



## Capital District ADAM Bulletin

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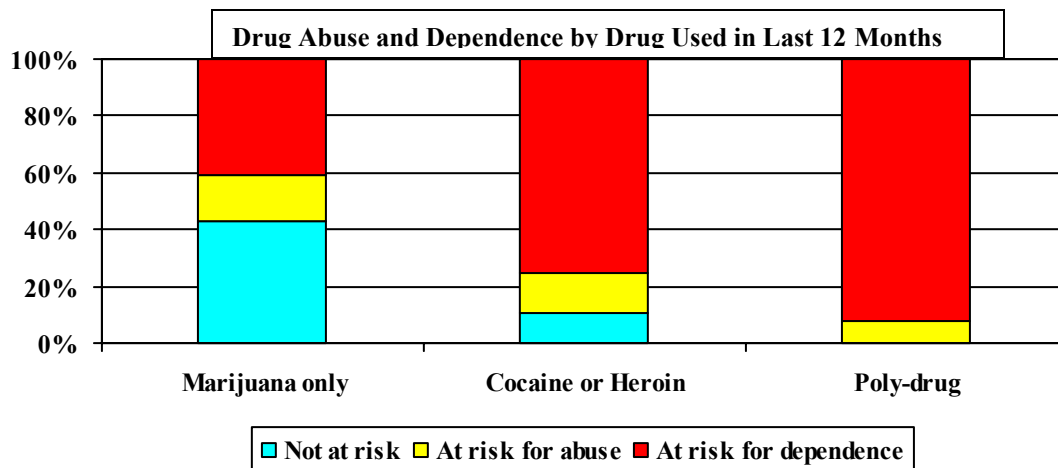
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Arrestees constitute a population that is at much higher than average risk for a number of social ills, including drug abuse and drug dependence. By drug “abuse” we mean drug-taking that causes persistent or recurring problems—e.g., health problems, problems with family or other personal relationships, or occupational problems. By drug “dependence” we mean that the user’s drug use causes such problems and, moreover, the user is not in control of his/her drug use. We would expect to find not only that drug *use* is more prevalent among arrestees than it is in the general population, but also that drug *abuse* is more prevalent, and that drug *dependence* is more prevalent. We also might suppose, as many do, that those who are drug dependent are unambiguously in need of drug treatment. ADAM data include indicators of drug abuse and drug dependence, so they can be used to compute estimates of the need for drug treatment in this population.

The ADAM interview includes a dependency screener—i.e., a set of items, drawn from longer diagnostic instruments, with which we can form indicators of drug users’ abuse of and/or dependence on drugs. ADAM respondents who self-

report the use of any of the five “primary” drugs (marijuana, crack cocaine, powder cocaine, heroin, or methamphetamine) during the preceding twelve months are asked whether, in that time, (1) they spent more time using drugs than they intended, (2) they neglected some of their usual responsibilities because of using drugs, (3) they wanted to cut down on their drug use, (4) anyone objected to their drug use, (5) they frequently found themselves thinking about using drugs, or (6) they used drugs to relieve feelings such as sadness, anger, or boredom. Specified patterns of responses define thresholds at which drug abuse and drug dependence, respectively, are indicated.<sup>1</sup> These responses do not constitute a diagnostic assessment for clinical purposes, but rather a classification for research purposes, and so we say that respondents whose scores on these scales reach or exceed the thresholds are “at risk” of drug abuse or drug dependence, as the case may be. On this basis, we can estimate the proportion of arrestees who are at risk of drug abuse, and the proportion who are at risk of drug dependence. Here we focus especially on the latter, who are presumably in need of treatment.

Overall, approximately 40% of the arrestees are at risk for drug dependence,



and an additional 10% are at risk for drug abuse.<sup>2</sup> Those who use heroin or cocaine—in either crack or powder form—are at particularly high risk: 78% are at risk of dependence, and an additional 13% at risk of abuse (see the figure). Those who use only marijuana are less likely than other users are to be at risk for either dependence or abuse: 40% are at risk of dependence, and an additional 17% at risk of abuse. With 16,721 arrests across all three Capital District counties in 2001 (based on preliminary DCJS figures), and taking into account that almost half of the arrestees were arrested at least twice (based on ADAM respondents' self-reports), we might surmise that of approximately 9,400 individual arrestees, 3,750 were drug dependent.

Almost all of those at risk of dependence report having used marijuana at some time in their lives, though only three quarters reportedly used marijuana within the month prior to the interview, and only 60% test positive for marijuana. Almost half (45%) test positive for cocaine, while almost one quarter claim with some credibility (i.e., they test negative) to have never used cocaine. Eight percent test positive for opiates. One quarter are poly-drug users, i.e., they test positive for two or more drugs.

Not surprisingly, dependence is associated with the frequency of use. Among those who use marijuana only, nearly 80% of those at risk for drug dependence used marijuana on more than 7 days per month over the preceding year; 62% used on more than 12 days per month. Among crack users, 32% of those at risk for drug dependence used crack on more than 7 days per month during the preceding year, and 18% used on more than 12 days per month. Those at risk for dependence initiated their use early in life, having begun using marijuana at age 14 (on average), and those who have used cocaine began their use of that drug at age 20.

Half of those who are drug dependent are African-American, and 43% are white. More than one third are unemployed (and an additional 6% are disabled for work). Dependence is not related to age, and with the exception of those with four-year degrees (among whom dependence is much lower), it is not related to educational achievement.

Those at risk for dependence are twice as likely as other arrestees to have been arrested on drug charges (20% vs. 10%), though more than one quarter were arrested for a violent offense, and nearly one quarter were arrested for a property offense (the remaining 28% were arrested for probation or parole violations, flight or escape, DWI and other traffic-related charges, or sundry other charges). Based on the self-reported arrest history, ninety percent have been arrested previously, and they have been arrested, on average, ten times; among other arrestees, 80% have been arrested previously, an average of four times.

To summarize: ADAM data show that about half of Capital District arrestees are at risk of drug abuse or dependence. Many of these people are users of “hard” drugs—cocaine or heroin—though for a large minority, illicit drug use is limited to marijuana. They tend to have frequent contact with the criminal justice system, having been arrested two-and-one-half times as often as other arrestees. They represent a potential clientele for drug treatment that is very substantial in size. The next issue of the *Capital District ADAM Bulletin* will examine the degree to which those arrestees who need drug treatment have received it.

<sup>1</sup> For details about these indicators, see the *Methodology Guide For ADAM*, which is available at <http://www.adam-nij.net/files/Admguid.pdf>.

<sup>2</sup> Of those who self-reported use of any of the five primary drugs—marijuana, crack, powder cocaine, heroin, or methamphetamines—in the preceding 12 months, 56% were at risk of dependence, and an additional 15% were at risk of abuse. But of the 32% of all arrestees who reported no use of any of the five primary drugs in the preceding 12 months, 11% tested positive for cocaine, and 3% tested positive for opiates. Extrapolating from those who tested positive and self-reported use, we might estimate that as many as 75% of the former, and 90% of the latter, are at risk of dependence, and an additional 12% of the former, and 5% of the latter, are at risk of abuse.

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