Drug Control Policy

SEARCH

CONTACT

SITE MAP

MOBILE WEB

Home	About ONDCP	News & Public Affairs	Policy	Drug Facts	Publications	Related Links
Prevention	Treatment	Science & Technology	Enforcement	State & Local	International	Funding

Drug Facts

For more statistical information on illicit drugs, please visit the Drug Facts section of our Web site. There you will find drug-related statistics, links, presentations, and resources.

Facts and Figures: Contain comprehensive data on major drug categories and special populations, with links to source materials.

- ★ Club Drugs
- ★ Crack
- ★ Heroin
- ★ Inhalants
- ★ Juveniles and Drugs
- ★ LSD
- ★ Marijuana
- ★ Methamphetamine
- ★ Minorities
- ★ OxyContin
- ★ Steroids
- ★ Women and Drugs

Fact Sheets: Provide concise summaries of available research on drug-related topics.

- ★ Drug Data Summary
- ★ Drug-Related Crime
- ★ Drug Treatment in the Criminal Justice System
- ★ Drug Use Trends
- ★ GHB
- ★ Inhalants
- ★ MDMA
- ★ Methadone
- ★ Rohypnol

www.whitehousedrugpolicy.gov

