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Research Report

1998 Annual Report on Opiate Use Among Arrestees



A Program of the National Institute of Justice
Research Report

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Arrestee Drug Abuse Monitoring Program

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Introduction

In 1998, the Arrestee Drug Abuse Monitoring (ADAM) program expanded from 23 to 35 urban sites across the United States. These new sites include Albuquerque, Anchorage, Des Moines, Laredo, Las Vegas, Minneapolis, Oklahoma City, Sacramento, Salt Lake City, Seattle, Spokane, and Tucson. For many of the new sites, this report represents the first look at rates of opiate¹ use in their felony and serious misdemeanor arrestee populations.

Across the 35 urban sites currently participating in ADAM in 1998, adult male respondents tested positive for recent (within 72 hours) opiate use at rates ranging from a high of 18.4 percent in Philadelphia to a low of 1.3 percent in Atlanta. For the 32² sites that collected data on female arrestees during 1998, the proportion of arrestees testing positive for opiates ranges from 27.0 percent in Chicago to no positive tests in Laredo. Among the new sites, adult male opiate-positive rates range from 17.4 percent (Seattle) to 1.9 percent (Oklahoma City), indicating that ADAM's new Western sites report rates consistent with the general distribution of opiate-positive rates. For adult females in new sites, the opiate-positive rate ranged from 17.2 percent in Seattle to no positive tests in Laredo. Among all adult male arrestees, the median site rate of opiate positives increased from 5.5 percent in 1997 to 6.0 percent in 1998. For females, the site median decreased from 8.2 percent in 1997 to 7.4 percent in 1998. Among the new sites, Seattle's adult male opiate-positive rate of 17.4 percent clearly exceeds all other new sites with the next highest rate in Laredo (11.2 percent).

Among the veteran sites in 1998, six sites experience adult male opiate-positive rates in excess of 10 percent: Philadelphia (18.4 percent), Chicago (18.3 per-

¹ Current drug screening methods cannot distinguish heroin from the larger opiate class of drugs to which it belongs. More expensive confirmation testing is required to determine if heroin was used. Other drugs in the opiate class include codeine and morphine. Thus, drug testing results in this report are for opiate, not heroin, positives. Preliminary results from an opiate-confirmation project indicate that more than 97 percent of ADAM opiate positives are from heroin use.

² Atlanta had too few female cases for analysis purposes in 1998.

METHODOLOGY

To gauge drug use trends in urban areas, the National Institute of Justice established the Drug Use Forecasting (DUF) program in 1987. A modified version of DUF, the Arrestee Drug Abuse Monitoring (ADAM) program, was initiated in 1997. To date, 35 jurisdictions participate in ADAM. ADAM involves administration of a survey instrument, which measures historical and current drug use patterns among arrestees, and collection of a urine sample which is tested for 10 drugs. A more detailed overview of data collection methods can be found in the *1998 Annual Report on Drug Use Among Adult and Juvenile Arrestees*.³ This box discusses how data collection methods have affected reporting methods and two significant reporting changes that will appear in next year's reports.

The first and most important change relates to sampling. Data collected after the mid-point of 1999 in all sites will be collected under probability sampling

plans. This means that confidence intervals can be attached to estimates derived from ADAM data which in turn means that analysts can assess whether year-to-year changes in drug prevalence rates are significant. For example, this year in New York City, the cocaine prevalence for males fell from 57.6 percent in 1997 to 47.1 percent in 1998. ADAM cannot report that as a statistically significant decline because of limits to the current sampling plans. The 1999 reports will introduce reporting on standard errors and confidence intervals.

The second important change relates to weighting the data. Each case collected represents similar respondents (age, race, and booking charge to name a few characteristics of interest) that were not selected for interview. If a certain category of offender is represented out of proportion to the actual occurrence in the arrest population, weighting can be used to correct the disproportionality. There are numerous factors that introduce disproportion into the data. The

cent), New York City (16.2 percent), Portland (15.5 percent), New Orleans (12.9 percent), and St. Louis (10.9 percent). Adding the new sites, Seattle (17.4 percent) and Laredo (11.2 percent), helps to illustrate that the higher adult male opiate-positive rates occur across all regions of the country. In 1998, six veteran ADAM sites show opiate-positive rates greater than 10 percent for females, with 4 reporting rates greater than 20 percent (Chicago, Detroit, New York City, and Portland). Among female arrestees in the new

³ National Institute of Justice. (1999). "ADAM: 1998 Annual Report on Drug Use Among Adult and Juvenile Arrestees." Washington, D.C.: National Institute of Justice.

jails included in the program have changed over time, most recently as a result of standardizing site catchment areas at the county level. In addition, the DUF program operated according to a charge priority system that emphasized interviewing and testing felony offenders over misdemeanants. Drug offenders, who are more likely to test positive for drugs than their non-drug-offending counterparts, were limited to 20 percent of the total sample to prevent drug offenders from dominating the data. Traffic offenses (e.g., DUI and DWI) were generally excluded from the sample. These practices were revised in the second quarter of 1998 data collection so that all arrestees, regardless of charge, are eligible for inclusion in the ADAM study.

This year's data, as well as data collected during previous years, could be weighted by local arrest data to adjust for the data collection methods. We chose not to weight the data for two reasons. First, there may be additional changes in the data collection protocol this year

that would change the weighting process, forcing us to revise the entire weighted data series. Second, since confidence intervals and quantification of uncertainty cannot be applied to the data series until next year, it seemed appropriate to do all of the design and reporting changes in one year.

It is important that the current analysis be read with an understanding that the weighting and sampling issues limit presentation and interpretation. In particular, small changes from year to year in prevalence figures should not be viewed as definitive. It should be stressed that the arrestee population is a difficult one to access, and one not adequately covered in other data collection efforts that, for example, target households, schools, or treatment populations. The data are most informative over multiple years when longer term trends can be discerned.

sites, five sites (Albuquerque, Las Vegas, Salt Lake City, Seattle, and Spokane) report opiate-positive rates greater than 10 percent, but less than 20 percent.

In general, a higher proportion of female arrestees than male arrestees test positive for opiates at both new and veteran sites. In 1998, male arrestees show opiate-positive rates in excess of female arrestees by at least 5 percentage points in only 3 sites: two veteran (New Orleans and St. Louis) and one new (Laredo). In Laredo, no female arrestees tested positive for opiates. In 1990, female arrestees tested positive for opiate use at higher proportions than their male counterparts in all sites.

An examination of the two most recent years of ADAM data collection results (1997 and 1998) indicates that combined male and female opiate-positive rates have remained relatively stable with no change greater than 5 percentage points in all 23 veteran sites. However, because most sites reported low (less than 10 percent) opiate-positive rates, it is difficult to determine the importance of slight increases or decreases (see “Methodology,” page 2). San Jose female arrestees experienced the greatest decrease in opiate positives (6.7 percentage points) between 1997 and 1998, while Birmingham female arrestees experienced the greatest increase (12.9 percentage points). Phoenix showed the greatest decrease of 3.7 percentage points in male opiate positives between 1997 and 1998. Among male arrestees, Philadelphia was the only site with a notable increase, reporting 10.9 percent in 1997 and 18.4 percent in 1998.

Because current sampling methods do not represent probability-based sampling, we cannot determine whether the small shifts described above are significant. In addition, the differences between 1997 and 1998 should be viewed with extra caution because, as part of ADAM’s current move toward probability-based sampling at the county level, many sites have begun the process of sampling in increasing numbers and facilities, making comparisons difficult. For example, in New York City the program is now operating in all five boroughs, rather than only Manhattan as in all previous years. In Los Angeles, interviewing is conducted at several outlying facilities in Los Angeles County that were not included in 1997.

Overall, analysis of opiate-positive arrestees participating in the ADAM program between 1990 and 1998 suggests that little has changed over the course of the past nine years for this group of arrestees. The addition of 12 new ADAM sites in 1998 illustrates that opiate use among arrestees is not an East Coast phenomenon. In general, female arrestees tend to use opiates at higher rates than males, and older arrestees use opiates at higher rates than younger arrestees. Opiate users also tend to be poly-drug users, with cocaine being the other drug they are most likely to use. While poly-drug opiate

users tend not to use methamphetamine in high numbers, sites west of the Mississippi River are much more likely than their Eastern counterparts to have arrestees who test positive for methamphetamine in addition to testing positive for opiates. These factors are discussed in more detail after an overview of 1990-98 trends.

Opiate Trends in ADAM Data, 1990-98⁴

The Arrestee Drug Abuse Monitoring (ADAM) program has surveyed more than 180,000 adult male and nearly 70,000 adult female arrestees between 1990 and 1998. Before discussing opiate trends among ADAM program participants, it is important to emphasize that opiates represent a small portion of the drugs for which arrestees test positive. Between 1990 and 1998, Drug Use Forecasting (DUF)/ADAM arrestees have tested positive for opiate use at relatively low rates compared to cocaine and marijuana. Of the ten drugs for which arrestees are tested, they have been most likely to test positive for cocaine (42.0 percent), followed by marijuana at 27.2 percent and opiates at 8.5 percent. Of each of the remaining drugs, less than 5 percent of all surveyed arrestees test positive.⁵

Tables 1 and 2 provide opiate trend information across sites by gender. In general, the changes for male and female arrestees in each site from year to year are small. In the 1990-98 period for veteran sites, 12 sites show reductions in opiate rates among male arrestees and 10 show increases. San Diego males show the greatest reduction, from 19.0 percent in 1990 to 9.3 percent in 1998. Rates for males in Chicago, Los Angeles, and San Antonio have decreased more than five percentage points.

⁴ Because it is not possible to calculate standard errors for samples at this time, we offer these trend data for descriptive purposes only. It is also important to bear in mind that while we use the term "arrestees," we are in fact reporting on arrest events. Because the data collection includes no identifying information, duplication across quarters can occur.

⁵ The positive rates for the remaining drugs include: 4.8 percent for benzodiazepines (including Valium), 4.4 percent methamphetamine, 1.8 percent PCP, 1.5 percent methadone, 0.7 percent barbiturates, 0.5 percent propoxyphene (Darvon), and 0.0 percent methaqualone.

Table 1. Percentage of Male Arrestees Testing Positive for Opiates, 1990-98

	1990 %	1991 %	1992 %	1993 %	1994 %	1995 %	1996 %	1997 %	1998 %	90-98 Change %
NORTHEAST										
New York City	17.2	13.8	17.7	19.9	18.9	20.5	17.0	19.1	16.2	-1.2
Philadelphia	8.5	10.7	11.6	11.0	14.4	12.0	10.7	10.9	18.4	9.9
Washington, D.C.	12.9	10.3	11.2	10.0	9.1	8.3	8.8	10.2	9.7	-3.2
SOUTH										
Atlanta	4.4	3.2	3.7	2.6	2.5	3.4	3.3	1.5	1.3	-3.1
Birmingham	4.6	4.8	2.8	4.4	3.6	3.3	4.8	4.7	3.7	-0.9
Dallas	5.3	4.0	4.2	4.4	3.0	5.0	5.2	4.2	2.3	-3.0
Ft. Lauderdale	1.4	1.4	1.3	1.2	1.1	2.2	2.3	2.6	2.0	0.6
Houston	5.8	3.4	2.7	1.8	2.7	4.9	7.9	10.4	7.5	1.7
Miami	–	2.3	1.8	2.3	2.2	3.0	1.5	2.2	2.4	–
New Orleans	5.1	4.3	4.1	4.5	4.6	6.8	7.4	10.6	12.9	7.8
Oklahoma City*	–	–	–	–	–	–	–	–	1.9	–
MIDWEST										
Chicago	27.0	20.9	18.9	28.0	27.1	22.3	19.6	21.7	18.3	-8.7
Cleveland	2.7	2.8	3.1	3.7	2.7	4.6	2.7	3.5	6.0	3.3
Des Moines*	–	–	–	–	–	–	–	–	2.8	–
Detroit	8.3	8.3	8.4	7.7	7.4	7.0	6.8	4.6	6.8	-1.5
Indianapolis	3.7	3.2	4.2	4.3	2.6	2.4	2.6	3.0	1.8	-1.9
Minneapolis*	–	–	–	–	–	–	–	–	4.7	–
Omaha	1.7	1.5	2.0	2.3	2.4	1.3	1.2	1.8	2.0	0.3
St. Louis	5.5	5.9	7.1	8.6	10.9	10.9	10.3	9.9	10.9	5.4
WEST/SOUTHWEST										
Albuquerque*	–	–	–	–	–	–	–	–	8.2	–
Denver	2.4	1.5	1.6	3.5	4.0	5.4	5.4	3.6	4.2	1.8
Laredo*	–	–	–	–	–	–	–	–	11.2	–
Las Vegas*	–	–	–	–	–	–	–	–	2.6	–

* New site in 1998

	1990 %	1991 %	1992 %	1993 %	1994 %	1995 %	1996 %	1997 %	1998 %	90-98 Change %
WEST/SOUTHWEST (continued)										
Los Angeles	11.4	9.6	10.4	9.4	9.6	7.3	5.7	5.5	5.6	-5.8
Phoenix	5.5	5.1	5.3	6.1	6.4	7.8	9.1	9.4	5.7	0.2
Sacramento*	-	-	-	-	-	-	-	-	3.2	-
Salt Lake City*	-	-	-	-	-	-	-	-	8.2	-
San Antonio	17.3	16.0	14.6	14.0	12.7	9.6	10.4	10.3	9.6	-7.7
San Diego	19.0	17.3	15.6	15.7	12.4	8.0	8.9	7.4	9.3	-9.7
San Jose	7.4	7.5	4.2	5.7	5.9	5.4	5.3	5.5	4.4	-3.0
Tucson*	-	-	-	-	-	-	-	-	6.8	-
NORTHWEST										
Anchorage*	-	-	-	-	-	-	-	-	2.3	-
Portland	11.4	9.4	11.0	11.0	11.9	14.7	13.0	13.9	15.5	4.1
Seattle*	-	-	-	-	-	-	-	-	17.4	-
Spokane*	-	-	-	-	-	-	-	-	8.5	-

* New site in 1998

Eight sites show reductions greater than five percentage points in the rates of females who tested positive for opiates. San Diego females have experienced the greatest decrease, dropping over the 9-year period from 22.3 percent in 1990 to 6.7 percent in 1998. There are increases of greater than five percentage points in two sites among females testing positive for opiates, with Birmingham showing the greatest increase (6.9 percentage points). In general, female opiate data are based on a small number of cases, and thus small percentage point changes may not be significant.

Table 2. Percentage of Female Arrestees Testing Positive for Opiates, 1990-98

	1990 %	1991 %	1992 %	1993 %	1994 %	1995 %	1996 %	1997 %	1998 %	90-98 Change %
NORTHEAST										
New York City	23.5	21.2	24.3	23.2	30.3	19.4	26.7	20.4	21.8	-1.7
Philadelphia	11.4	8.6	11.4	13.9	18.1	14.5	16.5	15.9	14.9	3.5
Washington, D.C.	19.2	15.1	19.3	20.6	12.6	15.8	11.0	11.4	9.8	-9.4
SOUTH										
Atlanta	6.1	4.1	5.3	4.0	3.7	3.2	3.4	3.1	—	—
Birmingham	10.7	10.9	4.5	3.8	3.3	3.4	6.4	4.7	17.6	6.9
Dallas	10.0	8.8	8.5	10.3	7.3	5.0	9.6	4.5	4.8	-5.2
Ft. Lauderdale	2.0	3.5	3.0	3.5	2.6	2.9	2.6	4.1	4.7	2.7
Houston	7.8	3.6	3.6	3.8	6.1	3.0	4.2	5.2	7.0	-0.8
New Orleans	10.5	7.0	5.5	4.8	2.5	4.2	2.8	3.3	3.4	-7.1
MIDWEST										
Chicago	—	—	—	—	—	—	—	—	27.0	—
Cleveland	4.7	6.4	5.0	4.4	4.5	5.6	5.7	4.2	1.4	-3.3
Des Moines*	—	—	—	—	—	—	—	—	6.1	—
Detroit	16.4	10.8	14.8	14.1	13.2	14.8	17.8	9.3	21.5	5.1
Indianapolis	6.9	10.7	7.4	4.4	4.8	7.2	3.4	3.2	4.5	-2.4
Minneapolis*	—	—	—	—	—	—	—	—	6.0	—
Omaha	—	—	—	1.9	1.8	2.4	3.3	3.8	4.5	—
St. Louis	7.6	6.7	6.8	6.1	8.2	7.9	7.0	8.8	4.9	-2.7
WEST/SOUTHWEST										
Albuquerque*	—	—	—	—	—	—	—	—	15.4	—
Denver	6.1	2.2	4.8	6.2	4.9	6.5	4.8	5.9	3.4	-2.7
Laredo*	—	—	—	—	—	—	—	—	0.0	—
Las Vegas*	—	—	—	—	—	—	—	—	13.5	—
Los Angeles	18.3	17.6	13.3	14.5	12.3	10.5	11.8	11.3	8.8	-9.5
Phoenix	15.1	16.8	15.0	14.3	12.4	12.3	12.9	8.2	7.3	-7.8
Sacramento*	—	—	—	—	—	—	—	—	8.4	—

* New site in 1998

	1990 %	1991 %	1992 %	1993 %	1994 %	1995 %	1996 %	1997 %	1998 %	90-98 Change %
WEST/SOUTHWEST (continued)										
Salt Lake City*	-	-	-	-	-	-	-	-	13.7	-
San Antonio	19.8	21.2	14.0	14.5	13.9	13.2	12.7	9.3	8.6	-11.2
San Diego	22.3	21.0	17.1	20.3	13.1	11.7	10.3	11.8	6.7	-15.6
San Jose	12.5	6.9	9.4	8.3	9.6	9.6	8.6	11.5	4.8	-7.7
Tucson*	-	-	-	-	-	-	-	-	7.4	-
NORTHWEST										
Anchorage*	-	-	-	-	-	-	-	-	3.8	-
Portland	21.1	16.5	22.4	19.2	21.2	18.0	25.9	26.7	25.1	4.0
Seattle*	-	-	-	-	-	-	-	-	17.2	-
Spokane*	-	-	-	-	-	-	-	-	17.1	-

* New site in 1998

Regional Variation

Opiate-positive rates among recent arrestees tend to vary by region of the country. For comparison purposes, we have assigned each ADAM site to one of five geographic regions: Northwest, West/Southwest, Midwest, South, and Northeast. The highest opiate-positive rate increases occur in the Midwest, South, and Northeast, and the smallest in the West/Southwest.

The findings suggest that opiate use among all arrestees in recent years appears to be highest in the Northwest and Northeast regions of the United States. Each region, however, is likely to have at least one large city where opiate rates are substantially higher than the regional average.

Chicago's 1998 opiate-positive rate for males is 18.3 percent, substantially higher than other Midwest sites collecting male data, whose rates range from

an overall low of 1.8 percent to a high of 10.9 percent. Similarly, New Orleans's overall male opiate-positive rate (12.9 percent) exceeds other positive rates in the South. Chicago's opiate-positive rate for females is 27.0 percent and Detroit's rate is 21.5 percent, both substantially higher than other Midwest sites collecting female data. Similarly, Birmingham's overall female opiate-positive rate (17.6 percent) well exceeds other positive rates in the South. In the West/Southwest, three new sites report female rates for opiates greater than 10 percent: Albuquerque, Las Vegas, and Salt Lake City.

In short, while region appears to make some difference in opiate patterns, with the Northeast and Northwest showing much higher opiate-positive rates, major U.S. cities outside the Northeast and Northwest (including Birmingham, Chicago, Detroit, New Orleans, and St. Louis) also show high rates of opiate use.

Opiate Use by Age Cohort

Changes in drug-use patterns among age groups, or cohorts, often provide a window on the future of overall drug use. If use rates increase among younger arrestees, communities may feel the impact of this increase for the collective duration of the drug users' careers. All other factors equal, younger drug users have more time left in their drug using careers than older drug users. To examine how age might relate to opiate use, five age categories (15-20, 21-25, 26-30, 31-35, and 36 and older) were created and compared along opiate use. Table 3 shows six sites where the overall male opiate-positive rate in 1998 exceeds 10 percent. Table 4 shows similar results for females in the six sites where overall opiate positives in 1998 exceed 10 percent. For 1998, veteran sites with trend data available show the older users (31 and older) have the highest prevalence rate in 18 of 23 sites for males and 18 of 22 sites for females.

From 1990 to 1998, the proportion of adult male opiate positives decreased more than five percentage points among the oldest arrestees (36 and older)

Table 3. Percentage of Male Arrestees Testing Positive for Opiates by Age for Selected Sites, 1990-98

	1990 %	1991 %	1992 %	1993 %	1994 %	1995 %	1996 %	1997 %	1998 %
Chicago									
15-20	15.0	13.7	12.6	19.9	11.9	4.3	4.2	4.3	5.3
21-25	33.0	18.4	16.7	33.5	30.1	23.1	10.2	14.9	12.1
26-30	30.8	22.9	18.8	27.7	36.7	28.7	30.2	30.6	26.6
31-35	25.2	25.2	24.5	28.8	29.0	34.2	30.8	31.4	22.7
36+	32.3	31.4	25.8	29.6	33.3	29.8	29.7	33.3	24.1
New Orleans									
15-20	3.7	2.3	3.4	4.4	4.0	7.3	10.1	15.1	21.2
21-25	4.1	2.4	2.2	2.7	4.5	7.7	8.7	14.6	20.3
26-30	3.6	1.6	2.8	3.5	1.2	4.2	4.0	9.9	9.4
31-35	5.2	9.1	3.5	4.1	7.1	6.6	2.5	4.6	7.6
36+	9.2	7.8	7.9	6.0	6.0	7.5	9.0	8.4	6.2
New York City									
15-20	4.8	2.0	6.0	3.9	3.8	6.1	2.7	3.6	4.3
21-25	14.9	11.5	16.3	11.4	14.1	14.4	11.1	15.2	9.3
26-30	15.9	10.6	17.5	19.5	19.7	21.2	13.8	13.5	15.7
31-35	21.4	19.0	18.8	27.3	24.7	24.8	19.9	25.1	21.5
36+	29.0	21.2	24.9	23.4	21.1	24.0	22.9	23.2	23.1
Philadelphia									
15-20	5.4	7.7	7.9	7.7	8.5	8.1	12.4	8.3	12.8
21-25	5.2	7.5	4.9	8.2	14.6	11.7	10.0	12.9	18.4
26-30	5.5	7.3	7.3	8.3	10.0	13.0	9.6	11.6	28.7
31-35	12.3	13.5	15.5	9.0	14.8	10.5	9.8	9.6	10.9
36+	16.9	17.9	20.7	19.4	21.9	15.9	11.3	12.1	20.2
Portland									
15-20	5.8	5.1	6.3	7.9	1.8	4.6	4.9	4.2	7.1
21-25	4.5	4.1	3.8	10.3	8.1	11.1	13.0	20.4	7.9
26-30	9.1	6.0	8.1	11.1	11.7	12.4	10.3	12.6	14.6
31-35	15.4	14.6	14.4	7.7	14.5	15.8	12.4	11.9	11.4
36+	18.8	15.5	17.8	14.6	16.8	22.0	17.6	16.1	23.2

Table 3. Percentage of Male Arrestees Testing Positive for Opiates by Age for Selected Sites, 1990-98 (continued)

	1990 %	1991 %	1992 %	1993 %	1994 %	1995 %	1996 %	1997 %	1998 %
St. Louis									
15-20	1.3	1.5	5.7	8.9	7.7	13.9	13.4	10.5	10.7
21-25	2.9	4.0	7.4	9.3	12.1	7.7	12.3	13.7	17.6
26-30	6.0	5.0	5.8	6.7	5.3	8.6	6.9	4.9	10.3
31-35	8.5	6.8	5.8	7.3	7.2	8.5	6.4	9.6	5.0
36+	10.7	13.8	11.8	9.9	21.1	15.2	10.9	9.5	8.3

in 11 sites. Of these, 5 sites (Detroit, Los Angeles, San Antonio, San Diego, and San Jose) registered decreases greater than 10 percentage points in male opiate positives from 1990 to 1998 among older users. During the same time period, none of these 11 sites experienced an increase in the youngest male age cohort. Detroit, Los Angeles, San Antonio, and San Jose all experienced fluctuations in the adult male opiate-positive rates for 15- to 20-year-olds from 1990 to 1998, but overall their 1998 rates do not differ from their 1990 rates.

Over the 9-year period, the proportion of adult male opiate positives increased more than 5 percentage points among the youngest arrestees (15-20 year olds) in 4 sites (Houston, New Orleans, Philadelphia, and St. Louis). Of these, New Orleans and St. Louis registered increases greater than 9 percentage points. In contrast, Chicago showed a decrease in opiate prevalence among young adult males of more than 5 percentage points.

Over the 9-year period, the proportion of adult female opiate positives decreased more than 5 percentage points among the oldest arrestees (36

Table 4. Percentage of Female Arrestees Testing Positive for Opiates by Age for Selected Sites, 1990-98

	1990 %	1991 %	1992 %	1993 %	1994 %	1995 %	1996 %	1997 %	1998 %
Birmingham									
15-20	0.0	5.7	3.2	3.2	0.0	0.0	0.0	0.0	0.0
21-25	4.8	7.5	1.5	1.8	3.0	4.5	6.2	0.0	12.5
26-30	11.6	10.3	5.2	2.4	4.2	5.4	3.4	0.0	25.0
31-35	18.1	16.0	5.2	3.0	2.7	1.4	11.0	8.0	10.0
36+	11.9	11.3	6.8	6.8	4.0	3.9	6.7	7.6	24.1
Chicago*									
15-20	-	-	-	-	-	-	-	-	6.7
21-25	-	-	-	-	-	-	-	-	19.0
26-30	-	-	-	-	-	-	-	-	13.6
31-35	-	-	-	-	-	-	-	-	33.3
36+	-	-	-	-	-	-	-	-	38.8
Detroit									
15-20	6.1	7.1	6.1	16.7	0.0	0.0	0.0	0.0	0.0
21-25	3.6	6.8	7.6	4.0	0.0	9.4	20.0	0.0	0.0
26-30	18.0	11.1	8.6	6.4	25.0	8.8	10.7	8.1	13.3
31-35	20.3	13.0	16.0	20.4	0.0	15.4	26.9	14.6	11.8
36+	32.8	12.7	27.6	17.2	27.8	25.9	20.0	13.8	42.1
New York City									
15-20	11.5	2.6	20.0	13.5	29.4	5.1	20.9	2.0	1.4
21-25	13.3	18.8	21.2	17.7	19.6	18.0	14.6	17.0	18.7
26-30	21.2	22.1	28.2	22.2	27.0	19.3	26.6	17.3	20.7
31-35	33.3	20.7	23.0	21.5	32.4	19.6	31.7	23.5	18.9
36+	38.2	31.3	23.2	31.0	35.8	23.8	27.9	26.9	28.7
Philadelphia									
15-20	10.4	2.0	3.4	13.2	3.8	11.1	12.5	18.2	10.0
21-25	3.8	6.9	5.6	12.8	13.0	11.9	12.8	16.0	14.0
26-30	15.0	11.2	9.9	10.0	15.0	11.6	16.3	14.0	26.2
31-35	14.8	8.1	7.4	17.0	23.2	17.9	16.1	18.9	17.9
36+	16.5	11.6	21.1	16.0	25.2	16.5	20.3	14.0	9.7

* Chicago began collecting data from females in 1998.

Table 4. Percentage of Female Arrestees Testing Positive for Opiates by Age for Selected Sites, 1990-98 (continued)

	1990 %	1991 %	1992 %	1993 %	1994 %	1995 %	1996 %	1997 %	1998 %
Portland									
15-20	20.0	9.1	25.0	22.9	12.7	7.5	16.7	22.2	9.1
21-25	11.5	10.1	20.3	9.7	12.9	18.5	9.3	23.2	20.7
26-30	31.0	19.4	21.9	16.3	17.7	16.8	23.6	21.5	15.4
31-35	15.4	20.8	36.7	24.4	28.7	14.7	40.7	31.6	29.4
36+	29.7	20.8	14.7	25.9	29.5	25.6	28.5	31.8	35.9

and older) in 13 sites. Of these, 6 sites (Atlanta⁶, Los Angeles, New Orleans, San Antonio, San Jose, and Washington, D.C.) registered decreases greater than 10 percentage points, and San Diego's female opiate-positive rate decreased by more than 30 percentage points. The corresponding results for the 15-20 age cohort were mixed. New Orleans, San Antonio, and Washington, D.C. all experienced fluctuations in the adult female opiate-positive rates for 15- to 20-year-olds from 1990 to 1998, but overall their 1998 rates do not differ from their 1990 rates. In the same age category, Los Angeles's opiate-positive rate for females is up 3.7 percentage points from 1.6 percent in 1990 to 5.3 percent in 1998. San Jose has experienced a decrease in the youngest female users of greater than 5 percentage points from 1990 to 1998.

From 1990 to 1998, two sites (Detroit and Portland) showed an increase in opiate prevalence among the oldest female users of more than 5 percentage points, while Birmingham and Omaha reported increases of more than 10 percentage points. Interestingly, Detroit and Portland reported decreases

⁶ Atlanta's data for females are from 1990-1997. There were insufficient female cases in 1998 for analysis.

in their youngest female users (15-20) of more than 5 percentage points; Birmingham's opiate-positive rate for 15-20 year old females fluctuated but resulted in no net change.

In summary, in 1998 older arrestees were more likely to test positive for opiate use. There are a few sites in which a growing number of young users appear. Areas such as New Orleans and St. Louis have an increasing number of younger opiate users, but there is little evidence of more widespread growth in opiate use among arrestees, particularly in recent years.

Poly-Drug Use Among Opiate Users

Opiate users in the ADAM sites frequently test positive for other drugs in addition to opiates, most often cocaine. In the years from 1990-1998, 68.8 percent of all arrestees who test positive for opiates also test positive for cocaine. In addition, opiate-positive arrestees test positive for marijuana (23.0 percent), benzodiazepines (16.2 percent), and methadone (10.2 percent), but rarely for methamphetamine (4.1 percent), barbiturate (2.4 percent), PCP (2.2 percent), and propoxyphene (Darvon) (1.8 percent). The types of drugs opiate users consumed also varied across sites. Table 5⁷ provides the percentage of opiate-positive male and female arrestees who also test positive for cocaine, marijuana, benzodiazepines, or methamphetamine for selected sites.

Three sites (Chicago, New York City and Washington, D.C.) showed levels of cocaine use among opiate-using arrestees greater than 70 percent for virtually every year between 1990 and 1998. In 1990, 19 of 23 male sites and 15 of 21 female sites showed concurrent cocaine/opiate user rates greater than 50 percent. In 1997, 15 of 23 male sites and 15 of 21 female sites

⁷ Sites were selected for illustrative purposes to demonstrate patterns of poly-drug use across all regions of the country. They include at least one site from each region and have a reasonable distribution of opiate-positive arrestees showing other drug positives.

Table 5. Poly-Drug Use Among Opiate-Positive Arrestees for Selected Sites, 1990-98

MALES	1990	1991	1992	1993	1994	1995	1996	1997	1998
	%								
Chicago									
Cocaine	73.4	83.9	82.9	80.3	81.2	71.9	79.1	80.9	74.4
Marijuana	28.6	14.4	27.1	34.8	38.0	29.1	30.2	37.6	33.5
Benzodiazepines	6.6	6.7	6.5	6.6	5.6	5.0	5.2	0.7	5.9
Methamphetamine	0.0	0.0	0.0	0.0	0.4	0.0	0.6	0.0	0.5
Dallas									
Cocaine	88.7	86.5	71.4	82.2	86.7	75.5	64.6	69.0	100.0
Marijuana	20.8	5.4	19.0	22.2	16.7	26.5	41.7	31.0	53.8
Benzodiazepines	3.8	2.7	11.9	8.9	6.7	10.2	8.3	16.7	0.0
Methamphetamine	1.9	2.7	0.0	15.6	0.0	8.2	2.1	2.4	7.7
Detroit									
Cocaine	63.2	65.7	71.6	70.6	64.7	62.3	54.5	57.9	55.6
Marijuana	11.8	5.7	23.5	32.4	23.5	9.4	18.2	21.1	25.0
Benzodiazepines	13.2	12.9	6.2	8.8	5.9	3.8	11.4	10.5	5.6
Methamphetamine	0.0	1.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Houston									
Cocaine	70.7	68.8	60.0	70.6	62.5	35.7	54.2	41.9	63.6
Marijuana	17.2	28.1	28.0	17.6	37.5	61.9	42.4	14.0	61.4
Benzodiazepines	25.9	28.1	20.0	5.9	20.8	9.5	23.7	27.9	34.1
Methamphetamine	1.7	3.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
New Orleans									
Cocaine	75.5	75.6	70.0	61.4	80.0	71.6	68.5	72.6	69.0
Marijuana	28.6	22.0	20.0	52.3	37.8	44.8	56.2	59.4	56.3
Benzodiazepines	32.7	22.0	20.0	27.3	31.1	17.9	26.0	12.3	19.0
Methamphetamine	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
New York City									
Cocaine	87.8	88.4	79.7	84.4	88.0	80.6	77.2	74.0	67.7
Marijuana	14.9	16.7	18.8	16.1	21.8	24.3	33.3	25.5	25.7
Benzodiazepines	12.2	7.2	8.3	4.0	7.7	6.8	12.3	10.4	10.4
Methamphetamine	0.0	0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.0

MALES	1990	1991	1992	1993	1994	1995	1996	1997	1998
	%								

Philadelphia

Cocaine	82.3	80.0	83.1	77.0	74.0	71.7	57.4	59.6	62.9
Marijuana	12.5	13.3	26.9	36.1	36.4	31.9	50.8	40.4	36.1
Benzodiazepines	38.5	35.8	36.9	38.5	42.2	36.3	24.6	22.8	35.1
Methamphetamine	1.0	0.0	1.5	0.8	0.0	0.0	0.0	0.0	0.0

Phoenix

Cocaine	61.8	62.7	76.4	63.5	78.1	61.3	77.9	64.1	58.3
Marijuana	16.4	17.6	25.5	27.0	10.9	18.7	22.1	20.7	22.2
Benzodiazepines	5.5	3.9	7.3	6.3	7.8	5.3	7.0	1.1	5.6
Methamphetamine	0.0	0.0	0.0	4.8	10.9	9.3	2.3	10.9	11.1

Portland

Cocaine	57.4	60.0	78.7	66.7	59.1	58.9	67.2	70.0	51.7
Marijuana	37.2	18.8	13.5	27.6	27.0	22.7	31.1	37.8	29.7
Benzodiazepines	3.2	13.8	5.6	3.8	6.1	7.1	9.8	3.3	10.2
Methamphetamine	20.2	10.0	3.4	5.7	13.9	9.9	9.8	15.6	13.6

St. Louis

Cocaine	67.3	83.6	69.4	70.8	72.2	66.3	58.6	61.9	52.2
Marijuana	20.0	18.2	29.0	30.6	41.2	42.1	54.3	60.7	65.7
Benzodiazepines	18.2	23.6	16.1	16.7	17.5	10.5	14.3	14.3	13.4
Methamphetamine	0.0	0.0	0.0	0.0	1.0	1.1	0.0	1.2	0.0

San Diego

Cocaine	79.9	71.9	75.4	68.5	69.8	67.6	57.9	36.2	42.6
Marijuana	25.5	27.5	27.5	37.7	28.1	35.2	40.8	24.1	39.3
Benzodiazepines	18.5	18.1	14.8	15.4	8.3	12.7	14.5	25.9	11.5
Methamphetamine	15.2	4.4	14.8	30.8	26.0	15.5	25.0	27.6	31.1

Washington, D.C.

Cocaine	82.8	83.7	74.3	72.1	72.6	72.9	71.3	67.7	78.0
Marijuana	9.0	10.2	9.9	8.1	14.3	14.3	22.5	16.7	12.2
Benzodiazepines	16.4	11.2	9.9	8.1	10.7	7.1	3.8	8.3	7.3
Methamphetamine	0.0	0.0	0.0	0.0	1.2	0.0	0.0	0.0	0.0

Table 5. Poly-Drug Use Among Opiate-Positive Arrestees for Selected Sites, 1990-98 (continued)

FEMALES	1990	1991	1992	1993	1994	1995	1996	1997	1998
	%								
Chicago*									
Cocaine	–	–	–	–	–	–	–	–	78.4
Marijuana	–	–	–	–	–	–	–	–	16.2
Benzodiazepines	–	–	–	–	–	–	–	–	18.9
Methamphetamine	–	–	–	–	–	–	–	–	0.0
Dallas									
Cocaine	80.0	80.6	71.4	72.7	64.5	85.0	64.1	66.7	54.5
Marijuana	10.0	13.9	28.6	27.3	9.7	20.0	15.4	27.8	36.4
Benzodiazepines	15.0	22.2	25.7	27.3	19.4	10.0	25.6	33.3	18.2
Methamphetamine	7.5	0.0	5.7	2.3	0.0	10.0	2.6	5.6	9.1
Detroit									
Cocaine	69.0	69.2	77.6	67.9	66.7	80.8	76.2	66.7	90.0
Marijuana	6.9	10.3	4.5	7.1	11.1	3.8	14.3	5.6	15.0
Benzodiazepines	12.1	10.3	20.9	25.0	11.1	11.5	4.8	5.6	15.0
Methamphetamine	0.0	0.0	0.0	3.6	0.0	0.0	0.0	0.0	0.0
Houston									
Cocaine	65.6	66.7	66.7	50.0	57.7	38.5	44.4	40.9	46.2
Marijuana	3.1	13.3	0.0	18.8	19.2	46.2	50.0	27.3	26.9
Benzodiazepines	21.9	53.3	40.0	50.0	26.9	23.1	27.8	13.6	34.6
Methamphetamine	6.3	6.7	0.0	0.0	0.0	0.0	0.0	4.5	0.0
New Orleans									
Cocaine	75.7	62.5	75.0	44.4	55.6	62.5	54.5	76.9	69.2
Marijuana	16.2	4.2	20.0	38.9	0.0	18.8	18.2	15.4	30.8
Benzodiazepines	32.4	50.0	35.0	27.8	44.4	31.3	27.3	53.8	30.8
Methamphetamine	0.0	0.0	0.0	5.6	0.0	0.0	0.0	0.0	0.0
New York City									
Cocaine	92.2	81.9	85.1	85.1	87.5	83.1	80.0	80.7	84.5
Marijuana	6.3	6.0	6.8	13.2	12.5	9.6	12.2	11.4	16.1
Benzodiazepines	7.8	8.4	16.2	7.4	15.6	12.0	8.7	6.8	8.0
Methamphetamine	0.0	0.0	0.0	0.0	0.0	1.2	0.0	0.0	0.0

* Chicago began collecting data from females in 1998.

FEMALES	1990	1991	1992	1993	1994	1995	1996	1997	1998
	%								

Philadelphia

Cocaine	68.6	71.1	88.5	70.7	80.5	72.7	80.0	74.1	67.3
Marijuana	9.8	15.8	7.7	22.4	15.9	14.5	20.0	18.5	21.2
Benzodiazepines	52.9	60.5	46.2	50.0	41.5	38.2	40.0	42.6	30.8
Methamphetamine	0.0	0.0	0.0	0.0	1.2	0.0	0.0	0.0	0.0

Phoenix

Cocaine	59.0	71.4	82.6	70.7	79.1	70.4	86.1	69.4	61.1
Marijuana	11.5	11.2	10.5	14.7	14.9	9.9	12.5	10.2	22.2
Benzodiazepines	2.6	7.1	9.3	13.3	10.4	4.2	6.9	14.3	11.1
Methamphetamine	3.8	0.0	4.7	10.7	14.9	7.0	9.7	16.3	5.6

Portland

Cocaine	71.2	70.5	79.7	65.8	72.3	76.1	73.6	77.4	61.0
Marijuana	27.3	38.6	4.7	14.5	13.8	13.6	22.3	17.2	19.5
Benzodiazepines	10.6	9.1	9.4	7.9	10.6	8.0	9.1	5.4	18.3
Methamphetamine	9.1	13.6	7.8	6.6	14.9	11.4	8.3	14.0	15.9

St. Louis

Cocaine	68.0	75.0	69.2	70.8	90.6	66.7	68.8	71.4	50.0
Marijuana	4.0	12.5	23.1	29.2	15.6	20.0	12.5	28.6	12.5
Benzodiazepines	28.0	45.8	42.3	29.2	31.3	36.7	50.0	9.5	25.0
Methamphetamine	0.0	0.0	0.0	0.0	0.0	3.3	0.0	9.5	12.5

San Diego

Cocaine	67.8	73.2	72.3	61.3	44.2	72.5	43.8	44.2	17.6
Marijuana	12.2	13.4	18.5	17.5	19.2	15.0	25.0	18.6	23.5
Benzodiazepines	28.9	17.1	24.6	17.5	25.0	25.0	12.5	16.3	29.4
Methamphetamine	12.2	7.3	15.4	17.5	34.6	25.0	37.5	32.6	29.4

Washington, D.C.

Cocaine	82.6	86.5	90.0	92.2	85.7	81.6	87.2	62.2	68.4
Marijuana	4.3	3.8	5.0	0.0	0.0	8.2	12.8	15.6	10.5
Benzodiazepines	21.7	17.3	20.0	15.6	10.2	12.2	10.3	11.1	5.3
Methamphetamine	0.0	0.0	0.0	1.6	0.0	0.0	0.0	0.0	0.0

showed concurrent cocaine/opiate user rates greater than 50 percent. In 1998, 19 of 23 male sites and 16 of 21 female sites witnessed similarly high levels of cocaine/opiate use.

In an effort to determine whether these high cocaine-positive rates represent powder or crack cocaine use, arrestees' self-report of whether they had used powder or crack cocaine within the past 72 hours was examined.⁸ Table 6⁹ presents the percentage of opiate positive arrestees who report using powder cocaine, crack, or both powder cocaine and crack for select sites. During the years 1990-98, the proportion of opiate-using arrestees who reported using powder cocaine declined and the proportion who reported using crack cocaine increased. Opiate-using arrestees reported powder use more frequently than crack use in the 1990-96 period. However, beginning in 1997, self-reported crack cocaine use began to dominate. Throughout, less than 10 percent of opiate-positive arrestees reported using both powder and crack cocaine within the past 72 hours.

The rate at which arrestees who use opiates also tested positive for marijuana has risen fairly consistently since 1990, from an average of 15.2 percent in 1990 to an average of 29.7 percent in 1998. In 18 sites, the percentage point change between 1990 and 1998 for opiate positive males was 5 percent or greater. In 15 sites, the marijuana-positive rate for opiate positive females increased 5 percent or greater. In New Orleans, the frequency of opiate users also testing positive for marijuana nearly doubled, rising from 28.6 percent in 1990 to 56.3 percent in 1998 for adult males, and 16.2 percent in 1990 to 30.8 percent in 1998 for adult females. Ten of the veteran and 5 of the new sites showed more than 30 percent of opiate users also

⁸ In general, arrestees under-report drug use, although this pattern has changed slightly in 1998 when the ADAM procedures began to require interviewers to inform arrestees at the onset of the interview of the need to provide a urine sample.

⁹ Sites were selected to illustrate regional patterns of self-report crack and powder cocaine use in conjunction with opiate use. At least one site was selected from each region.

Table 6. Self-Reported (72 Hour) Powder and Crack Cocaine Use Among Opiate-Positive Arrestees for Selected Sites, 1990-98

	1990 %	1991 %	1992 %	1993 %	1994 %	1995 %	1996 %	1997 %	1998 %
Chicago									
Powder	26.6	31.3	23.4	16.9	13.9	18.4	17.0	5.7	8.4
Crack	3.3	10.6	13.5	11.2	18.4	19.9	27.3	39.0	32.5
Both	1.7	4.5	4.2	1.6	3.7	4.6	8.8	1.4	4.2
Dallas									
Powder	34.1	50.7	44.7	43.0	48.3	43.5	36.8	26.7	33.3
Crack	11.8	22.2	15.6	24.7	24.6	13.2	15.1	21.7	12.5
Both	8.8	17.1	11.8	15.1	17.2	11.8	11.6	16.7	4.2
Detroit									
Powder	0.8	3.9	0.7	6.6	12.0	1.3	4.7	1.8	7.1
Crack	28.0	29.9	25.2	32.3	44.0	41.8	21.5	30.4	30.4
Both	0.8	1.0	0.7	4.9	8.3	1.3	3.1	1.8	7.1
Houston									
Powder	25.6	27.7	21.1	9.1	6.3	11.5	9.3	20.4	10.1
Crack	13.5	19.1	17.9	18.2	14.3	13.0	19.5	17.6	8.7
Both	3.4	4.3	8.1	6.1	4.3	3.8	2.7	10.2	2.9
New Orleans									
Powder	25.0	20.6	29.3	15.8	9.3	19.8	29.8	30.3	18.8
Crack	11.6	15.4	11.7	6.6	16.7	17.1	10.8	16.0	11.5
Both	2.4	4.8	3.4	1.8	3.7	5.0	1.2	8.4	2.9
New York City									
Powder	45.5	45.4	35.4	28.4	21.8	23.3	31.6	34.1	19.8
Crack	29.9	35.9	25.2	32.0	34.9	26.4	23.8	25.4	32.0
Both	12.3	15.7	7.8	8.9	7.6	4.5	7.0	8.2	8.0
Philadelphia									
Powder	36.3	26.5	31.7	21.5	23.5	15.6	14.9	9.9	10.7
Crack	18.4	22.2	33.5	26.4	27.1	32.1	37.6	40.5	36.9
Both	6.8	10.3	16.1	5.1	9.4	6.6	7.9	4.5	6.0

Table 6. Self-Reported (72 Hour) Powder and Crack Cocaine Use Among Opiate-Positive Arrestees for Selected Sites, 1990-98 (continued)

	1990 %	1991 %	1992 %	1993 %	1994 %	1995 %	1996 %	1997 %	1998 %
Phoenix									
Powder	43.2	47.0	52.9	28.4	29.8	29.2	30.6	21.3	22.2
Crack	8.5	11.8	10.6	15.3	25.2	22.1	34.0	31.2	37.0
Both	5.4	9.0	8.6	6.0	12.2	13.3	15.4	11.3	14.8
Portland									
Powder	33.8	38.7	54.2	41.1	30.6	34.5	31.7	36.6	30.0
Crack	4.4	7.3	11.3	11.7	10.5	13.5	15.2	21.9	19.0
Both	1.9	5.0	8.6	7.8	4.9	7.9	6.6	10.9	9.0
St. Louis									
Powder	20.3	21.9	15.9	18.3	11.7	10.4	9.3	10.5	17.3
Crack	17.5	24.7	17.0	23.2	21.7	21.8	22.1	20.0	18.7
Both	8.9	9.7	5.7	5.4	5.5	4.0	5.8	3.8	9.3
San Diego									
Powder	40.3	34.9	35.9	36.1	31.3	28.8	27.8	14.9	17.9
Crack	10.3	15.3	16.5	17.1	14.2	17.1	21.3	18.8	14.1
Both	7.4	9.1	10.7	11.5	10.2	6.3	11.1	5.9	3.8
Washington, D.C.									
Powder	33.7	32.9	31.2	27.9	21.7	19.1	22.9	16.4	13.3
Crack	17.3	32.7	35.7	22.7	30.8	36.1	25.2	32.6	31.7
Both	6.3	9.7	14.4	8.2	8.5	7.8	7.6	7.1	6.7

testing positive for marijuana in 1998, while only Portland had a level of combined use that high in 1990. Male arrestees in two veteran sites (Portland and San Jose) witnessed a decrease in marijuana-positive rates among opiate-positive arrestees; female arrestees in three veteran sites

(Indianapolis, Portland, and San Jose) witnessed decreases, with Birmingham decreasing slightly by 1998.

Opiate-positive arrestees also tested positive for benzodiazepines, though at lower levels than for cocaine or marijuana. From 1990 to 1998, the average benzodiazepine-positive rate for opiate-positive arrestees hovered around 18 percent, from an average low of 15.5 percent in 1995 to an average high of 19.8 percent in 1991.

Methamphetamine use among opiate users was generally quite low. However, the average percentage of opiate users who also test positive for methamphetamine among new sites was 12.0 percent in 1998, compared to an average methamphetamine rate of 4.4 percent for all veteran sites. In 1998, 25 percent or more of opiate users in Las Vegas (males), San Diego (males and females), San Jose (females), and Spokane (males and females) tested positive for methamphetamine.

Some sites report unusually high levels of specific drugs among their opiate users. For example, Western sites that have higher rates of methamphetamine positives in general have higher rates of combined opiate/methamphetamine use as well. On the other hand, New York City reports that in 1998 more than 30 percent of its opiate-positive arrestees also test positive for methadone. These findings suggest that there is value to analyzing the data at the local level to better understand the context of local drug use patterns.

Summary

Our review of opiate use among ADAM participants suggests that opiate use among arrestees has remained fairly stable during the past nine years. However, rates of testing positive for opiates vary considerably from site to site each year. Several sites have witnessed reductions in the rate of opiate positives among their arrestee populations, while one site (Philadelphia) has witnessed a notable increase in the proportion of arrestees testing positive for opiates.

In general, a higher proportion of female arrestees than male arrestees test positive for opiate use. Similarly, older arrestees are more likely than younger arrestees to test positive for opiates. However, New Orleans and St. Louis have experienced age shifts in the last few years; in these sites the youngest as opposed to the oldest age categories are more likely to test positive for opiates. Moreover, opiates are found throughout the U.S., somewhat more frequently in the Northeast and Northwest.

Many opiate users also use other drugs; from 1990-1998 almost 70 percent of arrestees testing positive for opiates also test positive for cocaine and nearly 25 percent test positive for marijuana use. Although, in general, opiate-using arrestees do not use methamphetamine, sites with high rates of methamphetamine also find users combining opiates and methamphetamine.

In the coming years, it will be important to monitor whether additional sites begin to see a shift among opiate-positive arrestees to younger age cohorts as well as the extent to which opiate-using arrestees continue to use other drugs. There has been some concern in recent years that, as the price of heroin decreases and purity increases, there will be a resurgence of use similar to that seen in the late 1960s and early 1970s. That trend, to date, does not seem to be widely reflected among ADAM arrestees.

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