

# Fact Sheet: Adolescent Drug Use and Drug Control Efforts

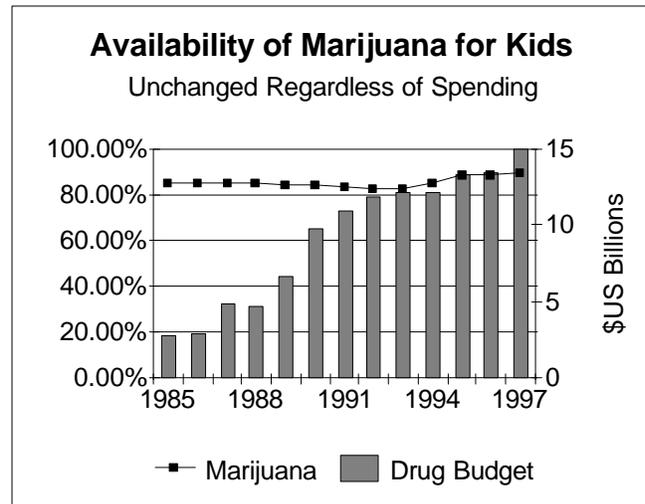
August 1998

Common Sense for Drug Policy is concerned about the impact of drug policy on our families, with particular concern for how policy affects children. This fact sheet summarizes currently available information, primarily from government sources.

## Federal Studies of Adolescent Drug Use:

### *Access to Drugs is Unchanged Throughout Drug War*

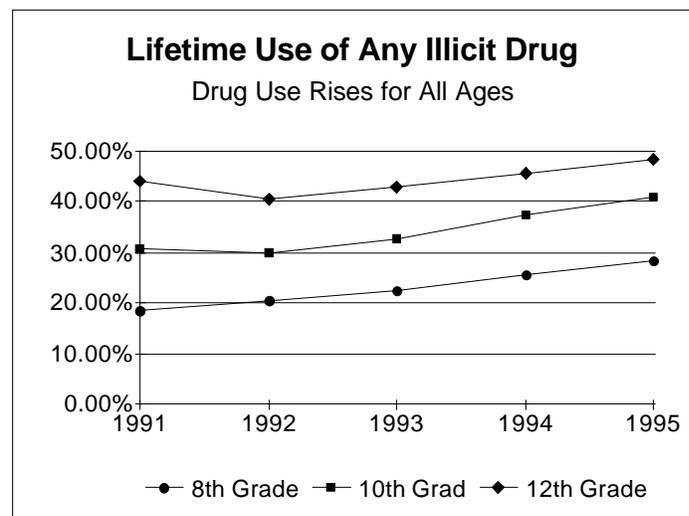
Since 1975, the Federal government has surveyed high school student drug use. The chart shown to the right graphically displays the percentage of high school seniors who have said that marijuana is 'very easy' or 'fairly easy' to obtain. Over the entire period, at least 82% of seniors found marijuana to be easy to obtain,<sup>1</sup> despite an exponential increase in the federal drug control budget.



**Figure 1** Source: NIDA. (1997).<sup>7</sup> Percent of high school seniors who say that marijuana is 'very easy' or 'fairly easy' to obtain; ONDP (1997).<sup>8</sup>

### *Adolescent Drug Use Increases Since 1992*

With this high level of access, it is not surprising that drug use is rising amongst all age groups surveyed. Nearly 30% of 8<sup>th</sup> grade students said they had tried an illicit drug in 1995, and nearly 50% of 12<sup>th</sup> grade students had tried an illicit substance. See figure 2 for more information.<sup>2</sup>



**Figure 2** Source: NIDA. (1996).<sup>9</sup> National Survey Results on Drug Use from the Monitoring the Future Survey 1975 - 1995.

## Invest in America's Children

A study conducted by SAMHSA and the Department of Health and Human Services reviewed 127 alternative activity programs for the effect on reducing youth drug use. It concluded that "alternative programming appears to be the most effective among those youth at greatest risk for substance abuse and related problems."<sup>3</sup> A study by Public-Private Partnerships evaluated Big Brother/Big Sister programs and found participants to be 46% less likely to start using illegal drugs and 27% less likely to start using alcohol.<sup>4</sup>

## Invest in Education Programs that Work

A federally funded study by the Research Triangle Institute found that DARE students were no less likely to use drugs than students who had not gone through the program.<sup>5</sup> Similarly, the ONDCPs \$2 billion advertising campaign relies on research that "hardly stands up to the slightest breeze of inquiry," according to the Senior Editor of the advertising industry's *Brandweek*, David Kiley.<sup>6</sup> Unfortunately, DARE and TV ads get the lion-share of funding, while programs that work continue to languish.

### Questions to Consider:

If Drug Czar McCaffrey says that "the principle component of our drug control strategy should be prevention programs aimed at adolescents," why is less than 12% of his budget spent on reducing youth drug use?<sup>10</sup>

If HHS has concluded that alternative programming is the most effective tool to reduce youth drug use, why is the ONDCP planning to spend \$1 billion on advertising over five years? Are these ads designed to make the Administration look good, rather than actually reduce youth drug use?

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## Stop Sacrificing Education for Prisons

In a classic example of “If you build it, they will come,” our national investment in prisons, at the expense of our children’s education, has placed greater obstacles in front of our young people at the very time when our country is so concerned with the future of our youth. From 1987 to 1995, state spending on higher education decreased by 18.2%, while spending on corrections increased by 30%.<sup>11</sup> Indeed, throughout the 1990s, college tuition “continues to rise faster than inflation.”<sup>12</sup> And, “as states continue to lay off teachers to pay for corrections officers, it is becoming more apparent that their citizens are poorly educated and unemployable - precisely the kind of person who fills our prisons.”<sup>13</sup> Nationwide, from 1982 to 1993, employment of instructors at public colleges has risen by 28.5%, while the number of correctional officers has increased by 129.33%.<sup>14</sup>

### Sources:

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- <sup>1</sup> NIDA. (1997) Monitoring the Future Survey. Table 12, “Long-term trends in perceived availability of drugs, twelfth graders.”
- <sup>2</sup> NIDA. (1996). National Survey Results on Drug Use from the Monitoring the Future Survey 1975 - 1995. Vol. 1 Secondary School Students. Washington, DC: Department of Health and Human Services.
- <sup>3</sup> Carmona, Maria and Kathryn Stewart. (1996). “A Review of Alternative Activities and Alternatives Programs in Youth-Oriented Prevention” CSAP Technical Report No. 13. Washington, DC: Center for Substance Abuse Prevention/ Substance Abuse and Mental Health Administration/ Department of Health and Human Services.
- <sup>4</sup> Tierney, Joseph P., Jean Baldwin Grossman, and Nancy L. Resch. (1995 November). Making a Difference: An Impact Study of Big Brothers/Big Sisters. P. 49. Philadelphia, PA: Public/Private Ventures.
- <sup>5</sup> Ennett, S. T., et. al. (1994, September). “How Effective is Drug Abuse Resistance Education? A Meta-Analysis of project DARE Outcome Evaluations.” American Journal of Public Health.
- <sup>6</sup> Kiley, David. (1998, April 27). “Blind Support for Anti-Drug Ads? Just Say No.” Brandweek.
- <sup>7</sup> NIDA. (1997) Monitoring the Future Survey. Table 12, “Long-term trends in perceived availability of drugs, twelfth graders.”
- <sup>8</sup> ONDCP (1997) National Drug Control Strategy, 1997 Budget Summary. Table 3, “National Drug Control Funding by Function.” Washington, DC: Office of National Drug Control Policy.
- <sup>9</sup> NIDA. (1996). National Survey Results on Drug Use from the Monitoring the Future Survey 1975 - 1995. Vol. 1 Secondary School Students. Washington, DC: Department of Health and Human Services.
- <sup>10</sup> Quote: Drug Czar, General Barry McCaffrey Talk of the Nation. (1998, February 25); Budget Data: McCaffrey, Barry R. (1998). The National Drug Control Strategy, 1998: A Ten Year Plan. Washington, DC: Office of National Drug Control Policy, p. 58.
- <sup>11</sup> NASBO. (1996 April). 1995 State Expenditures Report. Washington, DC (As reported by the Justice Policy Institute. From Classrooms to Cellblocks: A National Perspective. (1997). Washington, DC: Justice Policy Institute.)
- <sup>12</sup> Ambrosio, Tara-Jen and Vincent Schiraldi. (1997 February). From Classrooms to Cellblocks: A National Perspective. Washington, DC: Justice Policy Institute.
- <sup>13</sup> Ibid.
- <sup>14</sup> Ibid.
- <sup>15</sup> Rydell, C.P. & Everingham, S.S. (1994). Controlling Cocaine. Prepared for the Office of National Drug Control Policy and the United States Army. Santa Monica, CA: Drug Policy Research Center, RAND.
- <sup>16</sup> National Center on Addiction and Substance Abuse at Columbia University. (1998). Behind Bars: Substance Abuse and America’s Prison Population. New York: National Center on Addiction and Substance Abuse at Columbia University, Forward by Joseph Califano.
- <sup>17</sup> Rydell, C.P. & Everingham, S.S. (1994). Controlling Cocaine. Prepared for the Office of National Drug Control Policy and the United States Army. Santa Monica, CA: Drug Policy Research Center, RAND.
- <sup>18</sup> Woodward, A., J. Epstein, J. Gfroerer, D. Melnick, R. Thoreson, and D. Wilson. (1997). “The Drug Abuse Treatment Gap: Recent Estimates,” Health Care Financing Review, 18: 5-17.

## Invest in Keeping America’s Families Healthy

The National Drug Control Strategy should place greater emphasis on voluntary treatment – which keeps families together – and less emphasis on incarceration – which separates children from their families. Treatment is 10 times more cost effective than interdiction in reducing the use of drugs.<sup>15</sup> Emphasis on law enforcement has resulted in 1.4 million substance-involved inmates who are parents of 2.4 million children, many of them minors.<sup>16</sup> Not only does incarceration break up families it is more expensive. A study by the RAND Corporation found that domestic law enforcement efforts cost 15 times as much as treatment to achieve the same reduction in societal costs.<sup>17</sup> Treatment is underfunded. A recent study by researchers at Substance Abuse Mental Health Services Administration (SAMHSA) has indicated that 48% of the need for drug treatment, not including alcohol abuse, is unmet in the United States.<sup>18</sup>