# Start Spreading the News: Understanding the Drug Problem in the Mid-American States with the Arrestee Drug Abuse Monitoring Program

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**Abstract**

This paper examines efforts by the National Institute of Justice (NIJ) to expand our understanding of drug use among the arrestee population in largely rural states located the western portion of the country. The model for this new effort was the Drug Use Forecasting (DUF) program that was initiated by NIJ in the late 1980s. This program collected interview and urine data from recent arrestees in 23 large urban cities. The DUF program was enhanced to create a better understanding of the drug problem among arrestees in relatively smaller cities located in theoretically interesting areas. The new program (the Arrestee Drug Abuse Monitoring program [ADAM]) has involved the addition of 15 new sites and changes to the survey instrument, sampling design, and outreach that have helped show more clearly how the drug use patterns among arrestees differ from region to region. In this paper, specific attention is shown to one of the new sites (Oklahoma City) and regional comparisons.

## Introduction.

Before policy makers can institute programs to fix social problems, they need information about the scope and extent of the problem (Rossi, Freeman, and Lipsey 1999). In addition, while programs are being implemented, the policy makers need to know how the problem is changing over time (either on its own accord or in response to the programs that have been put in place). Gaining this important type of information on America's drug problem was the catalyst for the Drug Use Forecasting (DUF) program in the late 1980s. The project was funded by the National Institute of Justice (NIJ). The goal of the program was to gather reliable and valid data from among the arrestee population in large urban cities to identify new drug problems and to monitor the existing situation. The data were collected in the local jails of these large cities on a quarterly basis through a simple 3-page survey and the collection of a urine sample. Additional data were sometimes collected through the use of an addendum instrument. These addenda include specialized drug instruments (cocaine, marijuana, heroin, etc.), gang involvement, and gun procurement surveys. The DUF program has also spawned similar data collection efforts in other settings such as prisons and juvenile detention facilities (Lo and Stephens 2000). The reports that were generated from these data collection efforts informed drug policy at both the national and local level over the course of the following decade.

Unfortunately, there were several problems with the DUF data. First, many researchers complained (or at least worried) that the data were flawed by poor collection procedures and practices. There was little effort to standardize data collection practices from site-to-site and some sites were less attuned to the rigor of the scientific process. Also, the protocol of the original DUF sample selection process excluded "drug offenders" from the sample, thereby eliminating an important group from the sample. In addition, most sites were operated by the agencies that administrated the jail. This resulted in ethical problems concerning the confidentiality of the data that were being collected. Perhaps the biggest problem, however, was that even if the data had been perfectly collected, it still failed to represent areas of the United States that were encountering unique drug problems. This was especially the case for the middle of the country and toward the west coast. This area was experiencing a major increase in the use of Methamphetamine during this period, but there were precious few data collection efforts available to learn about the problem.

The solution to this problem began in the late 1990s as researchers and funding agencies attempted to correct these problems

with DUF. The resulting program was called the Arrestee Drug Abuse Monitoring program. This paper discusses the change from DUF to ADAM and the impact of the change on efforts to deal with the drug problem in the mid-American states.

## Background.

The NIJ began collecting data from a random sample of new arrestees using the Drug Use Forecasting (DUF) program in 1987. For over a decade, the DUF program collected vital information from recent arrestees about the drug use patterns and treatment needs in 23 large jurisdictions located in 17 states. These cities included Atlanta, Miami, New York City, New Orleans, Chicago, Fort Lauderdale, Denver, Cleveland, Philadelphia, Birmingham, Washington, DC, Los Angeles, Houston, Indianapolis, Dallas, Phoenix, San Antonio, Detroit, Portland, Omaha, St. Louis, San Diego, and San Jose. Of these, only Omaha, Denver, and St. Louis marginally represented the mid-American states (the latter two are also major cities), while five of the sites were located on the west coast or in the desert.

The DUF project changed its scope and mission in 1997, when the NIJ announced that DUF would change its name to ADAM and expand to twelve new data collection sites (Samuels 2000). The new sites included Albuquerque, Laredo, Tucson, Seattle, Las Vegas, Minneapolis, Anchorage, Salt Lake City, Spokane, Des Moines, Sacramento, and Oklahoma City. These new sites are all located west of Chicago and represent areas with unique drug problems and populations. Most of the new cites are also relatively smaller than the original DUF cities. The Oklahoma City ADAM (OKC-ADAM) began collecting data from new arrestees at the Oklahoma County Jail in September 1998. The county jail is the intake for all of the arrestees in Oklahoma County. The project staff has since collected data in 14-day periods in each of the successive quarters.

## Previous Use of DUF Data

While millions of federal dollars have been spent collecting DUF/ADAM data since 1987, surprisingly few studies have been published in academic journals using the data. This is not to say that efforts were not made to disseminate the data. On the contrary, the NIJ has steadily published specialized papers and annual reports about the DUF data from the beginning. In addition, the raw data were made available to any researcher who desired access (through ICPSR and then through the Internet). Still, reports written by a funding agency in Washington, DC (NIJ) probably had little impact in the local community. The studies that were published in the past decade can be categorized as (1) reflective of national trends, (2) reporting city specific findings, or (3) methodological in nature.

1. National Trends. Several reports and articles have been written about the national trends in drug use by arrestees using the DUF/ADAM data. Most of these reports have been the results of efforts by the NIJ to disseminate their data. Others, however, are traditional research articles that use data from all of the sites to discuss the national picture of drug use or on the national treatment needs. One study, for example, examines the incidence of drug abuse and need for drug treatment among offenders and the extent to which this need is being met by looking at the 1992 DUF data (Falkin, Prendergast, and Anglin 1994). They showed that 50-80 percent of the DUF arrestees tested positive for 1 or more drugs after arrest and that rates of drug use were higher for minorities and women. They suggested that the need for treatment (an effective government response) was not being met.

In a unique study that combined DUF data and city level rates of homicide, robbery, and burglary in the 24 DUF cities, Baumer (1994) found that arrestee cocaine use had a positive and significant effect on city robbery rates, net of other predictors. Cocaine use had a more modest effect on homicide rates and no effect on burglary. The study shows how community-level indicators of drug use can be used in formulating theories to explain inner-city violence.

Other studies have examined changes over time. For example, Wish (1991) used the DUF data to show that while drug use by casual users and those in the middle class had dramatically dropped, a hard core of drug using criminals remained active. He used this finding to suggest that the country needs to seek a humane method of treating users by taking advantage of the access to these persons that the criminal justice system affords to address their drug use and associated problems.

More recently, Golub (2000) showed that marijuana use nationwide had continually dropped from a peak around 1979 until the early 1990s. Specifically, he showed that most of the 23 DUF/ADAM locations had experienced a rapid increase in use among young arrestees from an average percent positive of 25 percent in 1991 up to 57 percent in 1996. Compared with two other national surveys, this increase was more dramatic and happened two years earlier. The use of marijuana stabilized from 1996 to 1998 at a relatively high rate for young offenders.

2. City Specific Studies. Some of the DUF sites (e.g., Denver, New York, Los Angeles, San Diego) were operated by research organizations that have been very active in writing about their specific cities. The New York site (operated by the National Development and Research Institutes, Inc.) has been perhaps the most prolific publisher of findings from the DUF/ADAM data.

Golub and Johnson (1994), for example, examined youthful drug use by arrestees using Manhattan DUF data, focusing on first use of "gateway" drugs (alcohol, tobacco, and marijuana), age at first use of each, and changes among more recently born individuals. They later identified three inner-city cohorts differing by birth year and preferred drugs that routinely passed through Manhattan's criminal justice system from 1987-1997 (Golub and Johnson 1999). These groups were defined as the Heroin Injection Generation born 1945-1954, the Cocaine/Crack Generation born 1955-1969, and the Blunts (marijuana plus tobacco) Generation born since 1970. Their analysis of the ADAM data suggested that the future prospects for the Blunts Generation might be modestly enhanced by their continued avoidance of the other drugs, despite the fact that many of the arrestees had experienced distressed households and had few job skills.

These researchers also examined the extent to which heroin use increased from 1987 to 1993 in the DUF population (Johnson, Thomas, and Golub 1998). They found no evidence to document increases or sustained upswings in heroin use among booked arrestees in Manhattan, but instead, there were actually substantial declines over this period. This finding was contrary reports by the Drug Enforcement Administration in the supply, availability, and purity of heroin sold on the street during this period. Finally, they showed that cocaine use among arrestees under age 21 declined from 69 percent in 1987 to 17 percent in early 1993 (Golub and Johnson 1994).

Feucht (1991) used DUF data to examine the drug use patterns among female arrestees in Washington, DC. He found that the rates of recent cocaine use were similar among women arrested for prostitution, drug offenses, and income-generating property crimes. The use of other drugs in addition to cocaine, however, was significantly lower for those arrested for prostitution. Most of the women arrested for prostitution tested positive for recent use of cocaine only. Another study examined a sample of 1,580 St. Louis ADAM subjects to examine the drug-using classifications between criminal and non-criminal populations (Yacoubian 2000).

Data from the Philadelphia site examined the extent to which the use of "gateway" substances, alcohol and tobacco for example, are an early step in a drug-using pathway (Kane and Yacoubian 1999). Their analyses lend support for the controversial finding among non-criminal populations that patterns of drug use tend to display an escalation from "soft," and "alternative," to "hard" central-nervous-system-modifying drugs.

One final study examined the determinants of perceived risk for getting HIV/AIDS Los Angeles ADAM arrestees who admitted lifetime injection drug use (Henson, Longshore, Kowalewski, Anglin,

and Annon 1998). Arrestees reporting celibacy in the past year, having an injection-drug-using sexual partner, having had more than 20 sexual partners, engaging in sex while high, knowing someone with AIDS, and having been tested for HIV were more likely to perceive themselves at greater risk for AIDS. Even though the usefulness of the ADAM data for a serious health issue like HIV had been established by Wish, O'Neil, and Baldau (1990) a decade earlier, very few studies have investigated this phenomenon.

3. Methodological Studies. Many studies rely exclusively on the use self-report surveys to determine drug use by respondents. This requires the researcher to rely on the truthfulness of the respondents. Social desirability and confidentiality concerns, however, result in a lack of truthfulness by the respondent when discussing deviant behavior (Czaja and Blair 1996). According to this, the more deviant the behavior, the more likely a person is to lie. One way to test the extent to which a person is lying is to measure a concept with a self-report survey and then confirm the information through another source (Calsyn, Morse, Klinkenberg, and Trusty 1997). The ADAM survey is a natural vehicle for testing the validity for self-report of drug use because the arrestees are asked if they have used drugs recently and then they are drug tested immediately after the survey (Adams 2000).

One early study of the truthfulness of self-reported drug use examined DUF arrestees in Cleveland, OH during 1989-1993 (Stephens and Feucht 1993). The researchers found that self-report data were fairly reliable for most of the 10 drug categories tested, though this was attributed to the low rates of use of these drugs. Of those who tested positive for the most frequently used drugs (cocaine and marijuana), more than half denied any use within the previous 72 hours. They concluded that a substantial number of DUF arrestees lie about drug use, even though they are told the information is confidential and anonymous.

A more recent study of the ADAM data showed that that many subjects underreport recent drug use (Wish, Gray, Sushinsky, Yacoubian, and Fitzgerald 2000). The experiment tested whether modifying data collection procedures could enhance self-reporting without adversely affecting study response rates. One experimental condition involved administering either the standard or an enhanced informed consent form. Another condition involved collecting the urine specimen either before or after the interview. The findings suggested that none of the experimental conditions affected the correspondence between interview responses and the urine results. Specifically, the type of informed consent form did not affect the truthfulness of self-reported drug use in any of the sites. When the urine was collected first, the rates of truthful self-reporting increased in only one site.

More recently, researchers have begun to examine the extent to which the data collected by ADAM sites can be used to provide estimates of the numbers of users in the community. Hser (1993), for example, examined ADAM drug treatment data to estimate the number of intravenous drug users in Los Angeles County in 1989. Using the five percent HIV prevalence rate currently found among intravenous drug users, he estimated that number of HIV-infected intravenous drug users approached 9,500. This number differs from estimates obtained using other techniques currently in use (e.g., county health department self-report monitoring programs).

## The Creation of ADAM

The previous brief review suggests that there have been several efforts to report on the findings from the DUF/ADAM data. Still, the relatively insignificant quantity is surprising given the length of time that the data have been collected, the ready availability of the data, and the scope of the data collection sites. More troubling, perhaps, is the lack of local use of the data (except in rare settings).

There were several barriers to local dissemination during the DUF period. One problem, for example, was the fact that the local site directors were not trained in

sociological data analysis. Many DUF sites were operated by the local law enforcement agencies that operated the correctional facility. Thus, local agencies relied upon the posting of simple frequency tables that merely described the percent of arrestees who tested positive for drugs in the previous quarter. Little effort was made to pass the information on to local treatment agencies, government officials, or university researchers (except by NIJ).

Another problem was the quality of the data that were collected. During DUF, there was very little consistency between the different sites in how the data were collected. Some sites collected data from certain kinds of inmates while others did not. Some sites collected for 14 days straight, while other collected in a much more erratic manner. Thus, even if someone was willing to use the data to make policy decisions, the validity of the data was always an issue. Even more problematic was the fact that the three-page survey that was used in the interview part of the study was very limited. While arrestees were asked if they felt like they were addicted, there were no scales that allowed social scientists to measure the addiction objectively, such as a recognized addiction severity scale.

In addition, very few resources were expended at the local level to encourage local use of the data. As a result, many local sites without an established research wing collected the data and sent the data to NIJ for the report writing. Finally, because the data were only collected in relatively large cities, the information was not very useful for smaller jurisdictions. It was difficult to apply the data collected in New York, Los Angeles, and Chicago to what was going on in Oklahoma City and Salt Lake City. ADAM was designed to overcome many of these problems.

1. Converting from DUF to ADAM. Addition of the new sites began in 1998 and changes to how the data were collected were phased in over the next two years. A standardized sampling design was implemented that forced all sites to follow the same procedure to select arrestees into the sample. Each site would now use a probability-based sampling procedure that would allow for greater ability to infer to the population and would eventually be capable of adding the dimension of data weighting to the analyses.

A new 24-page survey was designed and

**TABLE 1. OKC-ADAM LOCAL COORDINATING COUNCIL (1999-2000)**

**Richard Kirby**, Deputy General Counsel, Office of the Governor
**Ben Brown**, State Senator, State of Oklahoma
**Darrel Wilkins**, Division Director of Criminalistics, Oklahoma State Bureau of Investigation
**Marc Pate**, Oklahoma County District Attorney Office
**Rana Bohan**, Office of the Mayor, City of Oklahoma City
**David Wright**, Director, Oklahoma Statistical Analysis Center
**Suzanne McClain Atwood**, Executive Coordinator, District Attorney's Council
**Sam Davis**, Administrator, Oklahoma Office of Juvenile Affairs
**Fran Ferrari**, Researcher, Oklahoma Department of Corrections
**Nancy Galloway**, TRIAD Coordinator, Oklahoma County Sheriff's Department
**R.A. "Bob" Jones**, Deputy Chief, Oklahoma City Police
**Dr. Steven Davis**, Director of Evaluation and Data Analysis, DMHSAS
**Dr. N. Ann Lowrance**, Deputy Commissioner, Domestic Violence &Sexual Assault Service
**John Walsh, Jr.**, Executive Director, Oklahoma Sheriff's Association
**Jim Cox**, Director, Oklahoma Association of Chiefs of Police
**Robert Surovec**, U.S. Drug Enforcement Administration
**Major Russell Dear**, Jail Administrator, Oklahoma County Sheriff's Department

put in the field in 2000. The new survey asks questions that are comparable to other surveys ("crosswalks") like the National Household Survey on Drug Abuse, the Treatment Episodes Data Set, and the Uniform Crime Report. The new survey also allows for more complex data analysis by asking for more detailed information about treatment experience (in-patient, out-patient, and mental health) and the local drug market (Samuels 2000).

New site directors were selected that had experience/interest in analyzing and disseminating the data. In addition, NIJ and its national contractor (Abt Associates) implemented an individualized sampling plan for each site that allows for the selection of a much more representative sample. The sample also expanded to include the entire county, not just the city. Also, ADAM sites collected data from a sample of all arrestees, instead of only the non-drug offenders as DUF had done previously. The biggest change, perhaps, was the decision to encourage local site directors to create a forum for sharing the data with local agencies and policy makers. The result is the creation of the Local Coordinating Council (LCC) concept.

2. Local Coordinating Council. In addition to the reinvigorated data collection practices from the time of DUF, each ADAM site was encouraged to create a Local Coordinating Council (LCC). The goal of the LCC is to generate local research initiatives that can be executed concurrently with the ADAM data collection. The Council is also to play a lead role in the dissemination of the local ADAM findings to policy makers, practitioners, and the general public. The ideal LCC would include members of law enforcement and correctional agencies, state and local treatment agencies, university researchers, and state and local government agencies. One successful example of the LCC concept is the organization that was formed at the Oklahoma City ADAM site.

The Oklahoma City LCC was formed in September 1999. It was relatively small (less than 20 members) and was composed of representatives of federal, state and local government, the Oklahoma Sheriff's Office, the Oklahoma City Police Department, the Department of Mental Health and Substance Abuse Services, the District Attorney's Council. The current members of the OKC-ADAM LCC are shown in Table 1. Most of the members of the council were invited directly by the site director, while others heard about the committee by word-of-mouth and requested membership.

**TABLE 2. SCHEDULE OF DATA COLLECTION FOR OKC-ADAM.**

| Date | # Male Interviews | # Female Interviews | # Interviews |
|---|---|---|---|
| September 1998 | 129 | 0 | 129 |
| December 1998 | 248 | 0 | 248 |
| February 1999 | 264 | 105 | 369 |
| June 1999[1] | 255 | 95 | 350 |
| September 1999[2] | 198 | 95 | 293 |
| November 1999 | 231 | 109 | 340 |
| February 2000[3] | 180 | 48 | 228 |
| June 2000 | 179 | 85 | 264 |
| September 2000 | 178 | 84 | 262 |
| December 2000 | 174 | 87 | 261 |
| February 2001 | 179 | 107 | 286 |
| Total | 2,215 | 815 | 3,030 |

[1]Pre-tested marijuana addendum.
[2]Moved to booking area and implemented new sampling plan.
[3]Implemented new survey.

The council meets twice per year. At the meetings, findings from the previous 6 months of OKC-ADAM data are presented and current local drug issues are discussed. Comparisons of Oklahoma City to other nearby ADAM sites are also discussed. Special analysis topics are presented by request. For example, because of the increase in the number of Methamphetamine lab seizures in the state, the police agencies requested information about the extent of Methamphetamine use by the arrestees and what the Methamphetamine users looked like (in comparison to other drug users). An interesting aspect of the LCC concept is that the dialogue is not meant to be one-way. That is, the meetings are intended to foster communication between the various agency representatives and the site director (and among the representatives themselves).

During the first meeting, the LCC members were encouraged to consider the kinds of data that they would like to have collected in an addendum project. The committee suggested an interest in domestic violence as a key topic for the community. Additional funds were gained from the NIJ and additional data were collected on this "special topic". This experience shows how uniquely the ADAM project responds to the needs of the local jurisdiction.

The LCC site is funded by modest support from NIJ and is directed by the local Site Director (a professor at the University of Oklahoma). The Director is responsible for initiating and hosting the meetings, preparing reports, presenting findings, and facilitating the sharing of information. Along with the biannual meetings, the data are shared with the LCC by the Site Director in three other ways. First, a quarterly newsletter is published to keep members up-to-date on OKC-ADAM happenings as much as possible. In addition to the quarterly newsletters, OKC-ADAM annual reports are published each year to provide specific local information that is not possible in a national publication. The local report supplements the annual report published by the NIJ each year. Finally, the OKC-ADAM has created a website (www.ou.edu/soc/okcadam) that allows access to reports, working papers, site information, and data. This site makes the data available to people outside of the LCC "loop". More information about the national ADAM project is available at the NIJ website (www.adam-nij.net/adam/). In the following section, I present some of the data that are shared with the LCC.

## Data Collection

The data collection schedule is determined six months in advance by the local Site Director and the Jail Administrator in coordination with Abt Associates. In the weeks before the data are collected, the interviewers are trained (or re-trained), supplies are ordered from Abt Associates, and arrangements are made with the Jail Administrator to provide security and to escort inmates to and from the interview area. Two off-duty detention officers are used each shift. Surveys, fact sheets, bar code stickers, and urine bottles are received from the national contractor (Abt Associates). The interview staff go through two days of training (for new staff) and five hours of refresher training each quarter for the experienced staff. All the interviewers are female. About half of the interviewers are students (graduate and undergraduate) from the University of Oklahoma and the other half are not associated with the university.

Data collection for the OKC-ADAM project began in the third quarter of 1998. Because the ADAM staff was initially denied access to the jail because of internal logistical problems (the State Fair and a computer malfunction), they were only able to collect data for eight days in September. They also only collected data from male arrestees at that time. The data were collected in a gymnasium on the eighth floor of the jail. In December 1998, they collected their first full 14-day sample of males and they added female arrestees starting in February 1999.

During the first four quarters of data collection, OKC-ADAM used four interviewers at a time to collect data from 10 AM to 2 PM, interviewing arrestees who had been booked during the previous 24-hour period. These respondents are termed "stock" arrestees. Unfortunately, many arrestees who had been booked in the previous 24

hours had already been released, resulting in a less than representative sample. Starting in the third quarter of 1999, Abt Associates devised a new sampling plan that was designed to eliminate the bias caused by missing so many arrestees. To facilitate this change, the interview process was moved to the booking area of the jail. Thus, the data from the third quarter of 1999 and following is much more representative than the data collected in the previous four quarters.

The new plan required OKC-ADAM staff to use two interviewers to collect data from a random sample of male and female arrestees who are booked during the interview shift (in addition to a random sample of "stock" arrestees). These new respondents are called "flow" arrestees. Thus, the OKC-ADAM data represents a random sample of stock and flow inmates booked into the Oklahoma County Jail. The data collection time changed to 2:00 PM until 10 PM, the eight-hour period with the greatest number of bookings. The ADAM interviews take place as soon as the jail's booking process is completed.

To facilitate the data collection, the Oklahoma County Jail provides the OKC-ADAM staff with access to the booking computer system. This allows the ADAM staff to select the appropriate respondents and to locate the respondent in the jail. Some of the respondents are still in the booking area during the survey time while other have already been moved up to a cell. A census of all the people who are booked in the jail (including the OKC-ADAM sample) is also collected and sent to Abt Associates at the end of the data collection period so that the sample can be compared to the population for weighting purposes. The weighting adjustments to the sample are made so that the sample approximates the population as closely as practical.

With the new sampling plan, the quota of respondents dropped from 250 men and 100 women (once a national standard) to 168 men and 84 women (252 total). The actual number of respondents from whom data are collected, however, varies from quarter to quarter. This is because the new sampling plan requires OKC-ADAM staff to stop collecting "flow" data only when time runs out, not when the quota is met. As a result, data are collected at a rate only slightly less than in previous quarters.

## Procedures

At the beginning of each day of data collection, the jail staff prepares a list of people who have been booked into the County Jail from 10:00 PM the previous evening to 1:59 PM on the current day. This group of arrestees is called the "stock" population. The on-site coordinator then randomly selects five males and 3 females from this list to be interviewed. The remaining respondents are randomly selected from the people who are booked into the jail from 2:00 PM to 9:59 PM that day (these are called the "flow" arrestees).

One interviewer is assigned to interview male flow inmates and one interviewer is assigned to female flow arrestees and the stock arrestees. When the site coordinator selects an arrestee for an interview, he/she writes the person's name and cell number on a Post-It Note. Then, the on-site coordinator initiates a "face sheet" on the arrestee. This face sheet contains information about the arrestee (race, sex, age, charge, etc.).

The Post-It Note is then given to a security officer who brings the inmate to the interviewers. When the arrestee arrives at the interview site, the Post-It Note is given to the on-site coordinator, who sticks it back on the face sheet. The interviewer then reads a detailed informed consent form to the respondent. If the arrestee agrees to participate, the interview starts immediately. After the interview, the arrestee is given a plastic bottle and asked to provide a urine sample. After a useable sample is provided, the arrestee is given a chocolate bar. A bar-coded sticker is attached to the urine bottle, the face sheet, and the survey so that they can be matched later on. The completed survey is then edited by the on-site coordinator to assure no errors have been made.

Within two days of data collection, the urine samples are mailed off to Pharm-Chem Laboratories (the national contractor) for the drug screen. The completed surveys and face sheets are mailed to Abt

**TABLE 3. PERCENT OF MALE ARRESTEES WHO TEST POSITIVE FOR DRUGS IN OKLAHOMA CITY.**

| Type of Drug | 1998 Q3 N=129 | 1998 Q4 N=248 | 1999 Q1 N=264 | 1999 Q2 N=255 | 1999 Q3 N=198 | 1999 Q4 N=232 |
|---|---|---|---|---|---|---|
| Any Drug | 69.8 | 70.1 | 71.2 | 76.6 | 67.7 | 63.4 |
| Multiple Drugs | 31.0 | 29.1 | 28.4 | 21.6 | 29.3 | 25.4 |
| Marijuana | 51.2 | 54.0 | 47.0 | 49.4 | 47.0 | 47.8 |
| Methamphetamine | 7.8 | 8.5 | 5.3 | 7.5 | 13.6 | 9.5 |
| Cocaine | 31.8 | 25.0 | 29.5 | 23.5 | 24.2 | 23.3 |
| Opiates | 2.3 | 1.6 | 1.1 | 1.2 | 1.0 | 3.0 |
| Phencyclidine (PCP) | 3.1 | 2.4 | 6.8 | 1.6 | 4.0 | 4.3 |
| Benzodiazepines (Valium) | 9.3 | 6.9 | 8.7 | 7.8 | 8.6 | 4.7 |

**Yearly Summary**

| Type of Drug | 1998 Q3-Q4 N=377 | 1999 Q1-Q4 N=950 | 2000 Q1-Q3 N=536 |
|---|---|---|---|
| Any Drug | 69.0 | 72.2 | 71.6 |
| Multiple Drugs | 26.8 | 25.9 | 28.5 |
| Marijuana | 53.1 | 47.8 | 55.2 |
| Methamphetamine | 8.0 | 8.6 | 11.0 |
| Cocaine | 27.3 | 25.3 | 23.1 |
| Opiates | 1.9 | 1.6 | 3.5 |
| Phencyclidine (PCP) | 2.7 | 4.2 | 4.1 |
| Benzodiazepines (Valium) | 7.6 | 7.5 | 9.0 |

**TABLE 4. PERCENT OF FEMALE ARRESTEES WHO TEST POSITIVE FOR DRUGS IN OKLAHOMA CITY.**

| Type of Drug | 1998 Q3 N=0 | 1998 Q4 N=0 | 1999 Q1 N=105 | 1999 Q2 N=95 | 1999 Q3 N=95 | 1999 Q4 N=110 |
|---|---|---|---|---|---|---|
| Any Drug | N/A | N/A | 63.8 | 81.0 | 64.2 | 60.9 |
| Multiple Drugs | N/A | N/A | 30.5 | 28.4 | 33.7 | 21.8 |
| Marijuana | N/A | N/A | 40.0 | 43.2 | 46.3 | 29.1 |
| Methamphetamine | N/A | N/A | 9.5 | 8.4 | 10.5 | 15.5 |
| Cocaine | N/A | N/A | 34.3 | 42.1 | 32.6 | 29.1 |
| Opiates | N/A | N/A | 2.9 | 2.1 | 3.2 | 4.5 |
| Phencyclidine (PCP) | N/A | N/A | 2.9 | 0.0 | 7.3 | 1.8 |
| Benzodiazepines (Valium) | N/A | N/A | 9.5 | 8.4 | 7.3 | 10.0 |

**Yearly Summary**

| Type of Drug | 1998 Q3-Q4 N=0 | 1999 Q1-Q4 N=405 | 2000 Q1-Q3 N=216 |
|---|---|---|---|
| Any Drug | N/A | 72.2 | 68.5 |
| Multiple Drugs | N/A | 30.9 | 33.3 |
| Marijuana | N/A | 39.3 | 45.8 |
| Methamphetamine | N/A | 11.1 | 16.7 |
| Cocaine | N/A | 34.3 | 26.9 |
| Opiates | N/A | 3.2 | 4.6 |
| Phencyclidine (PCP) | N/A | 3.0 | 5.1 |
| Benzodiazepines (Valium) | N/A | 8.9 | 11.1 |

Associates immediately after the last day of data collection. The data are entered by Abt Associates and matched to the urine results via the bar-codes. All the data are then made available for download via the Internet by the Site Director.

### Study Participants

The Oklahoma City ADAM project is located at the population center of the state of Oklahoma. The Oklahoma City MSA population was just under one million in 1990, accounting for over 30 percent of the state total. The arrestee sample is ethnically diverse: approximately 38 percent of arrestees are African American, 51 percent are White, five percent are Hispanic, and six percent are Native American.

During data collection, ADAM participants are randomly selected from among eligible arrests. Refusal rates are low: about 90 percent of selected arrestees agree to be interviewed, and about 95 percent of those interviewed agree to provide a urine specimen. Because of the sensitive nature of the data that are collected, the OKC-ADAM staff goes to great lengths to protect the confidentiality of the participants. Once the arrestee is brought to the interviewer, his/her name is permanently removed from the survey. A unique identifier is assigned to each survey and urine sample so that data can be matched at a later time. Only research personnel at the OKC-ADAM project and others approved by the NIJ have access to the data. The study protocol has been approved by the Institutional Review Board of the University of Oklahoma on the Norman campus as an addendum to the original ADAM protocol.

At the OU IRB's request, the OKC-ADAM staff has created an additional informed consent form unique to their site that further informs the arrestee about his/her rights as a research participant. Each of the arrestees is given a copy of the form. The OU IRB also requires that each respondent be provided a list of treatment agencies in the Oklahoma City area. They are allowed to keep the list if they desire. There is no other post-survey counseling provided by the OKC-ADAM staff.

### The Findings

A unique aspect of the ADAM project is that it allows researchers, the police, and treatment personnel to know what kinds of drugs arrestees in the population are using. Of course, it is tempting to imply that this reflects drug use by criminal offenders in the community as well. It is important to realize, however, that the results of the OKC-ADAM project do not represent drug use patterns by citizens of Oklahoma City. Instead, the data represent information about arrestees. Thus, the results refer to people who have been arrested in Oklahoma County.

Even though the OKC-ADAM staff do not interview every person who is arrested in the county, the sampling procedures allows for relatively confident statements about the level of drug use by criminal offenders in the county (especially since the third quarter of 1999). Another interesting aspect of the data is an ability to compare the findings with other findings in the country. There are 34 other NIJ ADAM sites being guided by the same national contractor (Abt Associates) and collecting the same kind of data throughout the country. This allows us to compare Oklahoma City findings regionally (e.g., to Dallas, St. Louis, and Omaha) and nationally (e.g., to the Northeast and the West). It is important to keep in mind that these arrestees were randomly selected. That is, while there are some people in the data that were arrested for drug offenses, we did not only select drug offenders. About one-quarter of our participants had been arrested for drug offenses (possession/use or drug sales). Thus, a large majority of our arrestees had been arrested for non-drug offenses.

The data presented in this section include all of the quarters of data, even though data after the second quarter data 1999 are more representative. This decision was made because of the relatively short window of data collection with the new sampling plan (only four quarters) and because of the consistency between the data collected under the previous sampling plan and the data collected under the new sampling plan.

Finally, it is important to be aware that not all of the participants were arrested in

TABLE 5. COMPARISON OF MARIJUANA USE IN OKLAHOMA CITY WITH OTHER CITIES IN THE NATIONAL ADAM PROJECT.

| City (1999 Data) | % Males Positive for Marijuana | % Females Positive for Marijuana |
|---|---|---|
| Omaha* | 51 | 36 |
| **Oklahoma City*** | **48** | **39.3** |
| Detroit* | 48 | 26 |
| Indianapolis* | 48 | 38 |
| Chicago* | 45 | 27 |
| Tucson | 45 | 24 |
| Minneapolis* | 44 | 29 |
| Sacramento | 44 | 33 |
| Spokane | 44 | 32 |
| Denver | 44 | 34 |
| Atlanta | 44 | 34 |
| Des Moines* | 43 | 34 |
| Cleveland | 43 | 28 |
| Philadelphia | 41 | 26 |
| New York City | 41 | 26 |
| New Orleans | 40 | 25 |
| Fort Lauderdale | 39 | 29 |
| Dallas* | 39 | 27 |
| Birmingham | 39 | 26 |
| Seattle | 39 | 28 |
| Houston* | 38 | 23 |
| Anchorage | 38 | 31 |
| Albuquerque | 37 | 24 |
| San Antonio* | 36 | 16 |
| San Diego | 36 | 29 |
| Phoenix | 36 | 26 |
| Miami | 36 | - |
| Washington, D.C. | 35 | - |
| Portland | 35 | 23 |
| Salt Lake City | 35 | 23 |
| San Jose | 34 | 26 |
| Laredo* | 33 | 9 |
| Los Angeles | 32 | 21 |
| Las Vegas | 28 | 23 |
| **Median not including OKC** | **39.6** | **30** |

* City located within 200 miles of the I-35 corridor.

Oklahoma City. About 75 percent of the sample was arrested by the Oklahoma City Police Department, while the remaining arrestees were brought into the jail by the Oklahoma Sheriff's Department, Midwest City, Edmond, and a variety of other small cities in the metropolitan area. Thus, even though the project refers to Oklahoma City, we are really referring to Oklahoma County.

Overall, the findings are interesting because they tell, for the first time, what the level of drug use is like for arrestees in

TABLE 6. COMPARISON OF COCAINE USE IN OKLAHOMA CITY WITH OTHER CITIES IN THE NATIONAL ADAM PROJECT.

| City (1999 Data) | % Males Positive for Cocaine (Crack and powder) | % Females Positive for Cocaine (Crack and powder) |
|---|---|---|
| Atlanta | 51 | 62 |
| Miami | 49 | - |
| New York City | 44 | 65 |
| New Orleans | 44 | 41 |
| Albuquerque | 43 | 56 |
| Chicago* | 42 | 64 |
| Laredo* | 42 | 21 |
| Fort Lauderdale | 41 | 52 |
| Denver | 41 | 51 |
| Tucson | 40 | 41 |
| Cleveland | 40 | 50 |
| Philadelphia | 39 | 60 |
| Birmingham | 39 | 26 |
| Washington, D.C. | 38 | - |
| Los Angeles | 36 | 37 |
| Houston* | 36 | 23 |
| Indianapolis* | 34 | 45 |
| Dallas* | 34 | 40 |
| Seattle | 33 | 48 |
| Phoenix | 32 | 43 |
| Las Vegas | 30 | 50 |
| San Antonio* | 29 | 36 |
| Detroit* | 27 | 46 |
| Minneapolis* | 27 | 29 |
| Anchorage | 26 | 36 |
| **Oklahoma City*** | **25.5** | **34.5** |
| Portland | 23 | 33 |
| Omaha* | 22 | 32 |
| Salt Lake City | 22 | 26 |
| Spokane | 18 | 31 |
| San Diego | 17 | 23 |
| Des Moines* | 16 | 22 |
| Sacramento | 16 | 30 |
| San Jose | 14 | 20 |
| **Median not including OKC** | **32.9** | **40** |

* City located within 200 miles of the I-35 corridor.

TABLE 7. COMPARISON OF METHAMPHETAMINE USE IN OKLAHOMA CITY WITH OTHER CITIES IN THE NATIONAL ADAM PROJECT.

| City (1998 Data) | % Males Positive for Methamphetamine | % Females Positive for Methamphetamine |
|---|---|---|
| Sacramento | 28 | 32 |
| San Diego | 26 | 33 |
| Salt Lake City | 25 | 34 |
| San Jose | 24 | 32 |
| Portland | 20 | 25 |
| Spokane | 20 | 27 |
| Phoenix | 17 | 14 |
| Las Vegas | 16 | 18 |
| Des Moines* | 14 | 22 |
| Los Angeles | 9 | 12 |
| Seattle | 9 | 10 |
| **Oklahoma City*** | **8.7** | **11.3** |
| Omaha* | 8 | 11 |
| Tucson | 6 | 10 |
| Albuquerque | 5 | 9 |
| Denver | 3 | 2 |
| Dallas | 3 | 3 |
| San Antonio* | 2 | 1 |
| Indianapolis* | 1 | 1 |
| Minneapolis | 1 | 3 |
| Washington, D.C. | 0.9 | - |
| Anchorage | 0.5 | 0 |
| Atlanta | 0.4 | 0.8 |
| Fort Lauderdale | 0.4 | 0 |
| Philadelphia | 0.2 | 0 |
| Laredo* | 0.2 | 0 |
| Houston* | 0.1 | 0.1 |
| New Orleans | 0.1 | 0 |
| Birmingham | 0.1 | 1 |
| Chicago* | 0 | 0 |
| Detroit* | 0 | 0 |
| Miami | 0 | - |
| Cleveland | 0 | 0 |
| New York City | 0 | 0 |
| **Median not including OKC** | **7.3** | **9.7** |

* City located within 200 miles of the I-35 corridor.

Oklahoma County. Among the male arrestees in our sample, shown in Table 3, more than two-thirds tested positive for at least one kind of drug (69 percent in 1998, 72.2 percent in 1999, and 71.6 percent in 2000). Data for the females in our sample are shown in Table 4. Female arrestees appeared to be using at about the same rate as the men in 1999 (72.2 percent) and 2000 (68.5 percent). More interesting, perhaps, is the fact that many of the arrestees test positive for multiple drugs. Over one-quarter of male arrestees tested positive for more than one drug over the nine quarters, while almost a third of the female arrestees tested positive for more than one drug. In the following sections, I address the findings for marijuana, cocaine, Methamphetamine, other drugs, treatment, and race for the OKC-ADAM project.

1. Marijuana. The most popular drug among the Oklahoma City arrestees is marijuana. This is similar to findings in about half of the other ADAM sites as well. In 1998, 53.1 percent of the OKC male arrestees tested positive for marijuana. In 1999, about 48 percent of the males tested positive, while 55 percent tested positive in 2000. About 39 percent of the women in our sample tested positive for marijuana in 1999, while 45.8 percent tested positive in 2000.

These numbers are particularly interesting when we note that Oklahoma City led the nation in the percentage of arrestees who tested positive for marijuana in 1998. While the rest of county averaged about 38 percent of male arrestees testing positive for marijuana, Oklahoma City has hovered right around 50 percent from 1997-2000. A comparison of Oklahoma City to other ADAM cities by gender is presented in Table 5. The order is ranked from highest to lowest (for the male arrestees).

The numbers are even more dramatic for females. While the average ADAM site in the country has about 24 percent testing positive for females, about 40 percent of Oklahoma City female arrestees have tested positive for marijuana. Obviously, Oklahoma City has a unique marijuana situation concerning arrestees.

If you consider Table 5 from a geographical perspective, many of the mid-American sites are very similar to the Oklahoma City site. Consider especially the "percent positive for marijuana" in 1999 for the sites along the I-35 corridor: Laredo (33 percent), San Antonio (36 percent), Dallas (39 percent), Oklahoma City (48 percent), Omaha (51 percent), Des Moines (43 percent), and Minneapolis (44 percent). There is an almost linear progression from the south to the north, dropping only slightly for the most northern cities. Interestingly, the northern-most cities on this corridor make up one-third of the top twelve ADAM-marijuana cities in the country. Expanding the boundaries of the corridor by 200 miles to the east, we would also pick up the Detroit, Indianapolis, and Chicago sites. Thus, over half of the top twelve ADAM marijuana sites are located along a 200-mile corridor east of I-35. This information will inform scholars interested in the transportation of marijuana from Mexico to the mid-northern states. As an aside, three other new ADAM sites are also represented in the top twelve ADAM marijuana sites.

2. Cocaine. About one-quarter of the male arrestees and about one-third of the female arrestees tested positive for cocaine in Oklahoma City. A comparison of cocaine use for men and women arrestees is presented in Table 6. It is important to note that our data do not distinguish between "crack cocaine" and "powder cocaine" use. The NIJ has developed a technique to test for the differences between the two types, but the test is not yet available. Nationally, cocaine use by arrestees tends to be focused in large cities in the North and Southeast. The national average was about 33 percent of men testing positive for cocaine in 1999. This suggests that cocaine use is not as big of a problem among male arrestees in Oklahoma City (at least compared to other cities).

It is interesting to note where cocaine is a problem. Table 6 shows that five of the I-35 corridor cities are above the median for the country, but only three new sites (Laredo, Albuquerque, and Tucson) are in the top 15 of the list. Their proximity to each other and to the Mexican border have

**TABLE 8. TREATMENT EXPERIENCE FOR PARTICIPANTS IN OKC-ADAM PROJECT.**

| **Females** | **In Treatment** | **Past Treatment** | **Need Treatment** |
|---|---|---|---|
| Alcohol | 3.2 | 14.1 | 14.3 |
| Marijuana | 1.0 | 4.9 | 7.9 |
| Cocaine | 0.5 | 3.5 | 4.7 |
| Crack | 2.0 | 12.8 | 14.3 |
| Methamphetamine | 0.2 | 3.7 | 5.7 |
| Heroin | 0.2 | 2.0 | 2.5 |
| LSD | 0 | 1.0 | 0.5 |
| Valium | 0.2 | 1.5 | 1.5 |
| **Males** | **In Treatment** | **Past Treatment** | **Need Treatment** |
| Alcohol | 3.4 | 22.2 | 20.8 |
| Marijuana | 1.1 | 7.4 | 10.8 |
| Cocaine | 0.7 | 4.4 | 0.6 |
| Crack | 0.6 | 6.1 | 7.8 |
| Methamphetamine | 0.3 | 3.6 | 5.7 |
| Heroin | 0.2 | 2.2 | 0.7 |
| LSD | 0.7 | 0.9 | 1.3 |
| Valium | 0.2 | 1.3 | 2.1 |

**TABLE 9. RACE AND POSITIVE DRUG TEST IN 2000 (BY GENDER)**

| **Female** | **White** | **Black** | **Hispanic** | **Indian** |
|---|---|---|---|---|
| Marijuana (N=99) | 48.5% | 44.4% | 0.0% | 7.1% |
| Cocaine (N=58) | 36.2% | 53.4% | 1.7% | 8.6% |
| Methamphetamine ((N=36) | 94.4% | 5.6% | 0.0% | 0.0% |
| Heroin (N=10) | 80.0% | 20.0% | 0.0% | 0.0% |
| PCP (N=11) | 9.1% | 90.9% | 0.0% | 0.0% |
| Valium (N=24) | 75.0% | 20.8% | 0.0% | 4.2% |
| **Male** | **White** | **Black** | **Hispanic** | **Indian** |
| Marijuana (N=296) | 53.4% | 38.9% | 4.4% | 3.4% |
| Cocaine (N=124) | 40.3% | 50.0% | 8.9% | 0.8% |
| Methamphetamine (N=59) | 94.9% | 5.1% | 0.0% | 0.0% |
| Heroin (N=19) | 89.5% | 5.3% | 5.3% | 0.0% |
| PCP (N=22) | 0.0% | 90.9% | 0.0% | 9.1% |
| Valium (N=48) | 81.3% | 12.5% | 4.2% | 2.1% |

**TABLE 10. POSITIVE DRUG TEST AND RACE IN 2000 (BY GENDER)**

| **Female** | **Marijuana** | **Valium** | **Cocaine** | **Meth** | **Heroin** | **PCP** |
|---|---|---|---|---|---|---|
| White (N=110) | 43.6% | 16.4% | 19.1% | 30.9% | 7.3% | 0.9% |
| Black (N=86) | 51.2% | 5.8% | 36.0% | 2.3% | 2.3% | 11.6% |
| Hispanic (N=4) | 0.0% | 0.0% | 25.0% | 0.0% | 0.0% | 0.0% |
| Indian (N=16) | 43.8% | 6.3% | 31.3% | 0.0% | 0.0% | 0.0% |
| **Male** | **Marijuana** | **Valium** | **Cocaine** | **Meth** | **Heroin** | **PCP** |
| White (N=294) | 53.7% | 13.3% | 17.0% | 19.0% | 5.8% | 0.0% |
| Black (N=189) | 60.8% | 3.2% | 32.8% | 1.6% | 0.5% | 10.6% |
| Hispanic (N=26) | 50.0% | 7.7% | 42.3% | 0.0% | 3.8% | 0.0% |
| Indian (N=27) | 37.0% | 3.7% | 3.7% | 0.0% | 0.0% | 7.4% |

strong implications about the source of cocaine for these respondents.

The national comparison is a similar story for female arrestees in Oklahoma City, except that the OKC women approach the national average. The national average in 1999 of female arrestees testing positive for cocaine was about 40 percent. The OKC-ADAM findings in 1999 show that about 35 percent of female arrestees in Oklahoma City test positive for cocaine, while the percentage dropped to about 27 percent in 2000 (see Table 4).

3. Methamphetamine. Oklahomans are very interested in amount of Methamphetamine use in the state due to heavy media coverage of the "Meth labs" throughout the state. This concern is highlighted by the recent "Meth Summit" hosted by the Governor in November 1999. Tracking changes in Methamphetamine use in Oklahoma using the OKC-ADAM data is difficult because the variation from quarter has been very dramatic. Still, when you look at the data from year to year, there appears to be a relatively consistent rate of between eight and 11 percent testing positive for Methamphetamine.

The ADAM data in Table 7, however, allow us to compare Oklahoma City to other locations. The data suggest that Methamphetamine use by Oklahoma City arrestees is relatively high compared to other cities in the nation. In general, Methamphetamine use is almost non-existent in the Northeast and the Deep South. The highest rate of Methamphetamine use in the country is found in the West. About 28 percent of arrestees in Sacramento, for example, test positive for Methamphetamine. Other west coast cities hover around 20 percent , while the percentage drops as you move east. The importance of the new ADAM sites is especially illustrated in this table. In fact, ten of the top 14 sites listed here are new ADAM sites while only one of the bottom 12 sites is a new ADAM site. If you eliminate the new ADAM sites from this analysis, the median rate for the sites drops from 7.3 percent to 4.3 percent.

In comparison, about nine percent of male Oklahoma City arrestees test positive for Methamphetamine (about 3 times the rate of Dallas, but about the same as Omaha). This figure has not been stable over the course of data collection. In the first quarter of 1999, only about five percent of the males tested positive for Methamphetamine (Table 3). By the third quarter, that figure more than doubled to 13.6 percent. The percent testing positive was down to about nine percent in the fourth quarter 1999 and has stabilized in 2000 at around 11 percent.

It is difficult to determine if the fluctuations from quarter to quarter represent a real changes or if they are a result of sampling error. In addition, data collection process (sampling, time of day, and location) changed almost every quarter until the third quarter of 1999, so some of the fluctuation could have resulted there. Thus, it is important to rely more on the yearly estimates than by the quarter-by-quarter estimates until the data collection had stabilized. Indeed, in the four quarters of 2000, the percent of males testing positive for Methamphetamine were 10.6 percent, 12.9 percent, 9.6 percent, and 9.2 percent. These differences are not statistically significant.

The percent of female Methamphetamine users stayed relatively stable at about 9.5 percent over the first three quarters of 1999, but then increased by more than 50 percent. Over 15.5 percent of the women from whom we received urine samples tested positive for Methamphetamine. For all of 1999, about 11 percent of the sample of female arrestees tested positive for Methamphetamine. Almost 17 percent of the women in the OKC-ADAM sample tested positive for Methamphetamine in 2000. In the four quarters of 2000, the percent of males testing positive for Methamphetamine were 22.9 percent, 17.7 percent, 13.1 percent, and 14.9 percent. Since the sample size was extremely small in the first quarter due to the implementation of the new instrument (n=48), these differences are not statistically significant.

4. Other Drugs. The other drugs that are tested by the drug screen are listed in Tables 3 and 4. Notice that just a slightly

higher percentage of women test positive for Valium (9-11 percent) compared to male arrestees (8-9 percent). PCP positive tests are also very similar for males and females (less than five percent for each). There is almost no heroin use by arrestees in Oklahoma City. Less than two percent of the arrestees in our data tested positive for heroin in 1999. This figure significantly increased to about 3.5 percent in 2000 ($p. < .05$). Females in OKC-ADAM data test positive at a significantly higher rate for heroin than do men ($p. < .05$). This is similar to findings in all but five other ADAM sites nationally (Washington, DC, New Orleans, Miami, Laredo, and Anchorage).

5. Treatment. In Table 8, I have presented a brief comparison of treatment experiences (as defined by the respondent) for each gender. The data reported here are from the old instrument since the survey data from the new instrument are not yet available for analysis. Still, these data suggest the extent to which the arrestees report being in treatment, if they have been involved in treatment in the past, or if they felt like they needed treatment. The questions were asked for alcohol and each of the drugs on the drug panel. Very few of the offenders were currently in treatment, with the greatest proportion being in treatment for alcohol abuse (about three percent). Several of the arrestees had been involved in treatment in the past, again with alcohol being the largest category. Almost 13 percent of the females claimed to have been treated for addiction to crack cocaine. Many of the arrestees claimed to need drug treatment. For women, alcohol treatment was the most desired treatment (14 percent), followed by crack (14 percent) and marijuana (eight percent). For men, alcohol treatment was also the most desired treatment (21 percent), followed by marijuana (11 percent) and crack (eight percent).

6. Race. Finally, we examine the relationship between race and testing positive for drugs. There are two ways to address the question. First, we could ask what the racial breakdown was among all the arrestees who tested positive for a specific type of drugs. This is done in Table 9 for each gender. Second, we can examine each race/ethnic group in the sample and measure the percent that test positive for each drug. This is done in Table 10.

In Table 9, we observe fairly similar patterns for both males and females. Among those women who test positive for marijuana (N=99), for example, the majority are white arrestees (49 percent) followed closely by African-American arrestees (44 percent). The numbers are a little more stark for males, where a greater proportion of the males who test positive for marijuana are white (53 percent) compared to only 39 percent who are African-American. This pattern is similar for Methamphetamine, Heroin, and Valium, where whites compose the highest proportion of users. The most dramatic case is Methamphetamine, where almost 95 percent of the women and men arrestees who test positive for Methamphetamine are white. African-Americans, on the other hand, make up the highest proportion of those who test positive for cocaine and PCP. The self-report data (not shown here) suggest that African-Americans in the sample are using crack cocaine more than powdered.

In Table 10, we show that white arrestees are dramatically different from African-American arrestees in their drug use patterns. The patterns are fairly similar by gender. Almost half of the white female arrestees and over half of the white male arrestees tested positive for marijuana, while a higher percentage of African-Americans tested positive (females = 51 percent and males = 61 percent). White arrestees are also much more likely to test positive for Methamphetamine than are African-Americans. In fact, almost one-third of the white females tested positive for Methamphetamine compared to two percent of the African-American females. About one in five white males tested positive for Methamphetamine compared to two percent of the African-American males. Whites also seem to be more likely to engage in Valium and heroin use than minorities. Hispanics and African-Americans, on the other hand, are more likely to test positive for cocaine. About one in ten African-American arrestees tested positive for PCP.

The data presented here represent only a small proportion of the types of results that are being made available to local government, treatment, and law enforcement officials through the use of the LCC.

## Discussion

The goals of data collection for public policy evaluations generally can be divided into four categories: assessment of needs, assessment of program process, assessment of impact, and assessment of efficiency (Rossi, Freeman, and Lipsey 1999). The ADAM project can be described as a special sort of needs assessment, in that the professed goal is to inform public policy about the drug problem at the local and national level (Samuels 2000). In the real world, unfortunately, decisions about public policy are often made without the benefit of empirical data for support (Weiss 1998). Even more troubling, however, is the situation where the data have been collected, but are ignored by the policy makers. This lack of a reliance on research results is often the result of political context of the policy makers. Still, some responsibility lies on the hands of the researchers themselves (Gredler 1996).

To be sure, most researchers want policy makers to use their data. Writing reports that nobody reads is not what most researchers want to do. On the other hand, much of the work that is done by researchers is located in academic journals that are not read (nor understood) by decision makers (Petersilia 1987). This is not so much the case in situations where an agency funds an assessment of some issue and the product of the research is a report that is provided to the agency at the end of the funding period. Instead, the problem is more evident in the situation where the data could be of interest to more than the funding agency itself. Efforts to "get the word out" in this situation require much more deliberate efforts by the researcher.

This paper describes a major effort by a federal agency to collect data that can be used to better understand the national drug problem, while at the same time, providing information at the local and regional level to assist in local programming and policy making. The transition from the DUF program to the ADAM program over a two year period has resulted in extremely interesting data that is certain to make an impact if the data are used by policy makers. The LCC portion of the ADAM program is the key ingredient to getting the word out.

Importantly, data that have can inform public policy needs to taken to the policy arena in a format that is easy for policy makers to understand. The use of unique structures like the Local Coordinating Council and the Internet greatly increase the likelihood that a researcher's findings will be implemented. As Cooley and Bickel (1986) suggest, face-to-face interaction between researchers and policy makers may hold more sway than written reports (see also Cronbach, Ambron, Dornbusch, Hess, Hornik, Phillips, Walker, and Weiner 1980). The LCC acts to facilitate the kind of intensive interaction that Weiss (1988) described when she says that successful communication of results depends on (1) including potential users of the data in the research process, (2) making the transfer of information two-way, and (3) sustained interaction over long periods of time.

The Oklahoma City experience is informative. For the first year of data collection, the data were collected and maintained in the office of the Site Director. Efforts to inform the public and policy makers through the use of the media proved futile and frustrating. When the LCC money and motivation evolved in the second year of the project, the Site Director was, for the first time, given an opportunity to directly impact policy formation using the ADAM data. At the first meeting, member of the LCC were presented with information about the ADAM project and told about the changes that were about to take place. Their input on the local process was evident in the beginning, when the council decided to implement a domestic violence addendum into the data collection process. One of the council members was the director of the state domestic violence agency and was instrumental in helping coordinate the addendum selection.

In addition, several other state agencies (e.g., Department of Corrections and the Department of Mental Health and Substance Abuse Services) used the data in annual reports and their needs assessment reports. Another agency, the Statistical Analysis Center is using ADAM data to create a profile of the Oklahoma County offender. In the following meetings, members of the council that represent law enforcement agencies (federal, state, and local) have assisted in the interpretation of findings and have begun to present their own findings at the meeting. The most remarkable outcome so far is that the council is expanding its borders so as to not only become an "ADAM sounding board", but to become the center of the state's understanding of its drug problem. The council decided in its 2001 meeting to use the OKC-LCC concept as the basis for a biannual meeting about "Drugs in Oklahoma".

Thus, it appears that at least one of the goals of the move from DUF to ADAM (informing the local policy makers about drugs in the mid-American states) has been accomplished. The national reports by NIJ have begun to implement the data collected from the new sites as well and, as evidenced in this paper, can begin to tell a more interesting story about drugs in America. At the same time, the survey data appear to be much more representative and will soon be available for much more sophisticated analysis than was possible in the past.

Finally, the findings in this paper have shown how the "drug problem" in America is not monolithic. Specifically, what takes place on the border states in the nation is not very similar at all what takes place in the mid-American states. Our findings suggest that a defined "marijuana corridor" runs north-to-south through the middle of the county along I-35, perhaps signifying for the first time a path from Mexico to the mid-northern states. In addition, we are able to see the extent of Methamphetamine use from the western states to the mid-American states (where it stops its eastern movement). The ADAM data set provides rich information about a particularly interesting population of drug users in the country. Hopefully, this information will be used to inform policy makers and program developers.

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