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UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

S. ROWAN WILSON, Plaintiff, v. ERIC HOLDER, Attorney General of the United States et al., Defendants.	Case No.: 2:11-CV-1679-GMN-(PAL)

APPENDIX OF SECONDARY MATERIALS CITED IN THE UNITED STATES'S MEMORANDUM IN SUPPORT OF ITS MOTION TO DISMISS OR, IN THE ALTERNATIVE, FOR SUMMARY JUDGMENT

Pursuant to Local Rule 7-3, Defendants the United States of America, the Bureau of Alcohol, Tobacco, Firearms, and Explosives, and the individual defendants in their official capacities (collectively, the United States), hereby file this appendix of secondary materials cited in the United States's Memorandum in Support of Its Motion to Dismiss or, in the Alternative, for Summary Judgment, filed concurrently.

Dated: February 3, 2012

Respectfully submitted,

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- Tab 1: Nev. State Health Div., Important Notice (Feb. 12, 2009), http://health.nv.gov/PDFs/MMP/ImportantNotice.pdf
- Tab 2: Nev. State Health Div., Program Facts 2 (Feb. 12, 2009), http://health.nv.gov/PDFs/MMP/ProgramFacts.pdf
- Tab 3: Nev. State Health Div., Medical Marijuana, Frequently Asked Questions, http://health.nv.gov/MedicalMarijuana_FAQ.htm (last updated Sept. 29, 2011)
- Tab 4: Excerpt, Joyce Lee Malcom, To Keep and Bear Arms (1994)
- Tab 5: Bureau of Justice Statistics, Drugs and Crime Facts, http://bjs.ojp.usdoj.gov/content/dcf/duc.cfm
- Tab 6: Office of National Drug Control Policy ("ONDCP), ADAM II 2010 Annual Report (2010), http://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/adam2010.pdf
- Tab 7: ONDCP, Fact Sheet: Marijuana Legalization, (Oct. 2010), http://www.whitehouse.gov/sites/default/files/ondcp/Fact_Sheets/marijuana_legalization_fact_sheet_3-3-11.pdf
- Tab 8: National Institute of Drug Abuse, Topics in Brief: Marijuana, (Dec. 2011), https://www.drugabuse.gov/sites/default/files/marijuana_3.pdf

TAB 1

I M P O R T A N T N O T I C E

ISSUANCE OF A STATE OF NEVADA MEDICAL MARIJUANA REGISTRY CARD DOES NOT EXEMPT THE HOLDER FROM PROSECUTION UNDER FEDERAL LAW.

THE MEDICAL MARIJUANA REGISTRY CARD IS ONLY GOOD IN THE STATE OF NEVADA, IT IS NOT RECOGNIZED BY ANY OTHER STATE AND IS NOT RECOGNIZED BY THE UNITED STATES GOVERNMENT

NRS 453A.810 STATES:
“THE STATE MUST NOT BE HELD RESPONSIBLE FOR ANY DELETERIOUS OUTCOMES FROM THE MEDICAL USE OF MARIJUANA BY ANY PERSON”

TAB
2

PROGRAM FACTS

- To register in the Medical Marijuana Program, call the Division of Health at 775-687-7594 and request information on how to receive a packet.

- Answer **ALL** questions on the forms. You cannot be registered unless all questions are answered.

- If you do not have a caregiver, write "NONE" in the section that asks for the primary caregiver's name.

- Your caregiver can be anyone as long as they are over the age of 18 and your physician approves of that person as a caregiver. However, a person cannot be in the program as a patient and a caregiver. **Also, a patient may have only one caregiver, and a caregiver can only be a caregiver to one patient.**

- A person under 18 must have permission from their custodial parent or their guardian who is in charge of their medical decisions. And that person **MUST** act as the minor's primary caregiver.

- Only a physician who is licensed under NRS 630 or NRS 633 can sign a "Physician's Statement". That means only a medical doctor or osteopathic doctor licensed in the State of Nevada.

- The specific reasons a person can be denied participation in the medical marijuana program are:

  1) Failure to provide the required information.
  2) Failure to establish the qualifying medical condition.
  3) Failure to document the consultation with an attending physician regarding the medical use of marijuana in connection with the qualifying medical condition.
  4) Failure to comply with the regulations adopted by the Division of Health and the Administrator of the Division of Health.
  5) The Division of Health determines that the information provided by the applicant was falsified.
  6) The Division of Health determines that the attending physician of the applicant is not licensed to practice medicine in this state or is not in good standing, as reported by the Board of Medical Examiners.
  7) The Division of Health determines that the applicant, or the designated primary caregiver, if applicable, has been convicted of knowingly or intentionally selling a controlled substance.
  8) The Division of Health has previously prohibited the applicant from obtaining or using a registry identification card.
  9) In the case of a person under 18 years of age, the custodial parent or legal guardian with responsibility for health care decisions for the person has not signed the written statement required.

- **A card is good for one year only**. It must be renewed annually, one year from the date your application was stamped. The same procedure used in the original registration process must be followed except you do not have to submit another fingerprint card.

- If you lose your card please contact the Division of Health at 775-687-7594 immediately. **Do not call DMV.**

- The Division of Health cannot advise you on where to buy marijuana seeds or how to grow the plants, nor can we refer you to a doctor.

- This law gives you permission to have one ounce of usable marijuana, three mature plants, and four immature plants.

  1) A "mature" plant is any plant that has flowers or buds that are readily observed by unaided visual examination. Until this takes place the plant is considered immature.

  2) Usable marijuana means the seeds, dried leaves and flowers of a plant of the genus *Cannabis*, and any mixture or preparation thereof that is appropriate for the medical use of marijuana. The term does not include the stalks and roots of the plant.

- Your medical marijuana registration card is not good in any other state, nor is the program of any other state recognized in Nevada.

- The Medical Marijuana law is a state law, offering protection from state law enforcement only. The federal government does not recognize the state law and is not bound by it.

- The cost to register in the medical marijuana program is $150.00. There is a cost for fingerprinting, payable when you have the prints done. The cost can range from $4 - $20. There is also a charge to have the registry card made, payable to DMV at the time the card is made. The cost for this ranges from $11 - $22.

- The Division of Health does not make any medical decisions about an application. Your own, personal physician decides if you have a "qualifying disease". The Division sees that an applicant is in compliance with the law and if so, arranges for that person to be issued a registry card.

- Changes can be made to the Division by telephone at 775-687-7594. The Division **MUST** be notified of the following changes within 7 days of the change.

Patients:	**Change of address** **Change of phone number** **Change in medical status** **Change of status with regard to criminal convictions** **If you have changed your designated caregiver or are no longer using a caregiver**
Caregivers:	**Change of address** **Change of phone number** **Change of status with regard to criminal convictions** **Change in the medical status of your patient** **If you are no longer caregiver to your patient** **If your patient dies**

Your program registration card can be revoked if you fail to notify us of these changes, and this could prevent you from future entry into the program.

IF AT ANYTIME YOU LEAVE THE PROGRAM YOU MUST RETURN THE REGISTRY CARD TO THIS DIVISION WITHIN 7 DAYS.

TAB 3

Nevada Department of Health and Human Services
Nevada State Health Division

Search

Medical Marijuana
Nevada State Health Home
HSPER
Medical Marijuana Home
... Contact Us
... Legal Information
... FAQ's
... Basic Facts

FREQUENT VISITS
- Birth and Death Certificates
- Employment Information
- Forms Publication Index
  - Forms
  - Publications
- Health Facility Locator
- Laboratory Personnel Certification
- Nevada Interactive Health Databases
- HMO Profiles
- Hospital Compare
- Medical Marijuana Program
- Sitemap

Friday, Febru ary 3rd 20 12

Last Updated: 09/29/11 12:31:28 PM

Medical Marijuana

Frequently Asked Questions

1) Can the Nevada Medical Marijuana Program (NMMP) refer me to a physician?

No. The NMMP does not serve as a referral source. Any Doctor of Medicine (MD) or Doctor of Osteopathy (DO) licensed in Nevada can recommend a patient for the program.

2) Where do I get the seeds or plants to start growing medical marijuana?

The NMMP is not a resource for the growing process and does not have information to give to patients. It is recommended that you talk to an attorney to learn about your rights and protections.

3) I do not have the money for the application fee. Is it a one-time payment? Can it be waived? Can I make installment payments? Will my insurance pay? Can I pay with my credit card?

The answer to all these questions is "no". The fee must be paid in full with each new or renewal application. Make your check or money order payable to "Nevada State Health Division". Cash payments are accepted at the Nevada State Health Division Office on William Street in Carson City.

4) Do I have to tell my landlord that I am a patient in the NMMP? Can my landlord evict me if I am a patient in the NMMP and have my grow site in my rental housing? Can I live in subsidized housing and be a patient in the NMMP?

It is up to you to decide whether or not to tell your landlord that you are a patient in the NMMP. Nothing in NRS 453A specifically addresses whether or not you can be evicted because you are a patient in the NMMP, even if you have only the amount of medical marijuana allowed by law. Nothing in NMMP laws specifically addresses whether or not a person can be an NMMP patient and live in subsidized housing. If you have questions about these important issues, the NMMP recommends you talk to an attorney to learn about your rights and protections.

5)

WHAT'S NEW

NEW Cancer in Nevada: 2003 - 2007

NEW Cancer in Nevada: 2002 - 2006

NEW Healthy Homes Training Information

NEW Healthy Homes Training Registration

NEW Healthy Homes Training Credential

NEW Healthy Homes Training CEUs

2007 Vital Statistics Snapshot

2006 Vital Statistics Snapshot

2005 Vital Statistics Snapshot

Nevada Comprehensive Cancer Plan 2011-2015 (pdf)

Early Intervention Cost Analysis

Immunize Nevada

One and Only Campaign Sept. 2011 Newsletter

A Patient's Guide to Choosing a Doctor

A Patient's Guide to Infection Control at the Doctor's Office

Music Therapist Application

Verification of Board Certification & Education for Music Therapists

Civil Applicant Waiver

2011 Nevada Comprehensive Profile For Stroke Prevention

2010 Annual Sentinel Event Summary Report

Pertussis Vaccine Use in ER/UC

Do I have to tell the NMMP if I change my mailing address or add or remove a designated primary caregiver?

The answer to all these questions is "yes". You are required to tell the NMMP in writing of any such changes within 30 days of the change. The NMMP does not accept changes of information over the telephone. The NMMP only accepts written changes about the patient's address or designated primary caregiver from the registered patient. You may send your changes to the NMMP by mail, in person, or fax. You will get written confirmation from the NMMP that the change was received. Your changes will be made in our computer database and will be put in your file. You will be protected from civil and criminal penalties for these changes. If you change your caregiver, you will be asked to return your old caregiver card within 7 days.

6) **What happens to my application once I mail it? What if I don't send in all the required parts of my application?**

The NMMP will review your application to make sure it is complete and all parts are current. If your application is complete, you will get a 30 day temporary approval letter from the NMMP. On the same day the NMMP sends you a temporary approval we will conduct a criminal background check on you (and your caregiver if applicable).

If you don't send in all the required parts of your application, the NMMP will send you an "incomplete letter" telling you what parts of your application are missing.

7) **Who can ingest medical marijuana?**

Under NRS 453A, only a person with a qualifying debilitating medical condition who has obtained a valid Nevada Medical Marijuana Program card is excepted from criminal laws of the state for engaging in the medical use of marijuana as justified to mitigate the symptoms or effects of the person's debilitating medical condition.

8) **Why can't I go to a pharmacy to fill a prescription for medical marijuana?**

Pharmacies can only dispense medications "prescribed" by licensed medical practitioners. The federal government classifies marijuana as a Schedule I drug, which means licensed medical practitioners cannot prescribe it.

9) **Is the Nevada Medical Marijuana Registry Card recognized by other states? Can I travel to another state with medical marijuana and my NMMP registry identification card and not be arrested or charged with civil or criminal penalties?**

At this time, the NMMP is not aware of any "reciprocity" agreements with any other states to honor the Nevada law. This includes even those states that have medical marijuana laws of their own, such as Washington and California. Because Medical Marijuana programs vary by state, you may want to contact the state you are traveling to for information on their laws.

10) **What should I tell my employer if I am subjected to a drug test?**

The Nevada Medical Marijuana Act states that employers are not required to accommodate employees who use medical marijuana. You may wish to consult an attorney about whether or not to tell your employer that you are a patient in the NMMP. A patient may contact the NMMP in writing to ask the Program to release information about the patient's registration to an employer.

Legislative Briefings 2011

Division Budget Presentation January 27, 2011

Special Report: Norovirus in Long Term Care Facilities

Triad Alcohol Prep Pads, Alcohol Swabs, and Alcohol Swabsticks

Insulin Pen Information

2009 Annual Hospitals Report

Request for Information (RFI)

Healthcare Associated Infection Plan

Near Miss Study

2009 Annual Sentinel Event Summary Report

To find a family planning clinic, click here

What's new, click here

JOB OPPORTUNITIES

Click here.

WASH YOUR HANDS

- Wash Your Hands - English (wmv)
- Wash Your Hands - Spanish (wmv)

MEETINGS/WORKSHOPS

Scheduled Meetings

Proposed Regulations/

Public Workshops

RECENT PUBLICATIONS

2007 Vital Statistics Snapshot

2006 Vital Statistics Snapshot

2005 Vital Statistics Snapshot

Assigning Tuberculosis (TB) Risk Classification in Nevada's Health Care Facilities to Determine Frequency of TB Screening for Health Service Workers

J-1 Visa Waiver Program for Foreign-born Physicians

Office of Statistics /Surveillance Newsletter

Trauma Fact Sheet

Nevada Cancer System Overview

Perinatal Report

Early Intervention Impact Paper

11) Can I have someone else sign and date my application (a "proxy") if I am physically unable to do so?

Yes, as long as the individual signing your application identifies him or herself as your proxy next to his or her signature on your application or has provided documentation showing guardianship or power of attorney.

12) Can a patient withdraw from the program?

Yes. A patient must submit a written statement that he or she wishes to withdraw from the Program. The Program will request that all cards be returned and the file will be closed. The patient's card and all cards associated will be voided. It is the responsibility of the patient to notify his or her caregiver, if applicable, that his or her card is no longer valid. It is the patient's responsibility to collect all cards associated with his or her patient card and return them to the department. If the Department is notified by the patient that he or she would like to withdraw from the program, the Department shall notify the primary caregiver by mail at the address of record informing the caregiver that his or her card is no longer valid and must be returned to the Department within 7 calendar days. All cards must be returned to the Department within seven (7) calendar days of the date that the Department was notified of withdrawal. If the patient so chooses he or she may reapply as a new patient at any time. In order to reapply a patient must submit the required documentation and application fee as outlined in NAC 453A.

13) Can the NMMP give me legal advice?

No. If you have questions concerning compliance with Medical Use of Marijuana laws in Nevada you should consult a private attorney.

Disinfection and Sterilization Technical Bulletin

2008 Ambulatory Surgical Centers Annual Report

Click here for questions or comments.

2009 Nevada Birth Outcomes Monitoring System Report

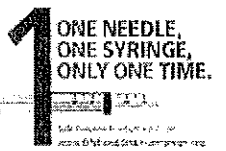
2009-02-27 Nevada Academy of Health Presentation

Immunization Report

Infection Control Practices

additional recent publications

ONE & ONLY CAMPAIGN



CONSUMER INFORMATION

Salmonella Enteritidis

FDA: Temporary suspension of Rotarix vaccine

Salmonella FAQ

Complaints:
Clean Indoor Act-Proposed Regulations

Request Info Form

Clean Air Indoor Act Info

HEPATITIS INFORMATION

Southwest Hepatitis Summit Presentations

Hepatitis Control and Prevention Program

SNHD Hepatitis C

Investigation

CDC MMWR

CDC Epi-Aid Trip Report

Translate our Site

Nevada State Health Division
4150 Technology Way
Carson City NV 89706-2009
Monday - Friday
8 am - 5 pm

TAB 4

To Keep and Bear Arms

The Origins of an Anglo-American Right

JOYCE LEE MALCOLM

HARVARD UNIVERSITY PRESS
Cambridge, Massachusetts
London, England

subsequent lack of legislation to enforce a right contradicted by contemporary law. For the Declaration of Rights contained, among its thirteen specific liberties, the right of Protestant subjects to have arms for their defence, a right never included in earlier lists and one subjects did not have in existing law. It is also a right Schowerer fails to include among the eight rights in the Declaration that she found were "*not* justly described as 'undoubted' and 'ancient'."[21]

Modern American critics have argued that the right to have arms in the English Bill of Rights was so circumscribed and uncertain that it was "more nominal than real."[22] If this appeared the case when the Bill of Rights was passed, by the early eighteenth century legislation and court interpretation had made it clear that an individual right to bear arms belonged to all Protestants. The Whigs continued to claim that the right not only ensured individual self-defence, but served as a restraint on government. This second justification gradually came to be accepted in the eighteenth century. Ironically, of the three aspects of control of the sword debated by the Convention Parliament—an individual right to weapons, reform of the militia, and parliamentary control of standing armies in peacetime—the individual right to have weapons proved the least difficult to ensure. In the months following passage of the Declaration of Rights, however, there was great confusion about the interpretation of the arms article in light of restrictive laws still on the books.

Arms possession was one of the issues Parliament had to address immediately. Their debates over disarmament of Catholics, reform of the militia, and a new game act reveal both the thinking of MPs on this issue and the strenuous efforts of the Whigs to strengthen and clarify the right to have arms as a guarantee of popular power.

Prevention of a Catholic counter-revolution was of paramount concern. Upon his arrival in London, William had proposed that "all Papists, and such Persons as are not qualified by Law, be Disarmed, Disbanded, and Removed from all Employments, Civil and Military."[23] About a month after Parliament passed the Declaration of Rights, it took up the problem of disarming Catholics. Significantly, there was no mention of disarming other "persons as are not qualified by Law," even as a means of disarming Catholics. John Maynard suggested that "all Papists should resort to their own dwellings, and not depart without licences from the next justices; and . . . that all those of that religion bring all their fire-arms in, unless for the necessary defence of their Houses, to officers appointed."[24] There was general agreement that for the time

being Catholics should be deprived of all arms except those needed for personal defence.

The discussion then focused on how a subject's Catholicism was to be determined, because, as Mr. Wogan pointed out, "If you find not a way to convict them you cannot disarm them." This statement implies that the House clearly meant the new right to have arms to include all Protestants, whatever their condition. The Speaker agreed that the bill should include a method for conviction, convinced that the new law would be ineffective "unless they are convicted, and being not convicted they will say they are not concerned . . . and not one man will go out of town, nor deliver their arms."

A bill was duly passed "for the better securing the Government by disarming Papists and reputed Papists." It decreed that no one of the Catholic faith "shall or may have or keep in his House, or elsewhere, or in the Possession of any other Person to his Use, or at his Disposition, any arms, Weapons, Gunpowder, or Ammunition (other than such necessary Weapons as shall be allowed to him by Order of the Justices of the Peace, at their general Quarter sessions, for the Defence of his House or Person)." This measure is particularly interesting for the assumptions members made in the course of the debate. They assumed that everyone had a right to own firearms unless he could be conclusively convicted of Catholicism. Even in this time of danger, Catholics were considered to have a right to own arms for their personal defence and the defence of their households.

Parliament's efforts to revise the Militia Act of 1662, despite the nearly universal outrage at its dangerous powers, were a failure. This was not for want of trying. A majority of the Commons passed a measure in July 1689 designed to make the militia more efficient, strengthen local, as opposed to royal, control over it, and eliminate its powers to search for and seize the weapons of so-called suspects. But the act "for the ordering the Forces in the several Counties of this kingdom" ran into resistance in the House of Lords and was lost when Parliament was adjourned. Possibly this disappointing result was due to the fact that many of the lords believed a crisis was no time for militia reform. As Sir William Williams, a militia officer, put it: "Tis no time to form a law for the militia; let us make use of it as it is; you ought to execute the laws as they are, and let them for the Militia as well as they can."[25] The new king was undoubtedly anxious to keep the militia unreformed, since the proposed changes would have reduced his powers and deprived him of the possibility of disarming political foes. As it turned out, the Militia Act of 1662 was to remain in force with only insignificant changes for many years to come.

TAB 5

Drugs and Crime Facts

Drug use and crime

At the time of the offense | Prior drug use by offenders

At the time of the offense

- Drug-related crime
- Offenders under the influence at the time of the offense

Drug-related crime

In 2004, 17% of state prisoners and 18% of federal inmates said they committed their current offense to obtain money for drugs. These percentages represent a slight increase for federal prisoners (16% in 1997) and a slight decrease for state prisoners (19% in 1997).

Source: BJS, *Drug Use and Dependence, State and Federal Prisoners, 2004*, NCJ 213530, October 2006 and *Substance Abuse and Treatment, State and Federal Prisoners, 1997*, NCJ 172871, January 1999.

In 2002 about a quarter of convicted property and drug offenders in local jails had committed their crimes to get money for drugs, compared to 5% of violent and public order offenders. Among state prisoners in 2004 the pattern was similar, with property (30%) and drug offenders (26%) more likely to commit their crimes for drug money than violent (10%) and public-order offenders (7%). In federal prisons property offenders (11%) were less than half as likely as drug offenders (25%) to report drug money as a motive in their offenses.

Percent of prison and jail inmates who committed offense to get money for drugs

Offense	Local jail inmates 2002		State prisoners 2004		Federal prisoners 2004	
Total	16.4	%	16.6	%	18.4	%
Violent	8.0		9.8		14.8	
Property	26.9		30.3		10.6	
Drugs	24.8		26.4		25.3	
Public-order	5.2		6.9		6.8	

Source: BJS, *Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002*, NCJ 209588, July 2005 and *Drug Use and Dependence, State and Federal Prisoners, 2004*, NCJ 213530, October 2006.

The Uniform Crime Reporting Program (UCR) of the Federal Bureau of Investigation (FBI) reported that in 2007, 3.9% of the 14,831 homicides in which circumstances were known were narcotics related. Murders that occurred specifically during a narcotics felony, such as drug trafficking or manufacturing, are considered drug related.

Drug-related homicides

Year	Number of homicides	Percent drug related
1987	17,963	4.9 %
1988	17,971	5.6
1989	18,954	7.4
1990	20,273	6.7
1991	21,676	6.2
1992	22,716	5.7
1993	23,180	5.5
1994	22,084	5.6
1995	20,232	5.1
1996	16,967	5.0
1997	15,837	5.1
1998	14,276	4.8
1999	13,011	4.5
2000	13,230	4.5
2001	14,061	4.1
2002	14,263	4.7
2003	14,465	4.7
2004	14,210	3.9
2005	14,965	4.0
2006	15,087	5.3
2007	14,831	3.9

Note: The percentages are based on data from the Supplementary Homicide Reports (SHR) while the totals are from the Uniform Crime Reports (UCR). Not all homicides in the UCR result in reports in the SHR.
Source: Table constructed by ONDCP Drug Policy Information Clearinghouse staff from FBI, Uniform Crime Reports, *Crime in the United States,* annually.

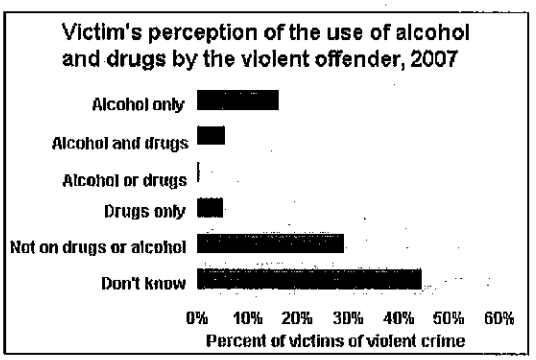
Offenders under the influence at the time of the offense

- Victim's perception
  - College student victims
  - Victims of workplace violence
  - American Indian victims
- Perspectives of probationers, state and federal prisoners, and jail inmates

Victim's perception

According to the National Crime Victimization Survey (NCVS), in 2007, there were 5.2 million violent victimizations of residents age 12 or older. Victims of violence were asked to describe whether they perceived the offender to have been drinking or using drugs.

- About 26% of the victims of violence reported that the offender was using drugs or alcohol.



[D]

Click on the chart to view the data.

Source: BJS, ***Criminal Victimization in the United States, 2007, Statistical Tables,*** Table 32.

College student victims

Overall 41% of violent crimes committed against college students and 38% of nonstudents were committed by an offender perceived to be using drugs, 1995-2000. About 2 in 5 of all rape/sexual assaults and about a quarter of all robberies against a college student were committed by an offender perceived to be using drugs.

Source: BJS, *Violent Victimization of College Students, 1995-2000*, NCJ 196143, December 2003.

Victims of workplace violence

Of workplace victims of violence --

- 35% believed the offender was drinking or using drugs at the time of the incident
- 36% did not know if the offender had been drinking or using drugs
- 27% of all workplace offenders had not been drinking or using drugs

Victims of workplace violence varied in their perception of whether the offender used alcohol or drugs by occupation.

- 47% in law enforcement perceived the offender to be using alcohol or drugs
- 35% in the medical field
- 31% in retail sales

Source: BJS, *Violence in the Workplace, 1993-99*, NCJ 190076, December 2001.

American Indian victims

Among victims of violence who were able to describe alcohol or drug use by offenders, American Indians (71%) were more likely than any other racial group to report an offender under the influence of alcohol and/or drugs.

Overall, American Indian victims reported alcohol use by 62% of the offenders, compared to 42% for all races. In violent crimes experienced by American Indians where use was known, 48% of the offender was under the influence of alcohol, 9% were under the influence of drugs, or 14% were under the influence of both.

Violent victimization, by the perceived drug or alcohol use of the offender and by race of victim, 1992-2001

	Perceived drug or alcohol use by offender									
Race of victim	Total		Alcohol		Drugs		Both		Neither	
Total	100	%	33	%	10	%	9	%	49	%

American Indian	100	48	9	14	29
White	100	34	9	9	49
Black	100	26	11	9	55
Asian	100	27	8	6	60

Note: Percents refer to the annual average for 1992-2001. Table excludes those respondents who were unable to report whether or not they perceived the offender to have been using drugs or alcohol.
Source: BJS, *American Indians and Crime, 1992-2002*, NCJ 203097, December 2004.

Perspectives of probationers, prisoners, and jail inmates

- Probationers
- Prisoners
- Jail inmates

Probationers

The first national survey of adults on probation, conducted in 1995, reported that 14% of probationers were on drugs when they committed their offense.

Source: BJS, *Substance Abuse and Treatment of Adults on Probation, 1995*, NCJ 166611, March 1998.

Among probationers, 49% of the mentally ill and 46% of others reported alcohol or drug use at the time of the offense.

Source: BJS, *Mental Health and Treatment and Inmates and Probationers*, NCJ 174463, July 1999.

Prisoners

In the 2004 Survey of Inmates in State and Federal Correctional Facilities, 32% of state prisoners and 26% of federal prisoners said they had committed their current offense while under the influence of drugs. Among state prisoners, drug offenders (44%) and property offenders (39%) reported the highest incidence of drug use at the time of the offense. Among federal prisoners, drug offenders (32%) and violent offenders (24%) were the most likely to report drug use at the time of their crimes.

Source: BJS, *Drug Use and Dependence, State and Federal Prisoners, 2004*, NCJ 213530, October 2006.

About 74% of state prisoners who had a mental health problem and 56% of those without were dependent on or abused alcohol or drugs. By specific type of substance, inmates who had a mental health problem had higher rates of dependence or abuse of drugs than alcohol. Among state prisoners who had a mental health problem, 62% were dependent on or abused drugs and 51% alcohol.

Over a third (37%) of state prisoners who had a mental health problem said they had used drugs at the time of the offense, compared to over a quarter (26%) of state prisoners without a mental problem.

Source: BJS, *Mental Health Problems of Prison and Jail Inmates*, NCJ 213600, September 2006.

Abused state inmates were more likely than those reporting no abuse to have been using illegal drugs at the time of their offense. This pattern occurred especially among female inmates. Forty-six percent of the abused women committed their current offense under the influence of illegal drugs. Among women who were not abused, 32% committed their offense while on drugs.

Source: BJS, *Prior Abuse Reported by Inmates and Probationers*, NCJ 172879, April 1999.

A third of the parents in state prison reported committing their current offense while under the influence of drugs. Parents were most likely to report the influence of cocaine-based drugs (16%) and marijuana (15%) while committing their crime. About equal percentages of parents in state prison reported the use of opiates (6%) and stimulates (5%) at the time of their offense, while 2% used depressants or hallucinogens.

Thirty-two percent of mothers in state prison reported committing their crime to get drugs or money for drugs, compared to 19% of fathers.

Source: BJS, *Incarcerated Parents and Their Children*, NCJ 182335, August 2000.

Jail inmates

Of inmates held in jail, only convicted offenders were asked if they had used drugs at the time of the offense. In 2002, 29% of convicted inmates reported they had used illegal drugs at the time of the offense, down from 35% in 1996.

Marijuana and cocaine or crack were the most common drugs convicted inmates said they had used at the time of the offense --

- 14% had used marijuana in 2002, down from 18% in 1996.
- 11% had used cocaine or crack, down from 14% in 1996.

In 2002, jail inmates convicted of robbery (56%), weapons violations (56%), burglary (55%), or motor vehicle theft (55%) were most likely to have reported to be using drugs at the time of the offense.

Source: BJS, *Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002*, NCJ 209588, July 2005.

According to the *Survey of Inmates in Local Jails, 1996*, more than half of the jail inmates with an intimate victim had been drinking or using drugs when they committed the violent crime.

Source: BJS, *Violence by Intimates*, NCJ 167237, March 1998.

Seventy-six percent of jail inmates who had a mental health problem were dependent on or abused alcohol or drugs, compared to 53% of inmates without a mental health problem. This was the highest rate of substance dependence or abuse among all inmates, including state and federal prisoners.

By specific type of substance, jail inmates who had a mental health problem had higher rates of dependence or abuse of drugs than alcohol. An estimated 63% of

local jail inmates who had a mental health problem were dependent on or abused drugs, while about 53% were dependent on or abused alcohol. Over a third (34%) of local jail inmates who had a mental health problem said they had used drugs at the time of the offense, compared to a fifth (20%) of jail inmates without a mental problem.

Source: BJS, *Mental Health Problems of Prison and Jail Inmates*, NCJ 213600, September 2006.

Based on data from the *1996 Survey of Inmates in Local Jails*, 29% of veterans and 32% of nonveterans in local jails were under the influence of drugs at the time of offense.

Source: BJS, *Veterans in Prison or Jail*, NCJ 178888, January 2000.

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Prior drug use by offenders

Probationers | Jail Inmates | and federal prison inmates

Probationers

In 1995 the first national survey of adults on probation reported --

- nearly 70% of probationers reported past drug use
- 32% said they were using illegal drugs in the month before their offense.

Marijuana (10%) was the most commonly used drug among probationers at the time of the offense.

Prior drug use of adults on probation at the time of offense, by type of drugs, 1995

Type of drug	Percent of adults on probation who were under the influence of drugs at the time of offense
Any drug	14 %
Marijuana/hashish	10
Cocaine/crack	4
Heroin and other opiates	1
Barbiturates	1
Stimulants	2
Hallucinogens	1

Note: Excludes 11,712 probationers for whom information on drug use was not provided.
Source: BJS, *Substance Abuse and Treatment of Adults on Probation, 1995*, NCJ 166611, March 1998.

In 1995 adults age 44 years old or younger on probation (87% of all probationers) reported similar levels of prior drug abuse, and their incidence of drug use was consistently higher than that of older probationers. Over 70% of probationers under age 45 reported some prior drug use, compared to 37% of those age 45 or older. Thirty-five percent of probationers under age 45 -- but 9% of older probationers -- reported drug use in the month before their offense.

Source: BJS, *Substance Abuse and Treatment of Adults on Probation, 1995*, NCJ 166611, March 1998.

Two-thirds of Driving While Intoxicated (DWI) offenders on probation reported using drugs in the past. Among DWI probationers, marijuana (65%) and stimulants (29%) were the most commonly used drugs. Seventeen percent of those on probation reported drug use in the month prior to arrest.

Prior drug use reported by probationers

	Percent of probationers	
Level of prior drug use	**DWI offenders**	**Other offenders**
Ever used drugs/a	67.9 %	69.9 %
Marijuana/hashish	64.6	67.2
Cocaine/crack	28.1	31.7
Heroin/opiates	5.7	8.8
Depressants/b	14.6	15.6
Stimulants/c	28.5	24.4
Hallucinogens/d	19.9	19.6
Ever used drugs regularly/e	55.6 %	64.2 %
Used drugs in month before arrest	16.6 %	35.7 %
Used drugs at time of arrest	3.3 %	16.1 %

a/Other unspecified drugs are included in the totals.
b/Includes barbiturates, tranquilizers, and Quaaludes.
c/Includes amphetamines and methamphetamines.
d/Includes LSD and PCP.
e/Used drugs at least once a week for at least a month.
Source: BJS, ***DWI Offenders under Correctional Supervision***, NCJ 172212, June 1999.

Among DWI offenders, the most commonly reported experience associated with drug use was domestic disputes:

- 19% of probationers said they had arguments with their family, friends, spouse, or boyfriend/girlfriend while under the influence of drugs.

- About 1 in 10 of those on probation for DWI had been arrested or held in a police station as a result of their drug use.
- 3% of those on probation had lost a job because of their drug use.
- 8% of those on probation said they had been in a physical fight while under the influence of drugs.

Source: BJS, *DWI Offenders under Correctional Supervision,*
NCJ 172212, June 1999.

Nearly 40% of mentally ill probationers and 30% of other probationers reported using drugs in the month before their offense.

Source: BJS, *Mental Health and Treatment and Inmates and Probationers*, NCJ 174463, July 1999.

Jail inmates

More than two-thirds of local jail inmates (68%) were found to be dependent on drugs or alcohol or abusing them, according to a 2002 survey of men and women held in local jails.

The rate of substance dependence or abuse varied by gender, race, and offense:

- 44% of men and 52% of women were dependent on drugs or alcohol.
- 78% of white, 64% of black, and 59% of Hispanic inmates were dependent on drugs or alcohol or abusing them.
- Inmates convicted of burglary had the highest rate of substance dependence or abuse (85%), followed by inmates convicted of DWI/DUI (82%), weapons violations (79%), and drug possession (75%).
- The lowest rate of substance dependence or abuse was among inmates convicted of sexual assault (50%).

Of those inmates held in local jails, only convicted offenders were asked if they had used drugs in the time leading up to their current offense. In 2002, 55% of convicted jail inmates reported they had used illegal drugs during the month before their offense, unchanged from 1996.

- marijuana use in the month before the offense increased from 36% to 37%;
- stimulants increased from 10% to 11%; and
- cocaine or crack use decreased from 23% to 21%.

A higher percentage of jail inmates in 2002 than in 1996 reported regular drug use (used drugs at least once a week for at least a month).

Source: BJS, *Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002,* NCJ 209588, July 2005.

Prior drug use of jail inmates, by type of drug, 2002 and 1996

	Ever used drugs		Ever used drugs regularly/a		Used drugs in the month before the offense		Used drugs at the time of the offense	
Type of drug	**2002**	**1996**	**2002**	**1996**	**2002**	**1996**	**2002**	**1996**
Any drug	82.2 %	82.4 %	68.7 %	64.2 %	54.6 %	54.0 %	28.8 %	34.9 %
Marijuana	75.7	78.2	58.5	54.9	37.5	36.0	13.6	18.0
Cocaine or crack	48.1	50.4	30.9	31.0	20.7	22.8	10.6	14.3
Heroin or opiates	20.7	23.9	12.0	11.8	7.8	7.9	4.1	5.1
Depressants/b	21.6	29.9	10.7	10.4	6.1	5.3	2.4	2.2
Stimulants/c	27.8	33.6	17.1	16.5	11.4	9.6	5.2	5.6
Hallucinogens/d	32.4	32.2	13.4	10.5	5.9	4.2	1.6	1.4
Inhalants	12.7	16.8	4.2	4.8	1.0	0.9	0.2	0.3

a/Includes all inmates with a current conviction or with a prior conviction, but no new conviction for the current charge.
b/Used drugs at least once week for a month.
c/Includes barbiturates, tranquilizers, and Quaaludes.
d/Includes amphetamines and methamphetamines.
e/Includes LSD, Ecstasy, and PCP.
Source: BJS, *Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002,* NCJ 209588, July 2005.

Over three-quarters of DWI offenders in jail reported using drugs in the past. Among jail inmates held for DWI, marijuana (73%) and cocaine-based drugs including crack (41%) were the most commonly used drugs. Thirty percent of those in jail reported drug use in the month prior to arrest.

Domestic disputes were also one of the most commonly reported experiences associated with drug use:

- 25% of jail inmates said they had arguments with their family, friends, spouse, or boyfriend/girlfriend while under the influence of drugs.
- Nearly 1 in 5 of those in jail for DWI had been arrested or held in a police station as a result of their drug use.
- About 10% of DWI offenders in jail had lost a job because of their drug use.
- About 15% of jail inmates said they had been in a physical fight while under the influence of drugs.

Source: BJS, *DWI Offenders under Correctional Supervision,*
NCJ 172212, June 1999.

In the month before the offense, 82% of jail inmates who had a mental health problem, compared to 70% of those without, had used alcohol or drugs. By specific type of substance, jail inmates who had a mental health problem had higher rates of alcohol use in the month before the offense than drug use. Among local jail inmates who had a mental health problem, 81% reported alcohol use in the month before the offense and 62% drug use.

Inmates who had a mental health problem had higher rates of drug use in the month before the offense, compared to those without a mental problem. More than 6 in 10 jail inmates with a mental problem had used drugs in the month before the offense, compared to slightly more than 4 in 10 inmates without a mental problem. Marijuana was the most common drug inmates said they had used in the month before the offense.

Among jail inmates who had a mental health problem, in the month before the offense:

- more than two-fifths (43%) had used marijuana or hashish.
- a quarter (24%) had used cocaine or crack.
- an eighth (12%) had used methamphetamines.

Source: BJS, *Mental Health Problems of Prison and Jail Inmates*, NCJ 213600, September 2006.

In local jails, veterans (81%) reported levels of prior drug use similar to nonveterans (83%), but lower levels (44%) of drug use in the month prior to the offense than nonveterans (50%) in 1997.

Source: BJS, *Veterans in Prison or Jail*, NCJ 178888, January 2000.

State and Federal prison inmates

In 1991, 60% of federal prisoners reported prior drug use, compared to 79% of state prisoners. In 1997 this gap in prior drug use was narrowed, as the percentage of federal inmates reporting past drug use rose to 73%, compared to 83% of state inmates. By 2004 this gap was almost closed, as state prisoner reports of lifetime drug use stayed at 83%, while federal inmates rose to 79%. This increase was mostly due to a rise in the percentage of federal prisoners reporting prior use of marijuana (from 53% in 1991 to 71% in 2004), cocaine/crack (from 37% in 1991 to 44% in 2004), and hallucinogens (from 15% in 1991 to 26% in 2004).

The proportion of state prison inmates reporting the past use of cocaine or crack declined slightly between 1997 (49%) and 2004 (47%). Marijuana use (78%) remained stable since 1997 (77%), and remained the most commonly used drug. Past use of opiates, including heroin (23%) remained almost unchanged since 1997 (24%). Past use of methamphetamine rose from 19% in 1997 to 23% in 2004.

Although the proportion of federal prisoners held for drug offenses dropped from 63% in 1997 to 55% in 2004, the percentage of all federal inmates who reported using drugs in the month before the offense rose from 45% to 50%.

Drug use by state prisoners, 1997 and 2004

	Percent of inmates who had ever used drugs	
Type of drug	**2004**	**1997**
Any drug	83 %	83 %
Marijuana	78	77
Cocaine/crack	47	49
Heroin/opiates	23	24
Depressants	21	24
Stimulants	29	28
Hallucinogens	33	29

Source: BJS, *Drug Use and Dependence, State and Federal Prisoners, 2004*, NCJ 213530, October 2006.

Nineteen percent of state inmates told interviewers that they had been physically or sexually abused before their current offense. For state prisoners reporting prior abuse, 89% had ever used illegal drugs: 76% of the men and 80% of the women had used them regularly. Of those not reporting prior abuse, 82% had used illegal drugs: 68% of the men and 65% of the women had used them regularly.

Illegal drug use was more common among abused state prison inmates than among those who said they were not abused. An estimated 76% of abused men and 80% of abused women had used illegal drugs regularly, compared to 68% of men and 65% of women who had not been abused.

Current and past violent offenses and past drug use, by whether abused before admission to state prison, 1997

	Percent of state prison inmates					
	Reported being abused			**Reported being not abused**		
Offense history and drug use	**Total**	**Males**	**Females**	**Total**	**Males**	**Females**
Current or past violent offense	70.4 %	76.5 %	45.0 %	60.2 %	61.2 %	29.1 %
Used an illegal drug						
Ever	88.6 %	88.5 %	88.9 %	81.8 %	81.9 %	77.4 %
Ever regularly	76.3	75.5	79.7	67.9	67.9	65.0
In month before offense	61.4	59.7	68.6	55.3	55.3	54.0
At time of offense	39.6	38.0	46.2	30.7	30.7	32.0

Source: BJS, *Prior Abuse Reported by Inmates and Probationers*, NCJ 172879, April 1999.

About 8 in 10 state prisoners who had a mental health problem said they had used alcohol or drugs in the month before the offense, compared to 7 in 10 without a mental problem. State prisoners who had a mental health problem had similar rates of drug (63%) or alcohol (62%) use in the month before the offense.

State prisoners who had a mental health problem (62%) had a higher rate of drug use in the month offense compared to those without a mental health problem (49%). Marijuana was the most common drug inmates said they had used in the month before the offense.

Among state prisoners who had a mental health problem, in the month before the offense:

- 46% had used marijuana or hashish.
- 24% had used cocaine or crack.
- 13% had used methamphetamines.

Source: BJS, *Mental Health Problems of Prison and Jail Inmates*, NCJ 213600, September 2006.

In 1997 a majority of parents in state prison reported some type of prior drug use --

- 85% reported any past drug use
- 58% reported use in the month before the current offense.

Nonparents in state prison reported slightly lower levels of prior drug use --

- 80% reported any past drug use
- 55% reported use in the month before the current offense.

Percent of parents in state prison who used drugs in the month before the current offense, 1997

Marijuana	39 %
Cocaine/crack	27
Heroin/opiates	10
Stimulates	9
Depressants	5
Hallucinogens	3
Inhalants	1

In 1997 mothers in state prison were more likely than fathers to report drug use in the month before their offense: 65% for mothers and 58% for fathers. Cocaine/crack was the most common drug used: 45% for mothers and 26% for fathers.

Nearly half of parents in federal prison reported using drugs in the month before their offense and 3 in 4 had ever used drugs. Nearly a quarter of parents in federal prison were under the influence of drugs when committing their offense. Aside from marijuana use (higher among fathers), mothers and fathers in federal prison reported similar drug use histories.

Source: BJS, *Incarcerated Parents and Their Children*, NCJ 182335, August 2000.

79% of veterans in state prison reported prior drug use during their military service.

Prior drug use of veterans in state prison, 1997

	Percent of veterans who reported prior drug use	
Drug use	**Combat**	**Noncombat**
Any prior drug use	69 %	82 %
In the month before	30	49
Prior use of intravenous drugs	23	25

Vietnam-era veterans drug use histories varied little from Post-Cold War-era veterans in state prison --

- Equal percentages of Vietnam-era and Post-Cold War-era (72%) veterans reported prior drug use.
- 37% of Vietnam-era veterans and 44% of Post-Cold War-era used drugs in the month before the offense.
- 21% of Vietnam-era veterans and 20% of Post-Cold War-era veterans used drugs at the time their offense.

Source: BJS, *Veterans in State and Federal Prison*, NCJ 217199, May 2004.

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TAB 6

ADAM II

2010 ANNUAL REPORT

Arrestee Drug Abuse Monitoring Program

OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

ADAM II

2010 ANNUAL REPORT

ARRESTEE DRUG ABUSE MONITORING PROGRAM II

OFFICE OF NATIONAL DRUG CONTROL POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
WASHINGTON, DC

May 2011

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Executive Summary

With this report, the Office of National Drug Control's (ONDCP) Arrestee Drug Abuse Monitoring (ADAM II) program presents results from its fourth year of data collection. ADAM II is an important source of data on a segment of the population often missed in other surveys—persons at the point of entry into the criminal justice system.[1] The ADAM II program is a continuation of the ADAM program that operated in over 35 sites from 2000 to 2003 under the auspices of the National Institute of Justice (NIJ). It has been sponsored by ONDCP since 2007. Between 2000 and 2003, the ADAM program conducted over 75,000 interviews in what ultimately became 39 NIJ funded or locally funded sites. Since 2007, the ADAM II program has collected over 18,000 interviews representing over 135,000 arrests in the current 10 sites,[2] each of which was a site in the original program (Exhibit ES.1). Since 2000, 89 percent of those interviewed have supplied a sample for urinalysis. This report reflects the over 4,700 arrestees interviewed between April 1 and September 30, 2010.

Exhibit ES.1: ADAM II Sites

Primary City	County Area
Atlanta, GA	Fulton County and City of Atlanta
Charlotte, NC	Mecklenburg County
Chicago, IL	Cook County
Denver, CO	Denver County
Indianapolis, IN	Marion County
Minneapolis, MN	Hennepin County
New York, NY	Borough of Manhattan
Portland, OR	Multnomah County
Sacramento, CA	Sacramento County
Washington, DC	District of Columbia

ADAM II data are essential to any comprehensive discussion of drug use in the United States, as the samples in ADAM II represent a group of drug users not well represented in any other survey: males 18 years and older at the point of their involvement in the criminal justice system. ADAM II is also the only Federal survey that offers a biological marker of recent use (urinalysis), which, when linked to interview data, validates information about recent drug use. In 2010, 88 percent of arrestees interviewed voluntarily provided a urine sample for testing. These tests and their timing are critical features of ADAM II for two important reasons: (1) people may lie about drug use when asked, making self-report of use problematic without a method of validation, and (2) inexpensive drug tests like urinalysis have to be conducted within days of use. Any urinalysis tests done several days or more after the individual has ingested the drug (as with adjudicated persons entering the justice system to serve a sentence) are unlikely to detect the presence of the drugs of interest.

[1] ADAM II personnel conduct interviews and collect urine specimens in police booking facilities with a sample of adult male arrestees within 48 hours of their arrest and booking.

[2] Henceforth, ADAM II refers to the 10 county data collection program that began in 2007.

When the ADAM II population is juxtaposed against a comparable cohort (males 18 and older) in general population surveys of drug use, it is clear that the two groups differ in important ways. Compared to their counterparts (males 18 or older) in the National Survey on Drug Use and Health (NSDUH), the nation's primary population survey on drug use, ADAM II respondents are more likely to be unemployed, living in transient living arrangements, more involved with drugs, and more experienced with crime. In 2009,[3] only 8 percent of males 18 years or older responding to the NSDUH reported they had used marijuana in the prior 30 days. Across the 10 ADAM II sites in 2009, from 35 percent (Minneapolis and Charlotte) to 48 percent (Denver) of arrestees reported marijuana use in the prior 30 days and from 36 percent (Charlotte) to 49 percent (Chicago) tested positive for the presence of marijuana in their systems at arrest. Differences such as these were found with many other drugs. In 2009, less than 1 percent of males in NSDUH admitted to using cocaine in either crack or powder form in the prior 30 days; in the ADAM II sites in 2009, anywhere from 11 percent (Sacramento) to 37 percent (Atlanta) of arrestees tested positive for the presence of cocaine in some form in their system at the time of arrest,[4] indicating use as recently as the previous few days. Heroin is also rarely reported in the general population (0.1 percent among 2009 NSDUH comparable males), but urinalysis showed the proportion of opiate positives to be anywhere from 2 percent (Charlotte) to 18 percent (Chicago) of ADAM II respondents in 2009.

But why are these numbers so different in ADAM II? First, a substantial number of ADAM II respondents are likely ineligible or not available for inclusion in household surveys. In 2010, among all arrestees from 3 percent (Chicago) to 31 percent (Portland) were not residing in stable housing; that is, were homeless, living in a shelter, living in someone else's home or apartment, or living in a group home. Truth telling may also play a role. When comparing test results to self report, 2010 ADAM II data showed that in the fairly anonymous setting of booking, in 2010, 83 percent of current marijuana users, 62 percent of current methamphetamine users, 45 percent of cocaine users and 37 percent of heroin users told the truth about use. Interviews done in an individual's home, as in household surveys, may make these discrepancies even greater.

Regional representation is one of ADAM II's greatest assets. Across the 10 ADAM II sites it is evident that a serious problem in Sacramento (33 percent tested positive for methamphetamine in 2010) can be virtually nonexistent in New York (less than 1 percent tested positive). Even in relatively close geographic areas, drug problems can be quite different. In 2010 in Sacramento, 11 percent of arrestees tested positive for opiates while in Portland just 500 miles away twice that many tested positive for opiates. These differences are generally not apparent in national surveys, making ADAM II particularly important to practitioners, law enforcement and policymakers who must develop targeted, effective initiatives.

In short, while the current 10 site ADAM II program cannot provide national estimates, it represents a critical complement to national estimates in that it provides data on both significant regional variation across the country and on a segment of the population missed in many of these surveys, who are

[3] While this report focuses on 2010 ADAM II data, data on the comparable year are not yet available for the NSDUH. Therefore, comparisons are made with the 2009 ADAM II data.

[4] The standard test conducted for cocaine does not distinguish the form in which it is ingested (crack or powder). The ADAM II interviewers asked the respondent to report use of each form in different time frames (ever, 3 day, 7 day, 30 day, and 12 month).

arguably the Nation's heaviest users of illegal drugs. Without ADAM II data, estimates of the Nation's consumption of illicit drugs and involvement in drug markets are deceptively low.

ADAM II Methodology

The ADAM II program collects data in 10 sites. All 10 sites were ADAM sites under the NIJ program from 2000 to 2003 and the data collection instruments, protocols, and sampling are those used since 2000. All interview data are collected by the professional interview staff of Abt Associates in face-to-face interviews conducted in the booking areas of large urban police stations and jails. At the initiation of the interview, arrestees are read a description of the study and informed consent is obtained. Arrestees are also asked to supply a urine sample for analysis of 10 substances; 88 percent of all arrestees interviewed in 2010 agreed to supply a sample. (An arrestee may consent to the interview but not agree to provide a urine sample for testing, and these data are included in self-report results.) Data from the urine test are linked to data from each interview and data from the arrestee's official booking information using a common barcode across each data source. No identifying information remains on any of the three pieces of information. Data collected in two 14-day periods are weighted to represent the county in which the primary city is located and annualized to adjust for seasonality.

Sampling. In each site the samples of arrestees are drawn from all males arrested over the course of each 24-hour period during a 14-day collection period. In 2010, as in prior years, the two quarters of collection were from April 1 to June 30, and from July 1 to September 30. The specific two week window of collection is determined in collaboration with local law enforcement partners and avoids events that may distort normal arrest practices, for example, major holidays. In 2010, the program conducted 4,749 interviews and collected 4,182 urine specimens in the 10 counties, representing 31,372 men arrested in 2010. Across the counties, 8,332 eligible arrestees were sampled from the rosters of those who had been arrested in the appropriate time period. Eligible arrestees are defined as all males over 18 arrested within the county jurisdiction on any charge in the prior 48 hours. Not all arrestees sampled are physically available for interview, however. Some have been released, sent to the facility medical unit, or taken to court by the time the typical eight-hour interview shift begins at 4 PM. In 2010, of the over 8,332 arrestees sampled, 5,516 were available for interview; 86 percent of those sampled and available agreed to be interviewed.

ADAM II data come from four sources: (1) a 20–25 minute interview, (2) urinalysis of a specimen for the presence of 10 drugs and/or their metabolites,[5] (3) information taken from each sampled arrestee's booking data, and (4) information on all persons arrested in the 14 day data collection periods (the "census" data). The interview covers basic demographics (age, employment, housing, education, and insurance coverage), drug use history, current use, alcohol use, participation in buying and selling drugs in the prior month, prior alcohol, drug and mental health treatment, and prior arrests. Information is also taken in a calendar format on arrests, housing status, incarcerations, drug and alcohol use, and drug, alcohol, and mental health treatment, covering the prior year in detail. At the conclusion of the interview, those arrestees who agree to provide a urine sample are given a bar-

[5] Each sample is bar-coded to match the corresponding interview data. A national laboratory tests all samples for the presence of marijuana, cocaine, opiates, amphetamine/methamphetamine, propoxyphene, phencyclidine, benzodiazepines, methadone, barbiturates, and oxycodone/hydrocodone.

coded specimen cup and escorted to a nearby lavatory. Respondents are given water and a snack (candy bar, chips, crackers) for their participation, which they consume either during the interview or before they are escorted back to the holding area.

The sites in ADAM and ADAM II do not constitute a probability-based sample of U.S. counties. The original sites funded by NIJ from 2000 to 2003 were selected on the basis of grant applications from local researchers and law enforcement. The 10 sites reestablished by ONDCP in 2007 were a subset of those original sites, chosen both for geographic breadth and an interest in tracking the potential spread of methamphetamine use eastward. Since 2000, however, the sample of arrestees within each county has been probability based, and cases have been weighted using the booking census data (a record of all arrests in the 14 day period) to represent all arrests during data collection periods.

ADAM II analysts create individual sampling plans for each site and adjust them to facility changes or arrest volume shifts each quarter. These plans are developed at the *county level* and at the *facility level*. *County-level plans* take into account all booking facilities in the county and stratify by size where there is more than one booking facility. When this is not the case, a stratified sample is created for that county with the sample allocated proportionate to the size of the facility.

Facility level sampling refers to the process of selecting individual arrestees for interview. This process is the same across all sites and within all facilities. The system was devised to account for the chaotic arena in which ADAM II interviews cases—active booking areas within 48 hours of the individual's arrest. Arrestees are being brought in, searched, fingerprinted, and placed in a holding area to await further processing and movement either into a more permanent housing situation or release, and this is the location in which ADAM II interviews take place every year. The goal of sampling in this arena is to capture a sample that represents all persons newly arrested in each 24-hour period of the 14-day collection period.

The facility level protocol is as follows: within each facility, the 24-hour booking period is divided into the period before interviewers arrive (termed the *stock* period) and the period when the interviewers are present (termed the *flow* period). ADAM II staff members determine the targeted number of stock and flow cases to be sampled for each site in each quarter based on data on the distribution of arrests each day.

Case weighting in ADAM II has been improved over the original ADAM procedure. In ADAM II, propensity scores are developed for each site to weight each case, based on detailed information on all bookings that occurred during the data collection period and known factors that have an impact on the probability that a case is sampled—arrest charge, time of day, and day of the week. Without taking these differing probabilities of inclusion into account, a sample would be biased in several ways, but weighting with these factors in mind balances the sample.

ADAM II Sample Demographics

Each of the ADAM II sites represents a different geographic area of the country with different population characteristics. These differences are reflected in the demographic makeup of the arrestee populations across sites. There are some similarities, however.

In 2010, the average age (mean age) of arrestees in each site was between 31years old (Chicago) and 36 years old (Atlanta), and in 9 of the 10 sites over 65 percent of arrestees were single. Over 85 percent of arrestees in all sites were U.S. citizens in 2010, though this percentage had declined significantly in two sites since 2007 (Charlotte and Indianapolis). In two sites (Sacramento and Minneapolis), the proportion of arrestees who were U.S. citizens increased significantly since 2009.

Over 60 percent of arrestees in all sites had a high school diploma or its equivalent, while less than half in 7 of the 10 sites were working either full or part time; as few as 27 percent of arrestees were employed in Portland. Mirroring the nationwide rise in unemployment, the level of employment among arrestees in 9 of the 10 sites dropped significantly since 2007 or 2008 collections. In 2010 in half of the sites, fewer than 30 percent of arrestees reported any health insurance, including state-sponsored programs such as Medicaid and Medicare, employer-based, Veterans Affairs, union, or other plans. Higher coverage rates (over 60 percent) were reported in Minneapolis and Washington, DC.

The ADAM II population is also one that is both currently and historically involved with the criminal justice system. In 2010 in 9 of the 10 sites, over 80 percent of arrestees had been arrested at least once before the current arrest. The exception was Washington, DC (70 percent). And of those who admitted using an illegal drug in the prior year, anywhere from 7 percent (Washington, DC) to 26 percent (Portland) reported that they had been arrested two or more times in just the prior year.

ADAM II samples *all* arrestees who come through the booking process and, consequently, there is a wide range of charges recorded for the sample from each arrestee's current booking sheet—from violent crimes to minor violations like selling merchandise without a license or disturbing the peace. While states have different criminal codes for identifying crimes, for ADAM II, all charges are transformed into common categories for comparability. Interviewers record the three most serious charges for all arrestees from the official booking record of each arrestee. In 2010, the percentage of arrestees charged with any violent crime ranged from 16 percent in Indianapolis to 28 percent in Minneapolis. The percentage of arrestees charged with drug-related charges was over 24 percent in 9 sites, reaching over 40 percent in Chicago and Sacramento. Arrests for property crimes ranged from 4 percent of arrestees in Washington, DC, to 33 percent in Portland. The category designated as "other" crimes includes a wide assortment of arrest charges including probation/parole violations, DUI, disturbing the peace, and other more minor crimes. These assorted more minor offenses make up from 15 percent of charges (Chicago) to over 60 percent in Denver and Indianapolis.

The ADAM II program is also interested in whether those who test positive for drug use are different in other ways from those who do not. In 2010, those who tested positive for some illegal drug were significantly younger than those testing negative in 6 of the 10 sites, more likely to be a citizen in 8 of the 10 sites, less likely to be working full or part time in 7 of the 10 sites, and more likely to have had a prior arrest in half of the sites.

While anywhere from 52 percent (Washington, DC) to 80 percent or more (Chicago and Sacramento) of arrestees tested positive for the presence of at least one drug in their system at the time of arrest, far fewer reported ever having been in treatment for drug use or mental health issues. In 2010 among all arrestees, from 8 percent (Atlanta) to 38 percent (Portland) reported ever utilizing outpatient

treatment, from 12 (Atlanta) to 41 percent (Portland) reporting utilizing inpatient services, and from 5 (Washington, DC) to 18 percent (Portland) reported ever utilizing inpatient psychiatric services.

Drug Use and Drug Market Participation

Congruence Between Tests and Self-report. ADAM II is currently the only Federal survey of drug use that employs a bioassay (urinalysis) to confirm self-report information about recent drug use. This is an important advantage in that ADAM II data highlight the fact that a substantial portion of people interviewed are not willing to tell the truth about recent use. In ADAM II, arrestees are asked about their use of a number of drugs in multiple time frames: in the prior 3 days, 7 days, 30 days, and year. The first three of these windows corresponds to the window of detection for each drug tested in urinalysis. For example, opiates, methamphetamine, and cocaine have a short half-life in the system and are reliably detected within the first two windows, while marijuana can be detectable up to 30 days, depending on the level and frequency of use. For ADAM II analysis, test results are matched to the appropriate self-report window to validate responses.

The congruence between the self-report and test results varies by drug. In 2010, the percentage of overall truthful answers on drug use (that is, the total of arrestees who used a drug and admitted it and those who did not use and answered negatively) was high: over 80 percent of arrestees responded truthfully regarding use of marijuana and cocaine, and over 90 percent responded truthfully about heroin and methamphetamine. One reason these numbers are so high is they include those who were not using the drug and presumably could easily answer truthfully.

However, there were differences in the congruence rate among those who were actually using the drug, as indicated by a positive drug test result. In 2010, congruence or "truth telling" among marijuana users was still high at 83 percent, but it was 45 percent for cocaine users, 37 percent for heroin users, and 62 percent for methamphetamine users. There was also some variation by site and by drug. For example, the proportion of those who used cocaine and admitted it varied from 37 percent in Chicago to 69 percent in Portland.

In this regard, ADAM II data present a cautionary tale regarding underrepresentation of use of highly stigmatized drugs when only self report data are the source.

Use of Any Drug/Multiple Drugs. The results of urinalysis indicating the presence of *any* test substance showed that drug use among arrestees in 2010, ranged from 52 percent in Washington, DC to 83 percent in Chicago. In addition, 11 percent (Washington, DC) to 38 percent (Sacramento) of arrestees tested positive for the presence of multiple substances.

Marijuana. Marijuana continued to be the most commonly used illegal substance among booked arrestees in all sites in 2010, with from 35 percent (Atlanta) to 58 percent (Sacramento) of arrestees testing positive for marijuana in the prior 30 days. Most sites remained at roughly the same levels as in 2009, though use significantly increased in Charlotte, New York, and Sacramento. Over the decade since the first ADAM data collection (2000), marijuana use among arrestees has not changed significantly except in Charlotte, New York, Portland and Sacramento, where it increased over those years.

Arrestees were also asked about their marijuana use in different time frames—prior 3 days, 7 days, 30 days, and a year. Forty percent or more of arrestees self reported using marijuana in the prior 30 days in 9 of the 10 sites, and 40 percent or more in all sites reported use in the last year.

Marijuana remained the most commonly acquired drug,[6] with over 40 percent of arrestees in 9 of the 10 sites reporting that they had acquired it in the 30 days prior to arrest. In most sites, marijuana was roughly as likely to be obtained through a cash purchase as through a noncash or barter transactions; that is, there was not a wide disparity between the proportion of arrestees who reported both cash and noncash transactions in the prior 30 days. In the two west coast sites (Portland and Sacramento), however, more arrestees reported that they had obtained the drug through noncash means than through cash purchases. In contrast, 73 percent of arrestees in Washington, DC reported obtaining marijuana through a cash transaction, and only 46 percent reported a noncash method of acquisition.

The average number of marijuana purchases in the prior 30 days remained the same in 5 of the 10 sites from earlier data collection, declined in 4 sites (Atlanta, Denver, Sacramento and Washington, DC), and increased in New York. From 78 (Charlotte) to 96 percent (Washington, DC) of arrestees reported that their last marijuana buy was directly from a dealer, but the dealer was a regular source of the drug less than half of the time in 4 of the sites. Half or fewer arrestees in all sites reported a "failed buy," that is, an instance in the prior 30 days when they had the money to buy marijuana but could not obtain it, either due to police activity or unavailability of the drug.

Cocaine. Because the urinalysis test used in ADAM II cannot distinguish between cocaine in crack and powder form,[7] arrestees are asked a series of questions about each form of the drug they may use. Positive urinalysis indicates that in 2010 cocaine was the second most commonly used drug in 8 of the 10 sites, ranging from 12 percent of arrestees in Sacramento testing positive to 33 percent testing positive in Atlanta.[8] In all sites, however, the 2010 data represented a significant decline in the proportion of arrestees who were cocaine positive from 2007 levels. In four sites, the decrease in cocaine positives since 2007 has been a drop of 10 percent or more (Atlanta, Chicago, Denver, and Washington, DC).

Arrestees are asked about the use of either crack or powder cocaine over varying time frames and about the market for cocaine powder and crack separately. From these answers in 2010, crack appeared to be the more common method of ingestion in all sites: from 4 percent (Washington, DC) to 17 percent (Atlanta) of arrestees reported using crack in the prior 30 days, compared to from 3 percent (Washington, DC and Minneapolis) to 9 percent (New York and Portland) reporting use of powder cocaine. The percentage of arrestees who admitted to using crack in the prior 30 days has also significantly declined since 2007 levels in some of the most active cocaine sites four years ago (Atlanta, Charlotte, Chicago, Denver, Minneapolis, Sacramento, and Washington, DC). The use of

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6 All arrestees are asked if they acquired each of the five major drugs in the prior 30 days, regardless of whether it was for their own use. If the answer was "yes," they are then asked a series of questions about how, where, and from whom (regular source, new source, etc.) they acquired the drug, the unit purchased, and the price paid (or value of the barter).

7 The standard test for cocaine detects the drug's metabolite benzoylecgonine. A further test on each cocaine positive sample that can detect the byproducts of smoked or ignited cocaine is not conducted in ADAM.

8 In Portland and Sacramento, methamphetamine was the second most commonly detected substance.

cocaine powder has also declined significantly in Atlanta, Denver, Minneapolis, and Sacramento since 2007.

Anywhere from 4 percent (Washington, DC) to 17 percent (Atlanta) of arrestees reported that they had acquired crack in the prior 30 days, and from 3 percent (Minneapolis and Sacramento) to 10 percent (New York) reported acquiring powder. In all but one site (Washington, DC), crack was generally obtained though a cash purchase: from 76 percent of purchases in Chicago to 92 percent in Indianapolis. When asked about the number of purchases of crack and cocaine powder the arrestee had made in the prior 30 days, arrestee response indicated that there were more purchases of crack than powder in all but Chicago, where there was an average of seven purchases for both drugs in the prior month.

Seventy-five percent or more of arrestees in 9 ADAM II sites who bought crack did so directly from a dealer, though there is variation as to whether that dealer was a regular, new or occasional source.[9] Over 80 percent of those who purchased powder cocaine also bought directly from a dealer in half of the sites, but there was also variation as to whether that dealer was a regular source.

Heroin. Urinalysis results for opiates detect the presence of morphine, heroin, codeine, and drugs that combine these drugs with other analgesics. This includes the semi-synthetic codeine compounds such as hydrocodone and oxycodone. The ADAM II interview does also ask arrestees about their use of specific forms of these drugs (Vicoden, Oxycontin). In all positive opiate tests, 16 percent also tested positive for the semi-synthetic compounds, and 37 percent of all opiate positives stated specifically that they had used heroin.

In 2010, from 3 percent (Charlotte) to 22 percent (Portland) of arrestees tested positive for opiates. Collection in 2010 saw a significant increase in opiate positives over 2008 or 2009 levels in Sacramento (from 6 percent in 2009 to 11 percent in 2010), Portland (from 10 percent to 22 percent), Indianapolis (from 5 percent to 11 percent), and Charlotte (from 1 percent to 3 percent) and a significant decrease in Chicago (from 29 percent to 14 percent) and Washington, DC (from 15 percent to 10 percent) over 2008 or 2009 levels. Minneapolis' 7 percent positives were a significant increase over the 2007 results.

Self-report of the use of heroin in the prior 30 days also varied in 2010, from less than 1 percent in Atlanta to 18 percent in Portland. The proportion of arrestees who admitted heroin use over the prior year was somewhat higher in most sites, though only in Chicago (12 percent) and Portland (21 percent) was the percentage reporting prior year use over 8 percent. Heroin users consumed their drug more frequently than was true for users of other drugs, ranging from using on 12 to 24 days over the prior month. It was also the drug most frequently injected, though there is some variation by site. In 2010, over 80 percent of heroin-using arrestees reported injecting the drug the last time they used it in three sites (Portland, Charlotte and Sacramento), while less than half of the users in the other sites reported injection at last use.

[9] The question was asked as to whether the last purchase was from a regular source, an occasional source, or a new source.

Fewer arrestees in 2010 admitted to acquiring heroin over the prior 30 days than tested positive for the drug —5 percent or less in all but Chicago (12 percent) and Portland (17 percent).[10] Heroin appeared to be a largely cash market in all sites, with from 71 to over 90 percent of arrestees who acquired heroin in the prior 30 days reporting a cash transaction in all sites. Heroin users were purchasing the drug frequently, however. Users reported that on average they purchased heroin anywhere from 7 to 17 times in the prior 30 days, indicating heavy market participation for these arrestees, despite their relatively small representation in the sample as a whole.

Methamphetamine. Methamphetamine use remained concentrated in the two west coast ADAM II sites. In 2010, positive tests for the presence of methamphetamine were highest in Sacramento (33 percent) and Portland (20 percent) as compared to 4 percent in Denver and less than 3 percent in all other sites. Only in Portland was this an increase over 2009 levels. While a third of the arrestee sample in Sacramento tested positive for methamphetamine, the 2010 figures were significantly lower than the high of 46 percent in 2003.

Except in Portland and Sacramento, few arrestees admitted to methamphetamine use or acquisition. In Sacramento and Portland, 27 percent and 22 percent, respectively, reported using methamphetamine in the prior 30 days, and 33 percent and 28 percent, respectively, reported use within the prior year. For Portland both of these self-report figures represent a significant increase from 2007, but there was no significant change for Sacramento. In Denver, the proportion of arrestees admitting use in the prior 30 days (6 percent) and the prior year (8 percent) is significantly higher than results from 2008.

Methamphetamine market participation remained limited in all but Portland and Sacramento (where 20–27 percent admitted acquisition in the prior 30 days) and Denver (6 percent). In the two west coast sites roughly the same number of arrestees reported cash as noncash transactions and on average purchased from 7 to 9 times in the prior month. A larger proportion of arrestees reported transactions directly from a dealer in Portland (84 percent) than in Sacramento (65 percent), but roughly half of arrestees in both sites reported purchasing from a regular source. In both sites, the market appeared to operate primarily indoors and there were failed buys for less than 30 percent of arrestees in those sites.

Other Drugs. In addition to testing for the four major drugs described, arrestees' samples are tested for the presence of barbiturates, propoxyphene,[11] methadone, oxycodone/hydrocodone products, phencyclidine, and benzodiazepines as well as asked to identify other drugs they have used without a prescription in the prior month.[12]

The results of tests for other drugs indicated that in most cases positive tests for other drugs were less common than for the major drugs of abuse. The most frequently detected other drugs in most sites were the benzodiazepines, with from 1 to 8 percent of arrestees testing positive. Barbiturates were

[10] While drug testing may indicate otherwise, admission of recent purchase or acquisition of heroin was lower, again reflecting the difference in self-reports of drug activity, particularly for highly stigmatized drugs, and actual indications of use.

[11] Propoxyphene is no longer available, so any use is from black market supplies.

[12] Arrestees are read a list of both prescription drugs that may be abused (barbiturates, sedative/tranquilizers, and oxycodone) and nonprescription drugs of abuse (GBH, MDMA, LSD, and PCP).

detected in 13 percent of arrestees in Atlanta, the only site since 2007 with a proportion that high. PCP, while virtually nonexistent in other sites, was detected in 5 percent of Washington, DC arrestees. Methadone was found in 4 to 5 percent of arrestees in New York and Portland.

Opiate positives are also specifically tested for the presence of oxycodone/hydrocodone products. Four percent of Portland and Indianapolis arrestees tested positive for this category of drugs, reflecting significant increases from 2008 and 2009 levels. In all other sites, 2 percent or fewer arrestees tested positive for oxycodone/hydrocodone.

Report Format

The ADAM II 2010 Annual Report is divided into four sections. Section 1 presents information on the ADAM II program and its origins and provides a brief description of the program methodology. Section 2 provides a description of the ADAM II sample, including demographics, arrest histories, and treatment experiences. Section 3 presents findings on drug use and drug market activity among booked adult male arrestees. Section 4 offers a brief summary and conclusions.

Figures illustrating results are included in the main body of the report. Data tables referenced in the text are presented in Appendix A. Data in Appendix A are annualized, and the significance of trends is estimated using regression models.[13] Appendix B presents more detailed information on the program methodology, and Appendix C provides 2010 results for each site in site-specific fact sheets. Fact sheet data represent only the two quarter results and are not annualized.

This report presents 2010 findings from all 10 ADAM II sites. The same sites participated in the 2000–2003 ADAM and 2007–2010 ADAM II data collections.[14] Some 2000–2003 and 2007–2009 results are included in this report to examine trends. As was the case in 2007–2009, the 2010 data were collected for two calendar quarters and then used to generate annualized estimates for each site. Data are not aggregated across sites, but presented site by site. In general, the samples collected in each site are adequate for reporting and data analysis. However, in some instances, depending on the analysis (for example, methamphetamine market activity in some eastern sites), there are too few cases to serve as the basis of reliable estimates. The site is then excluded from cross-site comparisons, and an "n/a" is noted for that site in the relevant table.

Throughout the report, when comparisons are made to results from prior ADAM collections (2000–2003 and 2007–2009), differences between those years and 2010 that are statistically significant at the .10, .05, and .01 levels are identified. Otherwise, comparisons reported do not yield significant differences. The report includes the less stringent .10 significance level to provide more flexibility when considering possible trends over time.

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[13] In examining trends, data from 2000 to 2003 were re-estimated using the methodology utilized in 2007–2010 for ADAM II.

[14] Eight of the 10 current sites began data collection in 2000: New York, Charlotte, Indianapolis, Minneapolis, Denver, Chicago, Portland, and Sacramento. Atlanta and Washington, DC, joined ADAM in 2002.

1. Overview of ADAM II

The Arrestee Drug Abuse Monitoring II (ADAM II) program is a drug related survey sponsored by the Office of National Drug Control Policy (ONDCP). It has been conducted in 10 U.S. counties since 2007 and is a continuation of the original ADAM survey that operated in over 35 sites from 2000 to 2003 under the auspices of the National Institute of Justice (NIJ). The 10 ADAM II counties are a subset of the original ADAM sites.

ADAM and ADAM II are unique sources of information on drug use and other important life factors among men at the time of and prior to arrest. This population is important to policymakers but is often underrepresented in other surveys. The protocol collects data through interviews and urinalysis from a sample of male arrestees at each site within 48 hours of arrest. Since 2000, more than 75,000 interviews were collected in what ultimately became NIJ or locally funded sites; since 2007, more than 40,000 interviews have been collected in the current 10 sites. Since 2000,[1] more than 89 percent of those interviewed supplied a urine specimen for analysis of 10 substances (marijuana, cocaine, opiates, barbiturates, amphetamine/methamphetamine, benzodiazepines, propoxyphene,[2] phencyclidine, methadone, and since 2007, oxycodone/hydrocodone).

The original ADAM program was developed by NIJ as a redesign of the earlier Drug Use Forecasting (DUF) survey, which had operated in 23 cities beginning in 1988. The DUF was based on a brief interview and urine sample collection from a convenience sample of arrestees, and was implemented by local researchers in each site under the national supervision of the NIJ. While DUF was a landmark effort, it was criticized as unable to support either analyses of trends in drug use or reliable estimations of prevalence. In 1997, NIJ worked with Abt Associates to redesign the program, renaming it the Arrestee Drug Abuse Monitoring (ADAM) survey. The redesign involved the development of a statistical sample of booking facilities and arrestees within counties, although the sites themselves had previously been purposively selected. ADAM standardized all interview training and collection protocols, added 15 new sites, and developed and introduced a new interview instrument that covered a wide range of new areas, including drug history, treatment experiences, expanded demographics, and drug market activity.

From 2000 to 2003, the ADAM program provided county level estimates of drug use and related behaviors among arrestees, but was terminated by NIJ in 2003 for lack of funding. In 2007, ONDCP, recognizing the need for these data, reinstated the program as ADAM II in 10 former ADAM sites. Since 2007, the ADAM II program has collected over 18,000 interviews representing over 135,000 arrests in the current 10 sites. While ADAM II sites do not constitute a probability-based sample of U.S. counties, as sites were originally selected purposively, the data do represent arrestees in the counties from which they were drawn, and the program provides consistent data that support statistical trend analysis in those 10 counties from 2000 to 2010.

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1 Data were collected from 2000-2003 and from 2007 to the present.

2 Propoxyphene is no longer available so any use is from black market supplies.

Why ADAM II Data Are Important

Some of the Nation's most long-standing and highly regarded general population surveys ask questions regarding drug use. The National Survey on Drug Use and Health (NSDUH) is a large annual survey of U.S. households regarding drug, alcohol, and tobacco use and health issues. Monitoring the Future is a survey of youth in the 8th, 10th, and 12th grades in a representative sample of schools across the nation. It asks youth about their drug, alcohol, and tobacco use and related attitudes, beliefs, and behaviors. A range of health and behavioral risks, including drug use, is covered by other general population surveys—for example, the National Epidemiologic Survey on Alcohol and Related Conditions conducted by the National Institute on Alcohol Abuse and Alcoholism, the National Health Interview Survey, and the Youth Behavioral Risk Surveillance Survey. Each of these surveys provides national estimates of varying aspects of drug and alcohol use in the general population.

While the current 10 site ADAM II program cannot provide national estimates, it represents a critical complement to national estimates in that it provides data on both significant regional variation across the country and on a segment of the population missed in many of these surveys, who are arguably the Nation's heaviest users of illegal drugs. Without ADAM II data, estimates of the Nation's consumption of illicit drugs and involvement in drug markets are deceptively low.

ADAM II data are essential to any comprehensive discussion of drug use in the United States, as the samples in ADAM II represent a group of drug users not well represented in any other survey: males 18 years and older at the point of their involvement in the criminal justice system. ADAM II is also the only Federal survey that offers a biological marker of recent use (urinalysis), which, when linked to interview data, validates information about recent drug use. In 2010, 88 percent of arrestees interviewed voluntarily provided a urine sample for testing. These tests and their timing are critical features of ADAM II for two important reasons: (1) people may lie about drug use when asked, making self-report of use problematic without a method of validation, and (2) inexpensive drug tests like urinalysis have to be conducted within days of use. Any urinalysis tests done several days or more after the individual has ingested the drug (as with adjudicated persons entering the justice system to serve a sentence) are unlikely to detect the presence of the drugs of interest.

Drug use patterns and drug market activity vary significantly by region of the country. One region's most serious drug problem, for example, methamphetamine in the West, is almost nonexistent in other areas of the country. This regional variation by drug can often be obscured in national and even state level estimates, leading to frustration for local areas dealing with specific problems. National estimates show methamphetamine use as a serious, but relatively small problem, with less than one percent of the general population reporting use in the past year. ADAM data have always reflected a different picture of methamphetamine use. The proportion of arrestees in two ADAM II west coast sites (Sacramento and Portland) testing positive for methamphetamine has been from 13 percent to as high as 46 percent since 2000, whereas the proportion of arrestees testing positive in New York or Chicago has never risen above one percent. This kind of information is essential for both national and local policymakers to understand use trends and drug markets. Even areas as close as 500 miles away show significant differences—11 percent of arrestees in Sacramento tested positive for opiates in 2010, while 22 percent of Portland arrestees tested positive.

As these examples highlight, the proportion of arrestees testing positive and/or admitting illegal drug use differs significantly from what is reported in the general population. Data from the 2009 NSDUH survey shows that only 8 percent of the males over the age of 18 (a sample comparable to ADAM II respondents) report marijuana use in the prior 30 days. Urinalysis data from ADAM II arrestees for that year,[3] however, show that over 36 percent of arrestees across all sites tested positive for use in the prior 30 days, and from 35 to 48 percent admitted to use in the prior thirty days. The differences are even more dramatic with more stigmatized drugs. In the 2009 NSDUH among males over 18 years old, 0.9 percent reported cocaine use in the prior 30 days, compared to anywhere from 11 percent (Sacramento) to 37 percent (Atlanta) of ADAM II arrestees testing positive (indicating use just in the prior few days) and 5 percent to 19 percent admitting crack use the in the prior 30 days in that year. Heroin is also rarely reported in the general population (.1 percent in NSDUH in 2009 among comparable males), but urinalysis in ADAM II showed from 2 percent to 18 percent of arrestees testing positive for opiates in 2009.

Besides the regional bias inherent in ADAM II sites that reflect the local availability and use of drugs, there are also basic differences between the ADAM II population and the populations in other surveys that make ADAM II unique. ADAM II respondents in all sites are less likely to be employed than comparable respondents to the NSDUH: in 2009 anywhere from only 27 percent of arrestees in Portland to 57 percent in Indianapolis were working either full or part time, compared to 70 percent of males 18 or older in NSDUH. ADAM II respondents are also more involved in crime. Obviously, the entire ADAM II sample has been arrested at least once, but only 27 percent of the comparable NSDUH sample had *ever* been arrested.

Beyond the obvious—that the ADAM II population consists of recent arrestees—there are other reasons why the responses of the ADAM II population are so different from a general household population. The answer is both in the living arrangement of many of the arrestees and in the ability to validate answers about drug use through urinalyses. Arrestees are asked where they have lived both in the prior 30 days and in each month over the past year using categories found in the NSDUH—own home or apartment, someone else's home or apartment, etc. Depending on the city, a substantial portion of arrestees in ADAM II (from 3 percent in Chicago to 31 percent in Portland) reported transient living arrangements in 2010; that is, they lived temporarily with friends or relatives or were homeless. In addition, on average arrestees had changed residence 2-3 times in the previous year. Both transiency and homelessness are factors that make it more likely that many of the ADAM II respondents would be ineligible for inclusion or not otherwise captured in the household survey. So while one might expect more drug use among arrestees than among their cohorts in the general population, residence and validation issues also point to an underrepresentation of the ADAM II population—one critical for understanding drug use patterns—in general household surveys.

Admitting drug use can be embarrassing and difficult, even given the state-of-the-art techniques for recording responses more confidentially. But drug use is a highly stigmatized behavior, and users may be less likely to admit use when interviewed in their homes. Two factors may make respondents more likely to reveal drug use information for ADAM II. First, the setting is more anonymous and impersonal than a home setting and the arrestee can see that no identifying information is taken at the time of the interview. Second, as part of informed consent, arrestees are told at the beginning of the

[3] We compare the NSDUH 2009 data with ADAM II 2009 data as NSDUH 2010 data are not yet available.

interview that they will be asked to provide a voluntary urine specimen for testing, perhaps making any advantage of lying seem moot.

In short, the data collected from arrestees in ADAM II are critical to understanding a segment of the Nation's drug users who may not be easily accessed through traditional population surveys and who, as this report shows, consume drugs at a substantially higher frequency. The 2010 data from Portland highlight its utility.

What ADAM II Can Tell Us: Portland

Portland (Multnomah County Oregon) has been a part of the ADAM and ADAM II data collection since 2000, and over 4,800 interviews have been conducted over the last decade in the Multnomah County Jail. We focus on this site in 2010 because of significant changes that have occurred over the last few years that present challenges to local law enforcement and treatment services that are highlighted in the ADAM data.

The arrestee population in Portland has undergone several significant changes over the past few years. Unemployment is up. Significantly fewer arrestees are working either full or part time—dropping from 45 percent in 2007 to 27 percent in 2009 and 2010, and only 29 percent of these arrestees have any form of health insurance in 2010. The proportion with a stable housing situation in 2010 (69 percent) is the lowest in all of the 10 ADAM II sites.

Portland is also a site with significantly higher proportions of arrestees testing positive for at least one drug in their system at the time of arrest in 2010 (74 percent), as well as significantly higher proportion of those with multiple positive drug tests (32 percent) than in prior years. While 44 percent of arrestees tested positive for marijuana in 2010, that number has not increased significantly over the past few years. What has changed significantly is the proportion testing positive for opiates (22 percent) and the number admitting use in the prior 30 days (18 percent) in 2010, up from even Portland's peak year (2003) when 16 percent tested positive. Four percent also tested positive for the synthetic opiate compound oxycodone in 2010. An additional concern for public health are the data that show that 80 percent of those who reported using heroin said that they injected it the last time they used it.

The heroin market in Portland is particularly active. Users reported a predominantly cash market (85 percent of users purchased rather than bartered or traded services) where they on average purchase 20 days out the month, two thirds of the time from a regular source and over 60 percent of the time in an open air or outdoor setting. When asked about availability, only 24 percent of users reported they experienced a "failed buy"; that is, had the money, went to buy and couldn't find the drug. Heroin appears to be both available in the area and increasingly used by this population.

Portland also leads the 10 ADAM II sites in the proportion of arrestees with a history of outpatient (38 percent) or inpatient (41 percent) drug or alcohol treatment or inpatient psychiatric treatment (18 percent).

The ADAM II Methodology

Sampling and interviewing arrestees in the chaotic setting of active booking areas presents numerous methodological challenges. Because the goal of ADAM II is to obtain interview and bioassay data on all males arrested as soon after arrest as feasible, data collection cannot occur after arraignment, when many lesser offenders are released and, in many cases, too much time has passed for urinalysis to detect many of the drugs of interest.[4] In order to ensure the most reliable results and as much

[4] The windows of reliable detection in urinalysis are only a few days for opiates, cocaine, and methamphetamine, though can be up to 30 days for marijuana.

continuity as possible with the earlier version of the program, the methodology of ADAM II has been and remains guided by the following:

- Protocols used in ADAM II are a continuation of those used in the original ADAM to allow estimation of trends in the 10 ADAM II sites over time.
- The ADAM II sample frame consists of all males arrested in the designated booking facilities regardless of charge.
- The sample constitutes a probability-based sample of all arrestees in each 24-hour period of two 14-day data collection periods.
- No arrestees sampled may have been arrested longer than 48 hours prior to the interview.
- All cases are weighted to represent all arrested in each hour and each day of the 14-day data collection periods.

The following sections describe the methods used to create ADAM II data. For a complete explanation of ADAM II methodology, refer to *ADAM II Technical Documentation Report*, available along with the data from 2000-2003 and 2007-2009[5] from the Interuniversity Consortium for Political and Social Research (ICPSR) at www.icpsr.umich.edu.

Continuing the Methods of the Original ADAM Program

Understanding the significance of trends in drug use in this population is an important goal for ADAM II. The original ADAM project did not report the statistical significance of changes from year to year. In ADAM II, ONDCP recognized the importance of developing a sound statistical basis for talking about trends. As a result, since 2007 an important part of the ADAM II program has been to replicate all instrumentation, sampling, and data collection protocols that were utilized in the NIJ-funded ADAM program from 2000 to 2003 while offering some improvements in estimation methodology. The result is a time series of data on drug use and related behaviors in the 10 ADAM II sites, all former ADAM sites (Exhibit 1.1). Note that while the sites are named for the large urban areas they contain, the sampling universe is the county in which each area is located; for example, Charlotte, North Carolina and Mecklenburg County; Sacramento, California and Sacramento County.

The 10 sites selected in 2007 were chosen as *sentinel* sites to represent broader geographic areas and to help monitor any spread of methamphetamine to areas east of the Mississippi. They are, consequently, not a probability based sample of all U.S. counties. This was also true of the sites in the original ADAM program. They were selected by a grant process through which localities and local researchers submitted proposals for the inclusion of their areas in the program, NIJ then selected those grantees for geographic interest and the quality of the proposal submitted. The current ADAM II sites are a subset of those original sites, each with adequate data to estimate trends from 2000 forward.

[5] The data for each year are made publicly available within 12 months of their collection through ICPSR.

Exhibit 1.1: ADAM II Sites	
Primary City	**County Area**
Atlanta, GA	Fulton County and City of Atlanta
Charlotte, NC	Mecklenburg County
Chicago, IL	Cook County
Denver, CO	Denver County
Indianapolis, IN	Marion County
Minneapolis, MN	Hennepin County
New York, NY	Borough of Manhattan
Portland, OR	Multnomah County
Sacramento, CA	Sacramento County
Washington, DC	District of Columbia

Sampling Facilities and Arrestees

There are two levels of sampling in ADAM II: (1) sampling from the total number of facilities that book arrestees in the each county, and (2) sampling from the total arrestees booked into selected county facilities. In developing the county-level plans, analysts documented the total number of booking facilities, the volume of arrestees booked in each, and any movements or transfers that routinely move arrestees from one facility to the other. Based on this information, facilities are selected for inclusion. In most ADAM II counties, regardless of the arresting agency, all persons arrested are taken for booking to a single central jail. In some counties, arrestees can be are booked in multiple jails. For example, in Atlanta there are two booking facilities (Fulton County Jail and the Atlanta Detention Center), where both city and county arrestees are taken for booking, and both are included in the sampling plan with sampling targets proportional to the arrest volume in each. In Washington, DC in the first quarter, police booked arrests at all of the seven district booking facilities, so all districts were included in the sampling plan as a stratified sample. In the second quarter of collection, policy changed, and all arrests were booked at Central Cell Block. The sampling plan in the second quarter reflected this change. In still other instances, as in Minneapolis, there is a single, very large facility where the majority of city and county arrestees are booked and other small suburban facilities where arrest volume is small; for cost reasons, the small facilities are excluded from the ADAM II survey. The case of Cook County, IL, is somewhat different. In Chicago (Cook County) there are 96 police precincts and many towns, and misdemeanors can potentially be booked in any of them. However, 80 percent of the city and county arrests are booked in the Cook County Jail. All serious misdemeanor and all felony offenders are brought to the central Cook County Jail, where the ADAM II program conducts interviews.

The challenge of ADAM II is to develop a sample that represents all arrestees within 48 hours of arrest in each of the 14-day data collection periods. Unlike surveys of incarcerated persons, ADAM II surveys in a setting where men are rapidly being brought in, undergoing medical intake, being booked and taken to court or released, often within only a few hours. The volume of movement across the course of a day can change dramatically, with more activity in the evening hours, on weekend nights, or during special police initiatives. All of these factors come into play in creating an arrestee sampling plan.

An ideal sampling plan might divide each 24-hour period in the two-week data collection period into time blocks and randomly sample all those time blocks. One might then assign interviewers to each of the time blocks, during which they would systematically sample those entering the facility. This plan is not realistic, however. First, the administrators of individual jails have substantial restrictions on when they will allow interviewers into a facility, and they limit access to arrestees during certain hours. In addition, the volume of persons arrested and booked varies over 24 hours, producing periods when few, if any, persons are brought into the jail for booking.

The plan that was developed in 2000 to reflect the constraints of booking facilities continues in ADAM II. The plan divides the 24-hour period into two strata:

1. an existing *stock* of arrestees who are already in the facility when a data collection period begins, but were not arrested more than 48 hours prior, and
2. a *flow* of arrestees who enter the jail after data collection has begun.

Based on facility level data about the flow of arrests across the day, analysts select a shift period (typically eight hours) that should hypothetically capture the highest volume period of flow cases. Interviewers work the same eight-hour period each day and systematically sample from the stock of offenders who were booked during the previous 16 hours and from the flow of arrestees who arrive at the jail during the eight-hour data collection shift. Sampling rates are set based on a review of all recent bookings over a two-week period so that the sample is roughly balanced, meaning that every offender would have about the same probability of being selected into the sample.

But the sample is not perfectly balanced, because not all arrestees randomly chosen are still in the facility when scheduled for interviews. Arrestees who are booked on fewer charges and/or those who have no outstanding warrants being investigated may be released more quickly than others. In addition, those arrested when arrest volumes are relatively low will be processed more quickly than those brought in for processing during a high volume period. Since the interviewers' shift runs a finite eight hours, arrestees who were brought in just after the shift ended are more likely to have already been processed and perhaps released or transferred to another facility when the interviewers return 16 hours later. In the protocol used for ADAM II, if a sampled arrestee is not available, he is replaced with his nearest temporal neighbor with respect to booking time. Nonetheless, all of these factors introduce variation into the probability of being interviewed (most notably in the stock period), making a weighting procedure for the sample necessary to avoid a biased sample. Variation in the sampling probability is less of a problem with the cases from the flow period, as there is a continual set of persons being booked, and if a replacement is needed, the nearest temporal neighbor to the interview time is selected, thus representing the entire shift period.

Propensity scores, discussed in the section that follows, are developed to weight each case based on those factors that affect the probability of being interviewed: arrest charge, the number of bookings during different times of day, the day of the week, and the time of bookings.

In ADAM II, trained interviewers manage the process of sampling arrestees, interviewing, and collecting the urine specimens. The same cadre of Abt field interviewers in each site are contacted for each data collection period; 60 percent of all 2009 site interviewers returned for the 2010 collection. Prior to each data collection shift, the lead interviewer obtains from the law enforcement agency a list

of all males who had been booked since the end of the prior data collection shift (the prior day in ongoing collection, or the prior 24 hours on the first day of collection) to begin the selection of the stock sample. The ADAM II analysts provide each site with the appropriate target number of cases to be sampled in the stock period prior to collection. Using this information, the lead interviewer selects every *n*th case from a list sorted by booking time, completes a study facesheet, and assigns the case to an interviewer. Officers who are assisting the ADAM II program during collection bring the sampled case to the interview area where the study is explained and the arrestee is asked if he wishes to participate. Lead interviewers move through the list of sampled stock cases until the target number has been reached. If an arrestee has been released or is not available (for example, if the arrestee is in court or in the medical unit, or if the arrestee, once brought to the interviewer, refuses), he remains part of the sample for response rate calculation, but is replaced with the nearest neighbor and the reason for no interview is recorded. An analysis of response rates and reasons for refusal can be found in Appendix B.

The flow cases are sampled using the continuously accumulating booking records of those booked while interviewers are working the data collection shift. Data are recorded from accumulating booking sheets on the sample facesheet, and the arrestee, who is generally in a nearby holding cell, is approached by the interviewer. As with the stock cases, if the arrestee refuses, he remains part of the sample, the reason for refusal is recorded, the nearest case in time is selected as a substitute, and the interviewer approaches the replacement arrestee. As interviewers finish a case, the most recently booked arrestee to that point in time becomes the next case to approach. This process continues until the data collection shift is over. As this description indicates, while the stock sample number is the same from day to day, the flow sample can vary based on the duration of interviews and volume of cases in the facility.

Interviewing accommodations are somewhat different from site to site. In most cases, interviewing occurs in a designated area or room just off the intake and holding area of the facility—in cells that are not in use, through the bars of the cell itself, or in a separate room just off the booking area. The area for interviewing is within the sight of a law enforcement officer, but that officer is not able to hear the interview itself. The 20–25 minute interview is recorded in paper-and-pencil format. This format is used because many jails do not allow electronic equipment, such as a laptop or even a cell phone, into the booking area.

Prior to the interview, the interviewer explains the purpose of the study, the confidentiality of the data collected, the topics and length of the interview, and the request for a urine specimen. The IRB-approved consent statement is read and the arrestee is asked if he wishes to participate.[6] Interviews are conducted in either English or Spanish, and each site team includes at least one bilingual interviewer. At the conclusion of the interview, the arrestee is asked again if he is willing to provide a urine sample for testing. If he consents, he is escorted to a nearby lavatory and given a urine cup bar-coded with the numeric identifier that is also placed on the facesheet and interview form.[7] The sample

[6] IRB stands for a company's Institutional Review Board. The IRB of Abt Associates reviews ADAM II protocols.

[7] The lavatory in the Manhattan site is not separate from the booking cell. In this site the arrestee moves to the rear of the holding cell and uses a lavatory that sits behind a shoulder-high cement barrier.

is transported to the central laboratory for testing. (See Exhibit 1.2). No identifying information on the arrestee is retained, included on any data collection tool, or shared with law enforcement.

Exhibit 1.2: ADAM II Drug Testing

ADAM II is the only U.S. survey of drug use that provides verification of self-report data on drug use through the testing of a biological sample that is linked to respondents' answers. At the start of the interview the arrestee is asked if he will provide a sample for testing. He may continue with the interview regardless of the answer, though the reverse is not true—a sample cannot be taken without an interview. Interview questions are designed to match the approximate windows of detection for the drugs in question (3 days, 7 days, and 30 days). The samples are linked to interview data through a common bar code placed on the interview form and the sample bottle. All samples are shipped to Kroll Laboratories for testing using immunoassay for the presence of 10 drugs (amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, opiates, oxycodone/hydrocodone, PCP, and propoxyphene), using the same cutoff or threshold detection levels as used previously in ADAM. Any positive amphetamine sample is confirmed for methamphetamine and any opiate positive is also tested for oxycodone/hydrocodone. If a sample is negative, it means the drug was either not present or present at a level too low to be detected. (See Appendix B, "Determining Drug Test Thresholds.")

Weighting Cases Using Propensity Scores

A number of factors produce variation in the rate at which arrestees are sampled—the time of day of arrest, the day of the week, and the charges. The procedures developed for weighting cases is designed to weight each arrestee based on a known probability of selection into the sample.

In the ADAM program from 2000–2003, case weights were developed using poststratification weighting. Each case's sampling probability was determined by stratifying the sample by jail, the stock and flow periods of collection, the day of the week, and the charge. The arrestee's estimated probability of being sampled was calculated as the number of interviews done in the stratum divided by the total number of bookings in the strata according to the census data (data on all arrestees in the data collection time period). Case weights were then the inverse of that estimated sampling probability. In the case of the original ADAM program, because no imputation of urine tests was performed, two sets of weights were developed: one for the interviews and one for the urine test data.

Unfortunately, case weighting based on poststratification often lost precision, because strata had to be collapsed due to empty or sparse cells. As a result, ADAM II analysts determined that using propensity score weighting was a better method of weighting cases. In this method, analysts use logistic regression to estimate an arrestee's probability of being sampled conditional on factors that cause sampling probabilities to vary: charge at arrest, number of bookings, time of day, and day of the week of the booking. Predictions based on the logistic regressions are the estimated propensity scores, and the inverse of these propensity scores are the case weights.

Accounting for Critical Data on Arrestees Who Do Not Provide a Test Sample

Some portion of the interviewed arrestees fail to provide a urine sample. In 2010, of the 4,749 interviewed, 12 percent failed to provide a sample. It is reasonable to assume that the 12 percent of test data is not missing at random; that is, it seems likely that those who fail to provide a sample are likely different from those who agree, and that ignoring this issue is likely to introduce a bias in the results. In the original ADAM program, no method to address missing test values was developed.

Therefore, to address this issue in ADAM II, statistical imputations of those missing data were developed based on the probability that an arrestee will test positive or negative for the presence of a specific test when answering "Yes" or "No" to the relevant question. It is important to bear in mind that imputation is not simply made on the basis of the self-report of the respondent who refused. The approach estimates these probabilities based on existing data, draws a random sample from a Bernoulli distribution, and assigns a value of 1 (positive) or 0 (negative) to replace the missing test value. More information on the process is available in the *ADAM II Technical Documentation Report*, which can be accessed via www.icpsr.umich.edu.

Sites vary as to how much test data need to be imputed. In 2010, 20 percent of arrestees in Washington, DC refused to provide a sample, while in Chicago only 4 percent failed to provide a sample for testing. However, in Washington, DC there is an additional source of information that assists with missing data in that site. DC Pretrial Services take urine samples for testing for all arrestees who are moved from booking to the next stage in processing. Using these data, ADAM II analysts can match missing urine data cases[8] to urine test data taken by DC Pretrial Services for those ADAM II arrestees who have moved to the pretrial stage.

Estimating Trends over Time

In the original ADAM program, there was no attempt to develop trend estimates to determine the significance of observed fluctuations in drug use or other activities over time in each site. When ONDCP reestablished the program in 2007, an important policy goal was to develop methods to determine the significance of trends.

In most surveys, estimating the significance of trends is relatively simple. In theory, point estimates and confidence intervals for such things as the number of cocaine positives would be created for each site for each year and tests of significance between years conducted. For ADAM and ADAM II, however, there are problems using this simple approach.

First, police arrest practices and pretrial processing practices change over time. For example, in one year police may carry out streetsweep initiatives to clear particular drug hot spots, but in another year they might turn their resources to dealing with gangs or violent crime. Shifts in the use of desk appearance tickets or citations from year to year can also change booking and detention volume and character. The consequence of any of these police practice changes is that the mixture of the booking population changes over time. And while illegal drug use is widely distributed across the booking

[8] The match is based on a set of characteristics found in both data sets: date of birth, district of the arrest, charge and race. No identifying data (name, ID) are part of a match.

population, it is more heavily concentrated in certain types of offenses and offenders. Looking simply at the statistical significance of point estimates from year to year, a researcher might conclude that there are real trends in drug use that in actuality may be nothing more than trends in arrest practices and pretrial processes.

To avoid confounding trends in drug use with trends in arrest practices and pretrial processes, ADAM II uses model-based estimates of trends. The utility of those models is that they allow data analysts to hold arrest types (and cycles, as noted earlier) constant and ask, "What would the trend in drug use have been had the same mix of offenses and offenders been booked into local jails?" The result is that ADAM II provides trends in drug use that can be attributed confidently to drug use among arrestees.

Second, over time the number and organization of jails and booking facilities change. For example, in the original ADAM program in Atlanta, data were collected in 2000, 2002, and 2003. In 2000, data were collected from the Atlanta Detention Facility; in 2002, data were collected from both the Atlanta Detention Facility and Fulton County Jail. ADAM II now collects data in both facilities. Because it is important to present trends based on comparable data, trends are computed for only 2002–2010 for Atlanta. For this reason, ADAM II report tables may differ from those reported under NIJ.

Finally, in looking at trends over time ADAM II analysts have to deal with a difference between the data collection schedules from 2000 to 2003 and those from 2007 to 2010. From 2000 to 2003, ADAM sites collected data during all four quarters of the calendar year, for 14 days each quarter. In ADAM II, sites collect data in one 14-day collection period in each of two calendar quarters.

Moving from a quarterly sample to a biannual sample would not be important if there were no seasonal or cyclical patterns in drug use or arrests. Unfortunately, at least in some sites, cyclical patterns appear. Because ADAM II collects data during the same two periods every year, there is no problem comparing estimates from year to year and cyclical patterns do not matter. In the original ADAM program from 2000 to 2003, ideally each site collected data in each of four quarters, but in latter years some sites collected data during only one, two, or three quarters. In these cases, cyclical patterns do matter. Not only can one not readily compare ADAM II estimates to ADAM estimates in these cases, one cannot compare ADAM estimates from year-to-year.

ADAM II deals with the problems cited above by using a model-based routine that estimates weighted regressions, where urine test results are the dependent variable and the year, the offense, seasonality factors, and other factors that vary from site to site (shifts in booking policy, addition of a jail, and so forth) are the independent or predictor variables. ADAM II refers to this standardizing or adjustment as *annualizing the data* and uses these data for the cross-site comparisons reported here.

2. The ADAM II Sample

Each year a portrait of the ADAM II sample emerges from the interviews in which arrestees are asked a number of questions about their background (race, ethnicity, age, and education) and their current situation (employment, housing, citizenship, insurance coverage, and marital status). Arrestees are also asked about prior arrests and incarcerations and both lifetime and recent alcohol, drug and mental health treatment. The survey data are supplemented by official records on the arrestees' current charges, obtained from the booking sheets maintained by the arresting agency.

This section describes the samples of arrestees in each site and examines any differences between the 2010 samples and those of prior years.

Demographic Characteristics of ADAM II Arrestees

Table 2.1 presents the age, citizenship status, marital status and current employment status of arrestees in each site for both 2010 and the 2007–2009 collection years. In all sites, the average arrestee was in his early to mid-thirties, with no significant change in 2010 from the prior year. Over 85 percent of arrestees in all sites were U.S. citizens, and in half of the sites 90 percent or more were citizens. The only significant changes in citizenship status were seen in Minneapolis and Sacramento, where a greater proportion of arrestees in 2010 were U.S. citizens than in 2009.

In 2010, 60 percent or more of arrestees had a high school diploma, its equivalency or better in all sites (Table 2.2). However, more than half of arrestees in 6 of the 10 sites indicated that they were not working either full or part time at the time of their arrest, ranging from only 27 percent employed in Portland to 56 percent in Indianapolis (Table 2.1). The proportion of working arrestees in 2010 dropped significantly in 7 of the 10 ADAM II sites since 2008, although there were no significant decreases since the 2009 collection. Again the level of unemployment is high compared to the NSDUH sample where 70 percent of males over 18 were employed full or part time.

Arrestees were also often not covered by any health insurance (State, Medicare, Medicaid, private, employer provided, or Veteran's Administration). Table 2.2 indicates the proportion of arrestees in each site who reported having any type of health insurance. Less than 30 percent were insured in half of the sites. Only Minneapolis showed a significant increase over prior years in the number of arrestees insured in 2010 (Table 2.2).

Table 2.2 also indicates the percentage of arrestees in each site who reported that they resided in their own home or apartment (as opposed to someone else's home or apartment, a shelter, hospital, jail, residential treatment, or no residence). From 3 percent (Chicago) to 31 percent (Portland) of arrestees did not have a stable housing situation in the prior month. There also were significant declines in the proportion of arrestees with stable housing in 2010 since 2008 or 2009 in Washington, DC, Sacramento, Portland, and Minneapolis.

The ten ADAM II sites are located in different geographic areas of the country, and the racial and ethnic composition of the arrestee population varies accordingly. The sites with the largest representation of Hispanics (Table 2.3) among arrestees were Denver (38 percent), New York (47 percent), and Sacramento (31 percent). Sites with the greatest proportion of White arrestees were

Indianapolis (39 percent), and Portland (58 percent). Those with the largest proportion of Black Non-Hispanic arrestees were Atlanta (81 percent) and Washington, DC (86 percent). In 2010, Chicago, Denver, and Minneapolis experienced a significant decline in the proportion of Hispanic arrestees. Denver and Portland showed a significant increase in the proportion of White, non-Hispanic arrestees from 2009 and Chicago showed a significant increase in Black Non-Hispanics since 2009.

Arrestees' Histories of Involvement with the Criminal Justice System

While it is obviously true that all of the ADAM II sample have at least one experience with arrest, the ADAM II interviews show a population that often has both previous and recent experiences with the criminal justice system. The ADAM II interview asks arrestees about the number of lifetime arrests and number of arrests in the prior year. Table 2.4 displays the percentage of arrestees in each site who had been arrested at least once prior to their current arrest, ranging from 70 percent (Washington, DC) to 96 percent (Chicago). Table 2.5 indicates the proportion of arrestees in each site who reported any drug use in the past year who had been arrested two or more times in that 12-month period. In some sites (Charlotte, Chicago, Indianapolis, and Minneapolis) in 2010, the latter figure almost doubled over 2009 levels.

Because the ADAM II sample represents all persons arrested in the targeted area regardless of the crime, there is a wide range of arrest charges recorded for arrestees. The ADAM II interviewers use the booking sheet created by law enforcement officers for each arrestee and record the top three charges listed there. Charges are transformed from each state's code into common code categories.[1] Table 2.6 indicates the proportion of arrestees whose official records indicated each specified charge.

The proportion of arrestees charged with a violent crime has remained stable since 2007 with the exception of Chicago, where it declined significantly between 2009 (31 percent) and 2010 (18 percent), and Washington, DC, where the 2010 level (17 percent) was significantly higher than what was found in 2008. Drug crime charges have either remained stable or declined significantly (in Minneapolis and Washington, DC) since 2007, amounting to about 20 to 30 percent of charges. Notable exceptions are Chicago, with 53 percent in 2010, and Sacramento, with 41 percent in 2010.

The "Other Crime" category contains the largest proportion of arrestees in all sites but Chicago. This category includes a wide range of offenses. Since up to three charges are recorded for all arrestees, many had charges in both a more serious category and one or more charges in the broader "other" category; for example, both burglary and trespassing. The former falls into property crime and the latter into "Other."

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[1] *Violent crime* includes aggravated assault, manslaughter, homicide, rape, weapons violations, domestic violence, sex offenses, robbery and other crimes against persons.

Drug crimes include DWI, DUI, drug sale or possession, liquor violations.

Property crime includes arson, burglary, forgery, fraud, larceny, theft, bribery.

"Other" consists of a wide range of generally lower severity crimes such as prostitution, flight, gambling, obscenity, disturbing the peace, traffic offenses, embezzlement, obstruction of justice, selling without a license.

Arrestees Who Test Positive for Drugs are Different from Those Testing Negative

ADAM II collects interview and test urine sample data on all arrestees, allowing comparisons between those who are using drugs (test positive) and those not currently using drugs (test negative). Tables 2.7 and 2.8 compare demographic characteristics and prior arrest information for those testing positive and those testing negative for any of the 10 test drugs.

While the groups shared many characteristics, there were some significant differences in many sites. Arrestees testing positive were significantly younger in 6 of the 10 sites, more likely to be U.S. citizens in 8 of the 10 sites, more likely to be homeless (Table 2.8) in 4 of the 10 sites, and less likely to be working in 7 of the 10 (Table 2.7). In over half of the sites, those testing positive are also more likely to have been arrested before the current arrest (Table 2.8).

Substance Abuse and Mental Health Treatment Experiences among ADAM II Arrestees

Despite the large proportion of arrestees who tested positive for and/or admitted to the use of illegal drugs, fewer have accessed drug and alcohol treatment than might be expected (Table 2.9). In 2010, from 8 percent (Atlanta) to 38 percent (Portland) of arrestees had any prior outpatient treatment service experience and from 11 percent (Indianapolis) to 41 percent (Portland) had any prior inpatient experience. In Atlanta, the number of arrestees with either type of treatment experience dropped significantly since last year. In Portland, the number of arrestees with either type of experience increased over 2008 and 2009 levels.

The number of arrestees who both admitted to use of drugs in the prior year and accessed inpatient or outpatient treatment services in that year (Table 2.10) varied across the sites, from one percent in Atlanta to 12 percent in Portland for outpatient, and from 2 percent in Washington, DC to 13 percent in Portland for inpatient services.[2] Utilization of outpatient services in the past year has increased significantly in Denver and Portland since 2008, rising to 8 percent (Denver) and 13 percent (Portland) of arrestees who reported drug use in the prior year. The utilization of inpatient services by this population also increased significantly in Portland, Sacramento, and Washington, DC since 2008 or 2009 levels, but decreased significantly in Charlotte and Chicago from 2007 and 2008 levels. It is important to remember that in all sites the arrestees' service utilization is contingent on both motivation to seek treatment, availability and programs offering alternatives to incarceration.

The ADAM II interview also asks arrestees about their experiences with inpatient mental health or psychiatric treatment (Table 2.10). Among all arrestees, from 5-18 percent had been hospitalized for a mental health issue at some point in their lives; among those who admitted to prior year drug use, from 1-5 percent had spent at least one night in a mental health treatment facility. There was a significant reduction in the proportion of arrestees with lifetime mental health treatment experience in Atlanta since 2007 and a significant increase in the proportion in Portland. Recent inpatient mental health treatment varied somewhat by site. Among those arrestees reporting use of drugs in the prior

[2] In 2010, all arrestees were asked about treatment over the past year. For comparability with 2000-2009 reports, however, we report on just those arrestees who admitted drug use in the past year.

year, one percent or fewer arrestees in Atlanta, Charlotte and Chicago spent at least one night in a mental health facility, while in Minneapolis (5%) and Portland (4%) more arrestees reported that experience (Table 2.12).

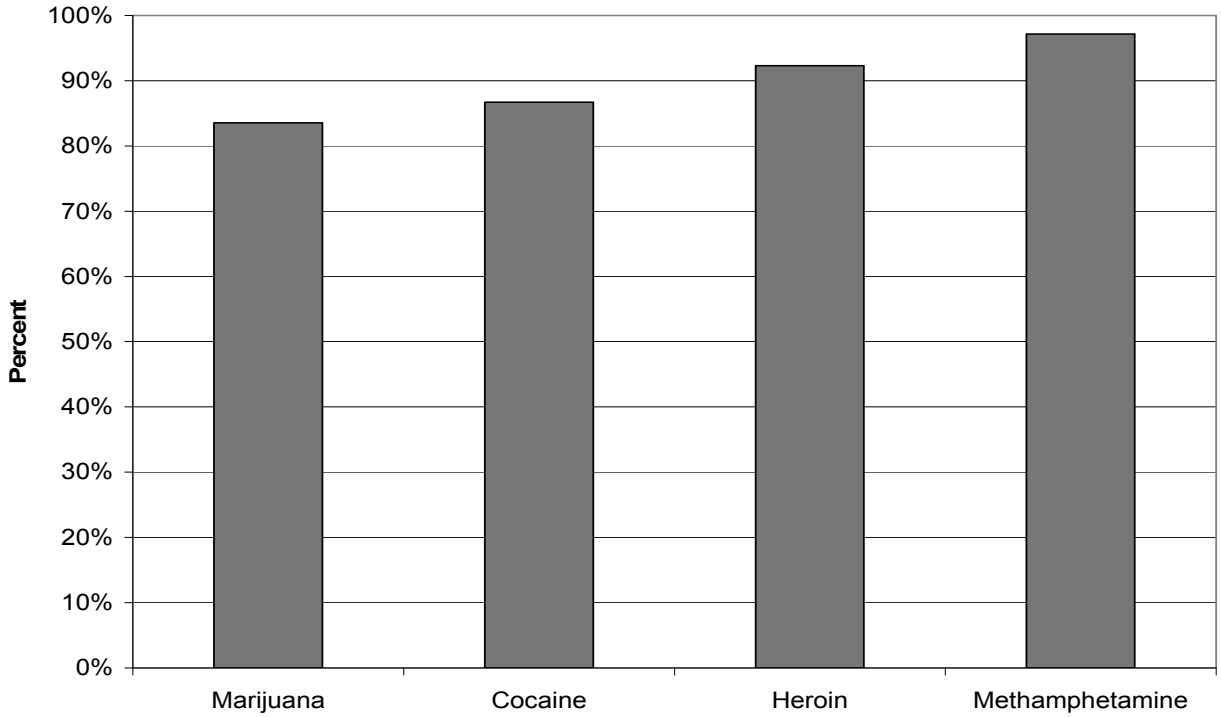
3. Drug Use and Drug Market Activity Among Arrestees

Congruence between the Self-report and Test Results

One of the significant advantages the ADAM II survey provides over other self-report data collection efforts is the ability to validate critical variables. This is a particularly important feature in surveys dealing with behaviors that are illegal and/or stigmatized, as respondents are less likely to tell the truth when there is no way to verify answers. ADAM II arrestees are told as part of the consent process that they will be asked to provide a urine sample at the end of the interview. They may decline the interview, the provision of a specimen or both, but no specimen is taken without an interview. Across all sites in 2010, 86 percent of arrestees were available and agreed to be interviewed; of those, 88 percent agreed to provide a urine sample

But were the ADAM II arrestees telling the truth when asked about drug use? Figure 3.1 (Table 3.1) shows the match—or congruence—between urinalysis results for each drug and arrestees' answers for the appropriate window of detection; that is, all those who tested positive for the drug and answered affirmatively and all those who tested negatively and answered that they did not use the drug. Looking at Figure 3.1, one might conclude that arrestees are remarkably truthful, and, in fact, there is a very high overall match between the self-report and drug tests.

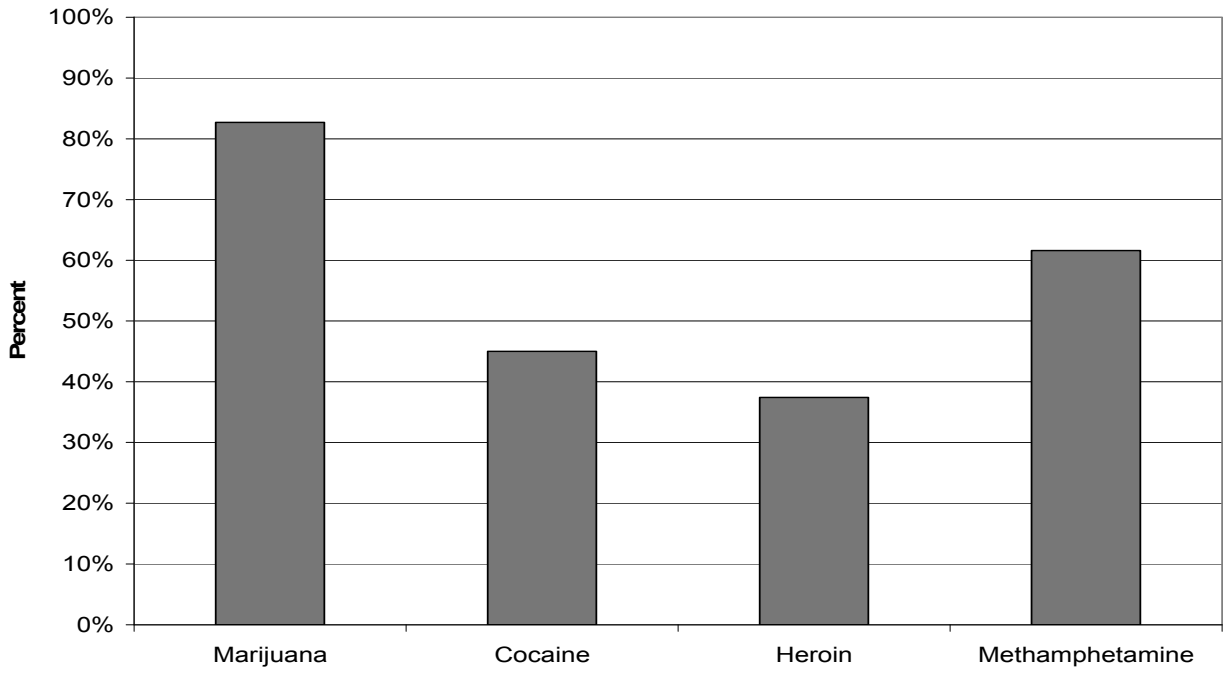
Figure 3.1: Rate of Congruence between Self-reports and Urine Tests for Selected Drug Use, 2010



However, when looking only at those arrestees who actually were using drugs (tested positive), the match between telling the truth and test results varies by site and by drug. Figure 3.2 (Table 3.2) shows the congruence between truthful self-report and positive test results by drug across all sites. Over 80 percent of marijuana users admitted use and over 60 percent of methamphetamine users admitted use, but less than half of the cocaine users (45 percent) and a little more than a third of opiate users (37 percent) admitted use. It is not clear why there is so great a difference between willingness to admit use of marijuana and the other drugs, particularly heroin and cocaine, though part of the answer may lie in the less stigmatized status of marijuana compared to the other drugs.

These results highlight the need to validate answers to drug use questions even in a setting where answers are not linked to any identifying information and the respondent is aware that answers can be verified.

Figure 3.2: Percent Admitting to Use When Testing Positive, 2010

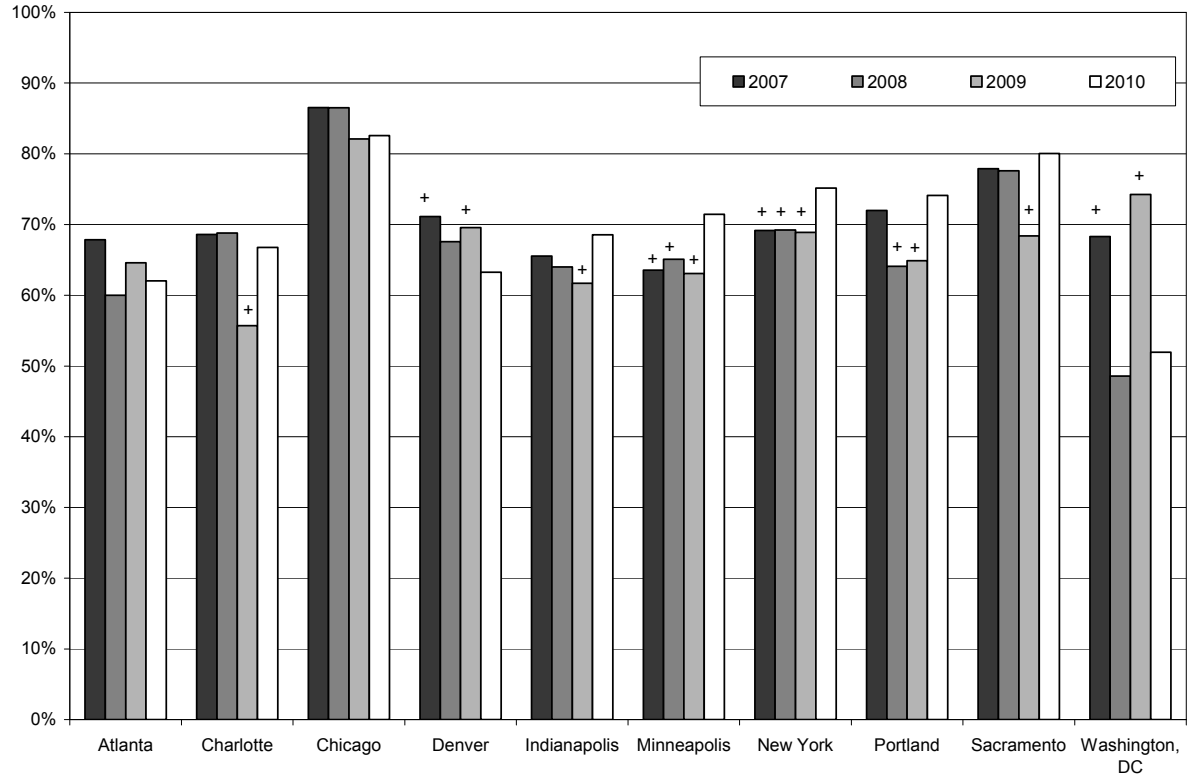


Test Results for the Presence of Illicit Drugs

Figure 3.3 (Table 3.3) indicates the proportion of arrestees in each site who tested positive for the presence of at least one of the 10 drugs that are detected through urinalysis, covering data collection periods since 2000. Significance designations (+) indicate a significant difference between a given year and 2010.

As indicated in Figure 3.3, in 6 of the 10 sites there was a significant increase in 2010 in the proportion of arrestees testing positive for at least one drug over the 2009 levels, and in two sites (Washington, DC and Denver) there was a significant decline in use.

Figure 3.3: Percent Testing Positive for Any Drug

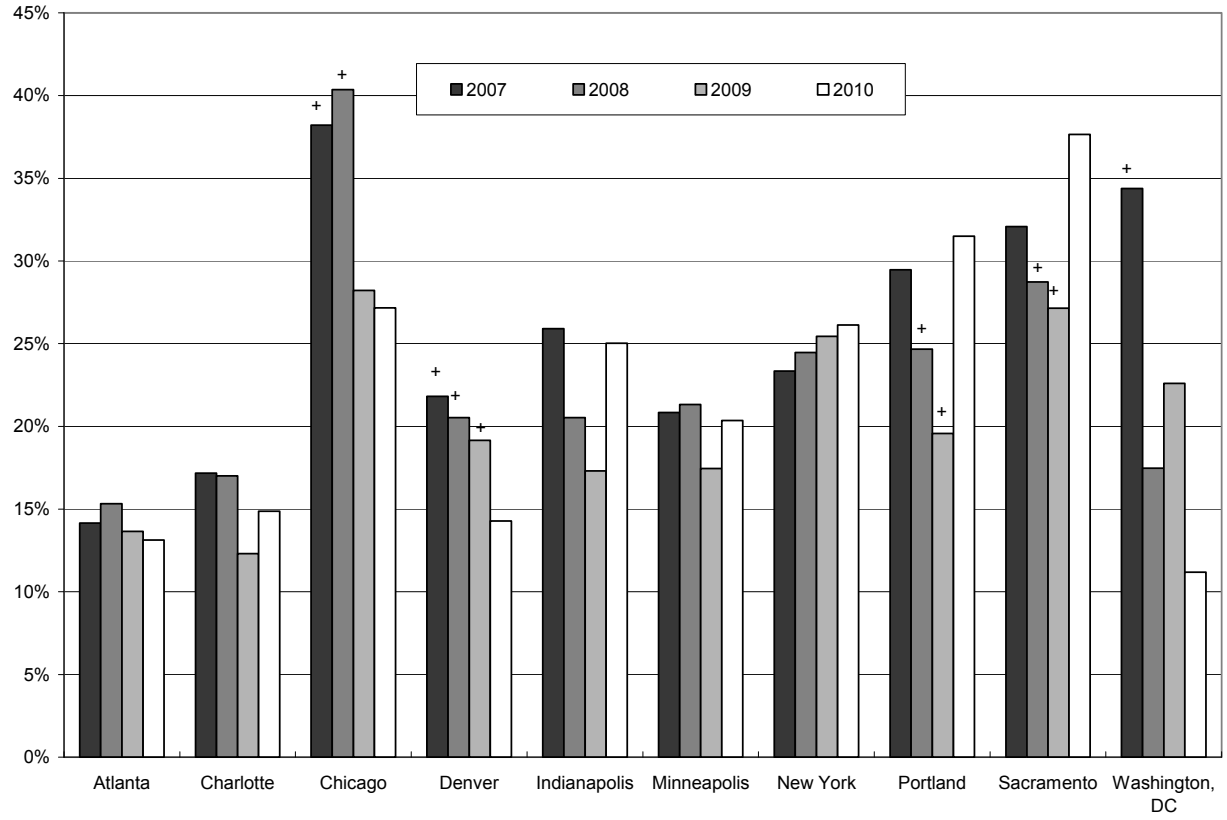


+ Differences between each year and 2010 are reported as significant at the 0.10 level or less.

In addition, many drug users used more than one substance. Figure 3.4 (Table 3.4) indicates the proportion of arrestees who tested positive for more than one drug in each of the ADAM II sites. There are three sites with significant overall downward linear trends over the prior decade in arrestees testing positive for the use of multiple drugs (Chicago, Denver, and New York). Three sites (Portland, Sacramento, and Indianapolis) experienced significant increases in multiple drug use tests between 2009 and 2010.

The sections that follow report results for the urinalysis and self-report for marijuana, cocaine (crack and powder), opiates, and methamphetamine individually. However, as Figure 3.4 indicates, many drug users are not users of just a single drug, although the drugs are discussed separately here. Arrestee involvement in the market for the given drug is also discussed. The final section reports the findings for the "other" substances addressed in self reports and testing.

Figure 3.4: Percent Testing Positive for Multiple Drugs



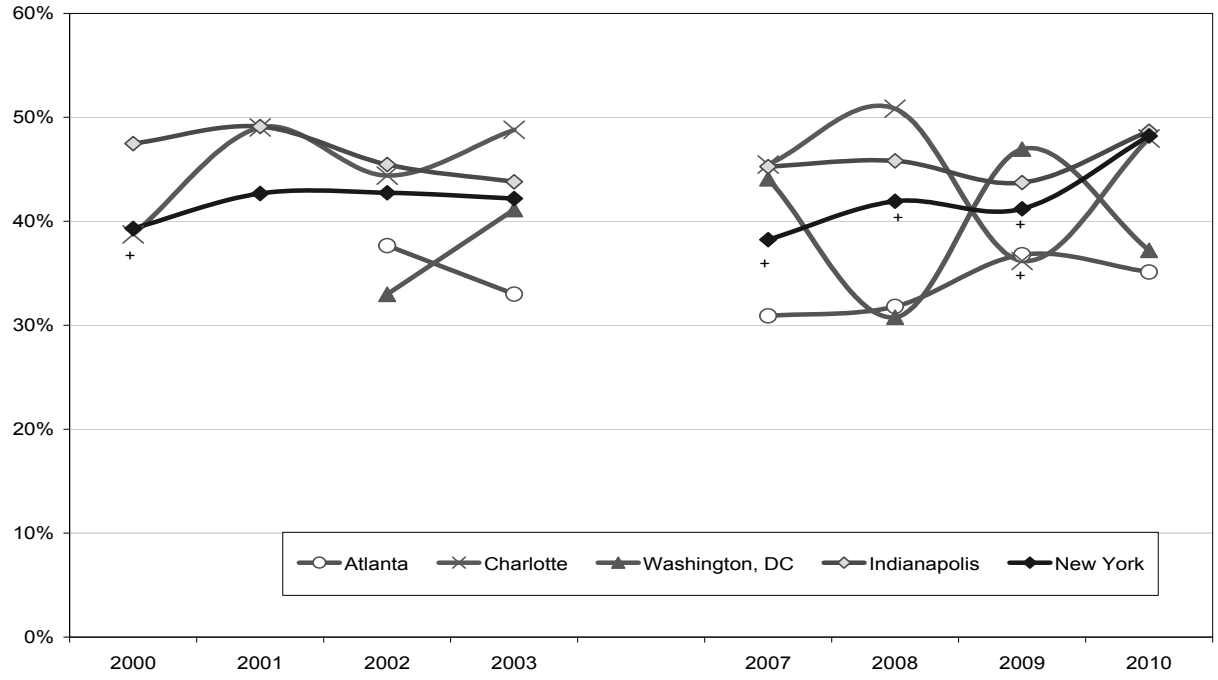
+ Differences between each year and 2010 are reported as significant at the 0.10 level or less.

Marijuana

Prevalence of Use: Marijuana

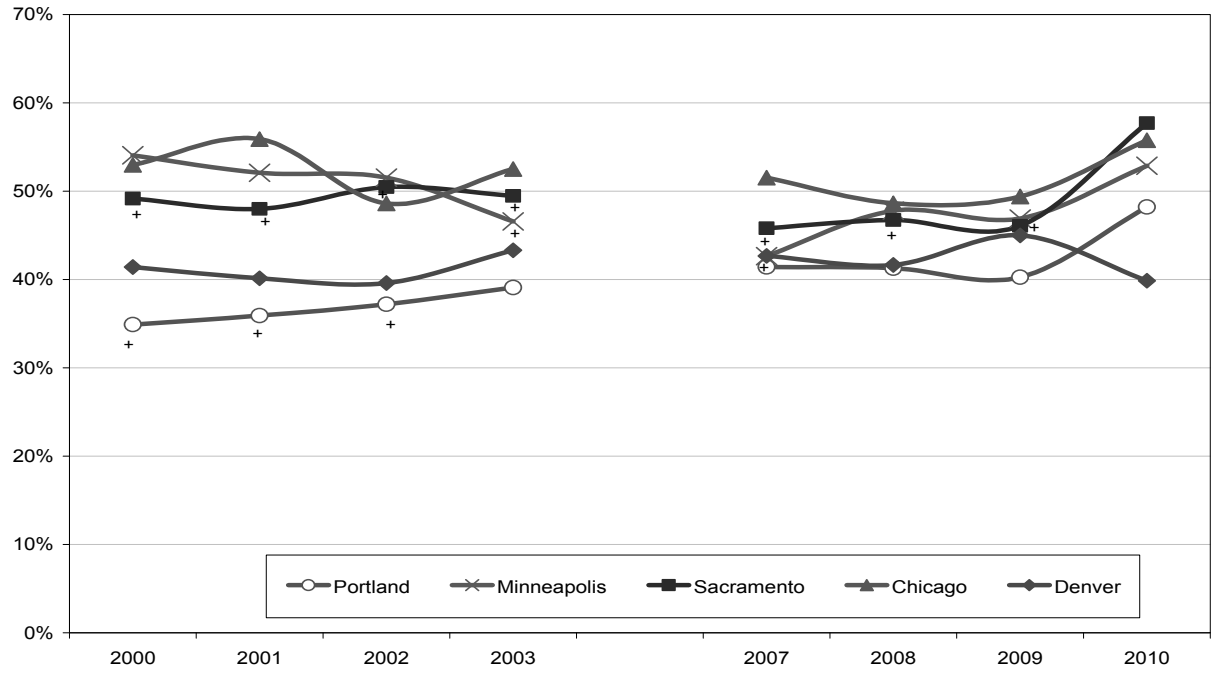
Marijuana was the most commonly detected drug in all of the ADAM II sites in 2010 (Figures 3.5a and 3.5b, Table 3.5)—from 35 percent testing positive in Atlanta to over 50 percent in Sacramento, Chicago, and Minneapolis. In the 10 years of ADAM and ADAM II data collections, the proportion of arrestees testing positive for marijuana has never been less than 30 percent of the sample in any of the current 10 sites. Sacramento's 2010 test results at 58 percent are the highest proportion recorded to date in the 10 sites.

Figure 3.5a: Percent Testing Positive for Marijuana—East and Midwest



+ Differences between each year and 2010 are reported as significant at the 0.10 level or less.

Figure 3.5b: Percent Testing Positive for Marijuana—Midwest and West

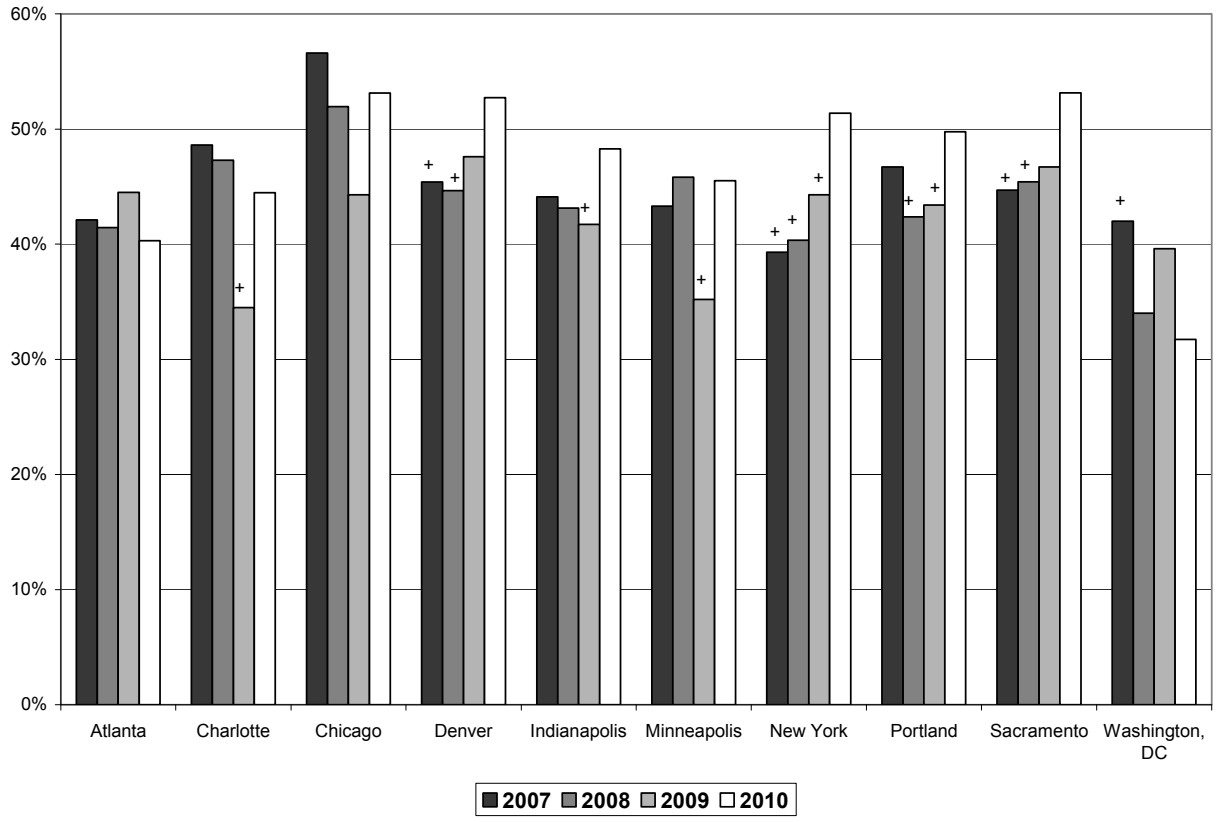


+ Differences between each year and 2010 are reported as significant at the 0.10 level or less.

High levels of marijuana use have remained relatively unchanged over the prior decade in most sites, but there were significant increases in positive tests in 2010 over the 2009 levels in Charlotte, New York, and Sacramento. There has also been a gradual, but significant linear trend upward in Portland and Minneapolis in positive tests over the 10-year period.

In addition to supplying urine samples, the ADAM II respondents are asked whether they had used marijuana in the prior 3, 7, and 30 days and in the prior year. The 30 day self-report window is particularly important for marijuana in that the drug can be detected in urine up to 30 days among heavy users. Figure 3.6 (Table 3.9) indicates the percentage of arrestees in each site who admitted to marijuana use in the prior 30 days. In 2010 in 9 of the 10 sites, 40 percent or more of the arrestees reported use in the prior 30 days. Self-reports ranged from 32 percent in Washington, DC, to 53 percent in Chicago, Denver, and Sacramento. Five sites (Charlotte, Indianapolis, Minneapolis, Portland, and New York) showed a significant increase in the proportion of arrestees reporting marijuana use in the prior 30 days. The proportion admitting use in the prior year is high across all sites (Table 3.10), from 40 percent in Washington, DC to 60 percent in Sacramento.

Figure 3.6: Percent Self-reporting Use of Marijuana, Prior 30 Days



+ Differences between each year and 2010 are reported as significant at the 0.10 level or less.

Those arrestees who admitted marijuana use were also asked about the age at which they first used the drug. (Table 3.11). Arrestees in the 2010 ADAM II samples began using marijuana earlier than any other drug about which they were interviewed—between the ages of 14 and 16 in all sites. While

the age at initiation to marijuana use has remained about the same in most sites over the past decade, it has declined significantly in Chicago, Denver, and Portland from points in 2000-2003.

Buying and Selling: Marijuana Markets

All arrestees are asked if they had acquired marijuana in the 30 days prior to arrest (Table 3.14), regardless of whether they themselves used the drug. If they answered "yes," they are asked a series of questions about the circumstances of the acquisition: a cash transaction versus noncash transaction, indoor versus outdoor sales, from a dealer or an acquaintance, unit purchased, price paid, and so forth. This information allows researchers to both characterize different drug markets and to track changes in those markets across areas and time.

Since marijuana is the most commonly consumed drug, it is not surprising that it was the drug most commonly reported as having been acquired in the prior 30 day period. In 2010, over 40 percent of arrestees in 9 of the 10 sites reported that they had acquired marijuana in the prior 30 days—over half of the arrestees in Sacramento, New York, Denver, and Chicago reported acquiring it. These numbers represented a significant increase over 2009 levels in Charlotte, Minneapolis, New York, and Portland.

Drugs can be acquired a number of ways—through a direct cash purchase, through a barter or exchange of goods or services with the distributor (trade property, sex, and so forth), through sharing, or through a gift. Arrestees were asked about the most recent drug acquisition for each of the drugs of interest and whether they had acquired it through cash transactions, noncash transactions, or a combination of the two methods. Information like this on the types and circumstances of the market exchange help characterize different kinds of markets. For example, a market based on relationships or friendship associations is likely to have a higher percentage of gifting and sharing among regular sources known to each other, and transactions are more likely to occur in the buyer's or seller's home or apartment. Markets that are characterized as business enterprises are more likely to involve predominantly cash transitions, occur among persons less well known to each other, and take place in an open air market or other public venues.

In 2010, arrestees who acquired marijuana in the prior 30 days were equally likely to have done so through cash (Table 3.19) as noncash transactions (Table 3.20) in all sites but Washington, DC, where 73 percent of arrestees reported a cash transaction for marijuana compared to 46 percent reporting a noncash transaction. Arrestees also reported that they purchased the drug on average from 5 times (Denver) to 11 times (Chicago) in the prior month (Table 3.22).

Arrestees were also asked about whether in their last buy they bought the drug from a regular source (as opposed to an occasional or new source) and whether that purchase was indoors (private building, an apartment, and so forth) or outdoors (street sales, public place). Fifty percent or more of arrestees who acquired marijuana in the prior 30 days in 6 of the 10 sites reported that the last buy was from a regular source (Table 3.24). The proportion of regular source buys had increased significantly in Denver since 2009. Since 2007 (60 percent) and 2008 (81 percent), the proportion of arrestees in Washington who reported that their last marijuana buy was from a regular source dropped significantly to approximately a third in 2010. With the exception of Washington, DC, New York, and Chicago, marijuana sales occurred more often indoors than outdoors (Table 3.25). In New York

(62 percent arrestees reporting outdoor sales) and Chicago (81 percent), outdoor sales increased significantly from 2009 to 2010.

When a drug user reported having the money to buy the intended drug but could not buy it, the event is considered a "failed buy." These failed buys can occur for a number of reasons: police activity in the area, no dealers in the area, or no product available. In ADAM II, arrestees are asked if they experienced a failed buy in the prior 30 days and what the reason appeared to be. In 2010, in 8 of the 10 sites 40 percent or fewer arrestees reported that they experienced a failed marijuana buy (Table 3.26), indicating general availability of the drug in those areas. Less than 10 percent of the arrestees attributed the failed buy to police activity (Table 3.27) in all but New York (12 percent), Washington, DC, (22 percent), and Chicago, (18 percent).

Cocaine: Crack and Powder

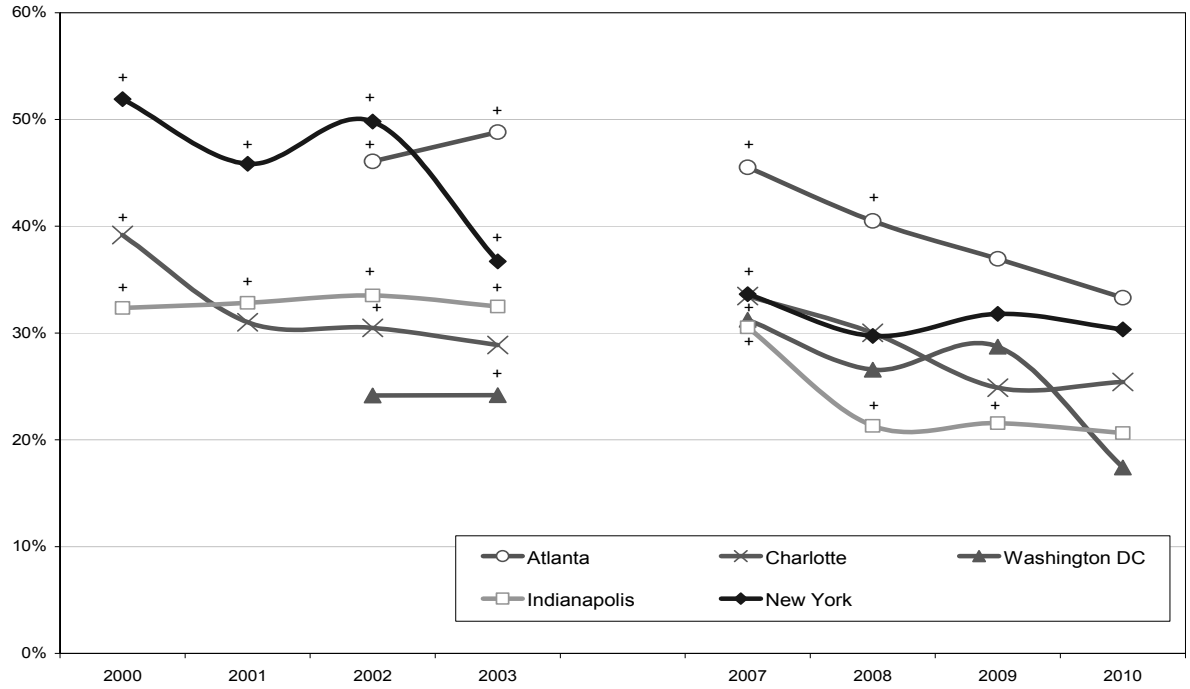
Cocaine can be consumed in a powder form though inhalation, smoking, or injection and can also be transformed into crack, the freebase form of hard or crystalline pieces, which are most often smoked. The urinalysis tests used in ADAM II cannot differentiate between the forms of cocaine consumed,[1] so a positive test result for cocaine can indicate use of either crack or cocaine powder. The interview questions about consumption of each form of the drug in specified prior time frames are used to distinguish crack versus cocaine powder use.

While still popular as a drug of abuse, cocaine has shown a significant decline in all 10 sites over the prior decade (Figures 3.7a and 3.7b, Table 3.6) and in 9 of the 10 sites since 2007. In four sites the decrease in cocaine positives since 2007 has been a drop of 10 percent or more (Atlanta, Chicago, Denver and Washington, DC). In 2010, cocaine was still the second most commonly used drug after marijuana in 8 of the 10 sites,[2] with use ranging from 12 percent of arrestees in Sacramento to 33 percent in Atlanta. In some sites like New York, where the proportion of arrestees testing positive for cocaine was still one of the highest of ADAM II sites in 2010 (30 percent), the drop from the early part of the decade, when levels were 45–52 percent testing positive, is significant. Atlanta remained the site with the highest proportion testing positive for cocaine in 2010 (33 percent), though this also represented a 15 percent drop from Atlanta's peak in 2003. Sites in 2010 with the highest proportion of cocaine positives in 2010 were the same as reported in 2009—New York, Atlanta, and Chicago—and those with the lowest proportion were Portland and Sacramento.

[1] The standard test for cocaine detects the drug's metabolite benzoylecgonine. A further test on each cocaine positive sample that detects the byproducts of smoked or ignited cocaine is not conducted in ADAM.

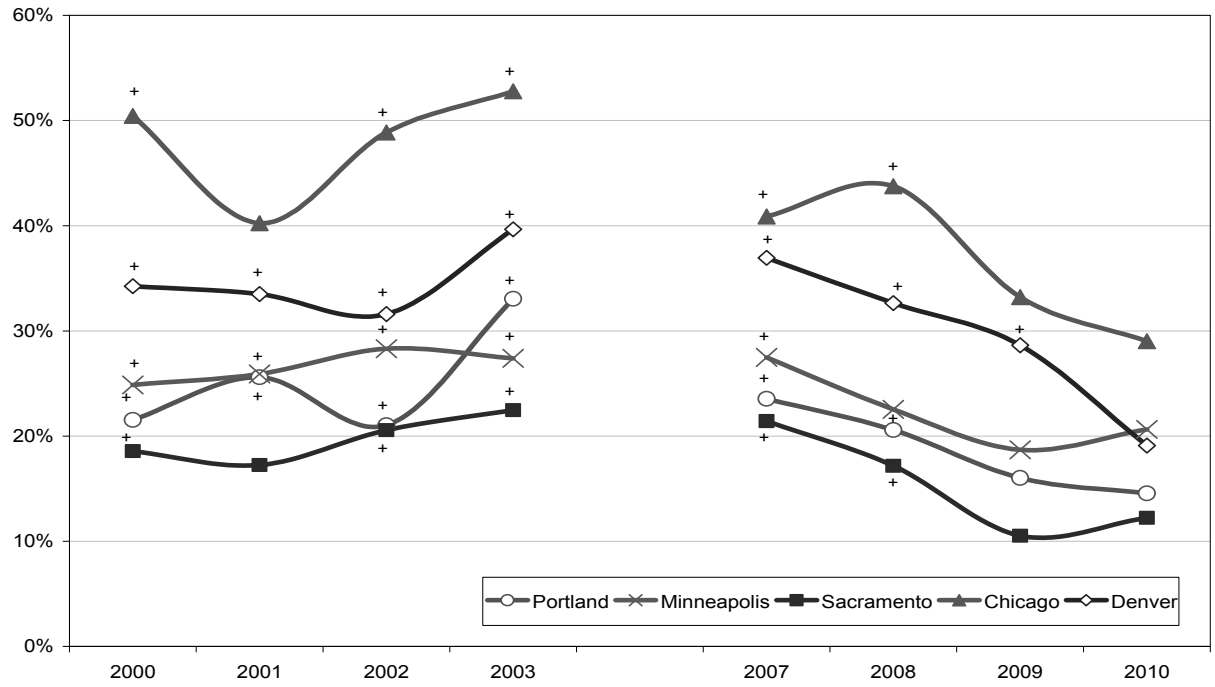
[2] The exceptions are Portland and Sacramento, where methamphetamine use is more common.

Figure 3.7a: Percent Testing Positive for Cocaine—East and Midwest



+ Differences between each year and 2010 are reported as significant at the 0.10 level or less.

Figure 3.7b: Percent Testing Positive for Cocaine—Midwest and West



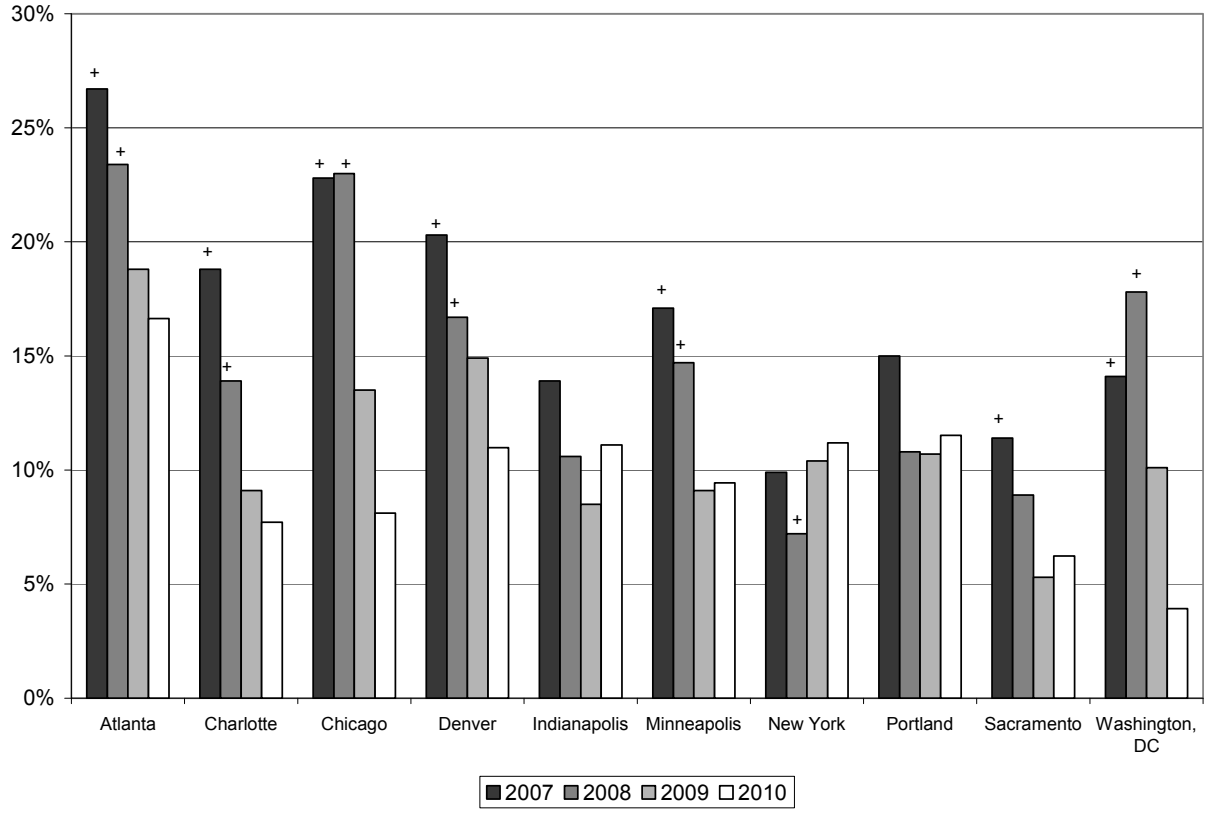
+ Differences between each year and 2010 are reported as significant at the 0.10 level or less.

The following sections rely on self-report to differentiate crack from cocaine powder users in the discussion of recency of use, market activity, and age of first use.

Prevalence of Use: Self-Reported Crack Use

In all sites, cocaine was more commonly consumed as crack than as powder. Figure 3.8 (Table 3.9) shows the proportion of arrestees in each site who admitted to use of crack in the 30 days prior to arrest. In 5 of the 10 sites, more than 10 percent of arrestees admitted use of crack in the prior 30 days. Atlanta leads the sites in the proportion of arrestees admitting prior 30 day crack use (17 percent). The percentage of arrestees who reported crack use in the prior 30 days was lowest in Washington, DC (4 percent).

Figure 3.8: Percent Self-reporting Use of Crack Cocaine, Prior 30 Days



+ Differences between each year and 2010 are reported as significant at the 0.10 level or less.

Crack use among arrestees has declined significantly at 6 of the 10 sites since 2007 and 2008, falling by more than half in Charlotte, Chicago, and Washington, DC. The only exception to declining crack use was New York, where 2010 levels (11 percent) were comparable to the 2009 levels, but significantly higher than found in 2008 (7 percent). The proportion of arrestees admitting crack use in the prior 30 days had also not significantly declined in Portland, but remained stable at 10-15 percent since ADAM II collection began in 2007. A declining trend was evident in arrestees' self-reports of any crack use in the prior year (Table 3.29) in 7 of the 10 sites compared to 2007 levels.

Arrestees were also asked on how many days in the past month they had used each drug. Among those who admitted that they used crack in the prior 30 days (Table 3.9), the average number of days of use ranged from 9 days a month in Denver and Chicago to 17 days a month in Atlanta (Table 3.33). Even though the average number of days of use in Atlanta remained high, it was significantly lower than the 20 days of use out of the prior 30 found in 2008.

Crack users in the ADAM II sample began use at a later age than marijuana users. The age of first use of crack was generally in the mid-20s, ranging from 22 years old in Portland to 28 years old in Chicago (Table 3.12). The age of initiation into crack use has remained relatively stable in most sites, though the average initiation age was significantly younger in Atlanta, Denver, and Portland in 2010 than in prior years and significantly older in Chicago in 2010 than in 2008 and 2009.

Buying and Selling: Crack Markets

Just as crack use among arrestees has declined over the prior few years, the proportion of arrestees reporting that they acquired crack, either for their own use or for someone else's use, declined significantly in all 10 sites over the past decade (Table 3.15). Charlotte, for example, showed a drop in crack acquisition from 27 percent of arrestees in 2000, to 20 percent in 2007, and to 7 percent in 2010.

Crack was a predominantly cash market in all sites in 2010. Seventy-six percent of arrestees reported they acquired crack with cash in the prior 30 days in 2010 in Chicago while 92 percent reported cash transactions in Indianapolis (Table 3.19). Less than half of the arrestees reported a noncash transaction for crack in the prior 30 days in 8 of the 10 sites (Table 3.20). Seventy-five percent or more of arrestees in 9 ADAM II sites who bought crack did so directly from a dealer, though there is variation as to whether that dealer was a regular, new or occasional source.[3] Over 80 percent of those who purchased powder cocaine also bought directly from a dealer in half of the sites. The sales were likely to occur in an outdoor setting (Table 3.25) and from a regular source in 6 of the 10 sites (Table 3.24).

Among those arrestees who admitted to crack use in the prior 30 days, there was considerable variation in the number of purchases made (Table 3.22). In Atlanta and Charlotte, for example, crack users made 14-15 purchases, while in Washington, DC, crack users reported making only two in the month. The activity of users has declined, however, in two sites since 2007 and in one site since 2009.

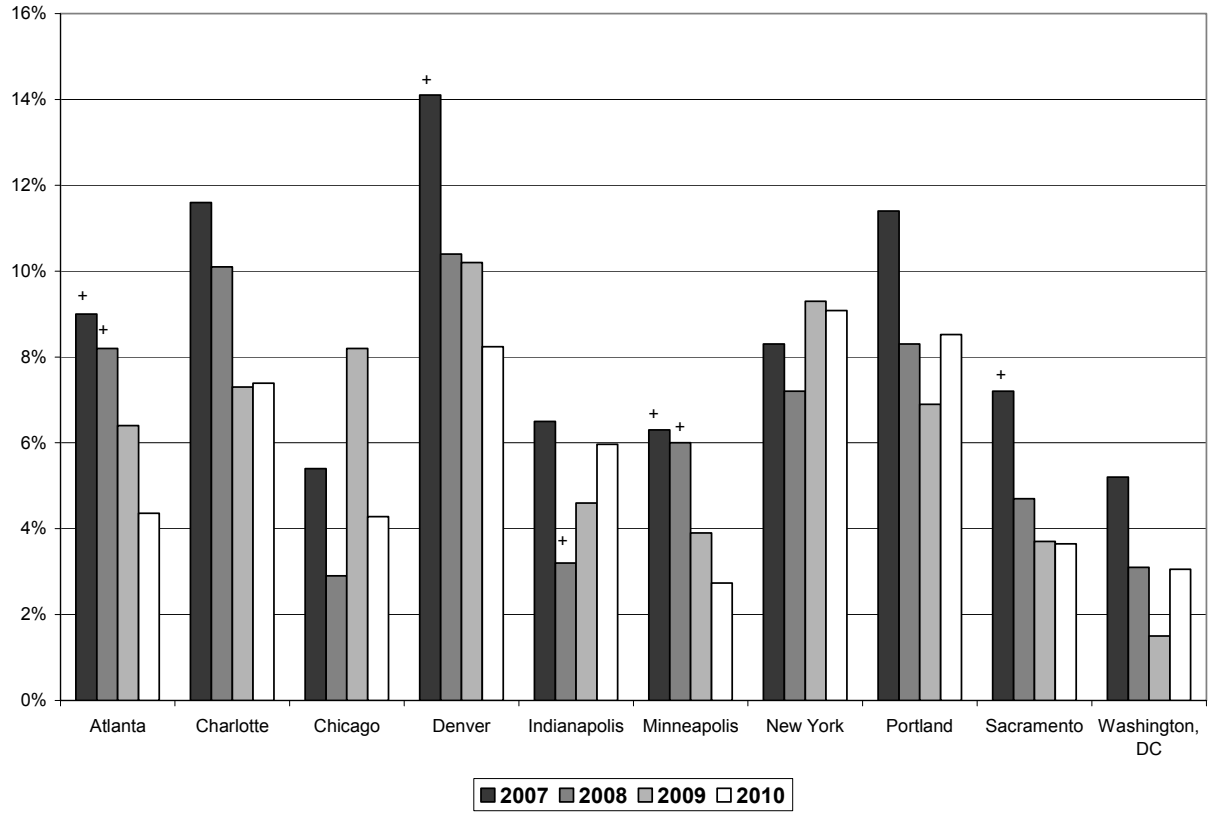
The availability of crack as indicated by the difficulty in obtaining it (failed buys) has not changed significantly in most sites since 2007 (Table 3.26). The exceptions were New York, where the proportion of arrestees reporting a failed buy was significantly lower in 2010 than in 2007 and 2008, when almost two-thirds of arrestees reported a failed buy, and in Indianapolis, where significantly more arrestees reported a failed buy in 2010 than in 2008.

[3] The question was asked as to whether the last purchase was from a regular source, an occasional source, or a new source.

Prevalence of Use: Self-reported Cocaine Powder Use

Fewer arrestees in all sites reported cocaine powder use in the prior 30 days than crack use, ranging from 3 percent of arrestees in Washington, DC, and Minneapolis to 9 percent of arrestees in New York and Portland (Figure 3.9, Table 3.9). In four sties (Atlanta, Denver, Minneapolis, and Sacramento), the percentage of arrestees reporting cocaine powder use declined significantly in 2010 compared to 2007. When asked whether they had used cocaine powder in the past year (Table 3.30), from 7 percent of arrestees in Sacramento, Atlanta, and Minneapolis to 14 percent of arrestees in Portland admitted use. These numbers have been declining since 2007 levels in 4 of the 10 sites. For example, 22 percent of arrestees in Denver admitted to using cocaine powder in 2007, but that number had dropped to 12 percent in 2010.

Figure 3.9: Percent Self-reporting Use of Powder Cocaine, Prior 30 days



+ Differences between each year and 2010 are reported as significant at the 0.10 level or less.

Cocaine powder users also appeared to purchase the drug fewer times than crack users purchased crack (Table 3.22). There was no site in 2010 where cocaine powder users reported average monthly purchases of more than 7 times per month, and in 6 of the sites arrestees reported making 5 or fewer purchases per month. Cocaine powder users are also somewhat younger than users of cocaine in crack form. The average age of first use of cocaine powder was 20 to 21 across all sites (Table 3.12).

In 2010, sites varied on the practice of injecting cocaine. Of the arrestees who admitted to cocaine use, in Atlanta 77 percent said they injected it on the occasion of their last use, while 40 percent of

users injected it in Portland (Table 3.34). In contrast, among cocaine powder users in Charlotte and Minneapolis, less than 5 percent reported injecting it.

Buy and Selling: Cocaine Markets

In 2010, the market for cocaine powder as reflected in the proportion of arrestees who report acquiring it was smaller than for either marijuana or crack. The proportion of arrestees who reported that they acquired powder cocaine either for their own use or someone else's ranged from 3 percent in Minneapolis to 10 percent in New York (Table 3.16). Market activity for cocaine powder was down in 7 of 10 sites compared to earlier data collections. The proportion of arrestees reporting acquiring cocaine powder fell from highs of over 15 percent in several sites from 2000 to 2003 (Atlanta, Denver, New York, Portland) to 8 percent or less in all but New York (10 percent) in 2010. The proportion in Charlotte and Denver dropped from highs of 14 and 16 percent, respectively, in 2007 to 8 percent in 2010.

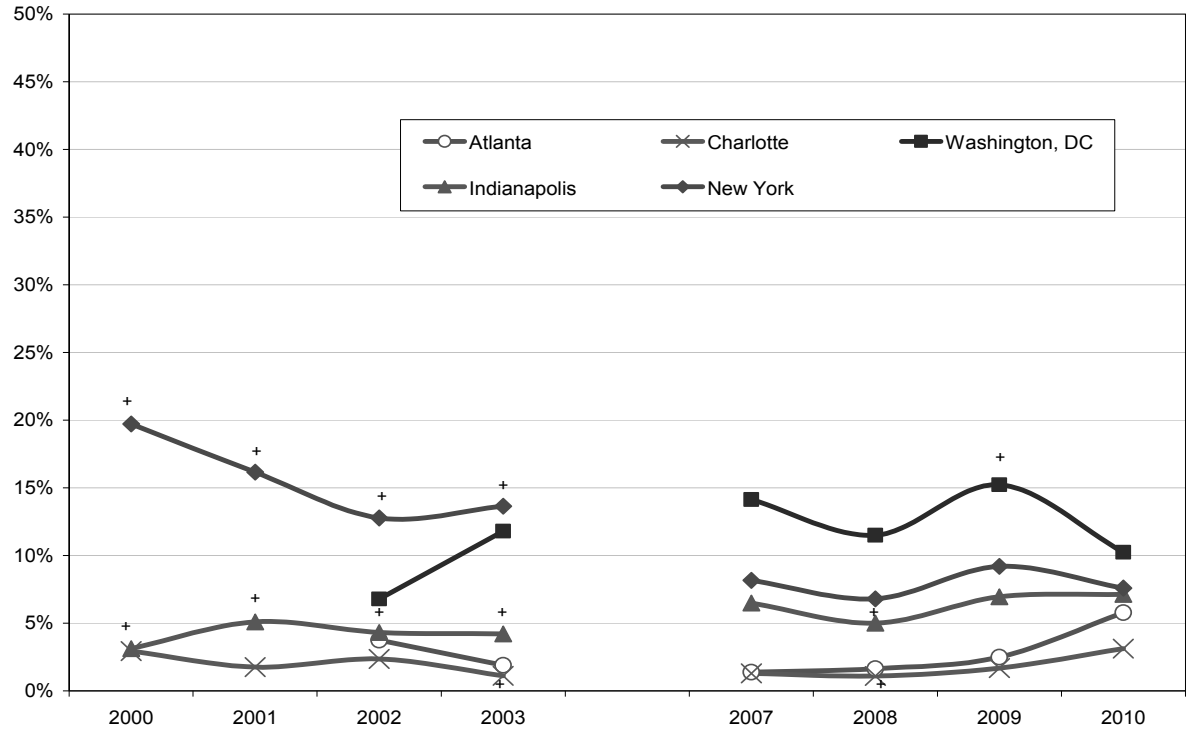
Sites varied as to the cash versus non cash nature of the powder cocaine markets. In Atlanta, 78 percent of arrestees reported a cash purchase (Table 3.19) in the past 30 days compared to 37 percent who made non cash transaction (Table 3.20). In half of the sites, over 60 percent of arrestees reported a cash transaction for cocaine powder. In Minneapolis, however, the cocaine powder markets was more heavily non cash—33 percent of arrestees reported a cash transaction in the prior 30 days and 79 percent report a non-cash transaction. With the exception of Denver, the sites' powder cocaine markets did not appear to be open air or public place markets, but instead transactions took place indoors the majority of time (Table 3.25).

Heroin and Other Opiates:[4] Prevalence of Use

Figures 3.10a and 3.10b indicate that the proportion of arrestees testing positive for opiates varied across the sites (Table 3.7). New York, Chicago, Washington, DC and Portland traditionally have been the sites with the highest level of opiate positives—20 percent or more in Chicago from 2000 to 2008. Other sites not typically showing high levels of opiate use, like Indianapolis, Minneapolis, and Sacramento, have shown a gradual but significant increase in the proportion of arrestees testing positive since ADAM II data collection began. In Sacramento in 2000, only 3 percent of arrestees tested positive for opiates, but this figure rose to 6 percent in 2007 and to 11 percent in 2010. Indianapolis showed a similar increase over the decade, from 3 percent in 2000 to 11 percent in 2010.

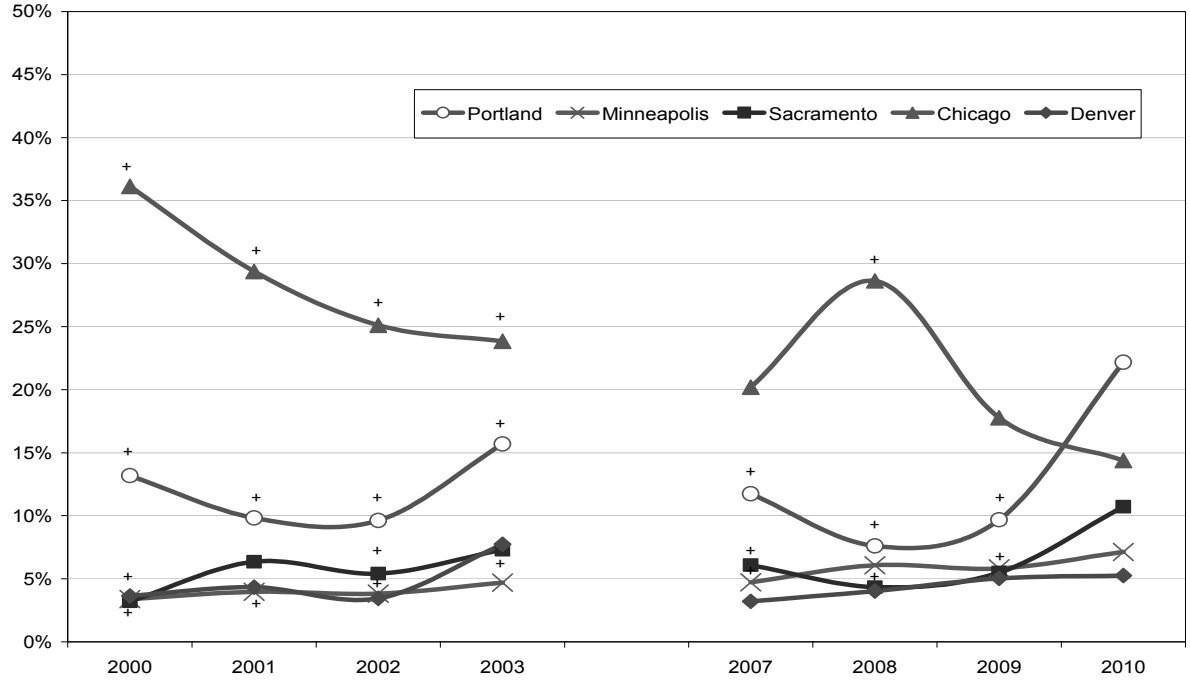
[4] The test to detect opiate derivatives will produce a positive result if the individual has ingested any organic opiate product—morphine, heroin, codeine (organic opiate derivatives)—or some semisynthetic compounds, such as oxycodone and hydrocodone. The semisynthetic drugs are a combination of an organic opiate (often codeine) and a synthetic like ibuprophen or acetaminophen. The interview asked specifically about heroin use as part of the five major drugs and about the semisynthetic painkiller compounds individually in other sections of the interview. A secondary test was also conducted to detect oxycodone specifically. This test detects the variety of compounds popularly in use like Percodan or Percocet, as well as the hydrocodone compounds such as Vicoden, but cannot differentiate specific compounds.

Figure 3.10a: Percent Testing Positive for Opiates—East and Midwest



+ Differences between each year and 2010 are reported as significant at the 0.10 level or less.

Figure 3.10b: Percent Testing Positive for Opiates—Midwest and West



+ Differences between each year and 2010 are reported as significant at the 0.10 level or less.

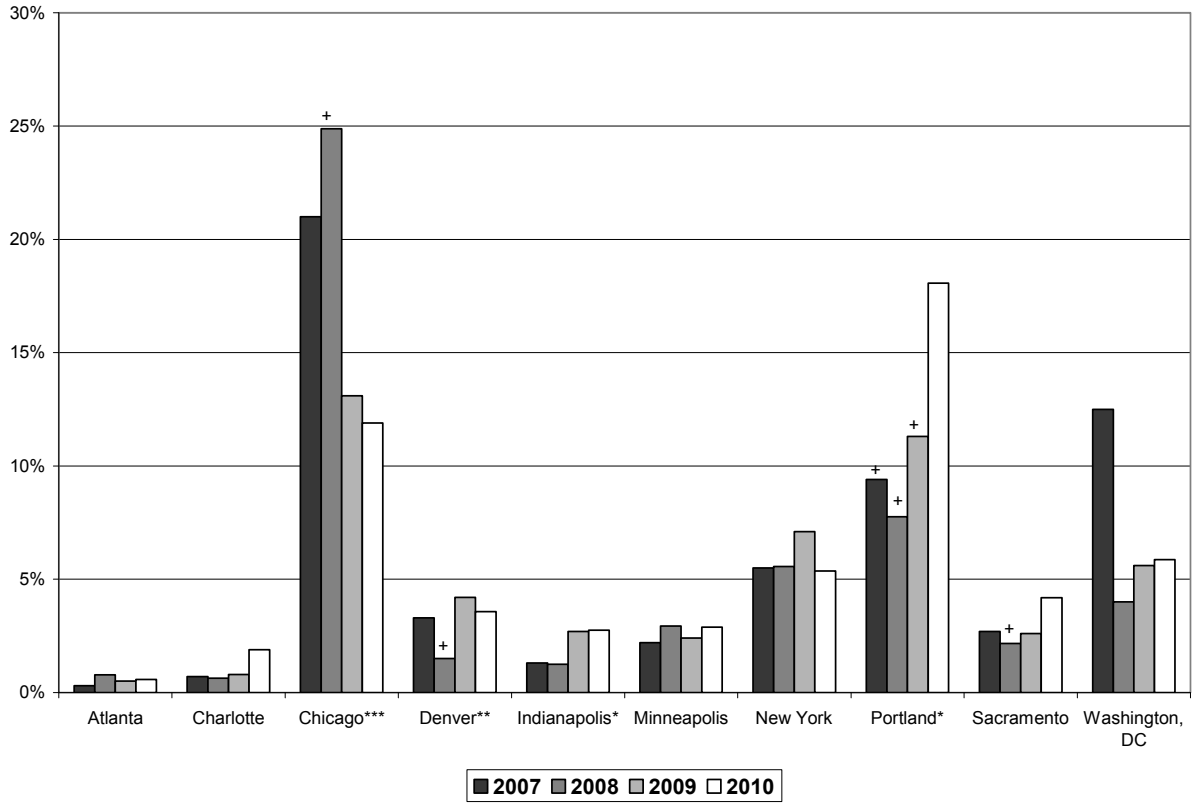
The pattern in Portland was quite different. Starting at 13 percent opiate positive in 2000, levels rose to 16 percent in 2003, dropped in the three subsequent years, and rose significantly to become the site with the highest number of opiate positives in 2010 at 22 percent of arrestees. In contrast, opiate positives in New York and Chicago declined throughout the decade to 7 percent and 14 percent, respectively, in 2010.

There is the possibility that some portion of these opiates positives were positives for one of the semisynthetics, such as oxycodone/hydrocodone compounds. However, test results for oxycodone/hydrocodone (Table 3.37) indicate that in all sites but Portland and Indianapolis, where 4 percent of arrestees tested positive on the confirmatory test, the proportion of arrestees who tested positive for oxycodone/hydrocodone was 2 percent or less. These confirmatory positives can reflect both the organic opiates like heroin as well as the semisynthetics like oxycodone or hydrocodone. However, the small percentage of oxycodone/hydrocodone positives suggests that the majority of the opiate positives are heroin, morphine, or codeine.

Arrestees were asked specifically if they had used heroin in the prior 30 days. Figure 3.11 (Table 3.9) indicates that anywhere from less than 1 percent (Atlanta) to 18 percent (Portland) of arrestees admitted to using heroin in the prior 30 days in 2010. There were significant declines in the proportion admitting heroin use in Chicago, and a significant increase in self-reported heroin use in Portland. The number of arrestees who admitted to use of heroin in the prior year varied widely—also from 1 percent in Atlanta to 21 percent in Portland (Table 3.31).

Among those who admitted to heroin use in the prior 30 days (Table 3.9), the average age at initiation was from 20 to 24 years old (Table 3.11). Current 2010 heroin users were also the most active and frequent users of any of the drugs about which arrestees are questioned. In 2010 in 6 of the 10 sites, current heroin users reported that they used the drug on 20 or more days a month (Table 3.33). While heroin (Table 3.35) can be smoked, injected, or inhaled, it is the drug most likely to be injected by arrestees in all sites. Over 80 percent of Charlotte, Portland, and Sacramento arrestees who admitted to heroin use reported that they injected heroin the last time they used it, and 63 percent of Indianapolis arrestees who used heroin reported injecting it at last use. Arrestees in other sites reported less injection and are utilizing other forms of ingestion (smoking and inhaling). In New York, for example, the practice of injecting has declined: 24 percent of heroin users reported injection at last use in 2010, significantly fewer than 44 percent reporting injection in 2009. In Denver a similar decline in injection has occurred over the ADAM II decade of collection—from 80 to 94 percent injectors from 2000 to 2003 to 43 percent injectors in 2010.

Figure 3.11: Percent Self-reporting Use of Heroin, Prior 30 Days



+ Differences between each year and 2010 are reported as significant at the 0.10 level or less.

Buying and Selling: Heroin Markets

Five percent or fewer arrestees admitted to acquiring heroin in the prior 30 days in 8 of the 10 sites (Table 3.17). The proportion of arrestees reporting that they acquired heroin rose significantly in 2010 in Sacramento, Denver, and Portland since 2008 and/or 2009, but declined in Chicago from a recent high of 26 percent in 2008.

Heroin is primarily a cash market in all sites (Table 3.19). From 71 percent (Indianapolis) to 94 percent (Denver) of arrestees who acquired heroin in the prior month obtained it with cash. Noncash transactions were less common (Table 3.20) but occurred most often in Washington, DC, (66 percent), Indianapolis (61 percent), and Portland (52 percent).

Arrestees acquiring heroin also indicated that they were frequent participants in the heroin market. On average they made from 7 (Charlotte) to 17 purchases (Chicago and Portland) in the prior 30 days (Table 3.22). In all of the sites where data are reliable (Table 3.23), over 70 percent of those making heroin purchases in the prior 30 days did so directly from a dealer.

The public nature of the heroin market varied considerably across the sites. More than 75 percent of arrestees reported that their last heroin buy was made outdoors in Washington, DC, New York, and Chicago (Table 3.25) in contrast to less than 1 percent reporting outdoor buys in Charlotte.

If arrestee reports of failed buys are indicative of some level of availability, 2010 data indicate that heroin was generally available in all sites. The lowest proportions of arrestees (Table 3.26) reporting a failed buy were found in Charlotte (1 percent) and Washington, DC (4 percent) and the highest proportions reporting a failed buy were in Indianapolis (41 percent).

Methamphetamine

Prevalence of Use: Methamphetamine

As shown in Figures 3.12a and 3.12b (Tables 3.8 and 3.9) and Figure 3.13, the use of methamphetamines among arrestees remained concentrated in the west coast ADAM II sites: Portland (20 percent positive) and Sacramento (33 percent positive). Figures for Portland in 2010 represented a significant increase over 2008 and 2009 levels, though Portland has experienced an overall significant decline in methamphetamine positives over the past decade.

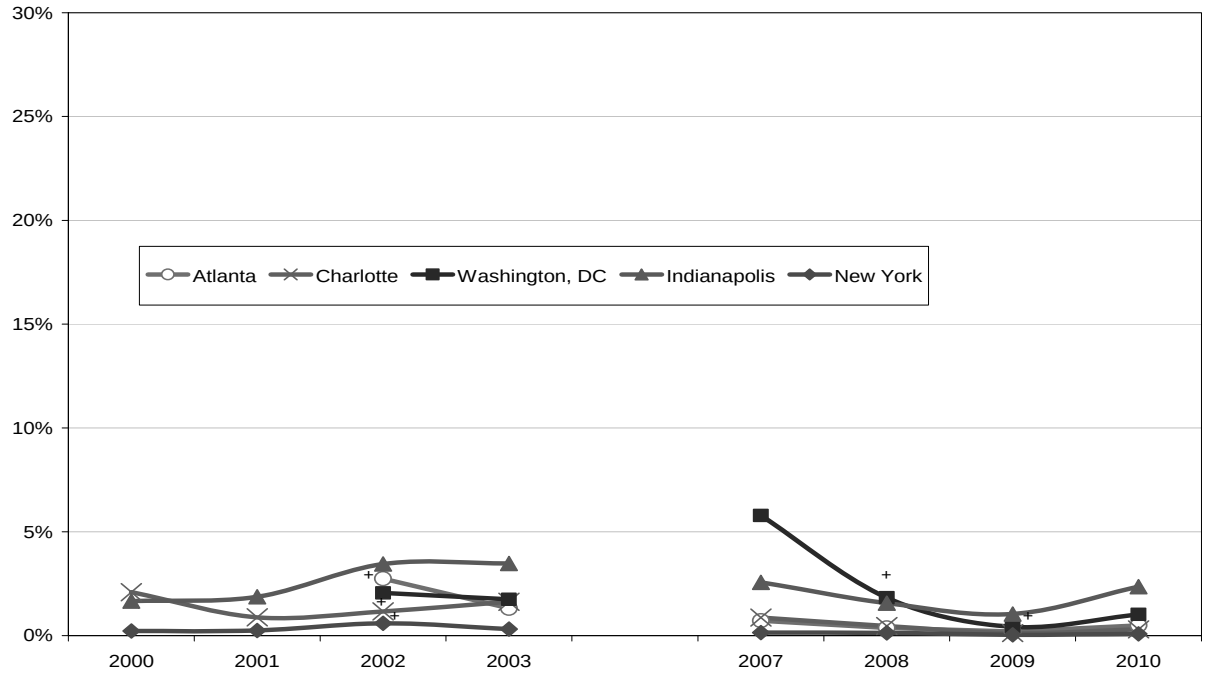
Denver (4 percent), Indianapolis (3 percent), and Minneapolis (2 percent) had the next highest percentages of arrestees testing positive. The proportion of arrestees testing positive for methamphetamine in all other sites was 1 percent or less in 2010.

Portland (22 percent) and Sacramento (27 percent) arrestees reported prior 30-day use (Figure 3.13, Table 3.9) most frequently, followed by Denver (6 percent) and Minneapolis (4 percent). Reported use in the prior year (Table 3.22) ranged from 1 percent or less in Atlanta, Charlotte, and New York to 33 percent in Sacramento. Among those arrestees who admitted methamphetamine use in the prior 30 days, the number of days in which they used ranged from 11 days a month in Denver to 18 days a month in Sacramento (Table 3.33).[5]

Arrestees reported different patterns in the method of using methamphetamine, even in sites relatively close geographically. In Sacramento, 12 percent of arrestees who used methamphetamine reported that they injected the drug the previous time they used it, whereas in Portland 44 percent reported injection at last use (Table 3.34). In the other sites, anywhere from 8 to 10 percent of arrestees who used methamphetamine reported injection.

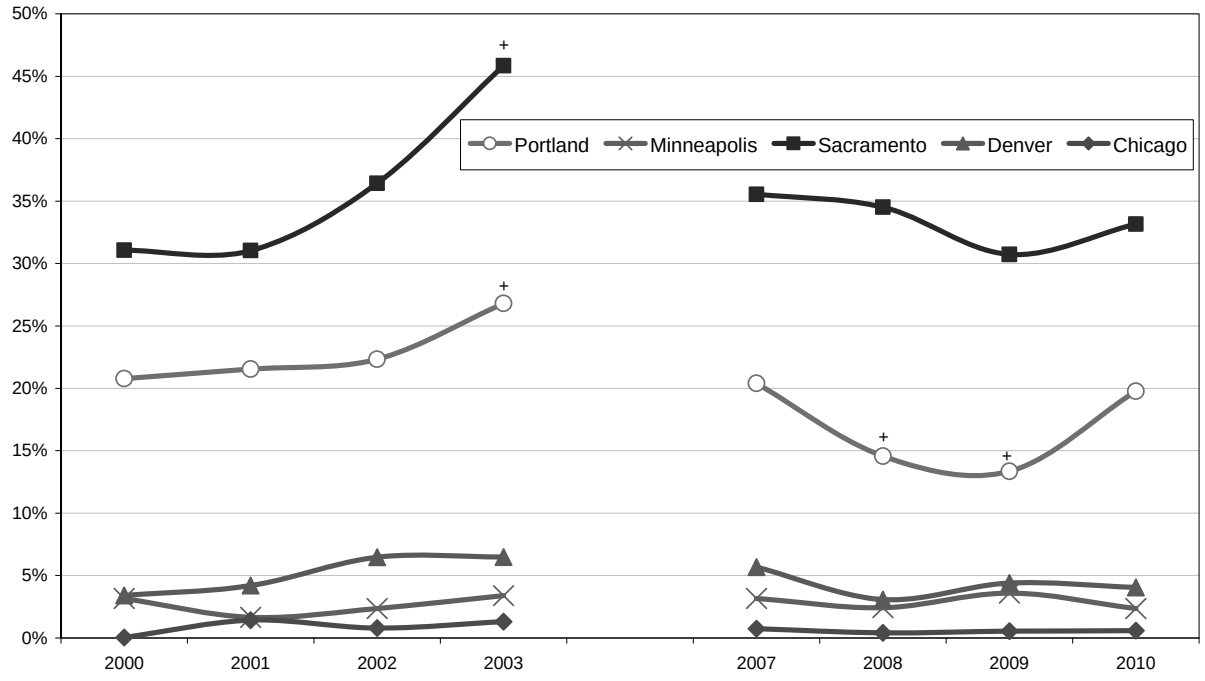
[5] As Table 3.43 indicates, in four sites the number of those admitting use and reporting days used was too small to provide an accurate estimate.

Figure 3.12a: Percent Testing Positive for Methamphetamine—East and Midwest



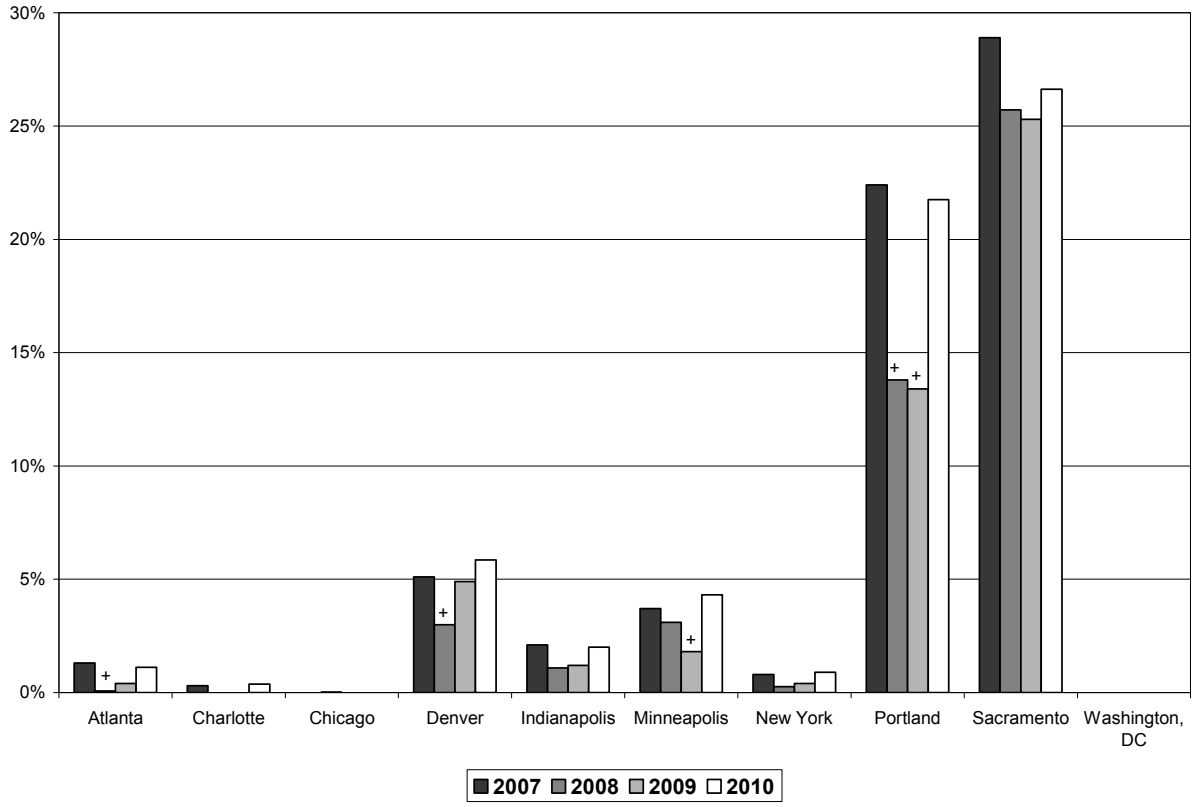
+ Differences between each year and 2010 are reported as significant at the 0.10 level or less.

Figure 3.12b: Percent Testing Positive for Methamphetamine—Midwest and West



+ Differences between each year and 2010 are reported as significant at the 0.10 level or less

Figure 3.13: Percent Self-Reporting Use of Methamphetamine, Prior 30 Days



+ Differences between each year and 2010 are reported as significant at the 0.10 level or less.

Buying and Selling: Methamphetamine Markets

In two of the ADAM II sites (Table 3.18), the proportion of arrestees that reported acquiring methamphetamine was too small to provide a reliable estimate. Among the others, only in Portland (20 percent) and Sacramento (27 percent) did more than 10 percent of arrestees report acquiring methamphetamine. In the other sites, from 1 percent or less (New York, Charlotte, and Atlanta) to 6 percent (Denver) of arrestees reported acquiring the drug in the prior 30 days.

Arrestees were equally likely to acquire methamphetamine by cash or noncash purchases (Tables 3.19 and 3.20), with over half of transactions made through either cash and noncash acquisition in all sites. The number of purchases arrestees made in the prior 30 days ranged from 5 in Minneapolis to 11 in Indianapolis. Unlike the other drug markets, methamphetamine appeared to be sold predominantly in indoor venues. Less than 30 percent of sales occurred outdoors in the sites with substantial methamphetamine market reporting (Table 3.25).

It also appears that methamphetamine was readily available in some areas (Table 3.27). Sacramento, Portland, and Minneapolis arrestees reported a failed buy less than 30 percent of the time. The numbers of arrestees reporting failed buys in all other sites was too low to provide a reliable estimate.

Use of Other Drugs

The urine samples that arrestees provided were tested for a total of 10 drugs: barbiturates, propoxyphene (Darvon), methadone, phencyclidine (PCP), benzodiazepines, amphetamine/methamphetamine, cocaine, opiates, oxycodone, and marijuana. Arrestees are also asked about their nonlegitimate use of a number of other drugs, that is, use of a drug without a legitimate prescription.

The most commonly detected drug category among the "other" drugs tested across all sites were the benzodiazepines, ranging from 1 percent in Atlanta to 8 percent in Indianapolis (Tables 3.36 and 3.37). In Minneapolis, the level was significantly higher than the 2009 level and there were significant increases in Sacramento, Portland, New York, and Denver since 2007. Barbiturates, almost nonexistent in the other 9 sites, were detected in 13 percent of arrestees in Atlanta. PCP, while virtually nonexistent in other sites, was detected in 5 percent of Washington, DC arrestees. Methadone was found in 4 to 5 percent of arrestees in New York and Portland.

There is an increasing interest in the use of the semisynthetic opiates derived from codeine. A separate test is conducted in ADAM II to determine the proportion of opiate positives representing the use of oxycodone or hydrocodone. In 2010, two sites showed a significant increase in oxycodone/hydrocodone positives over 2009 levels: Indianapolis and Portland (both at 4 percent). Fewer than 2 percent of arrestees in all other sites tested positive for oxycodone/hydrocodone.

All arrestees are also read a listing of other drugs by specific name that represent a wide range of substances—hallucinogens, inhalants, sedatives, opiate painkillers—and asked if they had used that drug in the prior 30 days without a prescription (for those prescription medications). They are also asked to supply any other drugs not listed that they may have used. Table 3.38 shows the responses to this list. As this indicates, opiate based painkillers and tranquilizer/sedatives were the most commonly cited substances.[6] Indianapolis and Portland had the largest number of arrestees using tranquilizers without a prescription (6-8%) and the use of opiate painkillers was reported by over 5 percent of arrestees in 7 of the 10 sites and as high as by 16 percent of arrestees in Indianapolis.

[6] The large "Other" category includes drugs offered by the arrestee and includes such things as ibuprofen, antihistamines, etc.

4. Summary and Conclusions

For a decade, ADAM and ADAM II have served as windows into the characteristics and drug use activities of male arrestees, who are often the heaviest consumers of drugs and most active participants in retail drug markets. In its four years of operation under the auspices of ONDCP, ADAM II has collected almost 20,000 interviews and conducted over 15,000 urine tests on male arrestees in 10 U.S. counties. As of 2010, this sample represented over 130,000 arrests, providing critical information for law enforcement agencies and policymakers who seek to understand trends in drug use and market activity.

Males interfacing with the justice system test positive for the recent use of drugs and admit to that use at a far higher rate than is found in general population surveys. They are also a population that is "hidden" or underrepresented in surveys of households—on average 24 percent in 2010 were homeless, living in a shelter, or living transiently with others. They may also not interface with treatment or health facilities in high numbers. In 2010, in 8 of the 10 sites, 75 percent of arrestees had never been in any outpatient mental health treatment, and in 7 of the 10 sites, 75 percent had never been in any drug or alcohol treatment. In 7 of the 10 sites, fewer than half had any form of health insurance.

Trends in 2010 indicate that ADAM II arrestees in 9 of the 10 sites were more likely to be unemployed than in 2007 or 2008, and less than half were working either full time or part time in 7 of the 10 sites. They were, however, experienced with the criminal justice system. Eighty-five percent of all ADAM II arrestees had been arrested at least once prior to the current arrest, and of those admitting drug use in the past year, 19 percent had been arrested two or more times in the year prior to the interview.

ADAM II data are essential to any comprehensive discussion of drug use in the United States, as the samples in ADAM II represent a group of drug users not well represented in any other survey: males 18 years and older at the point of their involvement in the criminal justice system. ADAM II is also the only survey that offers a biological marker of recent use (urinalysis), which, when linked to interview data, validates information about recent drug use. In 2010, 88 percent of arrestees interviewed voluntarily provided a urine sample for testing. These tests and their timing are critical features of ADAM II for two important reasons: (1) people may lie about drug use when asked, making self-report of use problematic without a method of validation, and (2) inexpensive drug tests like urinalysis have to be conducted within days of use. Any urinalysis tests done several days or more after the individual has ingested the drug (as with adjudicated persons entering the justice system to serve a sentence) are unlikely to detect the presence of the drugs of interest.

In ADAM II, specimens are taken and matched with questions in the appropriate window of detection for the drugs in question (3 days, 7 days, and 30 days), allowing researchers to examine underreporting or falsifying of information. Truthful answers among those who use illegal drugs (test positive) vary by drug. In 2010, 83 percent of those testing positive for marijuana admitted using it. Truthful answers were given by 62 percent of those testing positive for methamphetamine, 45 percent of those testing positive for cocaine, and 37 percent of those testing positive for opiates.

The proportion of arrestees who tested positive for some substance in their system at the time of arrest was high across all sites—more than 60 percent in 9 of the 10 sites and as high as 80 percent or more in two sites, Chicago and Sacramento. The most commonly detected drug in 2010 was marijuana, with positive tests ranging from 35 percent in Atlanta to 58 percent Sacramento. Cocaine was the next most commonly detected drug in 8 of the 10 sites, with from 17 percent (Washington, DC) to 33 percent (Atlanta) testing positive. While still high, the proportion of arrestees testing positive for cocaine (indicating either crack or cocaine powder use in the previous few days) declined significantly from 2000–2001 levels in all sites and significantly in 9 of the 10 sites since 2007. The use of opiates, however, has risen in 4 of the 10 sites since a decade ago.

An important advantage of the ADAM II survey is its ability to provide a picture of what is often the regional nature of drug use and drug market patterns. Methamphetamine is a good example. Only the two west coast sites, Sacramento and Portland, have shown substantial methamphetamine use among arrestees since the ADAM data collection began in 2000. In Sacramento, the proportion of arrestees testing positive for methamphetamine peaked at 46 percent in 2003 and declined to 33 percent in 2010. In Portland, the peak of use was also 2003; it declined to 13 percent in 2009, but rose significantly again in 2010 to 20 percent. All other sites ranged from less than 1 percent to 4 percent in 2010. Cocaine, on the other hand, is less common in Portland and Sacramento, where 15 percent or less tested positive, compared to more than 20 percent testing positive in six eastern and midwest sites (Atlanta, Charlotte, Chicago, Indianapolis, Minneapolis, New York), with a high of 33 percent in Atlanta in 2010.

In summary, in 2010 the ADAM II program continued to provide policymakers with critical data due to its unique features:

- Self report on stigmatized or illegal behaviors can be misleading due to respondent resistance to reveal the behavior. ADAM II's validation of drug use through urinalysis provides objective evidence of the activity.
- ADAM II respondents are some of the nation's heaviest drug users. They are also a segment of the population not well reached through traditional population surveys.
- Collecting data at the point of arrest rather than during incarceration allows researchers to reliably detect drug use among the widest range of persons involved in criminal activity, many of whom will never move to incarceration, but rather will be released or move onto alternative or probationary status.
- Developing timely information is critical for policymakers and an important goal for ADAM II. ADAM II data are returned to ONDCP and its law enforcement partners within 3 months of end of collection.
- When prevalence estimates are calculated for the Nation as a whole, researchers can see important overall trends across the country, but important regional data may be obscured. ADAM II provides information that is specific to local and regional areas. This information is useful to law enforcement agencies, treatment service providers, and policymakers making decisions about the problems their communities face.

Appendix A: Data Tables

Table 1.1: ADAM Completed Interviews, Urine Specimens, and Weighted Case Numbers† (2000–2003)

Primary City	2000			2001			2002			2003		
	Completed Interviews	Urine Specimens	Weighted Case Numbers[a]	Completed Interviews	Urine Specimens	Weighted Case Numbers[a]	Completed Interviews	Urine Specimens	Weighted Case Numbers[a]	Completed Interviews	Urine Specimens	Weighted Case Numbers[a]
Atlanta	n/a	n/a	n/a	n/a	n/a	n/a	571	527	4,714	869	812	8,169
Charlotte	109	96	1,221	495	421	3,187	538	469	3,692	599	520	3,754
Chicago[b]	441	378	1,645	302	287	8,825	1,234	1,137	37,767	930	852	28,672
Denver	731	683	5,191	771	729	4,187	814	768	4,301	580	555	2,573
Indianapolis	793	746	8,614	814	784	8,850	676	658	8,859	498	487	6,842
Minneapolis[b]	571	528	4,018	837	764	5,042	904	836	5,181	677	624	3,437
New York[b]	1,091	1,054	18,037	742	699	10,409	942	917	13,485	730	695	10,529
Portland	779	693	3,883	820	760	4,538	697	652	3,731	564	534	2,703
Sacramento	603	513	7,540	718	675	6,816	737	708	6,844	540	530	5,223
Washington DC	n/a	n/a	n/a	n/a	n/a	n/a	255	190	754	358	293	1,148
Total	**5,118**	**4,691**	**50,149**	**5,499**	**5,119**	**51,854**	**7,368**	**6,862**	**89,328**	**6,345**	**5,902**	**73,050**

Notes:
[a] Reflects all arrestees booked during 14-day periods in the facilities.
[b] Case numbers are higher for these sites in some 2000-2003 years as sites collected in all four quarters of the year in those years.
† Data from 2000-2003 were re-estimated for greater accuracy using the methodology utilized in 2007-2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization.
2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate.
3) There are no non-missing values for this measure in the reporting year."

Table 1.2: ADAM II Completed Interviews, Urine Specimens, and Weighted Case Numbers[†] (2007–2010)

Primary City	2007			2008			2009			2010		
	Completed Interviews	Urine Specimens	Weighted Case Numbers[a]	Completed Interviews	Urine Specimens	Weighted Case Numbers[a]	Completed Interviews	Urine Specimens	Weighted Case Numbers[a]	Completed Interviews	Urine Specimens	Weighted Case Numbers[a]
Atlanta	386	280	1,880	419	354	1,994	484	417	2,173	446	402	2,251
Charlotte	459	258	2,455	468	396	2,637	472	371	2,427	497	401	2,272
Chicago[b]	457	384	7,504	485	426	6,697	483	449	6,665	535	513	5,985
Denver	501	422	2,338	511	460	2,220	541	480	2,315	432	394	2,087
Indianapolis	557	456	3,430	578	524	3,526	556	493	3,601	466	422	3,579
Minneapolis[b]	439	363	2,383	433	383	1,996	475	432	2,166	459	413	2,170
New York[b]	446	266	4,859	515	365	4,444	697	541	4,550	674	560	4,196
Portland	455	386	1,906	526	453	1,450	464	413	1,821	501	444	1,980
Sacramento	508	440	4,579	562	508	4,649	494	430	3,767	513	452	3,737
Washington DC	126	90	4,327	95	55	6,774	80	51	4,240	226	181	3,115
Total	4,334	3,345	35,661	4,592	3,924	36,387	4,746	4,077	33,725	4,749	4,182	31,372

Notes:
[a] Reflects all arrestees booked during 14-day periods in the facilities.
[b] Case numbers are higher for these sites in some 2000-2003 years as sites collected in all four quarters of the year in those years.
[†] Data from 2000-2003 were re-estimated for greater accuracy using the methodology utilized in 2007-2010 for ADAM II. Consequently, these estimates may differ somewhat from those previously published under the original ADAM program.

Table 2.1: Characteristics of Adult Male Arrestees, 2007–2010: Age, Marital Status, Citizenship, Employment

Primary City	Average Age				Single (%)				U.S. Citizen (%)				Working[a] (%)			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	37.1**	36.7	37.1	35.8	70.7	71.2	79.4**	72.2	94.5	90.7	95.5	90.7	52.2***	51.8**	42.8	43.4
	(0.8)	(0.7)	(0.7)	(0.6)	(3.1)	(3.3)	(2.4)	(2.7)	(1.8)	(3.2)	(1.5)	(2.5)	(3.5)	(3.6)	(3.2)	(2.9)
Charlotte	33.0	33.4*	33.1	31.8	65.1	64.9	68.8	68.8	96.6***	92.2	86.5	88.9	62.1***	55.3**	49.2	45.0
	(0.6)	(0.6)	(0.7)	(0.7)	(2.8)	(2.8)	(3.0)	(3.1)	(0.9)	(1.6)	(2.6)	(2.4)	(2.8)	(2.9)	(3.2)	(3.3)
Chicago	32.2	31.9	32.2	30.6	71.2**	74.9*	77.7	84.0	95.1	91.6	89.2	88.8	54.7*	52.2	53.4	43.2
	(1.1)	(0.7)	(1.0)	(1.0)	(3.7)	(3.2)	(3.9)	(3.6)	(2.1)	(2.4)	(3.7)	(4.0)	(4.1)	(3.7)	(4.8)	(4.9)
Denver	34.0	34.6	33.7	33.5	55.3	57.7	64.8*	58.7	82.0*	86.2	84.7	86.8	57.0	59.3*	48.1	52.5
	(0.6)	(0.6)	(0.6)	(0.6)	(2.5)	(2.5)	(2.4)	(2.9)	(2.1)	(1.8)	(1.9)	(2.0)	(2.5)	(2.5)	(2.6)	(2.9)
Indianapolis	33.3	33.1	31.8	32.5	66.6	65.3	66.0	65.7	94.7**	91.1	89.3	89.3	64.1**	61.0	56.5	55.5
	(0.6)	(0.5)	(0.5)	(0.6)	(2.5)	(2.5)	(2.6)	(2.8)	(1.3)	(1.9)	(2.2)	(2.4)	(2.5)	(2.5)	(2.7)	(2.9)
Minneapolis	32.2	32.5	33.0	33.0	74.0	71.8	71.1	75.6	92.6	91.3	85.2**	90.9	44.3**	48.5***	41.5	35.9
	(0.5)	(0.6)	(0.6)	(0.6)	(2.4)	(2.5)	(2.5)	(2.4)	(1.5)	(1.7)	(2.2)	(1.7)	(2.7)	(2.7)	(2.7)	(2.7)
New York	32.0	32.7	33.9	33.2	74.9	77.2	75.1	76.6	86.4	84.1	87.6	85.9	58.8**	58.4**	52.7	49.9
	(0.6)	(0.6)	(0.5)	(0.5)	(2.4)	(2.2)	(2.0)	(2.1)	(2.1)	(2.2)	(1.7)	(2.0)	(2.7)	(2.7)	(2.4)	(2.5)
Portland	34.8	34.8	36.3	35.5	58.7**	65.5	60.5*	67.1	94.5	88.1**	91.9	93.0	45.0***	44.2***	26.6	26.7
	(0.6)	(0.5)	(0.6)	(0.6)	(2.7)	(2.3)	(2.7)	(2.5)	(1.1)	(1.7)	(1.6)	(1.4)	(2.7)	(2.4)	(2.4)	(2.3)
Sacramento	32.1	33.8	34.2	33.2	62.5	63.5	62.1	65.7	88.3	90.3	84.3*	90.4	47.4**	46.6**	41.5	38.1
	(0.5)	(0.5)	(0.6)	(0.6)	(2.7)	(2.5)	(2.8)	(2.7)	(2.0)	(1.7)	(2.7)	(2.0)	(2.8)	(2.6)	(2.9)	(2.8)
Washington DC	33.4	35.9	32.4	34.6	77.4	83.0	82.4	74.6	90.9	89.9	98.6	95.3	49.6	58.5	50.8	44.8
	(1.0)	(1.7)	(1.8)	(1.0)	(4.4)	(5.9)	(5.1)	(4.5)	(3.1)	(6.3)	(1.1)	(2.1)	(5.6)	(7.9)	(7.7)	(5.2)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

[a] Indicates working full-time, part-time, or on active military status.

Table 2.2: Characteristics of Adult Male Arrestees, 2007–2010: Education, Health Insurance, Housing

Primary City	High School Diploma, GED, or Higher (%)				Health Insurance, Past Year (%)				Stable Housing, Past 30 Days (%)			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	65.0	67.3	65.5	64.5	37.0***	29.8*	29.4	24.2	79.8	77.3	80.4	81.7
	(3.3)	(3.5)	(3.2)	(2.9)	(3.3)	(3.2)	(2.9)	(2.5)	(2.8)	(3.1)	(2.5)	(2.2)
Charlotte	67.4	69.2	74.1**	65.3	40.3***	32.8	29.3	28.9	85.9	89.4	87.1	86.5
	(2.7)	(2.7)	(2.7)	(3.2)	(2.9)	(2.7)	(2.8)	(2.9)	(2.0)	(1.7)	(2.2)	(2.4)
Chicago	70.7	64.6	66.0	68.2	26.8	23.7	25.4	21.6	89.5**	93.2	98.3	96.6
	(3.8)	(3.5)	(4.6)	(4.6)	(3.7)	(3.1)	(4.1)	(3.9)	(2.5)	(1.8)	(1.2)	(1.5)
Denver	68.8	72.1*	67.5	66.0	33.7	32.5	30.2	29.0	82.4	81.8	80.1	80.6
	(2.4)	(2.3)	(2.5)	(2.8)	(2.4)	(2.4)	(2.4)	(2.7)	(1.9)	(1.9)	(2.0)	(2.2)
Indianapolis	66.7	65.9	68.0	64.8	31.0	36.3	37.6*	31.4	90.4	89.8	92.7	89.4
	(2.4)	(2.4)	(2.4)	(2.8)	(2.4)	(2.4)	(2.6)	(2.6)	(1.5)	(1.6)	(1.4)	(1.8)
Minneapolis	77.6	72.8	73.6	76.9	50.3***	51.6***	49.3***	63.1	86.7	89.8**	85.2	84.7
	(2.2)	(2.4)	(2.4)	(2.3)	(2.8)	(2.8)	(2.7)	(2.7)	(1.8)	(1.6)	(1.9)	(2.1)
New York	67.4	71.7	68.2	69.4	53.6	57.7	52.1	56.2	85.4	85.8	89.0	86.8
	(2.6)	(2.5)	(2.2)	(2.3)	(2.8)	(2.7)	(2.4)	(2.5)	(1.9)	(1.8)	(1.3)	(1.6)
Portland	72.7	74.1	74.5	70.8	29.7	32.1	26.5	28.6	73.3	76.7**	71.1	69.0
	(2.3)	(2.2)	(2.4)	(2.6)	(2.4)	(2.3)	(2.4)	(2.4)	(2.4)	(2.1)	(2.6)	(2.6)
Sacramento	68.0	65.2	67.1	65.1	31.9**	35.8	37.7	40.1	84.4	83.7	88.8**	82.2
	(2.6)	(2.5)	(2.8)	(2.8)	(2.6)	(2.5)	(2.8)	(2.8)	(2.0)	(1.9)	(1.7)	(2.2)
Washington DC	78.5**	77.9	74.8	68.4	62.6	63.3	74.8	67.4	92.0**	78.6	93.8**	83.7
	(4.4)	(6.5)	(6.6)	(5.1)	(5.4)	(7.9)	(6.6)	(4.8)	(2.4)	(7.9)	(3.0)	(4.2)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 2.3: Race and Ethnicity of Adult Male Arrestees, 2007–2010

Primary City	Hispanic (%)				White non-Hispanic (%)				Black non-Hispanic (%)				Other non-Hispanic (%)			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	10.5	10.5	6.9	8.2	9.3	12.2	10.6	9.7	81.8	77.4	84.7	81.2	0.2	0.8	0.4	0.5
	(2.4)	(2.7)	(1.9)	(1.9)	(2.0)	(2.5)	(2.2)	(1.8)	(2.6)	(3.1)	(2.3)	(2.4)	(0.1)	(0.4)	(0.2)	(0.3)
Charlotte	5.9***	10.6	16.0	14.2	29.3**	23.2	22.1	20.4	61.8	60.0	56.6	57.4	3.2	5.2	2.6	4.3
	(1.3)	(1.9)	(2.7)	(2.6)	(2.8)	(2.4)	(2.7)	(2.7)	(2.9)	(2.9)	(3.2)	(3.4)	(1.0)	(1.3)	(0.9)	(1.3)
Chicago	19.2	23.0	27.2*	15.5	6.3	10.6	11.2	8.7	72.3	64.7	58.5**	73.1	2.8	1.2	1.5	1.0
	(3.4)	(3.5)	(4.7)	(4.1)	(1.8)	(2.1)	(2.9)	(2.8)	(3.7)	(3.6)	(4.9)	(4.7)	(1.2)	(0.7)	(1.1)	(1.0)
Denver	43.5	43.5	44.9**	37.6	22.5**	22.7**	22.3**	29.4	26.8	26.3	26.8	22.6	6.7	6.9	6.1	9.3
	(2.5)	(2.5)	(2.6)	(2.8)	(2.1)	(2.1)	(2.2)	(2.7)	(2.3)	(2.2)	(2.3)	(2.4)	(1.2)	(1.3)	(1.2)	(1.7)
Indianapolis	9.8	11.5	15.7	12.3	42.7	42.0	34.9	38.9	40.3	39.8	41.8	43.1	5.6	5.0	6.4	3.7
	(1.7)	(1.9)	(2.5)	(2.3)	(2.6)	(2.6)	(2.6)	(2.9)	(2.5)	(2.5)	(2.6)	(2.9)	(1.3)	(1.1)	(1.6)	(1.1)
Minneapolis	8.5	10.5	16.4***	7.0	27.4	24.5*	27.5	31.4	54.7	53.5	46.7	50.4	9.0	10.6	9.6	10.3
	(1.5)	(1.8)	(2.2)	(1.4)	(2.5)	(2.4)	(2.5)	(2.7)	(2.7)	(2.8)	(2.7)	(2.8)	(1.5)	(1.6)	(1.6)	(1.7)
New York	37.8**	45.8	46.3	47.3	15.2	13.0	12.4	10.5	42.3	37.1	38.7	36.9	4.6	3.7	3.0	4.3
	(2.8)	(2.8)	(2.5)	(2.6)	(2.2)	(2.0)	(1.9)	(1.8)	(2.8)	(2.6)	(2.4)	(2.4)	(1.2)	(1.1)	(0.8)	(1.0)
Portland	10.1	16.9	16.1	13.1	52.1	47.0***	49.0**	58.3	21.0	21.5*	19.8	16.1	16.6*	13.6	15.2	11.4
	(1.6)	(2.0)	(2.2)	(1.9)	(2.7)	(2.5)	(2.8)	(2.7)	(2.2)	(2.1)	(2.2)	(2.0)	(2.1)	(1.7)	(2.1)	(1.8)
Sacramento	25.9	24.4*	31.4	30.6	29.4	38.4*	33.2	31.6	31.2*	25.6	22.3	24.4	13.3	11.0	11.9	12.2
	(2.5)	(2.3)	(2.9)	(2.8)	(2.5)	(2.6)	(2.8)	(2.7)	(2.6)	(2.2)	(2.2)	(2.4)	(1.9)	(1.7)	(1.9)	(2.0)
Washington DC	4.9	7.7	1.5	4.4	7.4*	1.0*	23.3*	3.5	85.3	85.3	79.0	86.2	2.6	5.3	0.0	3.2
	(2.0)	(5.6)	(1.6)	(1.7)	(2.8)	(0.7)	(10.6)	(1.5)	(3.5)	(6.0)	(8.6)	(3.3)	(1.4)	(3.0)	(n/a)	(1.8)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Hispanic and non-Hispanic ethnicities are mutually exclusive as per standard data collection protocols suggested by the Office of Management and Budget in which the respondent first self identifies as Hispanic or non-Hispanic.
Data will not add to 100% because arrestees may identify themselves as multiple races.

Table 2.4: Self-reported Arrest History, 2000–2003 and 2007–2010[†], Any Prior Arrest

Primary City	All Arrestees – Prior Arrest History (%)[a]							
	2000	2001	2002	2003	2007	2008	2009	2010
Atlanta			84.6 (2.6)	79.4* (2.5)	74.1*** (3.2)	81.4 (3.0)	87.2 (2.1)	85.1 (2.1)
Charlotte	77.7 (5.3)	78.8 (2.2)	79.0 (2.0)	79.6 (2.0)	87.3 (1.8)	84.2 (2.1)	78.3 (2.6)	83.0 (2.4)
Chicago	67.0*** (4.1)	78.9*** (4.0)	82.6*** (1.1)	84.7*** (1.4)	92.2 (2.1)	93.6 (1.7)	92.8 (2.3)	96.0 (1.7)
Denver	84.8* (1.5)	84.6** (1.4)	82.0*** (1.5)	85.4 (1.7)	84.8* (1.8)	87.0 (1.7)	85.8 (1.8)	89.1 (1.8)
Indianapolis	86.4 (1.6)	86.4 (1.5)	90.8*** (1.4)	88.3* (1.7)	82.3 (2.0)	84.2 (1.9)	82.4 (2.1)	83.5 (2.2)
Minneapolis	83.7 (1.9)	83.3 (1.4)	84.2 (1.3)	84.4 (1.6)	87.4* (1.9)	90.0*** (1.6)	80.8 (2.2)	82.6 (2.1)
New York	84.7 (1.4)	87.7** (1.4)	82.6 (1.3)	78.9 (1.7)	68.5*** (2.7)	72.6*** (2.5)	78.4 (2.0)	82.4 (1.9)
Portland	86.9 (1.3)	88.3 (1.2)	87.6 (1.4)	88.5 (1.4)	89.8 (1.5)	85.6* (1.7)	85.4* (2.0)	89.8 (1.6)
Sacramento	90.7** (1.3)	85.9 (1.4)	84.2 (1.5)	90.2* (1.4)	81.9 (2.0)	88.3 (1.6)	83.4 (2.2)	85.8 (2.0)
Washington DC			66.9 (4.3)	73.8 (3.2)	61.2 (5.6)	58.8 (9.0)	81.6 (5.9)	69.6 (5.3)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.

[a] Arrestees are asked to exclude juvenile arrests.
[†] Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 2.5: Self-reported Arrest History: Adult Male Arrestees Who Reported Drug Use in Prior Year, 2000–2003 and 2007–2010[†]

Primary City	Arrestees Reporting Drug Use in the Past 12 Months Arrested 2 or More Times in Past Year (%)[a]							
	2000	2001	2002	2003	2007	2008	2009	2010
Atlanta			12.3*** (2.5)	6.9*** (1.5)	18.7*** (3.0)	18.4** (3.2)	19.3 (2.9)	24.3 (2.9)
Charlotte	16.8 (5.2)	19.2 (2.2)	14.3 (1.7)	10.9** (1.6)	13.2 (1.9)	15.1 (2.1)	8.0*** (1.5)	18.9 (2.7)
Chicago	12.0** (2.8)	28.2 (5.2)	14.9** (1.1)	9.8*** (1.1)	17.3 (3.1)	23.3 (3.2)	12.9** (3.1)	24.3 (4.3)
Denver	20.7*** (1.6)	15.9 (1.4)	11.3 (1.2)	12.6 (1.5)	15.2 (1.9)	8.2** (1.3)	7.9** (1.4)	13.3 (1.9)
Indianapolis	13.0* (1.4)	9.2*** (1.2)	5.9*** (0.9)	9.9*** (1.6)	11.0** (1.7)	13.5* (1.9)	9.3*** (1.6)	18.7 (2.5)
Minneapolis	18.0 (2.0)	15.2** (1.4)	16.4** (1.4)	16.8* (1.6)	15.8** (2.0)	18.6 (2.1)	11.7*** (1.6)	22.1 (2.4)
New York	13.5 (1.3)	14.9 (1.5)	15.4 (1.3)	11.3** (1.4)	10.2** (1.6)	12.4 (1.9)	9.4*** (1.3)	16.2 (1.9)
Portland	17.1*** (1.7)	20.1** (1.6)	24.1 (1.8)	28.3 (2.2)	22.7 (2.2)	14.1*** (1.7)	17.0*** (2.0)	25.8 (2.4)
Sacramento	14.4 (1.8)	13.6 (1.4)	10.9 (1.4)	13.3 (1.8)	17.7 (2.2)	12.9 (1.8)	10.5* (1.8)	15.0 (2.1)
Washington DC			3.6 (1.3)	2.7 (1.1)	1.6 (0.8)	n/a	4.4 (2.2)	6.5 (3.2)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations: 1) There are less than 10 observations in the data, so we do not perform annualization. 2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate. 3) There are no non-missing values for this measure in the reporting year."

[a] Arrestees are asked to exclude juvenile arrests.
[†] Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 2.6: Arrest Charge, 2007–2010: Violent, Drug, Property and Other Crimes

Primary City	One of three recorded arrest charges is… (%)															
	Violent Crime				Drug Crime				Property Crime				Other Crime			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	17.9	18.5	16.6	17.5	31.3**	31.3**	29.5	27.1	34.1***	33.2*	28.2	26.9	37.6***	40.1	48.5	45.4
	(2.5)	(2.7)	(2.3)	(2.2)	(3.5)	(3.5)	(3.2)	(2.8)	(3.3)	(3.4)	(2.9)	(2.6)	(3.4)	(3.6)	(3.3)	(3.0)
Charlotte	26.0	24.6	26.6	26.2	32.8	32.8	24.4	26.9	27.3	24.6	24.8	25.0	41.9	52.6**	48.8	41.3
	(2.5)	(2.4)	(2.7)	(2.8)	(2.8)	(2.8)	(2.8)	(3.0)	(2.5)	(2.4)	(2.6)	(2.7)	(2.9)	(2.9)	(3.2)	(3.3)
Chicago	18.6	19.4	31.1**	18.0	62.1	62.1	48.1	52.8	20.9	31.4***	21.2	16.9	16.3	8.8	15.0	14.9
	(3.5)	(2.9)	(4.8)	(3.7)	(4.2)	(4.2)	(5.0)	(5.0)	(3.5)	(3.6)	(3.9)	(3.7)	(3.2)	(2.1)	(3.5)	(3.6)
Denver	23.7	24.0	22.6	25.3	24.0	24.0	24.5	24.6	19.3	19.4	19.2	20.9	53.9*	50.5***	52.2**	60.5
	(2.1)	(2.1)	(2.1)	(2.5)	(2.2)	(2.2)	(2.2)	(2.5)	(2.0)	(2.0)	(2.0)	(2.3)	(2.5)	(2.5)	(2.6)	(2.8)
Indianapolis	19.3	16.8	18.2	15.5	26.7	26.7	23.9	27.1	19.3	18.2	23.2*	18.4	65.2	65.1	60.5	63.5
	(2.0)	(1.7)	(1.9)	(1.8)	(2.4)	(2.4)	(2.2)	(2.5)	(2.1)	(1.8)	(2.2)	(2.1)	(2.6)	(2.4)	(2.6)	(2.7)
Minneapolis	24.5	25.7	24.4	27.6	34.9***	34.9***	21.6*	16.5	22.3	20.1	20.3	17.0	28.8	27.7	33.3	30.8
	(2.4)	(2.4)	(2.3)	(2.4)	(2.8)	(2.8)	(2.2)	(2.0)	(2.5)	(2.2)	(2.2)	(2.1)	(2.7)	(2.6)	(2.7)	(2.7)
New York	27.2	24.7	22.8	24.1	24.8	24.8	30.8**	24.3	24.2*	28.9	33.5	30.0	32.7	34.3	32.4	36.2
	(2.7)	(2.7)	(2.1)	(2.3)	(2.4)	(2.4)	(2.3)	(2.2)	(2.4)	(2.5)	(2.3)	(2.3)	(2.6)	(2.6)	(2.2)	(2.5)
Portland	29.0	24.3	26.4	25.8	35.0**	35.0**	23.0	25.7	27.3	16.7***	30.8	32.7	33.4***	56.1**	44.1	48.1
	(2.4)	(2.1)	(2.4)	(2.3)	(2.7)	(2.7)	(2.4)	(2.5)	(2.4)	(1.8)	(2.6)	(2.6)	(2.6)	(2.5)	(2.8)	(2.8)
Sacramento	17.6	14.9	21.2	18.9	37.5	37.5	43.4	41.0	19.6	17.7**	18.1*	23.8	56.5**	59.9***	45.7	47.8
	(1.8)	(1.5)	(2.1)	(2.0)	(2.7)	(2.7)	(3.0)	(2.9)	(2.0)	(1.8)	(2.1)	(2.4)	(2.7)	(2.5)	(2.9)	(2.9)
Washington DC	17.9	7.8**	8.8	16.8	38.0**	38.0**	49.9**	27.3	8.3	4.3	10.5	4.2	43.7	44.3	31.6	46.8
	(3.9)	(3.0)	(3.9)	(3.7)	(5.6)	(5.6)	(9.0)	(4.6)	(3.0)	(2.4)	(4.7)	(1.5)	(5.6)	(8.0)	(8.2)	(5.3)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 2.7: Adult Male Arrestees Testing Positive for Any Illicit Substance and Arrestees Testing Negative, 2010: Age, Citizenship, Employment, Education, Health Insurance, Housing

Primary City	Average Age	U.S. Citizen (%)	Working[a] (%)	Any Degree (%)	Health Insurance Past Year (%)	Stable Housing Past 30 Days
Atlanta						
Any positive UA	34.6*** (0.8)	89.9 (4.2)	42.2 (3.8)	61.2** (3.8)	23.7 (3.3)	83.0 (2.7)
No positive UA	37.8 (1.2)	86.2 (5.0)	44.5 (5.8)	71.6 (4.9)	28.3 (4.7)	80.9 (4.4)
Charlotte						
Any positive UA	30.6*** (0.9)	93.3*** (2.7)	37.9*** (4.3)	62.9 (4.4)	22.9*** (3.5)	85.0 (3.5)
No positive UA	33.6 (1.3)	76.1 (6.7)	58.6 (6.2)	65.5 (6.0)	36.9 (5.9)	88.7 (4.2)
Chicago						
Any positive UA	30.5 (1.1)	90.2** (4.2)	47.9** (5.5)	67.2 (5.2)	18.2** (4.2)	96.0 (1.8)
No positive UA	29.8 (2.4)	74.3 (14.6)	33.3 (11.6)	67.7 (12.2)	00.0 (0.0)	. (0.0)
Denver						
Any positive UA	33.0 (0.8)	89.3*** (2.5)	43.8*** (3.8)	65.7 (3.7)	28.4 (3.5)	79.3 (3.0)
No positive UA	33.8 (1.1)	80.8 (3.9)	65.1 (4.9)	64.3 (5.0)	27.7 (4.4)	80.4 (4.1)
Indianapolis						
Any positive UA	31.4*** (0.7)	95.0*** (2.3)	50.3*** (3.7)	63.5 (3.5)	29.1 (3.3)	89.3 (2.4)
No positive UA	34.8 (1.1)	75.5 (5.7)	68.1 (5.2)	67.7 (5.1)	35.0 (5.1)	89.4 (3.4)
Minneapolis						
Any positive UA	32.1*** (0.7)	96.0*** (1.3)	29.0*** (3.0)	71.2*** (3.2)	64.6 (3.4)	84.4 (2.6)
No positive UA	34.9 (1.2)	81.7 (4.6)	51.3 (5.7)	85.1 (3.7)	61.6 (5.4)	87.5 (3.7)

Table continued on next page

Table 2.7: Adult Male Arrestees Testing Positive for Any Illicit Substance and Arrestees Testing Negative, 2010: Age, Citizenship, Employment, Education, Health Insurance, Housing ***(Con't. from previous page)***

Primary City	Average Age	U.S. Citizen (%)	Working[a] (%)	Any Degree (%)	Health Insurance Past Year (%)	Stable Housing Past 30 Days
New York						
Any positive UA	33.8 (0.7)	93.8*** (1.6)	43.5*** (3.2)	67.9* (3.0)	61.7*** (3.2)	83.2*** (2.4)
No positive UA	33.2 (1.0)	73.7 (5.1)	61.7 (5.1)	74.8 (4.4)	50.5 (5.2)	92.2 (2.4)
Portland						
Any positive UA	34.6*** (0.7)	95.7*** (1.4)	24.5** (2.8)	67.9* (3.3)	29.9 (3.1)	67.8* (3.3)
No positive UA	37.8 (1.2)	86.1 (3.8)	31.6 (4.9)	74.4 (5.0)	27.7 (4.7)	74.3 (5.0)
Sacramento						
Any positive UA	32.5*** (0.7)	92.8*** (2.1)	35.2*** (3.2)	63.7 (3.4)	39.1 (3.4)	83.8 (2.5)
No positive UA	34.9 (1.4)	78.4 (7.1)	48.2 (6.7)	70.0 (6.2)	44.1 (6.5)	80.0 (5.4)
Washington DC						
Any positive UA	34.0 (1.5)	n/a	39.3 (7.7)	72.4** (6.9)	66.3 (7.5)	87.0 (4.9)
No positive UA	33.9 (1.8)	n/a	50.3 (9.4)	51.4 (11.2)	64.5 (8.6)	83.4 (9.3)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations: 1) There are less than 10 observations in the data, so we do not perform annualization. 2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate. 3) There are no non-missing values for this measure in the reporting year.

[a] Indicates working full-time, part-time, or on active military status.

Table 2.8: Housing Detail and Prior Arrests for Adult Male Arrestees Testing Positive for Any Illicit Substance And Arrestees Testing Negative, 2010

Primary City	Housing				Prior Arrests[a] Reporting Ever (%)
	Stable (%)	Group Living (%)	Jail (%)	Homeless or Shelter (%)	
Atlanta					
Any positive UA	83.0 (2.7)	5.9 (1.7)	0.6*** (0.6)	8.7 (1.8)	20.1 (3.8)
No positive UA	80.9 (4.4)	3.3 (2.1)	75.5 (9.5)	11.3 (4.5)	23.2 (6.3)
Charlotte					
Any positive UA	85.5 (3.5)	2.9 (1.2)	n/a	7.4* (2.9)	20.6* (5.0)
No positive UA	89.5 (4.0)	3.8 (2.3)	n/a	2.5 (1.6)	11.1 (4.8)
Chicago					
Any positive UA	96.0 (1.8)	1.7 (1.2)	n/a	1.9 (1.1)	22.0** (5.4)
No positive UA	n/a	n/a	n/a	n/a	8.5 (8.5)
Denver					
Any positive UA	79.3 (3.0)	2.9 (1.1)	0.9 (0.6)	16.3** (2.8)	30.7 (4.8)
No positive UA	80.8 (4.0)	4.4 (2.0)	n/a	10.4 (3.2)	36.5 (7.2)
Indianapolis					
Any positive UA	89.2 (2.4)	4.5 (1.7)	1.5 (0.9)	4.6 (1.6)	31.3*** (4.3)
No positive UA	89.6 (3.5)	2.0 (1.5)	0.4 (0.4)	8.1 (3.5)	13.2 (4.9)
Minneapolis					
Any positive UA	84.8 (2.5)	2.5 (0.9)	0.8 (0.5)	11.5* (2.4)	16.7 (3.5)
No positive UA	87.5 (3.7)	4.3 (2.1)	0.8 (0.9)	6.8 (2.9)	22.4 (6.3)

Table continued on next page

Table 2.8: Housing Detail and Prior Arrests for Adult Male Arrestees Testing Positive for Any Illicit Substance And Arrestees Testing Negative, 2010 ***(Con't. from previous page)***

Primary City	Housing				Prior Arrests[a] Reporting Ever (%)
	Stable (%)	Group Living (%)	Jail (%)	Homeless or Shelter (%)	
New York					
Any positive UA	84.0*** (2.4)	3.3** (1.2)	0.1 (0.1)	12.5*** (2.1)	23.3*** (3.5)
No positive UA	92.2 (2.4)	1.0 (0.7)	0.3 (0.4)	5.9 (2.2)	3.2 (2.9)
Portland					
Any positive UA	68.1 (3.3)	5.0 (1.4)	2.0 (0.9)	24.1 (3.1)	37.6 (4.4)
No positive UA	74.0 (5.0)	6.0 (2.7)	n/a	18.3 (4.5)	29.7 (7.3)
Sacramento					
Any positive UA	83.8 (2.5)	2.7** (1.0)	0.9** (0.6)	12.1 (2.3)	31.3*** (4.5)
No positive UA	80.2 (5.3)	0.7 (0.6)	4.7 (3.6)	13.9 (4.7)	15.2 (8.7)
Washington DC					
Any positive UA	87.0 (4.9)	n/a	n/a	8.2 (3.8)	13.6 (6.7)
No positive UA	83.4 (9.3)	n/a	n/a	n/a	18.3 (9.8)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations: 1) There are less than 10 observations in the data, so we do not perform annualization. 2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate. 3) There are no non-missing values for this measure in the reporting year."

[a] Arrestees are asked to exclude juvenile arrests

Table 2.9: Lifetime Drug, Alcohol, and Mental Health Treatment Experiences Among All Adult Male Arrestees, 2007–2010

Primary City	Drug or Alcohol Treatment (%)										Inpatient Mental Health/ Psychiatric Treatment (%)			
	Outpatient				Inpatient or Residential									
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2007	2008	2009	2010
Atlanta	8.9	10.3	12.7**	7.5	16.4**	16.7*	18.3**	11.9	13.5***	9.1	10.4	7.5		
	(1.8)	(2.0)	(2.2)	(1.4)	(2.5)	(2.5)	(2.4)	(1.7)	(2.6)	(2.2)	(2.1)	(1.5)		
Charlotte	21.4	19.9	16.9	20.2	26.9***	25.3***	22.2**	15.4	10.8	8.9	8.1	7.6		
	(2.4)	(2.3)	(2.3)	(2.7)	(2.6)	(2.5)	(2.6)	(2.2)	(1.8)	(1.5)	(1.6)	(1.7)		
Chicago	22.7	22.7	22.9	20.8	24.9*	25.2**	22.7	15.1	10.7	10.6	13.4	8.8		
	(3.5)	(3.1)	(4.1)	(4.0)	(3.6)	(3.1)	(4.0)	(3.3)	(2.4)	(2.1)	(3.3)	(2.6)		
Denver	20.9	21.1	19.5	21.6	32.2	29.9	30.1	30.4	13.0	11.2	11.8	10.4		
	(2.1)	(2.1)	(2.1)	(2.4)	(2.4)	(2.3)	(2.4)	(2.6)	(1.7)	(1.5)	(1.7)	(1.7)		
Indianapolis	23.8	30.0**	25.4	22.8	15.8**	13.6	11.9	10.6	7.4	9.0	12.0	8.9		
	(2.3)	(2.4)	(2.4)	(2.4)	(1.8)	(1.6)	(1.6)	(1.6)	(1.4)	(1.5)	(1.8)	(1.6)		
Minneapolis	31.9*	34.7**	24.5	25.8	39.1	34.5	34.1	33.2	14.3	12.6	13.6	13.4		
	(2.6)	(2.7)	(2.3)	(2.5)	(2.7)	(2.7)	(2.6)	(2.7)	(2.0)	(1.9)	(1.9)	(2.0)		
New York	17.8*	23.9	20.6	22.9	20.0	21.3	22.0	23.4	9.7	9.0	8.8	10.3		
	(2.0)	(2.3)	(1.9)	(2.0)	(2.1)	(2.1)	(1.9)	(2.0)	(1.6)	(1.6)	(1.4)	(1.6)		
Portland	37.4	28.6***	36.0	38.1	36.5	29.0***	34.2*	40.8	13.0*	13.1*	16.2	18.3		
	(2.6)	(2.2)	(2.7)	(2.7)	(2.6)	(2.2)	(2.6)	(2.7)	(1.8)	(1.7)	(2.2)	(2.3)		
Sacramento	13.8	17.7*	14.1	12.8	21.1	19.5	16.6	19.8	12.1	10.7	12.0	13.1		
	(1.9)	(2.0)	(2.0)	(1.9)	(2.3)	(2.1)	(2.2)	(2.3)	(1.8)	(1.5)	(1.9)	(1.9)		
Washington DC	13.9	9.0	9.8	8.9	22.8	12.9	18.2	21.1	8.1	3.1	7.0	5.4		
	(3.6)	(3.6)	(4.1)	(2.4)	(4.9)	(4.2)	(5.6)	(4.2)	(3.0)	(1.8)	(3.5)	(1.8)		

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 2.10: Drug, Alcohol, and Mental Health Treatment Received in the Past 12 Months Among Adult Male Arrestees Reporting Prior 12 Month Drug Use, 2007–2010

Primary City	Drug or Alcohol Treatment (%)								Inpatient Mental Health/ Psychiatric Treatment (%)			
	Outpatient				Inpatient or Residential							
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	1.5 (0.9)	0.6 (0.4)	2.3 (1.4)	1.4 (0.6)	5.3* (1.6)	3.9 (1.3)	3.2 (1.1)	2.9 (0.9)	2.0 (1.1)	0.8 (0.5)	1.0 (0.6)	1.3 (0.6)
Charlotte	5.3 (1.5)	5.8 (1.6)	2.8 (1.2)	5.1 (1.6)	7.0** (1.5)	6.7* (1.5)	2.8 (0.9)	3.2 (1.0)	1.0 (0.5)	1.9 (0.8)	0.8 (1.0)	1.4 (0.7)
Chicago	6.1 (2.1)	3.6 (1.4)	6.3 (2.4)	2.4 (1.5)	9.8*** (2.5)	5.9* (1.7)	2.9 (1.5)	2.2 (1.2)	4.3* (1.6)	1.5 (0.8)	3.2 (1.6)	0.9 (0.7)
Denver	4.3* (1.1)	4.3** (1.0)	5.9 (1.4)	8.3 (1.8)	9.7 (1.6)	7.7 (1.4)	10.0 (1.6)	9.4 (1.7)	1.2 (0.5)	1.2 (0.5)	1.4 (0.6)	1.4 (0.6)
Indianapolis	4.9 (1.4)	6.2 (1.5)	7.5 (1.8)	8.8 (1.9)	3.1 (0.9)	2.0 (0.7)	1.7 (0.6)	2.7 (0.9)	0.6** (0.4)	2.0 (0.9)	2.1 (0.8)	2.9 (1.1)
Minneapolis	7.8 (1.6)	7.0 (1.5)	5.0 (1.2)	7.9 (1.6)	13.8 (2.0)	9.8 (1.7)	9.9 (1.7)	12.9 (1.9)	3.2 (1.0)	3.2 (1.0)	2.5 (0.8)	4.8 (1.3)
New York	7.0 (1.4)	9.1 (1.6)	6.2 (1.1)	8.4 (1.4)	5.2 (1.2)	7.2 (1.4)	6.1 (1.1)	7.1 (1.2)	2.3 (0.9)	2.4 (0.8)	2.3 (0.7)	2.0 (0.6)
Portland	11.4 (1.8)	7.7* (1.4)	10.4 (1.8)	11.5 (1.8)	10.8 (1.7)	8.6* (1.4)	8.4* (1.6)	12.6 (1.9)	4.3 (1.2)	2.0 (0.7)	2.7 (0.9)	4.2 (1.2)
Sacramento	4.9 (1.3)	4.3 (1.0)	3.4 (1.0)	4.5 (1.2)	7.7 (1.8)	5.4 (1.3)	1.9*** (0.8)	6.4 (1.5)	2.0 (0.7)	1.6 (0.6)	0.7* (0.4)	2.5 (0.9)
Washington DC	1.5 (1.0)	n/a	1.1 (0.9)	1.8 (1.2)	1.9 (1.1)	0.4* (0.3)	4.5 (3.3)	1.8 (0.8)	n/a	n/a	n/a	n/a

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations: 1) There are less than 10 observations in the data, so we do not perform annualization. 2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate. 3) There are no non-missing values for this measure in the reporting year."

Table 2.11: Past 12 Month Drug and Alcohol Treatment Admissions Among Adult Male Arrestees Reporting Prior 12 Month Drug Use, 2000–2003† and 2007–2010

Primary City	Average Number of Admissions to Outpatient Drug or Alcohol Treatment							
	2000	2001	2002	2003	2007	2008	2009	2010
Atlanta			n/a	0.0	0.1***	0.0	0.1**	0.0
			0.1	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)
Charlotte	0.0	0.1	(0.0)	0.0	0.1	0.1	0.1	0.1
	(0.0)	(0.0)	0.1	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)
Chicago	0.1	0.1	(0.0)	0.1	0.1	0.2	0.4	0.1
	(0.1)	(0.0)	0.1	(0.0)	(0.0)	(0.1)	(0.3)	(0.0)
Denver	0.1	0.0	(0.0)	0.1	0.1	0.0**	0.1	0.1
	(0.0)	(0.0)	0.0	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)
Indianapolis	0.1	0.2	(0.0)	0.1	0.1	0.1	0.1	0.1
	(0.0)	(0.0)	0.1	(0.0)	(0.1)	(0.0)	(0.0)	(0.0)
Minneapolis	0.1	0.1	(0.0)	0.1	0.2	0.2	0.1	0.2
	(0.0)	(0.0)	0.1	(0.0)	(0.0)	(0.1)	(0.0)	(0.1)
New York	0.2**	0.2*	(0.0)	0.1	0.1	0.2*	0.2	0.1
	(0.0)	(0.0)	0.2	(0.0)	(0.0)	(0.0)	(0.1)	(0.0)
Portland	0.1	0.2	(0.0)	0.2*	0.1	0.2	0.1	0.2
	(0.0)	(0.0)	0.1	(0.0)	(0.0)	(0.1)	(0.0)	(0.0)
Sacramento	0.2*	0.1	(0.1)	0.0	0.0	n/a	n/a	0.0
	(0.1)	(0.1)	0.1	(0.1)	(0.1)	n/a	0.0	(0.1)
Washington DC			(0.0)	0.0	0.0***		(0.0)	0.0
				(0.0)	(0.0)			(0.0)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Question asked only of arrestees who reported 12-month drug use.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***). Empty cells indicate years in which the site did not collect data.
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations: 1) There are less than 10 observations in the data, so we do not perform annualization. 2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate. 3) There are no non-missing values for this measure in the reporting year."
† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 2.12: Past 12 Month Drug, Alcohol, and Mental Health Inpatient Treatment Nights Among Adult Male Arrestees Reporting Prior 12 Month Drug Use, 2000–2003† and 2007–2010

Primary City	Average of Total Number of Reported Nights of Inpatient or Residential to Drug or Alcohol Treatment							
	2000	2001	2002	2003	2007	2008	2009	2010
Atlanta			4.4*	4.0**	2.6*	0.0	0.8	0.7
			(1.8)	(1.4)	(1.9)	(1.2)	(3.7)	(1.1)
Charlotte	0.7	2.3	1.4	2.2	1.5	1.4	0.3	1.2
	(1.2)	(0.6)	(0.5)	(0.6)	(0.7)	(0.6)	(0.5)	(0.8)
Chicago	1.7	2.2	1.9	2.9*	6.9***	2.0	0.7	0.6
	(2.8)	(1.4)	(0.5)	(0.7)	(1.7)	(1.0)	(1.3)	(1.0)
Denver	3.9	2.0	2.3	1.9	4.2	2.7	5.3	3.2
	(0.7)	(0.7)	(0.7)	(1.0)	(1.0)	(0.8)	(1.2)	(1.0)
Indianapolis	0.8	0.9	0.6	1.0	1.1	1.0	0.4	1.3
	(0.3)	(0.3)	(0.3)	(0.4)	(0.5)	(0.6)	(0.3)	(0.7)
Minneapolis	5.4	5.7	5.4	6.1	7.7	4.4	5.6	7.0
	(1.1)	(1.0)	(0.9)	(1.2)	(1.5)	(1.1)	(1.5)	(1.6)
New York	5.7	5.7	4.9	7.1	1.4	1.9*	3.5	5.1
	(0.9)	(1.2)	(1.0)	(1.2)	(1.8)	(1.0)	(1.2)	(1.4)
Portland	5.5	5.9	6.4	4.1	5.3	4.4	2.2***	6.7
	(1.1)	(1.0)	(1.1)	(1.3)	(1.6)	(1.1)	(0.9)	(1.5)
Sacramento	1.3	2.1	1.1	1.4	3.2	4.3	0.1***	2.5
	(0.5)	(0.5)	(0.5)	(0.6)	(0.7)	(1.2)	(0.3)	(0.8)
Washington DC			n/a	4.3*	2.3	n/a	1.2	0.7
				(1.9)	(1.5)		(2.0)	(1.4)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Question asked only of arrestees who reported 12-month drug use.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***). Empty cells indicate years in which the site did not collect data.
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations: 1) There are less than 10 observations in the data, so we do not perform annualization. 2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate. 3) There are no non-missing values for this measure in the reporting year."
† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 2.13: Past 12 Month Mental Health Inpatient Treatment Nights Among Adult Male Arrestees Reporting Prior 12 Month Drug Use, 2000–2003† and 2007–2010

Primary City	Average of Total Number of Nights of Inpatient Mental Health/ Psychiatric Treatment									
	2000	2001	2002	2003	2007	2008	2009	2010
Atlanta			0.8 (0.5)	0.6 (0.4)	0.6 (0.6)	0.4 (0.3)	1.2 (0.5)	0.6 (0.3)
Charlotte	0.1 (0.5)	0.6 (0.3)	0.2 (0.2)	0.4 (0.3)	n/a	n/a	n/a n/a	n/a
Chicago	0.2 (1.5)	0.7 (0.7)	0.8 (0.3)	0.2 (0.4)	0.7 (0.9)	n/a	1.0 (0.8)	n/a
Denver	0.3 (0.2)	0.6 (0.2)	0.4 (0.2)	0.2 (0.3)	0.5 (0.4)	0.5 (0.3)	0.1 (0.1)	1.5 (0.8)
Indianapolis	0.2 (0.1)	0.1 (0.1)	0.0 (0.1)	0.2 (0.1)	0.1 (0.2)	0.4 (0.2)	0.3* (0.2)	0.7 (0.6)
Minneapolis	0.3 (0.3)	0.7 (0.2)	0.1* (0.2)	0.4 (0.3)	1.6* (0.3)	0.4 (0.2)	0.7 (0.3)	0.8 (0.3)
New York	1.1 (0.3)	0.7 (0.4)	0.6 (0.3)	0.3 (0.4)	0.6 (0.5)	1.5 (0.7)	0.3 (0.2)	0.8 (0.5)
Portland	0.8 (0.3)	0.6 (0.2)	0.5 (0.3)	0.3 (0.3)	0.7 (0.4)	0.9 (0.5)	0.5 (0.6)	0.5 (0.3)
Sacramento	0.2 (0.1)	0.2 (0.1)	0.1 (0.1)	0.3 (0.1)	0.1 (0.1)	0.2 (0.1)	n/a	0.3 (0.2)
Washington DC			n/a	n/a	n/a	n/a		n/a

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Question asked only of arrestees who reported 12-month drug use.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), ‹
0.01 level (***). Empty cells indicate years in which the site did not collect data.
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization. 2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate. 3) There are no non-missing values for this measure in the reporting year."
† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.1: Proportion of Adult Male Arrestees with Agreement in Self-report and Urine Test by Site, 2010

Primary City	Marijuana	Cocaine	Opiates	Methamphetamines
Atlanta	84.5%	80.6%	95.3%	99.3%
Charlotte	80.6%	81.8%	96.3%	99.3%
Chicago	87.2%	83.0%	94.1%	100.0%
Denver	83.5%	89.1%	96.2%	98.0%
Indianapolis	83.1%	86.9%	87.4%	99.1%
Minneapolis	82.4%	87.4%	92.5%	97.8%
New York	83.0%	82.9%	93.4%	99.3%
Portland	85.1%	94.8%	86.9%	91.3%
Sacramento	80.3%	92.2%	88.7%	89.1%
Washington DC	87.6%	92.2%	93.3%	100.0%
Overall Congruence	83.5%	86.7%	92.3%	97.2%

Table 3.2: Proportion of Adult Male Arrestees Testing Positive and Self-reporting Use by Site, 2010

Primary City	Marijuana	Cocaine	Opiates	Methamphetamines
Atlanta	81.8%	48.3%	13.6%	57.1%
Charlotte	77.0%	39.5%	44.4%	0.0%
Chicago	85.6%	36.9%	59.0%	n/a
Denver	93.9%	51.9%	44.0%	60.0%
Indianapolis	78.8%	42.0%	5.4%	72.7%
Minneapolis	77.4%	38.0%	26.8%	53.8%
New York	84.2%	43.4%	38.8%	0.0%
Portland	88.8%	69.4%	53.8%	61.4%
Sacramento	79.7%	45.6%	23.7%	64.5%
Washington DC	77.8%	50.0%	42.1%	n/a
Overall Congruence	82.7%	45.0%	37.4%	61.6%

Table 3.3: Urine Test Results on Any Drug Test Among Adult Male Arrestees 2000–2003 and 2007–2010†

Primary City	Percent of Arrestees Testing Positive for: Any of 10 Drugs[a]								
	2000	2001	2002	2003	2007	2008	2009	2010	Trend[b] p-value
Atlanta			72.3 (3.6)	69.9 (3.9)	67.8 (4.5)	60.0 (4.9)	64.6 (4.7)	62.0 (5.6)	0.097
Charlotte	61.4 (6.7)	69.5 (2.7)	61.9 (2.7)	65.7 (3.1)	68.6 (3.2)	68.8 (3.4)	55.7*** (3.7)	66.8 (3.6)	0.228
Chicago	89.3 (4.4)	89.6 (4.5)	87.4 (1.3)	89.1 (1.4)	86.5 (2.7)	86.5 (2.9)	82.1 (4.2)	82.6 (4.0)	0.015
Denver	68.5 (1.9)	66.0 (1.9)	66.7 (1.9)	73.3*** (2.2)	71.1** (2.5)	67.6 (2.7)	69.6* (2.5)	63.3 (3.0)	0.616
Indianapolis	66.3 (2.0)	68.3 (2.0)	67.1 (2.5)	63.7 (2.8)	65.5 (2.8)	64.0 (2.8)	61.7* (3.3)	68.6 (3.1)	0.522
Minneapolis	67.4 (2.4)	68.1 (2.5)	71.4 (2.4)	65.0** (2.2)	63.5** (3.2)	65.1* (3.0)	63.1* (3.6)	71.4 (2.4)	0.423
New York	83.8*** (1.6)	80.8* (1.9)	83.2** (1.6)	73.7 (1.9)	69.2* (3.1)	69.2* (2.9)	68.9** (3.1)	75.2 (2.7)	<0.001
Portland	66.7** (2.0)	70.4 (1.8)	69.3 (2.0)	74.3 (2.3)	72.0 (2.9)	64.1*** (2.8)	64.9** (3.0)	74.1 (2.3)	0.623
Sacramento	74.6* (2.4)	75.6 (2.2)	79.9 (1.7)	84.0 (2.0)	77.9 (2.5)	77.6 (2.4)	68.4*** (3.2)	80.0 (2.7)	0.158
Washington DC			55.8 (6.9)	68.5*** (4.4)	68.3** (6.1)	48.6 (9.9)	74.3** (7.9)	52.0 (6.0)	0.285

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***). Empty cells indicate years in which the site did not collect data.

[a] Ten drugs tested include marijuana, cocaine, opiates, amphetamine, phencyclidine (PCP), benzodiazepines, propoxyphene, methadone, barbiturates, and oxycodone.
[b] The p-value from a test for a linear trend in estimates over 2000 – 2010.
† Data from 2000-2003 were re-estimated using the methodology utilized in 2007 – 2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.4: Urine Test Results of Multiple Drug Use Among Adult Male Arrestees 2000–2003 and 2007–2010†

Primary City	Percent of Arrestees Testing Positive for: Multiple Drugs (Any of 10)[a]								
	2000	2001	2002	2003	2007	2008	2009	2010	Trend[b] p-value
Atlanta			19.9 (3.6)	17.0 (3.5)	14.2 (3.1)	15.3 (3.2)	13.7 (3.0)	13.1 (3.3)	0.298
Charlotte	29.0* (6.8)	17.5 (2.3)	19.4 (2.2)	17.7 (2.4)	17.2 (2.7)	17.0 (2.7)	12.3 (2.2)	14.9 (2.5)	0.087
Chicago	56.1*** (8.2)	32.1 (7.0)	36.5** (1.9)	40.8*** (2.3)	38.2* (4.2)	40.4** (4.4)	28.2 (4.8)	27.2 (4.3)	<0.001
Denver	21.6*** (1.7)	21.4*** (1.6)	21.9*** (1.7)	29.5*** (2.4)	21.8*** (2.3)	20.5** (2.2)	19.2* (2.2)	14.3 (2.1)	0.030
Indianapolis	23.9 (1.8)	25.1 (1.9)	23.5 (2.1)	25.5 (2.3)	25.9 (2.6)	20.5 (2.2)	17.3** (2.3)	25.0 (2.9)	0.202
Minneapolis	22.3 (2.1)	20.1 (2.2)	18.8 (2.0)	19.7 (1.8)	20.8 (2.5)	21.3 (2.6)	17.5 (2.7)	20.4 (2.2)	0.399
New York	34.0** (2.0)	32.3 (2.2)	29.3 (2.0)	26.1 (1.8)	23.4 (2.9)	24.5 (2.9)	25.4 (2.7)	26.1 (2.7)	0.002
Portland	27.4 (2.0)	24.8** (1.7)	26.4 (1.9)	36.0 (2.6)	29.5 (3.0)	24.7** (2.4)	19.6*** (2.5)	31.5 (2.5)	0.188
Sacramento	29.6** (2.6)	28.8** (2.3)	35.8 (2.1)	39.6 (2.8)	32.1 (3.0)	28.7** (2.7)	27.1** (2.9)	37.7 (3.3)	0.812
Washington DC			21.2 (5.6)	21.6** (3.9)	34.4*** (6.8)	17.5 (7.1)	22.6 (9.2)	11.2 (3.7)	0.231

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***). Empty cells indicate years in which the site did not collect data.

[a] Ten drugs tested include marijuana, cocaine, opiates, amphetamine, phencyclidine (PCP), benzodiazepines, propoxyphene, methadone, barbiturates, and oxycodone.
[b] The p-value from a test for a linear trend in estimates over 2000 – 2010.
† Data from 2000-2003 were re-estimated using the methodology utilized in 2007 – 2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.5: Urine Test Results for Marijuana Among Adult Male Arrestees 2000–2003 and 2007–2010†

Primary City	Percent of Arrestees Testing Positive for: Marijuana								
	2000	2001	2002	2003	2007	2008	2009	2010	Trend[b] p-value
Atlanta			37.7 (4.2)	33.0 (4.4)	30.9 (4.3)	31.8 (4.4)	36.8 (4.7)	35.1 (5.4)	0.526
Charlotte	38.7 (6.2)	49.0 (3.0)	44.4 (2.8)	48.8 (3.1)	45.5 (3.7)	50.8 (3.6)	36.2*** (3.4)	48.0 (3.8)	0.228
Chicago	53.0 (8.0)	55.9 (7.6)	48.6 (1.9)	52.5 (2.2)	51.5 (4.2)	48.6 (4.4)	49.4 (5.3)	55.8 (4.8)	0.874
Denver	41.4 (2.0)	40.1 (1.9)	39.6 (2.0)	43.3 (2.5)	42.7 (2.7)	41.6 (2.7)	45.0 (2.8)	39.9 (3.1)	0.417
Indianapolis	47.5 (2.1)	49.1 (2.2)	45.5 (2.6)	43.8 (2.7)	45.3 (3.0)	45.8 (2.9)	43.7 (3.2)	48.7 (3.3)	0.906
Minneapolis	54.1 (2.5)	52.1 (2.6)	51.5 (2.6)	46.6* (2.3)	42.7*** (3.1)	47.8 (3.0)	46.9 (3.6)	52.9 (2.7)	0.030
New York	39.3** (2.1)	42.7 (2.3)	42.7 (2.2)	42.2 (2.0)	38.2** (3.3)	41.9* (3.2)	41.2** (3.1)	48.2 (3.1)	0.241
Portland	34.9*** (2.0)	35.9*** (1.9)	37.2** (2.1)	39.1 (2.6)	41.4 (3.1)	41.3 (2.8)	40.3 (3.1)	44.3 (2.5)	0.003
Sacramento	49.2** (2.7)	48.0** (2.6)	50.5* (2.1)	49.5** (2.8)	45.8*** (3.0)	46.7*** (2.9)	46.1*** (3.2)	57.7 (3.3)	0.600
Washington DC			33.0 (6.2)	41.1 (4.8)	44.1 (6.6)	30.8 (9.1)	46.9 (10.0)	37.2 (5.9)	0.542

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***). Empty cells indicate years in which the site did not collect data.

[b] The p-value from a test for a linear trend in estimates over 2000 – 2010.
† Data from 2000-2003 were re-estimated using the methodology utilized in 2007 – 2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.6: Urine Test Results for Cocaine Among Adult Male Arrestees 2000–2003 and 2007–2010†

Primary City	Percent of Arrestees Testing Positive for: Cocaine[a]								
	2000	2001	2002	2003	2007	2008	2009	2010	Trend[b] p-value
Atlanta			46.1* (4.3)	48.8*** (4.5)	45.5*** (4.8)	40.5* (4.9)	36.9 (4.7)	33.3 (5.3)	0.010
Charlotte	39.2* (6.5)	31.0 (2.8)	30.5 (2.6)	28.9 (2.9)	33.5** (3.3)	30.0 (3.4)	24.9 (3.0)	25.4 (3.2)	0.121
Chicago	50.4** (8.6)	40.2 (7.5)	48.9*** (1.9)	52.8*** (2.2)	40.9** (4.2)	43.8*** (4.2)	33.2 (5.0)	29.0 (4.3)	<0.001
Denver	34.3*** (2.0)	33.5*** (1.8)	31.6*** (1.9)	39.7*** (2.6)	37.0*** (2.7)	32.7*** (2.6)	28.6*** (2.5)	19.1 (2.3)	<0.001
Indianapolis	32.3*** (2.0)	32.8*** (2.1)	33.5*** (2.5)	32.5*** (2.6)	30.5** (2.8)	21.3 (2.3)	21.6 (2.6)	22.2 (2.7)	<0.001
Minneapolis	24.9 (2.1)	25.9** (2.3)	28.3** (2.5)	27.4** (2.1)	27.5** (2.8)	22.5 (2.5)	18.7 (2.8)	20.6 (2.2)	0.026
New York	51.9*** (2.1)	45.8*** (2.4)	49.8*** (2.2)	36.7* (2.0)	33.6 (3.3)	29.7 (3.1)	31.8 (2.9)	30.3 (2.9)	<0.001
Portland	21.5*** (1.8)	25.6*** (1.8)	21.0** (1.8)	33.1*** (2.7)	23.6*** (2.8)	20.6** (2.3)	16.0 (2.2)	14.6 (1.8)	<0.001
Sacramento	18.6** (2.1)	17.3 (1.9)	20.6*** (1.8)	22.5*** (2.4)	21.4*** (2.5)	17.2* (2.1)	10.5 (1.7)	12.2 (2.1)	<0.001
Washington DC			24.2 (6.6)	24.2* (3.8)	31.2*** (2.4)	26.6*** (2.0)	28.7*** (2.6)	17.4 (2.0)	0.064

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***). Empty cells indicate years in which the site did not collect data.

[a] Arrestees tested positive for either crack or powder cocaine.
[b] The p-value from a test for a linear trend in estimates over 2000 – 2010.
† Data from 2000-2003 were re-estimated using the methodology utilized in 2007 – 2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.7: Urine Test Results for Opiates Among Adult Male Arrestees 2000–2003 and 2007–2010†

Primary City	Percent of Arrestees Testing Positive for: Opiates								
	2000	2001	2002	2003	2007	2008	2009	2010	Trend[b] p-value
Atlanta			3.7 (2.0)	1.9 (1.1)	1.4 (1.0)	1.6 (1.1)	2.5 (1.5)	5.8 (3.8)	0.205
Charlotte	2.9 (2.9)	1.7 (0.7)	2.3 (0.8)	1.1* (0.5)	1.3 (0.6)	1.1* (0.6)	1.7 (0.7)	3.1 (1.3)	0.266
Chicago	36.1** (8.6)	29.4* (7.2)	25.1*** (1.7)	23.8*** (1.9)	20.2 (3.3)	28.6*** (3.9)	17.8 (3.9)	14.4 (3.0)	0.001
Denver	3.6 (0.7)	4.3 (0.8)	3.4 (0.7)	7.7 (1.5)	3.2 (0.8)	4.0 (1.0)	5.0 (1.2)	5.2 (1.4)	0.173
Indianapolis	3.1*** (0.7)	5.1*** (1.0)	4.3*** (1.1)	4.2** (1.1)	6.5 (1.5)	5.0** (1.3)	7.0 (1.7)	10.5 (2.2)	<0.001
Minneapolis	3.4** (0.8)	4.0** (0.9)	3.8** (0.9)	4.7* (0.9)	4.7* (1.3)	6.1 (1.3)	5.8 (1.7)	7.1 (1.3)	0.004
New York	19.7*** (1.7)	16.2*** (1.7)	12.8** (1.4)	13.6*** (1.4)	8.2 (1.8)	6.8 (1.6)	9.2 (1.5)	7.6 (1.4)	<0.001
Portland	13.2*** (1.5)	9.8*** (1.2)	9.6*** (1.3)	15.7** (2.0)	11.7*** (2.1)	7.6*** (1.4)	9.7*** (1.7)	22.2 (2.4)	0.148
Sacramento	3.2*** (0.9)	6.3 (1.2)	5.4** (0.9)	7.3 (1.4)	6.1** (1.5)	4.3*** (1.0)	5.5** (1.3)	10.7 (2.2)	0.021
Washington DC			6.8 (2.0)	11.8 (3.0)	14.1 (3.1)	11.5 (2.7)	15.2* (3.6)	10.2 (2.7)	0.568

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***). Empty cells indicate years in which the site did not collect data.

[b] The p-value from a test for a linear trend in estimates over 2000 – 2010.
† Data from 2000-2003 were re-estimated using the methodology utilized in 2007 – 2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.8: Urine Test Results for Methamphetamine Among Adult Male Arrestees 2000–2003 and 2007–2010†

Primary City	Percent of Arrestees Testing Positive for: Methamphetamine								
	2000	2001	2002	2003	2007	2008	2009	2010	Trend[b] p-value
Atlanta			2.7 (1.4)	1.3 (0.8)	0.7 (0.6)	0.4 (0.4)	0.2 (0.2)	0.5 (0.5)	0.079
Charlotte	2.2 (2.4)	0.9 (0.5)	1.2* (0.6)	1.6 (0.9)	0.9 (0.5)	0.5 (0.3)	0.1 (0.1)	0.3 (0.2)	0.009
Chicago	0.0 (0.3)	1.4 (2.3)	0.8 (0.3)	1.3 (0.5)	0.7 (0.6)	0.4 (0.4)	0.6 (0.7)	0.6 (0.5)	0.632
Denver	3.4 (0.7)	4.2 (0.8)	6.5 (0.9)	6.5 (1.2)	5.7 (1.4)	3.1 (0.9)	4.4 (1.2)	4.0 (1.2)	0.878
Indianapolis	1.7 (0.5)	1.9 (0.5)	3.5 (1.0)	3.5 (1.0)	2.6 (1.0)	1.6 (0.7)	1.0 (0.6)	2.7 (1.0)	0.484
Minneapolis	3.2 (0.9)	1.7 (0.5)	2.4 (0.6)	3.4 (0.7)	3.2 (0.9)	2.4 (0.9)	3.6 (1.5)	2.4 (0.7)	0.867
New York	0.2 (0.1)	0.3 (0.1)	0.6** (0.2)	0.3 (0.1)	0.1 (0.1)	0.1 (0.1)	0.0 (0.1)	0.1 (0.1)	0.250
Portland	20.8 (1.7)	21.5 (1.6)	22.3 (1.8)	26.8** (2.4)	20.4 (2.5)	14.6** (1.8)	13.3** (2.0)	19.8 (2.1)	<0.001
Sacramento	31.1 (2.4)	31.0 (2.3)	36.4 (2.1)	45.8*** (2.8)	35.6 (3.1)	34.5 (2.9)	30.7 (3.0)	33.2 (3.2)	0.274
Washington DC			2.1 (1.9)	1.8 (1.1)	5.8* (2.8)	1.8 (0.9)	0.4 (0.3)	1.0 (0.7)	<0.001

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***). Empty cells indicate years in which the site did not collect data.

[b] The p-value from a test for a linear trend in estimates over 2000 – 2010.
† Data from 2000-2003 were re-estimated using the methodology utilized in 2007 – 2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.9: Self-reported Past 30 day Use, 2007–2010: Marijuana, Crack and Powder Cocaine, Heroin and Methamphetamine

Primary City	Marijuana				Crack Cocaine				Powder Cocaine				Heroin				Methamphetamine			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	42.1	41.4	44.5	40.3	26.7***	23.4**	18.8	16.6	9.0***	8.2*	6.4	4.4	0.3	0.5	0.5	0.6	1.3	0.1*	0.4	1.1
	(3.4)	(3.6)	(3.3)	(2.9)	(3.1)	(3.0)	(2.5)	(2.1)	(2.0)	(1.9)	(1.5)	(1.2)	(0.3)	(0.4)	(0.4)	(0.4)	(0.7)	(0.1)	(0.3)	(0.6)
Charlotte	48.6	47.2	34.5**	44.5	18.8***	13.9**	9.1	7.7	11.6	10.1	7.3	7.4	0.7	0.6	0.8	1.9	0.3	0.4	n/a	0.4
	(2.9)	(2.9)	(3.1)	(3.4)	(2.3)	(2.0)	(1.7)	(1.6)	(2.0)	(1.8)	(1.6)	(1.7)	(0.5)	(0.4)	(1.2)	(1.0)	(0.4)	(0.4)		(0.4)
Chicago	56.6	51.9	44.3	53.1	22.8***	23.0***	13.5	8.1	5.4	2.9	8.2	4.3	20.6*	24.8***	13.1	11.9	0.0	0.0	n/a	0
	(4.1)	(3.7)	(4.8)	(4.9)	(3.5)	(3.1)	(3.3)	(2.3)	(1.9)	(1.2)	(2.7)	(2.2)	(3.3)	(3.2)	(3.0)	(3.0)	(0.0)	(0.0)		(n/a)
Denver	45.4*	44.6**	47.6	52.7	20.3***	16.7**	14.9	11.0	14.1**	10.4	10.2	8.2	3.3	1.5*	4.2	3.6	5.1	3.0*	4.9	5.8
	(2.5)	(2.5)	(2.6)	(2.9)	(2.1)	(1.9)	(1.9)	(1.8)	(1.8)	(1.5)	(1.6)	(1.5)	(0.9)	(0.5)	(1.1)	(1.0)	(1.2)	(0.9)	(1.2)	(1.5)
Indianapolis	44.1	43.0	41.7*	48.3	13.9	10.6	8.5	11.1	6.5	3.2*	4.6	6.0	1.3	1.2	2.7	2.8	2.1	1.0	1.2	2.0
	(2.6)	(2.5)	(2.7)	(3.0)	(1.8)	(1.5)	(1.4)	(1.8)	(1.3)	(0.8)	(1.1)	(1.4)	(0.6)	(0.5)	(0.8)	(1.1)	(0.8)	(0.5)	(0.6)	(0.8)
Minneapolis	43.3	45.7	35.2***	45.5	17.1***	14.7**	9.1	9.4	6.3**	6.0**	3.9	2.7	2.2	2.9	2.4	2.9	3.7	3.0	1.8**	4.3
	(2.7)	(2.8)	(2.6)	(2.9)	(2.1)	(2.0)	(1.5)	(1.6)	(1.3)	(1.4)	(1.0)	(0.8)	(0.7)	(0.9)	(0.7)	(0.9)	(1.0)	(0.9)	(0.7)	(1.2)
New York	39.3***	40.2***	44.3**	51.4	9.9	7.2**	10.4	11.2	8.3	7.2	9.3	9.1	5.5	5.5	7.1	5.4	0.8	0.2	0.4	0.9
	(2.8)	(2.7)	(2.4)	(2.6)	(1.5)	(1.3)	(1.4)	(1.6)	(1.4)	(1.2)	(1.4)	(1.4)	(1.2)	(1.2)	(1.1)	(0.9)	(0.7)	(0.3)	(0.4)	(0.7)
Portland	46.7	42.3**	43.4*	49.8	15.0	10.8	10.7	11.5	11.4	8.3	6.9	8.5	9.4***	7.7***	11.3**	18.1	22.4	13.7***	13.4***	21.8
	(2.7)	(2.5)	(2.8)	(2.8)	(2.0)	(1.5)	(1.7)	(1.7)	(1.8)	(1.4)	(1.4)	(1.5)	(1.5)	(1.3)	(1.8)	(2.3)	(2.2)	(1.6)	(1.9)	(2.3)
Sacramento	44.7**	45.4**	46.7	53.1	11.4**	8.9	5.3	6.2	7.2*	4.7	3.7	3.6	2.7	2.1*	2.6	4.2	28.9	25.6	25.3	26.6
	(2.8)	(2.6)	(2.9)	(2.9)	(1.8)	(1.5)	(1.2)	(1.3)	(1.5)	(1.1)	(1.0)	(1.1)	(0.8)	(0.7)	(0.8)	(1.1)	(2.6)	(2.3)	(2.5)	(2.6)
Washington DC	42.0*	34.2	39.6	31.7	14.1***	17.8**	10.1	3.9	5.2	3.1	1.5	3.1	12.5*	4.4	5.6	5.9	n/a	n/a	n/a	n/a
	(5.8)	(8.5)	(7.9)	(5.0)	(4.0)	(6.6)	(3.9)	(1.4)	(3.0)	(2.3)	(1.2)	(1.9)	(4.5)	(2.6)	(3.1)	(2.5)				

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization.
2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate.
3) There are no non-missing values for this measure in the reporting year.

Table 3.10: Self-reported Use of Marijuana, 2007–2010

Primary City	Arrestees Reporting Marijuana Use (%)											
	Past 3 Days				Past 7 Days				Past Year			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	28.5	27.6	29.8	28.4	34.3	35.4	38.9	34.7	46.9	47.0	48.2	46.0
	(3.2)	(3.3)	(3.2)	(2.7)	(3.3)	(3.5)	(3.3)	(2.8)	(3.4)	(3.6)	(3.3)	(2.9)
Charlotte	33.5	29.2	21.3*	28.0	40.6	38.2	27.8**	36.5	56.0	54.8	40.8**	51.2
	(2.7)	(2.6)	(2.5)	(3.0)	(2.9)	(2.8)	(2.8)	(3.3)	(2.8)	(2.9)	(3.1)	(3.4)
Chicago	36.4	35.6	32.8	36.9	44.7	45.8	39.7	46.8	60.7	58.6	49.2	58.2
	(4.0)	(3.6)	(4.6)	(4.7)	(4.1)	(3.7)	(4.8)	(4.9)	(4.0)	(3.6)	(4.8)	(4.8)
Denver	33.4	34.3	34.1	34.7	40.0	40.2	41.7	43.9	51.2*	49.3**	52.0	57.9
	(2.4)	(2.4)	(2.5)	(2.8)	(2.5)	(2.5)	(2.6)	(2.9)	(2.5)	(2.5)	(2.6)	(2.9)
Indianapolis	33.4	30.2	28.4	32.9	39.4	35.5	33.0*	39.4	50.8	51.0	48.8	54.5
	(2.5)	(2.4)	(2.4)	(2.8)	(2.6)	(2.4)	(2.5)	(2.9)	(2.6)	(2.5)	(2.7)	(2.9)
Minneapolis	29.3	32.8	28.5*	34.7	36.0*	39.6	31.2***	42.8	50.5	51.8	40.6***	51.8
	(2.5)	(2.5)	(2.4)	(2.7)	(2.6)	(2.7)	(2.5)	(2.8)	(2.7)	(2.8)	(2.7)	(2.8)
New York	27.6***	31.9	32.4	36.7	32.8***	36.8*	37.4*	43.7	46.4***	44.7***	49.4**	56.5
	(2.5)	(2.6)	(2.3)	(2.5)	(2.6)	(2.7)	(2.4)	(2.5)	(2.8)	(2.7)	(2.4)	(2.5)
Portland	30.1	28.2	29.9	33.3	40.0	35.4*	35.9	41.3	56.6	51.5	51.4	56.6
	(2.5)	(2.2)	(2.6)	(2.7)	(2.7)	(2.4)	(2.7)	(2.8)	(2.7)	(2.5)	(2.8)	(2.7)
Sacramento	31.6**	33.5*	35.0	40.7	37.0**	38.0*	40.8	45.0	49.5***	51.3**	52.5**	60.3
	(2.6)	(2.5)	(2.8)	(2.9)	(2.7)	(2.6)	(2.9)	(2.9)	(2.8)	(2.6)	(2.9)	(2.8)
Washington DC	30.5	22.0	30.6	23.2	34.3	31.5	34.1	26.3	42.7	37.9	45.7	39.6
	(5.7)	(7.1)	(7.7)	(4.6)	(5.8)	(8.4)	(7.8)	(4.8)	(5.6)	(8.2)	(7.9)	(5.2)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 3.11: Average Age at First Use for Those Who Admit Use in Prior 30 Days, 2000–2003 and 2007–2010[†], Marijuana and Heroin

Primary City	Marijuana								Heroin							
	2000	2001	2002	2003	2007	2008	2009	2010	2000	2001	2002	2003	2007	2008	2009	2010
Atlanta			15.8 (0.3)	16.1 (0.2)	16.4 (0.3)	16.1 (0.3)	16.4 (0.3)	16.4 (0.2)			21.9 (1.4)	21.4 (1.3)	21.9 (1.6)	23.8** (1.9)	23.1 (1.9)	19.6 (1.4)
Charlotte	15.5 (0.4)	15.7 (0.2)	15.3 (0.2)	15.3 (0.2)	15.3 (0.2)	15.2 (0.2)	15.6 (0.3)	15.4 (0.3)	21.8 (2.5)	20.6 (1.2)	21.5 (1.2)	20.8 (1.3)	23.3 (1.2)	25.4 (1.2)	22.0 (1.4)	23.1 (1.4)
Chicago	15.7 (0.7)	16.5*** (0.3)	15.4 (0.1)	15.2 (0.2)	14.9 (0.4)	14.6 (0.3)	14.5 (0.3)	15.1 (0.4)	25.1* (2.0)	22.6 (1.1)	24.2** (0.4)	24.8*** (0.5)	23.8 (1.3)	23.6* (0.9)	20.2 (1.0)	20.6 (1.4)
Denver	15.3** (0.2)	15.1* (0.2)	15.5*** (0.2)	15.0 (0.2)	14.9 (0.2)	15.1 (0.2)	14.9 (0.2)	14.6 (0.2)	24.6 (0.6)	22.6 (0.7)	24.2 (0.7)	23.2 (0.9)	27.7** (1.1)	25.0 (1.3)	24.7 (1.1)	24.0 (1.2)
Indianapolis	15.5 (0.2)	15.5 (0.2)	15.6 (0.2)	15.4 (0.2)	15.3 (0.3)	15.3 (0.2)	15.0 (0.2)	15.2 (0.2)	23.5 (1.0)	24.3 (1.0)	24.3 (1.0)	25.0 (1.1)	24.0 (1.5)	24.4 (1.2)	26.2 (1.7)	23.9 (1.3)
Minneapolis	15.3 (0.2)	15.0 (0.1)	14.8 (0.1)	14.9 (0.2)	14.7 (0.2)	15.1 (0.3)	15.2 (0.2)	15.0 (0.3)	22.3 (0.9)	23.8 (0.7)	21.7 (0.7)	22.5 (0.9)	22.1 (1.1)	24.8 (1.5)	25.3 (1.4)	22.3 (1.3)
New York	15.0 (0.1)	15.0 (0.2)	14.8 (0.1)	14.8 (0.2)	15.4 (0.3)	14.6 (0.2)	15.3 (0.2)	15.1 (0.2)	22.0 (0.4)	21.3 (0.5)	20.5* (0.5)	20.8 (0.6)	23.7 (1.1)	21.9 (0.8)	21.5 (0.9)	22.3 (0.8)
Portland	15.1*** (0.2)	14.7** (0.1)	14.6** (0.2)	14.4 (0.2)	14.1 (0.2)	14.5* (0.2)	14.8** (0.2)	14.0 (0.2)	24.3** (0.5)	24.3** (0.5)	22.9 (0.5)	22.3 (0.6)	24.0 (0.8)	24.1 (0.8)	25.0** (0.9)	22.4 (0.7)
Sacramento	14.6 (0.2)	14.5 (0.2)	14.5* (0.2)	14.9 (0.2)	14.7 (0.2)	14.9 (0.2)	14.5 (0.2)	15.0 (0.2)	22.1 (0.7)	23.6 (0.6)	23.7 (0.7)	23.2 (0.8)	23.7 (1.0)	23.3 (1.2)	22.7 (1.1)	23.0 (1.0)
Washington DC			16.4 (0.6)	15.4 (0.5)	15.9 (0.4)	17.6* (1.0)	15.6 (0.7)	16.0 (0.5)			22.2 (3.0)	23.0 (2.6)	21.6 (2.1)	33.5** (4.2)	26.5 (4.1)	24.0 (2.3)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.

[†] Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.12: Average Age at First Use for Those Who Admit Use in Prior 30 Days, 2000–2003 and 2007–2010†, Crack, Powder Cocaine

Primary City	Crack Cocaine								Powder Cocaine							
	2000	2001	2002	2003	2007	2008	2009	2010	2000	2001	2002	2003	2007	2008	2009	2010
Atlanta			27.6**	25.8	27.9***	26.2*	27.5**	24.8			23.0***	20.7	22.5***	21.6*	21.5	20.2
			(0.9)	(0.7)	(1.0)	(0.9)	(0.9)	(0.8)			(0.7)	(0.5)	(0.7)	(0.7)	(0.7)	(0.6)
Charlotte	24.7	25.1	24.4	25.5	24.1	25.8	25.0	24.1	20.5	21.3	20.4	21.5	21.4	21.9	20.9	21.3
	(1.5)	(0.8)	(0.7)	(0.8)	(0.9)	(0.9)	(1.0)	(1.1)	(1.0)	(0.5)	(0.5)	(0.5)	(0.6)	(0.6)	(0.7)	(0.7)
Chicago	28.1	27.1	26.2	26.3	25.7	24.2*	23.9*	28.5	24.7	22.3	21.8	22.7	22.0	21.9	21.0	22.7
	(2.3)	(1.1)	(0.4)	(0.5)	(1.4)	(0.9)	(1.2)	(2.3)	(2.4)	(1.0)	(0.4)	(0.5)	(1.1)	(0.9)	(1.0)	(1.6)
Denver	26.9**	26.0	26.9**	26.7*	24.8	26.1	25.8	24.6	21.7	21.4	21.7	21.0	21.9	21.2	21.7	21.5
	(0.5)	(0.5)	(0.5)	(0.7)	(0.7)	(0.8)	(0.8)	(0.8)	(0.3)	(0.4)	(0.4)	(0.5)	(0.5)	(0.4)	(0.5)	(0.5)
Indianapolis	27.3	26.1	27.9**	27.2	26.7	26.2	24.6	25.8	21.8	21.9	22.2*	22.4**	22.0	21.3	21.3	21.0
	(0.6)	(0.5)	(0.5)	(0.6)	(0.9)	(0.8)	(0.8)	(0.9)	(0.4)	(0.4)	(0.4)	(0.4)	(0.6)	(0.4)	(0.5)	(0.5)
Minneapolis	23.7*	25.2	24.9	25.0	23.8	23.3**	23.3*	25.7	20.3	21.3	20.5	20.6	20.5	20.4	20.4	20.7
	(0.6)	(0.4)	(0.5)	(0.6)	(0.7)	(0.7)	(0.9)	(0.9)	(0.4)	(0.3)	(0.3)	(0.4)	(0.5)	(0.5)	(0.5)	(0.6)
New York	26.0	25.2	26.2	25.6	25.6	25.3	26.2	25.0	21.0	20.0	20.2	19.7	21.2	19.7	21.2	20.4
	(0.4)	(0.5)	(0.5)	(0.6)	(1.1)	(0.9)	(0.8)	(0.8)	(0.3)	(0.4)	(0.3)	(0.4)	(0.7)	(0.6)	(0.5)	(0.5)
Portland	24.6***	23.8**	24.0**	22.3	22.9	24.2**	23.9**	22.1	20.7**	20.1	20.4	19.6	20.2	20.8**	20.5	19.6
	(0.4)	(0.4)	(0.5)	(0.6)	(0.7)	(0.6)	(0.7)	(0.7)	(0.3)	(0.3)	(0.3)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)
Sacramento	25.9	25.7	24.0*	25.0	24.3	24.4	25.4	25.8	20.6	20.0	20.2	19.9	19.6	21.0	20.6	20.0
	(0.5)	(0.6)	(0.6)	(0.7)	(0.8)	(0.7)	(1.0)	(0.9)	(0.3)	(0.3)	(0.3)	(0.4)	(0.5)	(0.5)	(0.5)	(0.5)
Washington DC			26.2	25.1	25.2	27.4	26.8	25.6			22.0	20.3	18.9**	29.0***	19.3	20.0
			(2.3)	(1.7)	(1.5)	(2.9)	(2.4)	(1.6)			(1.4)	(1.2)	(1.0)	(3.0)	(2.3)	(1.2)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.13: Average Age at First Use for Those Who Admit Use In Prior 30 Days, 2000–2003 and 2007–2010[†], Methamphetamine

Primary City	Methamphetamine							
	2000	2001	2002	2003	2007	2008	2009	2010
Atlanta			24.8 (1.5)	20.6 (1.3)	24.5 (1.9)	21.1 (1.6)	23.1 (2.3)	21.9 (1.5)
Charlotte	19.6 (2.1)	20.9 (1.2)	19.5** (1.0)	21.0 (1.2)	20.2 (1.3)	23.5 (1.7)	22.1 (1.7)	23.9 (1.9)
Chicago	25.4** (10.4)	25.8*** (7.4)	21.8*** (1.4)	21.2*** (1.5)	25.3*** (2.6)	22.0*** (2.5)	18.6*** (2.8)	51.8 (1.9)
Denver	21.4*** (0.5)	22.5** (0.6)	21.9** (0.6)	23.2 (0.7)	24.2 (0.8)	23.7 (1.0)	27.2 (1.1)	25.1 (1.1)
Indianapolis	22.3 (0.7)	21.7 (0.7)	24.3 (0.6)	25.9* (0.8)	25.3 (0.9)	25.5 (1.2)	23.5 (1.0)	23.1 (1.2)
Minneapolis	22.1 (0.9)	21.4 (0.7)	22.2 (0.6)	22.3 (0.8)	22.0 (1.0)	24.5 (1.1)	21.9 (0.9)	22.7 (1.1)
New York	22.7 (1.7)	23.7* (1.6)	20.9 (1.2)	20.6 (1.5)	27.4*** (1.9)	23.3 (1.6)	24.2* (2.0)	19.7 (1.6)
Portland	20.7 (0.4)	21.4 (0.4)	21.0 (0.4)	20.5 (0.5)	21.6 (0.6)	21.6 (0.6)	22.4** (0.7)	20.7 (0.6)
Sacramento	20.5 (0.4)	20.6 (0.4)	20.9 (0.4)	21.0 (0.4)	21.3 (0.5)	21.4 (0.6)	21.5 (0.6)	20.5 (0.6)
Washington DC			24.8** (5.5)	24.8*** (3.9)	20.4 (3.5)	37.9*** (4.2)	18.3 (4.9)	12.1 (2.3)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.

[†] Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.14: Acquisition of Marijuana by Adult Male Arrestees, 2000–2003 and 2007–2010†

Primary City	Acquired Marijuana in Past 30 days % of Arrestees							
	2000	2001	2002	2003	2007	2008	2009	2010
Atlanta			43.3	50.3*	44.1	45.4	45.5	43.0
			(3.7)	(3.1)	(3.5)	(3.6)	(3.3)	(2.9)
Charlotte	40.1	48.0	43.2	49.4	43.8	46.1	32.7***	44.9
	(6.5)	(2.7)	(2.5)	(2.5)	(2.9)	(2.9)	(3.0)	(3.3)
Chicago	48.7	48.1	51.3	57.0	55.6	55.5	46.2	55.5
	(4.2)	(5.1)	(1.5)	(1.9)	(4.1)	(3.7)	(4.9)	(4.9)
Denver	44.8**	46.3*	44.0**	46.3	44.6**	44.4**	47.9	52.3
	(2.0)	(1.9)	(1.9)	(2.3)	(2.5)	(2.5)	(2.6)	(2.9)
Indianapolis	41.5	47.2*	44.4	44.1	36.4	33.4**	35.7	41.4
	(2.1)	(2.0)	(2.4)	(2.5)	(2.5)	(2.4)	(2.5)	(2.9)
Minneapolis	45.2	53.7***	51.5**	45.3	38.7	43.9	30.5***	43.1
	(2.6)	(1.9)	(1.8)	(2.2)	(2.7)	(2.7)	(2.4)	(2.8)
New York	49.4	48.3	49.6	41.2***	42.2**	39.8***	44.8*	50.5
	(1.9)	(2.2)	(1.8)	(2.2)	(2.8)	(2.7)	(2.4)	(2.6)
Portland	31.8***	41.5	41.8	46.6	44.0	37.9**	38.4*	45.0
	(2.0)	(1.9)	(2.1)	(2.4)	(2.7)	(2.4)	(2.7)	(2.8)
Sacramento	47.5	52.9	52.4	47.5	43.0**	45.6	46.0	51.7
	(2.5)	(2.0)	(2.1)	(2.6)	(2.7)	(2.6)	(2.9)	(2.9)
Washington DC			31.6	39.5**	35.3	21.2	31.8	26.7
			(4.1)	(3.6)	(6.0)	(7.2)	(7.2)	(4.7)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.15: Acquisition of Crack Cocaine by Adult Male Arrestees, 2000–2003 and 2007–2010†

Primary City	Acquired Crack Cocaine in Past 30 days % of Arrestees							
	2000	2001	2002	2003	2007	2008	2009	2010
Atlanta			31.4***	24.7**	28.7***	24.2**	19.7	17.0
			(3.6)	(2.6)	(3.2)	(3.0)	(2.5)	(2.1)
Charlotte	26.7***	18.4***	17.8***	17.1***	19.9***	15.4***	8.0	7.4
	(6.6)	(2.1)	(1.9)	(1.9)	(2.3)	(2.1)	(1.5)	(1.5)
Chicago	27.3***	25.6***	31.3***	34.6***	22.3***	25.5***	16.6*	9.2
	(3.8)	(4.0)	(1.4)	(1.9)	(3.4)	(3.2)	(3.6)	(2.6)
Denver	19.9***	19.5***	18.7***	19.0**	20.1***	17.2*	15.3	12.3
	(1.6)	(1.5)	(1.5)	(1.8)	(2.1)	(1.9)	(1.9)	(1.8)
Indianapolis	15.7**	15.8**	18.1***	18.6***	13.3	10.4	9.6	10.9
	(1.5)	(1.5)	(1.7)	(2.0)	(1.7)	(1.5)	(1.5)	(1.7)
Minneapolis	16.7***	16.2***	19.9***	13.1*	17.7***	15.6***	8.7	8.9
	(1.9)	(1.4)	(1.5)	(1.4)	(2.1)	(2.0)	(1.5)	(1.5)
New York	21.1***	22.3***	24.4***	14.7	10.8	7.4*	10.0	11.1
	(1.5)	(1.8)	(1.5)	(1.6)	(1.6)	(1.3)	(1.4)	(1.5)
Portland	10.5	17.2***	13.9*	20.0***	15.8**	11.4	10.6	9.8
	(1.2)	(1.5)	(1.5)	(2.0)	(2.0)	(1.5)	(1.6)	(1.6)
Sacramento	14.6***	12.7***	15.1***	14.6***	11.7**	9.9*	5.2	6.3
	(1.7)	(1.3)	(1.5)	(1.9)	(1.8)	(1.6)	(1.1)	(1.3)
Washington DC			15.8***	18.6***	15.3***	11.0*	8.8	3.7
			(3.0)	(3.0)	(4.2)	(3.6)	(3.2)	(1.7)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.16: Acquisition of Powder Cocaine by Adult Male Arrestees, 2000–2003 and 2007–2010†

Primary City	Acquired Powder Cocaine in Past 30 days % of Arrestees							
	2000	2001	2002	2003	2007	2008	2009	2010
Atlanta			11.2** (2.3)	14.5*** (2.2)	8.7** (1.8)	8.9** (1.9)	6.0 (1.4)	4.6 (1.2)
Charlotte	14.1 (4.9)	10.4 (1.7)	12.1* (1.7)	10.1 (1.5)	14.1** (2.1)	10.1 (1.7)	7.4 (1.6)	7.6 (1.7)
Chicago	5.8 (1.8)	4.7 (1.9)	8.8 (0.9)	8.8 (1.1)	6.6 (2.1)	4.0 (1.4)	7.5 (2.5)	5.4 (2.5)
Denver	12.7** (1.3)	14.9*** (1.4)	13.8*** (1.3)	12.8** (1.6)	15.6*** (1.9)	10.7 (1.5)	10.6 (1.5)	8.1 (1.5)
Indianapolis	9.4 (1.2)	8.3 (1.1)	9.4 (1.3)	9.5 (1.5)	7.0 (1.3)	3.4** (0.9)	5.6 (1.2)	7.7 (1.6)
Minneapolis	8.6*** (1.5)	6.9*** (1.0)	8.5*** (1.1)	7.4*** (1.1)	8.9*** (1.6)	6.7** (1.4)	4.0 (1.0)	3.2 (0.9)
New York	16.7*** (1.4)	16.6*** (1.6)	14.6** (1.3)	10.4 (1.3)	11.0 (1.6)	8.1 (1.3)	9.4 (1.4)	9.9 (1.4)
Portland	8.4 (1.1)	12.1** (1.3)	10.1 (1.3)	15.6*** (1.7)	12.3** (1.8)	8.6 (1.4)	7.2 (1.4)	7.7 (1.4)
Sacramento	3.6 (1.0)	4.0 (0.7)	5.7 (1.0)	6.5* (1.3)	8.7*** (1.7)	5.8 (1.3)	4.1 (1.1)	3.3 (1.0)
Washington DC			2.6 (1.1)	4.9 (1.8)	7.9 (4.2)	3.3 (2.3)	0.7 (0.7)	3.8 (1.9)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.17: Acquisition of Powder Heroin by Adult Male Arrestees, 2000–2003 and 2007–2010†

Primary City	Acquired Heroin in Past 30 days % of Arrestees							
	2000	2001	2002	2003	2007	2008	2009	2010
Atlanta			2.6 (1.4)	2.0 (0.9)	0.5 (0.4)	1.3 (0.7)	0.8 (0.6)	1.0 (0.6)
Charlotte	n/a	1.5 (0.6)	2.1 (0.8)	0.9 (0.4)	0.8 (0.5)	0.9 (0.5)	0.8 (1.2)	1.7 (0.9)
Chicago	31.5*** (3.9)	29.2*** (4.5)	24.7*** (1.3)	24.4*** (1.7)	21.9** (3.4)	25.5*** (3.2)	15.0 (3.2)	12.4 (3.1)
Denver	3.3 (0.7)	4.0 (0.7)	3.6 (0.7)	5.7 (1.1)	3.3 (0.9)	1.6** (0.5)	4.3 (1.1)	3.7 (1.0)
Indianapolis	1.9 (0.6)	1.6 (0.4)	1.5 (0.5)	2.6 (0.9)	0.9* (0.5)	1.6 (0.6)	3.3 (1.0)	2.9 (1.1)
Minneapolis	2.5 (0.7)	2.9 (0.6)	3.4 (0.7)	3.8 (0.8)	2.4 (0.7)	3.1 (0.9)	2.7 (0.8)	3.2 (0.9)
New York	18.3*** (1.4)	15.9*** (1.6)	15.2*** (1.3)	11.7*** (1.4)	6.0 (1.2)	6.1 (1.3)	7.2 (1.1)	5.4 (0.9)
Portland	9.7*** (1.1)	10.7*** (1.2)	9.9*** (1.2)	13.3* (1.6)	9.4*** (1.5)	7.8*** (1.3)	11.9** (1.8)	18.6 (2.3)
Sacramento	5.2 (1.0)	6.6 (1.1)	6.0 (1.1)	3.4 (0.9)	3.3 (1.0)	2.4* (0.7)	2.4* (0.8)	4.6 (1.1)
Washington DC			6.8 (1.9)	9.5* (2.2)	12.7** (4.4)	2.9 (2.0)	2.7 (1.8)	5.0 (2.1)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations: 1) There are less than 10 observations in the data, so we do not perform annualization. 2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate.
3) There are no non-missing values for this measure in the reporting year.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.18: Acquisition of Methamphetamine by Adult Male Arrestees, 2000–2003 and 2007–2010†

Primary City	Acquired Methamphetamine in Past 30 days % of Arrestees							
	2000	2001	2002	2003	2007	2008	2009	2010
Atlanta			3.8 (1.6)	1.8 (0.7)	1.1 (0.6)	0.1** (0.1)	0.4 (0.3)	1.2 (0.5)
Charlotte	0.9 (1.3)	0.2 (0.2)	0.8 (0.5)	0.7 (0.3)	n/a	0.2 (0.2)	n/a	0.5 (0.4)
Chicago	n/a	98.4 (2.1)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	0.0 (0.0)	0 (n/a)
Denver	3.9 (0.8)	6.0 (0.9)	5.3 (0.8)	4.8 (1.0)	4.7 (1.1)	3.1* (0.9)	4.8 (1.1)	6.1 (1.5)
Indianapolis	1.6 (0.5)	1.1 (0.3)	1.9 (0.6)	2.4 (0.8)	2.3 (0.8)	1.3 (0.6)	0.7** (0.4)	2.7 (1.0)
Minneapolis	3.4 (0.9)	3.7 (0.8)	4.2 (0.8)	4.3 (0.9)	3.7 (1.1)	3.5 (1.0)	1.4** (0.6)	4.1 (1.1)
New York	0.1 (0.1)	0.1 (0.1)	0.8 (0.3)	0.1 (0.1)	0.7 (0.6)	n/a	0.4 (0.3)	0.4 (0.3)
Portland	18.9 (1.8)	21.0 (1.6)	24.1 (1.8)	25.9* (2.1)	23.0 (2.3)	13.2*** (1.6)	14.0** (1.9)	20.2 (2.2)
Sacramento	24.5 (2.1)	27.5 (1.8)	28.5 (1.9)	35.7** (2.5)	28.0 (2.5)	25.7 (2.3)	25.7 (2.5)	27.2 (2.6)
Washington DC			n/a	n/a	n/a	n/a	n/a	n/a

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations: 1) There are less than 10 observations in the data, so we do not perform annualization. 2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate.
3) There are no non-missing values for this measure in the reporting year.

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.19: Percent of Adult Male Arrestees Who Acquired Marijuana, Crack or Powder Cocaine, Heroin and Methamphetamine Reporting Cash Buys in Past 30 Days, 2007–2010

Primary City	Marijuana				Crack Cocaine				Powder Cocaine				Heroin				Methamphetamine			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	66.5	71.8*	71.4	62.2	94.7	97.2*	93.0	88.7	69.7	44.0**	50.0	78.3	n/a	92.7	68.7	78.2	n/a	n/a	n/a	n/a
	(5.1)	(5.2)	(4.5)	(4.6)	(2.2)	(1.4)	(2.9)	(4.5)	(11.8)	(12.0)	(13.5)	(10.9)		(8.9)	(36.1)	(30.2)				
Charlotte	80.6**	66.9	65.5	67.9	93.9	95.8	93.2	87.3	79.1	79.5	76.2	60.1	50.5	75.0	n/a	88.4	n/a	n/a	n/a	n/a
	(3.4)	(4.3)	(5.3)	(4.7)	(2.9)	(2.6)	(4.4)	(7.2)	(6.9)	(7.6)	(9.6)	(12.2)	(35.2)	(26.0)		(12.0)				
Chicago	82.1	73.5	69.9	76.6	92.6	87.9	95.4	75.5	89.3*	37.6	61.4	42.8	84.4	92.5	95.6	81.5	n/a	n/a	n/a	n/a
	(3.9)	(4.3)	(6.4)	(5.2)	(4.3)	(5.2)	(4.7)	(13.4)	(10.5)	(16.5)	(18.7)	(25.8)	(6.5)	(3.3)	(4.6)	(10.8)				
Denver	52.3	53.7	55.8	56.5	77.8	75.4	76.9	79.2	47.1	58.2	51.4	48.8	75.4	84.6	85.8	93.5	58.8	60.1	68.1	59.2
	(3.8)	(3.8)	(3.7)	(4.0)	(4.9)	(5.1)	(5.7)	(6.4)	(6.7)	(7.9)	(7.9)	(9.5)	(12.9)	(14.4)	(8.3)	(6.9)	(12.5)	(14.3)	(11.6)	(13.7)
Indianapolis	70.6	72.5	63.0	68.8	88.0	90.1	76.2**	91.6	65.2	70.3	82.9	68.8	40.1	75.6	87.7	70.8	56.8	88.3	77.6	65.8
	(3.9)	(3.8)	(4.1)	(4.1)	(4.3)	(4.2)	(7.0)	(3.6)	(9.3)	(12.1)	(7.0)	(10.4)	(32.2)	(18.2)	(9.5)	(20.3)	(20.6)	(11.9)	(25.3)	(17.3)
Minneapolis	72.0	68.2	75.4	74.3	85.5	93.0	92.0	88.4	59.3	71.5**	73.9**	33.3	76.3	95.8	94.4	0	90.1	65.4	90.2	73.6
	(3.9)	(3.8)	(3.9)	(3.5)	(4.7)	(2.9)	(4.1)	(5.0)	(9.7)	(10.4)	(10.7)	(13.8)	(15.0)	(4.5)	(6.3)	(n/a)	(7.1)	(14.7)	(8.5)	(12.0)
New York	65.0	74.3	73.5	68.7	96.6**	96.6**	81.1	81.7	78.7	83.5	82.1	76.9	83.6	73.6	84.3	76.9	n/a	n/a	n/a	n/a
	(4.5)	(4.0)	(3.4)	(3.7)	(3.4)	(3.4)	(6.4)	(6.5)	(5.8)	(5.9)	(5.9)	(6.2)	(7.2)	(10.4)	(6.7)	(8.9)				
Portland	49.9	53.9	51.8	46.9	82.8	82.1	85.4	78.0	67.0	68.1	72.6	69.5	84.3	86.4	95.7**	84.8	70.9	77.3	61.6	70.6
	(4.0)	(4.0)	(4.4)	(4.2)	(5.2)	(5.2)	(5.1)	(7.0)	(7.3)	(7.7)	(9.7)	(8.5)	(6.2)	(5.7)	(2.6)	(4.4)	(5.0)	(5.2)	(7.0)	(5.3)
Sacramento	56.7	39.0**	42.6	51.2	79.0	76.0	88.6	89.1	55.0	41.4	43.6	34.4	83.8	74.1	70.6	83.0	75.0	60.4	63.1	69.7
	(4.1)	(3.7)	(4.1)	(4.0)	(6.9)	(7.3)	(6.4)	(6.2)	(10.1)	(11.9)	(13.4)	(15.5)	(11.0)	(12.7)	(16.8)	(8.5)	(4.6)	(5.1)	(5.6)	(5.1)
Washington DC	57.4	62.1	75.7	73.1	92.0	89.4	n/a	0	n/a	n/a	n/a	n/a	88.3	17.5***	n/a	93.2	n/a	n/a	n/a	n/a
	(12.2)	(16.3)	(11.6)	(10.6)	(8.2)	(9.4)		(n/a)					(10.0)	(21.1)		(7.5)				

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization.
2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate.
3) There are no non-missing values for this measure in the reporting year.

Table 3.20: Percent of Adult Male Arrestees Who Acquired Marijuana, Crack or Powder Cocaine, Heroin and Methamphetamine Reporting Noncash Acquisition in Past 30 Days, 2007–2010

Primary City	Marijuana				Crack Cocaine				Powder Cocaine				Heroin				Methamphetamine			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	52.7*	49.0*	48.5*	59.8	31.3*	33.1	39.4	41.1	49.2	61.3*	63.0	36.6	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	(5.3)	(5.7)	(5.1)	(4.5)	(5.7)	(6.5)	(6.8)	(6.6)	(11.2)	(11.0)	(11.9)	(12.3)								
Charlotte	44.0**	64.8	56.7	61.8	42.7	44.2	36.3	43.3	49.5	58.4	63.5	56.1	20.8	7.0	n/a	29.4	n/a	n/a	n/a	n/a
	(4.5)	(4.3)	(5.5)	(5.0)	(6.4)	(7.2)	(8.9)	(10.4)	(8.4)	(8.9)	(10.7)	(11.8)	(23.4)	(9.9)		(15.5)				
Chicago	59.4	61.3	72.1	57.1	47.7	43.7	38.9	53.8	61.0	57.9	56.9	74.2	48.7	35.5	39.5	32.1	n/a	n/a	n/a	n/a
	(5.6)	(4.9)	(6.6)	(6.6)	(8.6)	(7.3)	(12.0)	(15.0)	(16.9)	(17.3)	(18.7)	(26.6)	(8.7)	(6.8)	(11.4)	(11.8)				
Denver	68.5	73.5	69.1	67.0	47.7	55.3	49.4	46.6	67.4	53.0	52.8	68.9	43.5	23.0	48.7	39.9	66.5	39.3	56.5	52.4
	(3.5)	(3.3)	(3.6)	(4.0)	(5.8)	(6.1)	(6.9)	(8.1)	(5.9)	(7.8)	(7.9)	(8.6)	(13.4)	(16.1)	(13.5)	(14.1)	(12.3)	(14.3)	(12.5)	(13.4)
Indianapolis	61.4**	64.9	66.3	73.8	54.2*	39.3	58.8**	34.9	55.2	44.3	44.2	45.7	55.2	47.8	34.9	60.8	64.0	33.1	n/a	69.0
	(4.1)	(4.3)	(4.0)	(3.8)	(7.0)	(7.2)	(8.0)	(7.7)	(9.5)	(13.6)	(11.1)	(11.3)	(27.3)	(20.8)	(15.2)	(19.5)	(19.7)	(22.5)		(20.0)
Minneapolis	69.4	74.2	54.7**	66.4	54.4	54.1	73.5**	46.4	60.6	66.5	46.8**	79.1	55.9	65.1	43.0	46.4	58.0	81.0	50.9	56.3
	(3.9)	(3.4)	(4.6)	(3.9)	(6.6)	(7.1)	(7.2)	(9.4)	(9.3)	(10.3)	(12.7)	(10.8)	(14.7)	(14.7)	(16.0)	(15.5)	(14.2)	(13.5)	(23.2)	(13.7)
New York	65.9	64.4	59.1**	68.8	37.6	35.7	29.4	39.7	40.6	35.4	29.7**	51.8	37.4	39.7	34.5	32.3	n/a	n/a	n/a	n/a
	(4.1)	(4.3)	(3.7)	(3.4)	(7.7)	(9.8)	(6.7)	(7.5)	(7.6)	(8.4)	(6.8)	(7.9)	(10.2)	(12.4)	(8.3)	(8.8)				
Portland	78.4	80.6	81.0	85.2	46.4	68.6	60.9	58.3	53.7	69.8	63.1	52.7	39.3	73.9**	56.1	52.4	65.6	60.8	76.3	67.8
	(3.3)	(3.1)	(3.4)	(2.8)	(7.2)	(6.4)	(8.0)	(8.4)	(8.0)	(7.9)	(10.2)	(9.9)	(8.7)	(7.7)	(8.0)	(6.9)	(5.4)	(6.6)	(6.1)	(5.7)
Sacramento	80.9	79.8	77.0	73.0	55.8*	50.9	37.7	34.5	70.9	77.0	69.4	66.6	51.3	43.0	41.1	35.7	67.0	70.5**	65.0	55.7
	(3.3)	(3.0)	(3.4)	(3.6)	(8.1)	(8.6)	(11.0)	(10.0)	(9.1)	(9.0)	(12.2)	(15.0)	(14.0)	(16.9)	(17.2)	(11.7)	(5.2)	(4.7)	(5.6)	(6.0)
Washington DC	59.0	42.0	51.8	45.6	29.2	35.9	9.1	44.6	60.8	9.6***	n/a	80.5	50.1	93.4	n/a	66.1	n/a	n/a	n/a	n/a
	(11.3)	(17.6)	(14.3)	(11.1)	(13.0)	(19.2)	(9.7)	(23.0)	(27.6)	(13.6)		(20.4)	(17.8)	(8.5)		(24.0)				

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations: 1) There are less than 10 observations in the data, so we do not perform annualization. 2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate. 3) There are no non-missing values for this measure in the reporting year.

Table 3.21: Average Number of Days Acquiring Selected Drugs Through Cash and Noncash by Adult Male Arrestees, 2010

Primary City	Acquired Marijuana in Past 30 days Mean Number of Days 2010		Acquired Crack Cocaine in Past 30 days Mean Number of Days 2010		Acquired Powder Cocaine in Past 30 days Mean Number of Days 2010		Acquired Heroin in Past 30 days Mean Number of Days 2010		Acquired Methamphetamine in Past 30 days Mean Number of Days 2010	
	Cash	Noncash	Cash	Noncash	Cash	Noncash	Cash	Noncash	Cash	Noncash
Atlanta	9.3 (0.9)	4.7 (0.6)	15.6 (1.3)	8.0 (1.5)	6.6 (1.7)	3.7 (1.3)	23.6 (7.4)	n/a	n/a	5.1 (3.5)
Charlotte	10.2 (1.1)	4.7 (0.9)	17.4 (2.2)	9.2 (2.7)	6.5 (2.5)	1.0 (1.2)	10.5 (6.5)	n/a	n/a	n/a
Chicago	13.0 (1.6)	6.7 (1.3)	9.1 (3.3)	6.8 (3.5)	2.9 (1.9)	8.1 (3.3)	20.2 (2.7)	4.0 (2.2)	n/a	n/a
Denver	6.3 (0.7)	4.5 (0.6)	8.5 (1.6)	4.7 (1.4)	8.8 (2.2)	3.6 (0.8)	16.9 (3.2)	7.9 (3.3)	8.9 (2.6)	7.9 (2.6)
Indianapolis	8.7 (0.9)	6.1 (0.8)	9.1 (1.6)	5.0 (1.3)	4.6 (2.0)	3.4 (1.2)	15.9 (4.5)	7.0 (3.6)	8.8 (3.5)	14.1 (3.6)
Minneapolis	9.6 (0.9)	5.2 (0.7)	9.4 (1.7)	6.6 (2.1)	0.7 (1.3)	1.0 (0.9)	16.8 (3.7)	2.9 (2.8)	5.9 (2.7)	2.2 (1.2)
New York	13.2 (0.9)	6.5 (0.8)	14.6 (1.6)	7.6 (2.0)	7.8 (1.6)	2.9 (1.0)	19.9 (2.0)	4.8 (1.7)	n/a	n/a
Portland	6.7 (0.9)	6.0 (0.7)	11.1 (2.0)	7.8 (2.1)	7.3 (2.0)	4.6 (1.0)	22.8 (1.6)	5.9 (1.4)	6.5 (1.2)	7.5 (1.2)
Sacramento	8.6 (0.9)	4.9 (0.6)	9.2 (1.8)	3.7 (2.4)	2.6 (1.5)	0.7 (0.4)	17.9 (3.3)	4.1 (2.1)	11.1 (1.3)	7.3 (1.1)
Washington DC	12.0 (2.5)	2.2 (1.3)	5.3 (3.5)	4.7 (1.5)	n/a	1.9 (0.5)	21.0 (4.9)	n/a	n/a	n/a

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization.
2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate.
3) There are no non-missing values for this measure in the reporting year.

Table 3.22: Average Number of Purchases of Marijuana, Crack or Powder Cocaine, Heroin and Methamphetamine in Past 30 Days, 2007–2010

Primary City	Marijuana				Crack Cocaine				Powder Cocaine				Heroin				Methamphetamine			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	7.0	8.1*	7.6	6.5	17.3***	18.2***	14.2	14.2	6.7	3.5*	5.9	5.9	21.4	6.4	25.6	13.9	7.6	3.9	5.9	6.4
	(0.9)	(0.9)	(0.8)	(0.6)	(1.4)	(1.4)	(1.4)	(1.2)	(1.4)	(1.1)	(1.7)	(1.2)	(12.2)	(5.0)	(8.8)	(5.4)	(5.1)	(3.5)	(9.1)	(3.6)
Charlotte	7.7	7.6	7.1	7.7	14.6	11.9	14.0	15.1	6.9	3.8	4.5	3.5	7.5	9.1	13.4	7.1	n/a	n/a	n/a	n/a
	(0.8)	(0.7)	(0.9)	(0.8)	(1.4)	(1.3)	(1.9)	(2.0)	(1.2)	(1.0)	(1.6)	(1.6)	(7.4)	(6.4)	(15.4)	(5.7)				
Chicago	8.5	10.5	10.3	10.5	10.6	10.9	7.8	7.2	3.9	2.3*	7.0	7.3	18.0	20.3	21.0	16.9	n/a	n/a	n/a	n/a
	(1.2)	(0.9)	(1.3)	(1.2)	(2.1)	(1.4)	(2.5)	(2.3)	(2.8)	(0.7)	(2.8)	(2.9)	(2.2)	(1.5)	(2.2)	(2.6)				
Denver	5.6	6.1	6.4*	5.3	9.1	8.9	9.6	7.1	4.6	4.9	4.3	5.4	14.6	14.2	15.1	14.2	8.4	6.1	7.4	8.4
	(0.5)	(0.5)	(0.5)	(0.5)	(1.1)	(1.0)	(1.1)	(1.2)	(0.9)	(1.1)	(1.0)	(1.2)	(3.2)	(4.5)	(2.9)	(2.8)	(1.8)	(2.4)	(1.9)	(2.0)
Indianapolis	7.1	6.9	7.0	7.0	9.8	10.7	7.2	7.7	3.4	10.7**	8.0**	3.3	12.2	16.5	18.0*	10.2	3.3*	14.4	10.0	11.1
	(0.8)	(0.6)	(0.7)	(0.7)	(1.6)	(1.4)	(1.4)	(1.3)	(1.5)	(2.8)	(1.7)	(1.1)	(9.5)	(3.5)	(3.3)	(3.8)	(2.5)	(5.4)	(3.1)	(3.1)
Minneapolis	8.5	7.0	8.2	7.3	10.7	9.5	13.7**	8.6	4.3**	2.1	6.5**	1.2	11.6	13.8	12.7	13.3	5.7	6.6	12.0	5.4
	(0.7)	(0.6)	(0.8)	(0.6)	(1.2)	(1.3)	(1.8)	(1.5)	(1.3)	(0.6)	(2.1)	(0.7)	(3.5)	(3.1)	(3.2)	(2.8)	(2.0)	(2.2)	(5.0)	(1.6)
New York	7.3**	11.1	10.9	9.9	13.4	16.0	14.4	13.1	7.6	9.3	9.0	6.5	15.2	15.3	18.5	16.3	n/a	n/a	n/a	n/a
	(1.0)	(0.8)	(0.7)	(0.7)	(1.9)	(2.1)	(1.5)	(1.5)	(1.7)	(1.3)	(1.5)	(1.3)	(2.9)	(2.6)	(1.7)	(1.9)				
Portland	5.3	6.0	7.0	6.3	12.0	10.3	7.0	8.5	6.6	5.7	5.1	6.5	15.8	14.9	14.1	17.1	8.2	7.6	6.7	6.8
	(0.5)	(0.6)	(0.6)	(0.6)	(1.4)	(1.4)	(1.3)	(1.6)	(1.3)	(1.3)	(1.4)	(1.4)	(2.0)	(1.8)	(1.5)	(1.5)	(0.9)	(1.0)	(1.0)	(0.9)
Sacramento	8.3***	6.9	7.2	6.1	9.6	10.4	6.5	7.8	2.4	3.5*	1.8	1.3	13.8	8.6	9.4	13.9	9.5	10.0	7.4	8.8
	(0.6)	(0.5)	(0.6)	(0.5)	(1.4)	(1.5)	(1.4)	(1.6)	(0.8)	(1.0)	(0.7)	(0.6)	(2.7)	(2.2)	(3.6)	(2.9)	(0.7)	(0.8)	(0.8)	(0.9)
Washington DC	12.3***	7.6	11.8	9.2	13.4***	8.4*	14.3***	2.1	1.4	14.1***	28.7***	0.0	15.3	25.5	14.3	16.8	n/a	n/a	n/a	n/a
	(1.6)	(3.1)	(3.1)	(1.9)	(2.4)	(3.5)	(4.2)	(2.8)	(1.9)	(5.8)	(7.4)	(1.6)	(3.8)	(7.0)	(8.9)	(4.9)				

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Question was asked of arrestees who said they bought drugs with cash in the past 30 days.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization.
2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate.
3) There are no non-missing values for this measure in the reporting year.

Table 3.23: Percent Reporting Last Drug Buy was Directly from Dealer, 2007–2010, Marijuana, Crack and Powder Cocaine, Heroin and Methamphetamine

Primary City	Marijuana				Crack Cocaine				Powder Cocaine				Heroin				Methamphetamine			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	92.7 (3.0)	93.1 (3.0)	94.4 (6.5)	95.0 (2.0)	92.2 (4.7)	92.3 (4.3)	91.9 (4.4)	94.1 (3.3)	99.8 (0.2)	100.0 (2.2)	99.5 (0.6)	99.8 (0.2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Charlotte	89.7* (3.1)	85.1 (3.9)	92.6** (3.2)	77.7 (6.1)	93.6 (3.2)	87.9 (4.8)	86.7 (6.8)	80.3 (9.8)	97.2 (2.2)	88.0 (6.6)	88.9 (7.1)	86.9 (9.6)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Chicago	82.0 (5.3)	88.7 (3.9)	91.1 (5.1)	85.0 (5.7)	66.7 (10.4)	90.5 (4.9)	90.1 (9.9)	81.1 (13.4)	51.5 (20.0)	n/a	n/a	40.1 (61.3)	81.0 (8.7)	86.5 (5.8)	89.9 (7.5)	71.4 (15.7)	n/a	n/a	n/a	n/a
Denver	82.9 (4.1)	91.3 (2.9)	87.5 (3.3)	89.0 (3.3)	76.9 (5.9)	69.5 (7.1)	78.9 (6.5)	84.4 (8.0)	82.7 (7.0)	68.6* (11.0)	72.6 (11.0)	93.2 (7.1)	99.2 (0.7)	100.0 (0.0)	n/a	99.8 (0.2)	93.7 (7.3)	75.7 (18.8)	76.5 (14.8)	72.4 (18.4)
Indianapolis	95.5* (1.6)	90.5 (2.8)	90.4 (3.0)	88.9 (3.2)	85.3 (5.4)	73.2 (7.5)	90.3 (5.7)	74.7 (8.7)	66.4 (12.0)	91.6* (8.7)	86.6* (8.4)	57.4 (15.8)	75.5 (32.6)	n/a	89.8 (8.7)	84.6 (16.1)	n/a	n/a	n/a	n/a
Minneapolis	95.7** (1.9)	86.1 (3.5)	90.3 (3.1)	85.8 (3.6)	91.6 (3.7)	92.1 (3.3)	96.4 (2.7)	91.5 (5.2)	n/a	n/a	n/a	n/a	71.6 (17.3)	81.4 (14.0)	84.3 (12.4)	88.5 (9.7)	77.8 (13.4)	55.8 (25.7)	72.5 (25.7)	81.0 (14.4)
New York	85.5 (3.7)	82.2 (4.0)	85.5 (3.1)	84.1 (3.4)	84.4 (6.5)	91.9 (6.2)	94.3* (3.2)	82.5 (6.5)	93.4 (4.2)	91.8 (4.8)	96.7* (2.0)	83.9 (7.0)	90.5 (5.8)	97.8 (2.3)	95.0 (3.4)	90.7 (5.3)	n/a	n/a	n/a	n/a
Portland	85.6 (4.3)	83.5 (4.5)	89.3 (3.9)	84.9 (5.1)	96.2** (2.4)	92.2* (4.1)	70.3 (9.4)	75.4 (9.0)	92.6 (4.8)	86.0 (8.5)	77.1 (11.8)	82.0 (10.7)	78.9 (7.9)	89.6 (6.2)	76.3 (8.4)	84.0 (6.0)	88.2 (4.2)	77.7 (6.8)	82.1 (7.0)	83.8 (5.8)
Sacramento	89.5 (2.8)	89.5 (3.3)	88.0 (3.6)	86.7 (3.5)	80.1 (7.7)	88.2 (5.5)	78.6 (10.1)	77.2 (10.1)	95.3** (3.8)	81.4 (13.4)	80.3 (14.7)	33.3 (29.4)	87.6 (11.5)	86.4 (15.4)	92.8 (8.1)	79.3 (12.8)	74.9 (5.8)	81.1* (5.5)	74.6 (6.8)	65.4 (7.6)
Washington DC	56.2** (16.3)	n/a	76.0 (16.6)	95.6 (3.8)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	93.9 (6.3)	n/a	n/a	86.4 (13.1)	n/a	n/a	n/a	n/a

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization.
2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate.
3) There are no non-missing values for this measure in the reporting year.

Table 3.24: Percent Reporting Last Drug Buy was from Regular Source, 2007–2010, Marijuana, Crack and Powder Cocaine, Heroin and Methamphetamine

Primary City	Marijuana				Crack Cocaine				Powder Cocaine				Heroin				Methamphetamine			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	60.0 (6.2)	54.4 (6.8)	65.6 (5.7)	62.6 (5.4)	55.1 (7.2)	58.5 (7.7)	69.5 (6.9)	59.8 (7.3)	51.9 (14.0)	45.5 (16.9)	76.9 (14.0)	59.8 (18.3)	21.5 (50.3)	68.0 (46.0)	52.2 (96.5)	46.8 (68.3)	n/a	n/a	n/a	n/a
Charlotte	58.0 (5.2)	54.5 (5.8)	61.7 (6.7)	47.3 (6.4)	58.2 (7.0)	56.0 (8.3)	59.5 (10.1)	68.1 (10.8)	62.3 (9.2)	58.8 (10.9)	63.7 (14.4)	63.8 (14.6)	n/a	1.7 (2.5)	3.3 (4.9)	13.8 (14.5)	n/a	n/a	n/a	n/a
Chicago	46.2 (6.7)	48.0 (6.3)	48.0 (9.3)	41.6 (8.0)	53.8 (9.8)	50.6 (8.2)	51.3 (13.4)	60.1 (18.5)	45.3 (12.2)	68.3 (15.6)	64.9 (12.4)	n/a	74.4 (8.7)	69.7 (7.4)	77.0 (11.0)	69.8 (13.6)	n/a	n/a	n/a	n/a
Denver	50.4* (5.7)	52.2 (5.4)	36.5*** (5.2)	63.7 (5.4)	52.0 (7.1)	52.4 (7.8)	44.1 (8.4)	48.3 (9.6)	49.7 (9.6)	67.7 (10.2)	65.1 (11.4)	70.4 (11.2)	60.6 (14.8)	77.1 (20.0)	82.1 (11.0)	69.4 (15.7)	52.6 (17.3)	58.8 (22.1)	43.4* (17.8)	83.0 (13.8)
Indianapolis	57.0 (5.4)	52.4 (5.4)	54.8 (5.6)	50.7 (5.9)	67.7 (7.5)	49.2 (9.0)	58.3 (9.4)	52.8 (9.8)	45.3 (12.2)	68.3 (15.6)	64.9 (12.4)	63.7 (14.8)	58.1 (35.6)	89.1 (12.4)	87.0 (10.7)	47.6 (25.7)	74.4 (60.4)	n/a	n/a	20.8 (21.2)
Minneapolis	44.2 (5.3)	45.4 (5.1)	42.1 (5.5)	36.2 (5.1)	40.2 (7.2)	41.3 (7.7)	56.4 (9.7)	46.7 (10.5)	50.1 (12.9)	80.1 (10.6)	44.2 (17.0)	59.5 (34.2)	66.6 (18.2)	95.3 (5.2)	71.1 (15.7)	85.9 (11.6)	70.8 (16.5)	14.5*** (15.7)	19.2*** (22.5)	87.4 (13.1)
New York	42.4* (5.5)	57.1 (5.4)	57.5 (4.4)	55.0 (4.6)	44.9** (8.5)	53.9 (10.3)	77.3 (6.1)	69.5 (8.0)	48.2 (9.4)	72.3* (9.7)	69.2 (7.8)	49.9 (10.1)	30.2* (11.4)	59.9 (13.8)	78.0 (6.9)	59.0 (10.5)	n/a	n/a	n/a	n/a
Portland	44.3 (6.1)	37.8 (6.0)	43.6 (6.8)	50.5 (6.8)	44.7 (8.3)	52.7 (8.4)	40.9 (10.4)	39.6 (10.8)	68.1 (9.8)	65.7 (12.0)	46.3 (13.8)	52.2 (13.5)	54.4 (10.0)	73.6 (9.6)	73.4 (8.6)	67.1 (8.0)	55.1 (7.3)	46.0 (8.7)	44.5 (10.6)	54.6 (8.3)
Sacramento	42.0 (5.9)	39.7* (6.0)	55.5 (6.1)	53.8 (5.7)	41.1 (10.1)	51.6 (10.4)	49.1 (13.2)	57.2 (12.6)	66.5 (14.5)	71.8 (17.0)	57.7 (23.4)	0 (n/a)	58.6 (16.2)	80.1 (15.2)	73.5 (18.8)	70.0 (14.1)	50.1 (7.0)	54.0 (7.2)	43.3 (7.8)	59.0 (7.5)
Washington DC	60.4** (13.2)	81.3** (19.2)	32.2 (16.7)	34.4 (12.7)	44.5 (17.8)	26.1 (18.9)	37.6 (20.6)	46.7 (20.0)	n/a	n/a	n/a	n/a	51.3 (21.1)	20.7 (28.5)	32.3 (32.3)	48.8 (28.5)	n/a	n/a	n/a	n/a

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization.
2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate.
3) There are no non-missing values for this measure in the reporting year.

Table 3.25: Percent Reporting Last Drug Buy with Cash was Outdoors, 2007–2010, Marijuana, Crack and Powder Cocaine, Heroin and Methamphetamine

Primary City	Marijuana				Crack Cocaine				Powder Cocaine				Heroin				Methamphetamine			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	43.7	49.3	51.3	39.6	61.8	62.8	75.1	66.9	18.6	32.3	36.3	31.8	n/a	n/a	50.9	44.2	n/a	n/a	n/a	n/a
	(6.5)	(7.0)	(6.4)	(5.5)	(6.8)	(7.5)	(6.3)	(7.0)	(10.1)	(16.0)	(16.7)	(16.1)			(67.0)	(58.6)				
Charlotte	26.5	27.5	28.5	32.3	44.3	36.0	27.7	41.0	20.2	16.9	25.5	19.0	n/a	0.5	0.7	0.8	n/a	n/a	n/a	n/a
	(4.5)	(5.2)	(6.0)	(5.9)	(7.3)	(8.1)	(9.3)	(11.9)	(7.3)	(7.8)	(12.3)	(10.6)		(0.8)	(1.0)	(0.8)				
Chicago	50.5***	65.9*	62.9*	81.3	62.2	69.3	65.2	43.5	36.6	14.1	26.4	n/a	55.4**	53.7**	38.2***	88.7	n/a	n/a	n/a	n/a
	(6.9)	(6.0)	(9.0)	(6.2)	(9.6)	(7.7)	(13.3)	(18.5)	(12.3)	(11.0)	(11.8)		(10.2)	(8.5)	(12.7)	(11.2)				
Denver	37.0	39.4	49.7	41.7	43.9	46.9	68.5	55.9	45.9	54.3	41.3*	69.4	69.5	60.0	67.6	78.4	56.2	n/a	6.7	20.5
	(5.4)	(5.1)	(5.4)	(5.6)	(6.9)	(7.8)	(7.7)	(9.6)	(9.8)	(10.9)	(12.1)	(12.4)	(15.2)	(20.5)	(15.2)	(12.4)	(18.9)		(7.1)	(15.4)
Indianapolis	25.3**	19.0	20.1	13.5	36.8	46.5	36.3	39.4	36.6	14.1	26.4	21.5	51.5	24.2	10.7	33.3	n/a	n/a	n/a	n/a
	(4.7)	(4.1)	(4.4)	(3.6)	(7.6)	(8.9)	(9.4)	(9.6)	(12.3)	(11.0)	(11.8)	(13.1)	(41.3)	(22.8)	(8.7)	(26.3)				
Minneapolis	52.9**	52.4**	51.2*	37.8	56.5	58.7	59.8	58.5	20.7	32.4	4.0	42.9	59.3	45.6	70.3	31.2	21.8	14.0	n/a	29.9
	(5.2)	(5.1)	(5.5)	(5.0)	(7.4)	(7.7)	(9.6)	(10.8)	(11.0)	(13.7)	(4.3)	(29.2)	(19.4)	(18.5)	(17.3)	(17.7)	(16.7)	(17.2)		(26.7)
New York	53.7	51.7	48.4**	62.1	63.4	63.9	61.6	66.7	40.6	38.8	39.2	43.3	65.0	59.4	69.7	76.6	n/a	n/a	n/a	n/a
	(6.0)	(5.6)	(4.9)	(4.9)	(8.6)	(11.4)	(8.8)	(8.7)	(9.2)	(9.6)	(8.8)	(10.0)	(11.7)	(12.9)	(8.5)	(8.5)				
Portland	28.8	27.2	38.8	26.8	57.4	61.7	38.0**	64.8	64.4	37.3	55.1	38.9	63.2	66.8	51.5	61.9	16.1	15.8	17.4	29.8
	(5.4)	(5.3)	(6.6)	(5.6)	(8.2)	(8.4)	(10.0)	(10.0)	(9.8)	(12.3)	(13.3)	(12.7)	(9.9)	(9.8)	(9.5)	(8.2)	(5.0)	(6.0)	(7.3)	(7.3)
Sacramento	27.6	40.0**	30.5	24.1	37.6	41.3	34.0	49.6	9.6	35.9	29.6	0	51.2	29.2	20.9	27.7	11.7	25.8	32.1	21.4
	(5.1)	(6.1)	(5.7)	(4.7)	(9.6)	(10.1)	(11.8)	(12.4)	(6.6)	(18.7)	(19.4)	(n/a)	(18.7)	(19.8)	(16.6)	(13.7)	(4.7)	(6.4)	(7.6)	(6.3)
Washington DC	69.6	58.6	87.9	73.1	65.1	87.2	95.6	63.8	n/a	n/a	n/a	n/a	83.0	91.7	n/a	98.5	n/a	n/a	n/a	n/a
	(13.7)	(28.7)	(10.8)	(11.9)	(16.1)	(11.8)	(5.4)	(29.1)					(12.3)	(13.5)		(2.3)				

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization.
2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate.
3) There are no non-missing values for this measure in the reporting year.

Table 3.26: Percent Reporting Any Failed Buy, 2007–2010, Marijuana, Crack and Powder Cocaine, Heroin and Methamphetamine

Primary City	Marijuana				Crack Cocaine				Powder Cocaine				Heroin				Methamphetamine			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	41.6 (6.2)	43.2 (6.6)	32.6 (5.5)	37.2 (5.2)	41.7 (7.1)	34.4 (7.3)	39.6 (7.7)	36.6 (7.0)	29.4 (11.8)	41.6 (17.5)	45.7 (17.4)	33.1 (13.5)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Charlotte	34.2 (4.8)	37.8 (5.2)	26.8 (5.6)	35.7 (5.8)	25.5 (5.7)	32.7 (7.2)	24.8 (8.2)	27.9 (9.5)	32.8 (9.1)	47.3** (11.0)	25.2 (12.2)	16.4 (8.8)	n/a	0.8 (1.2)	n/a	0.7 (0.7)	n/a	n/a	n/a	n/a
Chicago	38.0 (6.4)	34.8 (6.1)	18.7 (7.2)	34.4 (7.7)	22.7 (7.4)	35.2 (7.9)	47.7 (13.2)	51.3 (17.2)	26.5 (18.7)	22.7 (25.4)	28.8 (27.9)	54.2 (66.7)	32.3 (9.6)	17.9 (7.0)	19.6 (10.6)	33.1 (16.1)	n/a	n/a	n/a	n/a
Denver	33.5** (5.2)	24.7 (4.6)	17.6 (4.1)	18.9 (4.4)	31.0 (6.2)	28.7 (6.8)	15.7 (5.3)	26.0 (8.6)	22.6 (7.1)	21.5 (7.8)	9.1 (5.8)	15.3 (9.7)	10.3 (7.5)	n/a	6.2 (4.9)	0 (n/a)	12.8 (10.0)	22.5 (17.0)	19.7 (11.9)	0 (n/a)
Indianapolis	42.6 (5.1)	42.1 (5.1)	37.6 (5.1)	47.1 (5.5)	46.4 (7.6)	35.2* (7.7)	45.8 (9.3)	57.7 (9.3)	23.3 (9.0)	19.0 (11.6)	46.4 (12.7)	28.3 (11.7)	39.0 (27.5)	26.2 (20.1)	8.7 (6.1)	40.9 (23.4)	n/a	n/a	n/a	n/a
Minneapolis	40.2 (4.9)	39.0 (4.7)	49.5 (5.5)	39.2 (4.8)	31.1 (6.4)	25.3 (6.4)	37.9 (9.3)	27.9 (8.9)	29.0 (11.6)	17.9 (9.5)	18.8 (13.4)	27.4 (26.1)	70.5* (17.3)	31.5 (20.1)	21.4 (15.6)	29.7 (15.5)	56.5 (17.6)	79.0** (17.1)	39.5 (27.2)	21.6 (14.9)
New York	50.0 (5.5)	47.9 (5.3)	46.8 (4.5)	50.0 (4.6)	63.2** (7.8)	62.9* (9.6)	36.5 (8.0)	39.9 (8.0)	50.8 (9.6)	63.4** (9.2)	43.0 (8.9)	35.2 (8.8)	76.5*** (9.3)	52.5 (13.1)	34.7 (8.6)	33.3 (9.4)	n/a	n/a	n/a	n/a
Portland	31.9 (5.4)	29.8 (5.1)	35.7 (6.2)	26.3 (5.5)	48.8 (8.0)	46.6 (8.3)	36.2 (9.2)	37.4 (9.8)	40.1 (10.5)	47.0 (11.9)	29.1 (12.6)	21.0 (10.6)	15.6 (6.0)	21.8 (7.5)	29.6 (8.4)	24.2 (6.6)	39.5 (7.0)	46.9 (8.2)	22.8 (7.6)	29.5 (7.0)
Sacramento	35.3 (5.2)	37.1 (5.6)	24.7 (4.9)	35.4 (5.1)	45.1 (9.6)	34.5 (8.9)	48.9 (12.6)	37.7 (12.2)	17.6 (10.5)	14.8 (9.6)	14.0 (11.5)	55.6 (33.4)	30.6 (13.7)	38.9 (21.1)	27.3 (14.8)	33.1 (14.6)	36.9 (6.2)	42.7* (6.7)	40.8 (7.4)	26.4 (5.9)
Washington DC	66.4** (12.5)	71.8 (23.6)	43.9 (18.6)	33.0 (13.9)	27.9 (14.1)	10.8 (9.6)	27.3 (20.2)	34.5 (22.9)	n/a	n/a	n/a	n/a	6.8 (6.9)	42.3 (33.5)	n/a	4.0 (5.6)	n/a	n/a	n/a	n/a

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization.
2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate.
3) There are no non-missing values for this measure in the reporting year.

Table 3.27: Percent Reporting Any Failed Buy Due to Police Activity, 2007–2010, Marijuana, Crack and Powder Cocaine, Heroin and Methamphetamine

Primary City	Marijuana				Crack Cocaine				Powder Cocaine				Heroin				Methamphetamine			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	25.5* (10.3)	13.9 (7.1)	11.4 (7.0)	10.2 (4.8)	7.2 (4.2)	2.9 (2.7)	3.7 (3.5)	3.7 (2.8)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Charlotte	17.4 (6.9)	12.6 (6.5)	7.5 (6.1)	5.4 (4.0)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Chicago	15.4 (7.7)	15.3 (7.3)	n/a	17.8 (11.5)	11.1 (10.9)	11.8 (11.4)	14.4 (15.6)	38.2 (29.2)	n/a	n/a	n/a	n/a	20.9 (14.4)	18.2 (18.7)	n/a	0 (n/a)	n/a	n/a	n/a	n/a
Denver	7.8 (6.4)	n/a	18.2 (13.7)	0 (n/a)	7.4 (5.8)	n/a	n/a	6.2 (7.1)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Indianapolis	6.8 (3.8)	n/a	2.5 (2.6)	4.0 (2.9)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Minneapolis	2.5 (2.1)	4.5 (2.5)	1.3 (1.4)	5.4 (3.0)	n/a	3.7 (4.1)	n/a	0 (n/a)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0 (n/a)	n/a	n/a	n/a	n/a
New York	14.8 (5.9)	7.7 (3.7)	8.5 (3.5)	12.2 (4.1)	14.7 (9.1)	16.8 (9.8)	7.4 (7.8)	7.6 (6.3)	2.0 (2.3)	6.2 (4.4)	9.8 (7.5)	11.3 (9.0)	21.1 (12.5)	8.9 (7.4)	3.6 (4.0)	16.9 (13.5)	n/a	n/a	n/a	n/a
Portland	9.0 (6.9)	n/a	n/a	6.9 (5.4)	n/a	22.7 (13.8)	23.1 (15.5)	17.4 (16.2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4.1 (4.1)	12.1 (8.9)	7.0 (7.6)	15.5 (13.1)
Sacramento	3.4 (2.8)	3.5 (2.9)	3.5 (3.9)	0 (n/a)	4.9 (5.3)	8.9 (9.5)	18.1 (14.8)	0 (n/a)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	5.4 (4.2)	n/a	n/a	4.5 (4.6)
Washington DC	45.9 (25.7)	n/a	n/a	21.6 (24.1)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization.
2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate.
3) There are no non-missing values for this measure in the reporting year.

Table 3.28: Percent Reporting Any Failed Buy Due to Unavailability of Drug, 2007–2010, Marijuana, Crack and Powder Cocaine, Heroin and Methamphetamine

Primary City	Marijuana				Crack Cocaine				Powder Cocaine				Heroin				Methamphetamine			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	15.4 (6.4)	21.6 (8.7)	9.2 (5.3)	9.4 (4.3)	n/a	n/a	n/a	n/a	30.9 (22.8)	20.1 (21.8)	56.1* (28.4)	2.6 (3.6)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Charlotte	60.0* (8.3)	37.6 (9.5)	44.1 (13.1)	33.5 (10.2)	2.5 (1.3)	2.2 (1.1)	0.7 (0.7)	0.5 (0.5)	26.8 (16.0)	36.8 (22.5)	64.3 (49.7)	63.7 (48.9)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Chicago	11.1 (7.7)	9.8 (6.9)	n/a	11.8 (11.3)	37.0 (17.6)	7.4 (7.6)	n/a	0 (n/a)	n/a	n/a	n/a	n/a	10.9 (9.8)	30.6 (25.6)	17.4 (23.3)	0 (n/a)	n/a	n/a	n/a	n/a
Denver	44.1 (9.8)	49.4 (12.0)	24.3 (12.0)	26.5 (11.4)	46.0 (13.0)	41.0 (15.3)	37.5 (19.3)	33.2 (22.1)	64.6 (19.5)	23.3 (19.5)	49.4 (43.6)	0 (n/a)	n/a	n/a	n/a	n/a	37.9 (40.0)	n/a	n/a	n/a
Indianapolis	11.0 (4.5)	22.6 (6.8)	17.2 (6.5)	23.4 (6.9)	40.9 (13.9)	24.6 (17.0)	21.9 (13.8)	26.1 (12.6)	26.9 (21.8)	24.7 (31.5)	25.1 (20.5)	10.6 (13.9)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Minneapolis	22.1 (6.7)	24.7 (7.0)	24.8 (8.2)	31.0 (8.2)	5.4 (4.4)	10.8 (9.6)	n/a	28.0 (19.2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
New York	16.8 (7.2)	25.7 (7.3)	13.9 (5.4)	15.3 (5.3)	13.9 (10.1)	50.1** (17.9)	24.2 (13.8)	12.1 (8.1)	6.8 (5.4)	42.4 (15.3)	25.3 (15.4)	0 (n/a)	22.4 (19.3)	46.0 (23.4)	63.6* (20.2)	15.9 (17.1)	n/a	n/a	n/a	n/a
Portland	27.3 (9.3)	27.5 (9.8)	24.0 (10.2)	20.6 (10.1)	27.5 (11.7)	8.4 (6.6)	5.9 (6.6)	0 (n/a)	24.2 (15.4)	14.1 (12.9)	35.7 (27.9)	30.6 (41.2)	15.6* (15.1)	30.0 (20.1)	53.3 (20.1)	55.6 (18.2)	37.8 (12.1)	18.1 (10.7)	37.1 (19.0)	35.6 (13.1)
Sacramento	26.6* (7.9)	21.1 (8.0)	6.5 (4.2)	10.7 (5.0)	19.9 (12.2)	11.4 (8.8)	10.6 (12.0)	6.7 (6.2)	44.8 (36.6)	10.7 (19.8)	n/a	0 (n/a)	19.2 (25.3)	46.3 (44.9)	52.2 (41.8)	0 (n/a)	25.0* (8.7)	29.9** (9.2)	5.1 (3.9)	7.7 (5.2)
Washington DC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization.
2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate.
3) There are no non-missing values for this measure in the reporting year.

Table 3.29: Self-reported Use of Crack Cocaine Among Adult Male Arrestees, 2007–2010

Primary City	Arrestees Reporting Crack Cocaine Use (%)															
	Past 3 Days				Past 7 Days				Past Year							
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010				
Atlanta	22.5***	20.0*	14.7	14.8	25.1***	22.1**	17.1	16.1	28.7***	25.0***	21.1	17.2				
	(3.0)	(2.9)	(2.2)	(2.0)	(3.1)	(3.0)	(2.4)	(2.1)	(3.2)	(3.1)	(2.6)	(2.1)				
Charlotte	13.7***	9.7*	6.5	5.9	17.1***	12.4**	7.4	6.9	21.9***	18.2***	10.4	10.3				
	(2.0)	(1.7)	(1.4)	(1.4)	(2.2)	(1.9)	(1.5)	(1.5)	(2.4)	(2.2)	(1.8)	(1.9)				
Chicago	14.5***	18.6***	10.1	5.1	20.6***	20.2***	13.5	7.4	26.4***	24.2***	16.4	10.0				
	(2.8)	(2.8)	(2.8)	(1.8)	(3.3)	(3.0)	(3.3)	(2.2)	(3.7)	(3.1)	(3.6)	(2.7)				
Denver	14.9***	11.3***	12.0***	6.1	17.3***	13.9**	13.8**	8.2	24.1***	20.3**	18.5*	13.7				
	(1.8)	(1.6)	(1.7)	(1.3)	(2.0)	(1.7)	(1.8)	(1.5)	(2.2)	(2.0)	(2.1)	(1.9)				
Indianapolis	10.2	7.5	6.2	7.8	12.2	9.6	7.5	9.7	16.1	14.2	10.7	12.2				
	(1.5)	(1.3)	(1.2)	(1.5)	(1.7)	(1.4)	(1.3)	(1.7)	(1.9)	(1.7)	(1.5)	(1.8)				
Minneapolis	12.6**	9.5	7.4	7.3	15.1***	11.2	8.1	8.2	19.4***	15.5**	11.4	10.4				
	(1.9)	(1.6)	(1.4)	(1.4)	(2.0)	(1.8)	(1.4)	(1.5)	(2.2)	(2.0)	(1.7)	(1.7)				
New York	7.2	6.1	8.0	8.5	8.4	6.8*	9.1	10.1	12.1	9.1*	11.7	12.8				
	(1.3)	(1.2)	(1.2)	(1.3)	(1.4)	(1.3)	(1.3)	(1.5)	(1.7)	(1.5)	(1.5)	(1.6)				
Portland	10.5	8.5	7.0	7.5	12.7*	9.7	9.9	8.6	21.0	16.2	14.2	17.9				
	(1.7)	(1.4)	(1.4)	(1.4)	(1.9)	(1.5)	(1.6)	(1.5)	(2.2)	(1.8)	(1.9)	(2.1)				
Sacramento	8.2	7.0	4.2	5.1	9.4*	8.1	5.0	5.8	13.3**	10.7	6.1	7.4				
	(1.6)	(1.4)	(1.1)	(1.2)	(1.6)	(1.4)	(1.1)	(1.3)	(1.9)	(1.6)	(1.2)	(1.4)				
Washington DC	11.5**	16.0**	7.1	3.4	11.7**	16.7**	7.9	3.6	14.7**	17.5**	10.0	5.5				
	(3.7)	(6.4)	(3.0)	(1.3)	(3.7)	(6.4)	(3.1)	(1.3)	(3.9)	(6.1)	(3.6)	(2.0)				

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 3.30: Self-reported Use of Powder Cocaine Among Adult Male Arrestees, 2007–2010

Primary City	Arrestees Reporting Powder Cocaine Use (%)															
	Past 3 Days				Past 7 Days				Past Year							
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010				
Atlanta	5.4**	2.2	2.0	2.2	7.1**	4.6	4.0	3.7	12.0**	13.1**	7.4	7.0				
	(1.6)	(0.8)	(0.7)	(0.8)	(1.8)	(1.3)	(1.1)	(1.1)	(2.2)	(2.4)	(1.6)	(1.5)				
Charlotte	5.2	4.1	3.1	4.4	7.8	6.9	3.8	5.9	16.1	16.3	9.7	11.8				
	(1.3)	(1.1)	(1.0)	(1.4)	(1.6)	(1.4)	(1.1)	(1.5)	(2.2)	(2.2)	(1.8)	(2.1)				
Chicago	2.5	0.9	4.4	3.8	4.3	1.7	7.8	4.6	10.3	7.2	10.6	7.6				
	(1.5)	(0.7)	(1.9)	(2.2)	(1.8)	(1.0)	(2.7)	(2.4)	(2.6)	(1.8)	(3.0)	(2.7)				
Denver	8.4**	6.7	6.5	4.1	10.9**	8.5	7.6	6.1	22.0***	17.6**	17.2*	12.2				
	(1.5)	(1.3)	(1.3)	(1.1)	(1.6)	(1.4)	(1.4)	(1.3)	(2.2)	(2.0)	(2.0)	(1.8)				
Indianapolis	3.1	1.2	1.1	1.5	3.9	2.1	2.1	3.1	10.3	9.0	7.6	9.8				
	(0.9)	(0.5)	(0.5)	(0.7)	(0.9)	(0.7)	(0.7)	(1.0)	(1.5)	(1.5)	(1.4)	(1.8)				
Minneapolis	1.5	1.0	1.6	0.5	3.8***	2.2*	2.3**	0.7	12.1**	10.2*	7.5	6.5				
	(0.6)	(0.4)	(0.6)	(0.3)	(1.0)	(0.8)	(0.7)	(0.4)	(1.8)	(1.7)	(1.4)	(1.3)				
New York	5.7	4.9	4.8	5.0	6.0	6.7	7.6	7.3	13.0	11.1	13.1	12.8				
	(1.2)	(1.1)	(1.0)	(1.0)	(1.2)	(1.2)	(1.3)	(1.2)	(1.8)	(1.6)	(1.6)	(1.7)				
Portland	6.9	2.5*	3.5	5.0	9.1	5.1	3.9*	6.6	16.9	14.2	11.3	14.3				
	(1.4)	(0.8)	(1.0)	(1.3)	(1.6)	(1.1)	(1.0)	(1.4)	(2.0)	(1.7)	(1.7)	(1.9)				
Sacramento	4.5	1.2	1.6	2.3	5.8**	2.5	2.5	2.4	11.3*	7.4	4.9	7.3				
	(1.3)	(0.5)	(0.6)	(0.9)	(1.4)	(0.8)	(0.8)	(0.8)	(1.8)	(1.3)	(1.1)	(1.5)				
Washington DC	3.4	3.1	0.7	0.6	3.6	3.4	1.5	2.6	6.5	4.1	1.6	4.9				
	(2.5)	(2.5)	(0.8)	(0.6)	(2.6)	(2.5)	(1.3)	(1.8)	(3.3)	(2.5)	(1.3)	(2.3)				

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 3.31: Self-reported Use of Heroin Among Adult Male Arrestees, 2007–2010

Primary City	Arrestees Reporting Heroin Use (%)											
	Past 3 Days				Past 7 Days				Past Year			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	0.2 (0.3)	0.5 (0.4)	0.7 (0.5)	1.2 (0.7)	0.3 (0.4)	1.1 (0.9)	0.8 (0.7)	1.5 (1.0)	0.5* (0.4)	1.5 (0.8)	1.3 (0.8)	1.4 (0.7)
Charlotte	0.3 (0.3)	0.6 (0.4)	0.2 (0.2)	1.5 (0.8)	0.6 (0.4)	0.4 (0.3)	0.6 (0.3)	1.5 (0.8)	1.4 (0.7)	2.2 (0.8)	1.1 (0.6)	3.0 (1.3)
Chicago	18.9* (3.2)	23.3*** (3.2)	11.4 (2.9)	10.5 (2.9)	20.3* (3.3)	24.4*** (3.2)	12.8 (3.0)	12.0 (3.0)	23.3** (3.5)	26.7*** (3.2)	13.7 (3.0)	11.7 (3.0)
Denver	3.1 (0.9)	1.0* (0.4)	3.3 (1.0)	2.6 (0.8)	3.0 (0.8)	1.3 (0.5)	3.5 (1.0)	2.7 (0.8)	4.9 (1.1)	2.0* (0.6)	5.0 (1.1)	4.4 (1.0)
Indianapolis	0.7 (0.4)	0.9 (0.4)	2.1* (0.7)	0.8 (0.4)	0.9 (0.5)	1.0 (0.4)	2.4 (0.8)	2.2 (0.9)	2.3 (0.8)	1.8 (0.6)	3.0 (0.9)	3.6 (1.2)
Minneapolis	1.4 (0.6)	2.6 (0.8)	2.1 (0.7)	2.3 (0.8)	1.8 (0.6)	2.7 (0.8)	2.1 (0.7)	2.5 (0.8)	4.1 (1.1)	4.0 (1.0)	3.6 (0.9)	5.0 (1.2)
New York	3.3 (0.8)	3.4 (1.0)	5.3* (1.0)	3.3 (0.7)	4.9 (1.1)	4.3 (1.1)	6.1 (1.1)	4.2 (0.8)	6.7 (1.3)	7.6 (1.4)	7.7 (1.2)	7.5 (1.2)
Portland	7.8*** (1.4)	6.5*** (1.2)	9.4** (1.6)	14.4 (2.1)	8.6*** (1.5)	7.6*** (1.3)	10.2** (1.7)	16.9 (2.2)	11.6*** (1.7)	10.2*** (1.5)	13.0*** (1.8)	21.2 (2.4)
Sacramento	2.1 (0.8)	1.5* (0.6)	1.3** (0.5)	3.6 (1.0)	2.5 (0.8)	1.8* (0.7)	2.0* (0.7)	4.0 (1.1)	3.4 (0.9)	2.9 (0.8)	3.4 (0.9)	5.1 (1.2)
Washington DC	11.8** (4.4)	4.3 (2.6)	4.7 (2.8)	3.9 (2.0)	12.2* (4.5)	4.5 (2.6)	5.7 (3.1)	5.6 (2.5)	11.3 (4.1)	4.3 (2.4)	5.9 (3.0)	6.1 (2.3)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).

Table 3.32: Self-reported Use of Methamphetamine Among Adult Male Arrestees, 2007–2010

Primary City	Arrestees Reporting Methamphetamine Use (%)													
	Past 3 Days				Past 7 Days				Past Year					
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	n/a	n/a	n/a	n/a	1.2 (0.7)	0.1* (0.1)	0.3 (0.3)	0.8 (0.4)	1.4 (0.7)	0.6 (0.4)	0.6 (0.3)	1.5 (0.6)
Charlotte	n/a	n/a	n/a	0 (n/a)	n/a	n/a	n/a	n/a	0.7 (0.5)	0.8 (0.5)	n/a	0.9 (0.7)
Chicago	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1.2 (1.0)	0.3 (0.3)	n/a	0 (n/a)
Denver	3.3 (0.9)	1.6 (0.6)	3.1 (0.9)	3.0 (1.0)	4.4 (1.1)	2.2* (0.7)	3.6 (1.0)	4.8 (1.3)	9.1 (1.5)	4.8* (1.1)	7.1 (1.4)	8.4 (1.7)
Indianapolis	0.9 (0.4)	0.4 (0.2)	0.2 (0.2)	0.9 (0.5)	1.8 (0.7)	0.6 (0.3)	0.4* (0.3)	1.7 (0.7)	2.5 (0.8)	2.5 (0.7)	2.0 (0.7)	3.1 (1.0)
Minneapolis	2.9 (1.0)	2.0 (0.7)	1.0* (0.5)	2.9 (1.0)	2.8 (0.9)	2.5 (0.9)	1.8 (0.7)	3.4 (1.1)	5.1 (1.2)	4.3 (1.0)	2.9* (0.8)	5.3 (1.2)
New York	0.3 (0.3)	n/a	0.4 (0.4)	0.4 (0.4)	0.3 (0.3)	n/a	0.5 (0.4)	0.6 (0.5)	3.1 (1.5)	0.5 (0.4)	1.0 (0.7)	1.2 (0.7)
Portland	16.7 (2.1)	9.5* (1.5)	9.0* (1.6)	13.5 (1.9)	19.3 (2.2)	12.1** (1.6)	10.9*** (1.7)	17.8 (2.1)	26.1 (2.3)	19.2*** (1.9)	16.7*** (2.0)	28.1 (2.5)
Sacramento	22.3 (2.4)	19.0 (2.1)	19.0 (2.3)	20.9 (2.4)	26.4 (2.6)	23.9 (2.3)	24.0 (2.5)	25.7 (2.6)	32.9 (2.7)	29.5 (2.4)	27.9 (2.6)	33.1 (2.8)
Washington DC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization.
2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate. 3) There are no non-missing values for this measure in the reporting year

Table 3.33: Self-reported Use Among Adult Male Arrestees, Average Number of Days Used in Past Month, 2007–2010

Primary City	Average Number of Days in Past 30 Used:															
	Crack Cocaine [a]				Powder Cocaine [a]				Heroin [a]				Methamphetamine [a]			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	18.8*	20.3***	18.9	16.8	7.4	5.7	5.2	7.6	22.0	10.1	12.7	28.3	n/a	n/a	n/a	n/a
	(1.6)	(1.5)	(1.7)	(1.3)	(1.9)	(2.0)	(4.2)	(2.5)	(13.8)	(9.5)	(14.7)	(10.9)				
Charlotte	17.3	15.4	13.6	15.6	10.4	6.9	9.0	7.7	16.9	14.4	5.4	18.2	n/a	n/a	n/a	n/a
	(1.5)	(1.6)	(1.9)	(2.1)	(1.6)	(1.4)	(2.0)	(1.9)	(9.5)	(7.6)	(20.6)	(5.7)				
Chicago	13.3	16.3**	13.0	9.4	6.1	5.4	8.8	5.5	23.0	25.8	26.3	22.0	n/a	n/a	n/a	n/a
	(2.3)	(1.6)	(2.8)	(2.9)	(3.6)	(1.4)	(3.0)	(1.8)	(2.2)	(1.3)	(1.9)	(2.5)				
Denver	11.2	11.5	11.5	8.8	5.7	7.1	5.3	6.8	16.7	14.8	18.8	18.1	11.6	7.7	9.1	10.7
	(1.2)	(1.3)	(1.3)	(1.4)	(1.1)	(1.4)	(1.3)	(1.4)	(3.2)	(4.6)	(3.2)	(2.9)	(2.4)	(2.7)	(2.3)	(2.4)
Indianapolis	12.3	11.8	9.1	9.4	4.7	7.7	5.0	3.6	14.4	18.3	23.2**	11.5	9.8	8.9*	12.8	17.8
	(1.7)	(1.4)	(1.6)	(1.6)	(1.9)	(2.3)	(1.3)	(1.2)	(6.2)	(4.8)	(2.9)	(4.6)	(4.0)	(4.4)	(6.3)	(3.5)
Minneapolis	12.6	13.6	14.8	12.3	7.1*	2.9	11.2**	2.8	14.1	19.4	20.1	20.8	10.2	15.4	16.4	9.8
	(1.4)	(1.7)	(1.9)	(1.9)	(1.7)	(1.9)	(2.8)	(2.0)	(4.1)	(3.4)	(3.7)	(3.3)	(2.7)	(3.6)	(4.7)	(2.5)
New York	13.8	16.1	14.1	14.2	8.0	9.6	9.7	8.1	13.8	15.6	16.9	17.7	3.2	0.0	7.4	12.2
	(2.0)	(2.0)	(1.4)	(1.5)	(2.0)	(1.5)	(1.4)	(1.3)	(2.7)	(2.4)	(1.7)	(1.9)	(23.8)	(12.3)	(17.1)	(11.1)
Portland	13.5	13.6*	8.5	10.3	7.2	5.2	5.1	6.8	17.9	20.3	20.3	20.2	14.7*	12.8	11.9	11.7
	(1.6)	(1.6)	(1.5)	(1.5)	(1.7)	(1.1)	(1.6)	(1.6)	(2.2)	(2.0)	(1.8)	(1.5)	(1.2)	(1.3)	(1.5)	(1.1)
Sacramento	12.5	12.9	7.3**	12.4	5.1***	6.0***	1.1	0.7	20.2	14.1	11.6*	20.6	16.2	15.0	13.7	16.0
	(1.6)	(1.6)	(1.4)	(2.1)	(1.5)	(1.8)	(1.2)	(0.8)	(3.4)	(3.3)	(4.2)	(3.0)	(1.0)	(1.1)	(1.1)	(1.2)
Washington DC	12.1	6.4*	15.4	9.5	18.5***	3.3	6.1	0.0	18.5	21.4	21.3	20.2	n/a	n/a	n/a	n/a
	(3.0)	(3.8)	(4.3)	(3.0)	(6.2)	(7.6)	(12.7)	(5.2)	(4.2)	(8.3)	(7.2)	(4.4)				

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization.
2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate.
3) There are no non-missing values for this measure in the reporting year

Table 3.34: Percent Reporting Injected Drug Use at Most Recent Use, 2000–2003 and 2007–2010, Powder Cocaine, Methamphetamine

Primary City	Powder Cocaine								Methamphetamine							
	2000	2001	2002	2003	2007	2008	2009	2010	2000	2001	2002	2003	2007	2008	2009	2010
Atlanta			95.5 (4.4)	n/a	n/a	79.7 (14.2)	n/a	76.6 (18.8)			n/a	n/a	n/a	n/a	n/a	n/a
Charlotte	n/a	0.1 (0.0)	0.3 (0.2)	0.1 (0.1)	0.1 (0.1)	0.1 (0.0)	0.2 (0.1)	0.2 (0.1)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Chicago	6.1 (6.8)	n/a	8.6 (2.9)	3.5 (2.2)	n/a	n/a	n/a	10.4 (15.2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Denver	17.6 (4.3)	11.8 (3.5)	16.7 (3.9)	35.6** (7.3)	8.4 (3.1)	4.8 (2.6)	9.2 (3.9)	13.1 (4.9)	32.5** (9.0)	32.7** (9.1)	15.4 (6.7)	31.0 (12.0)	16.2 (6.0)	6.7 (5.5)	17.3 (8.6)	9.5 (5.1)
Indianapolis	10.6 (5.3)	5.8 (2.7)	8.9 (4.6)	11.2 (6.4)	0.8 (0.8)	4.8 (3.0)	6.9 (4.9)	7.0 (5.3)	12.0 (10.4)	16.1 (12.3)	17.0 (12.3)	n/a	n/a	14.3 (12.7)	13.7 (13.4)	10.4 (8.9)
Minneapolis	5.3 (4.8)	9.7 (5.8)	4.5 (2.2)	10.9 (5.1)	7.6 (4.5)	5.9 (4.6)	11.5 (6.9)	4.4 (4.9)	17.2 (9.4)	29.6* (9.6)	6.8 (4.2)	10.7 (5.5)	19.2 (10.0)	11.4 (7.4)	13.6 (9.4)	7.8 (6.3)
New York	13.8* (3.0)	12.2 (3.9)	16.3** (3.6)	16.0 (5.3)	6.9 (3.7)	27.0*** (7.4)	8.1 (3.3)	6.8 (2.9)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Portland	57.8* (7.1)	56.8* (5.8)	43.3 (7.0)	54.8 (6.4)	20.0** (5.5)	17.8** (5.2)	19.2** (6.3)	39.9 (7.7)	42.9 (5.2)	37.0 (4.2)	26.6** (3.6)	38.5 (4.7)	27.5** (5.0)	31.5 (5.5)	37.9 (6.9)	43.7 (5.6)
Sacramento	11.3 (7.5)	15.0 (6.6)	6.4 (4.8)	8.4 (4.6)	3.6 (3.0)	2.9 (2.4)	1.9 (2.1)	0 (n/a)	29.1*** (4.4)	24.1** (3.6)	19.8* (3.2)	16.0 (3.1)	12.5 (3.4)	10.6 (2.9)	7.7 (2.7)	12.2 (3.3)
Washington DC			n/a	n/a	n/a	n/a	n/a	n/a			n/a	n/a	n/a	n/a	n/a	n/a

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization.
2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate.
3) There are no non-missing values for this measure in the reporting year

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.35: Percent Reporting Injected Drug Use at Most Recent Use, 2000–2003 and 2007–2010, Heroin

Primary City	Heroin									
	2000	2001	2002	2003	2007	2008	2009	2010
Atlanta			n/a	n/a	n/a	n/a	n/a	n/a
Charlotte	n/a	98.1 (1.6)	99.1 (0.7)	96.7 (4.1)	99.7 (0.4)	99.5 (0.5)	99.6 (0.5)	99.6 (0.4)
Chicago	8.2 (3.9)	5.1 (2.9)	10.3 (1.9)	14.6 (3.0)	7.3 (5.1)	24.6 (7.4)	27.7 (13.0)	19.0 (11.4)
Denver	79.9** (9.1)	90.1** (6.9)	87.1** (5.9)	93.6*** (5.2)	66.4 (16.1)	56.5 (21.9)	56.5 (18.1)	42.8 (17.1)
Indianapolis	49.7 (17.4)	68.0 (12.9)	75.4 (18.3)	54.4 (18.4)	53.6 (20.0)	61.4 (18.3)	88.0 (8.8)	63.2 (23.1)
Minneapolis	22.4 (13.5)	45.2 (11.3)	44.7 (10.4)	59.9 (11.3)	52.4 (14.5)	33.6 (15.4)	55.2 (14.7)	38.5 (14.4)
New York	30.4 (4.0)	29.7 (5.2)	33.3 (4.5)	36.6 (6.7)	14.1 (5.8)	43.1 (10.2)	43.7** (8.1)	24.2 (6.4)
Portland	69.5 (5.8)	84.7 (4.1)	71.9 (6.6)	84.5 (4.7)	76.0 (6.4)	70.2 (7.1)	76.8 (6.6)	80.1 (5.2)
Sacramento	82.4 (8.0)	81.7 (5.9)	69.8 (9.4)	91.3 (6.4)	92.6 (5.0)	78.6 (11.6)	77.5 (11.4)	83.1 (8.9)
Washington DC			n/a	n/a	n/a	n/a	n/a	n/a

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
Empty cells indicate years in which the site did not collect data.
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations: 1) There are less than 10 observations in the data, so we do not perform annualization. 2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate.
3) There are no non-missing values for this measure in the reporting year

† Data from 2000-2003 were re-estimated using the methodology utilized in 2007-2010 for ADAM II. Consequently these estimates may differ somewhat from those previously published under the original ADAM program.

Table 3.36: Percent Testing Positive for Other Drugs, 2007–2010, Barbiturates, Propoxyphene, Methadone

Primary City	Barbiturates				Propoxyphene				Methadone			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	23.9 (16.6)	28.9 (15.3)	7.5 (6.7)	12.6 (9.4)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Charlotte	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.5 (0.5)	0.6 (0.4)	0.3 (0.2)	1.2 (0.8)
Chicago	0.0 (0.0)	0 (n/a)	0 (n/a)	0.0 (0.0)	n/a	n/a	n/a	n/a	5.6 (2.1)	2.9 (1.2)	2.0 (1.2)	2.0 (1.2)
Denver	0.4 (0.4)	0 (n/a)	0 (n/a)	0 (n/a)	0.4 (0.4)	0.2 (0.2)	0.4 (0.4)	0 (n/a)	0.3 (0.3)	1.0 (0.5)	0.3 (0.3)	0.5 (0.5)
Indianapolis	n/a	n/a	0.1 (0.1)	0 (n/a)	0.8 (0.4)	0.9 (0.5)	0.4 (0.3)	0.4 (0.3)	1.1 (0.7)	0.2 (0.2)	1.0 (0.6)	1.7 (1.1)
Minneapolis	n/a	n/a	n/a	n/a	0.3 (0.2)	0.1 (0.2)	0 (n/a)	0 (n/a)	1.5 (0.7)	0.8 (0.5)	0.8 (0.4)	0.8 (0.4)
New York	n/a	0.7 (0.7)	0.6 (0.4)	0.1 (0.1)	n/a	n/a	n/a	n/a	4.3 (1.3)	6.7 (1.4)	7.1* (1.2)	4.5 (0.9)
Portland	n/a	n/a	0 (n/a)	n/a	n/a	n/a	n/a	n/a	3.4 (1.1)	1.3* (0.5)	2.9 (1.0)	3.6 (1.2)
Sacramento	0.1 (0.1)	0 (n/a)	0.2 (0.2)	0.1 (0.1)	0.2 (0.1)	0.5 (0.3)	0.3 (0.2)	0.1 (0.2)	0.8 (0.5)	0.5 (0.3)	1.4 (0.7)	1.9 (0.9)
Washington DC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4.5 (2.9)	1.1 (1.3)	2.6 (2.4)	0.3 (0.3)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization.
2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate. 3) There are no non-missing values for this measure in the reporting year

Table 3.37: Percent Testing Positive for Other Drugs, 2007–2010: Oxycodone[a]/Hydrocodone, PCP, Benzodiazepines

Primary City	Oxycodone[a]/Hydrocodone				PCP				Benzodiazepines			
	2007	2008	2009	2010	2007	2008	2009	2010	2007	2008	2009	2010
Atlanta	0.0 (n/a)	0.0 (n/a)	0.3 (0.2)	1.0 (0.4)	n/a	n/a	n/a	n/a	1.2 (0.9)	0.9 (0.6)	0.4 (0.4)	1.1 (0.6)
Charlotte	0.7 (0.4)	0.6 (0.3)	1.3 (0.6)	1.1 (0.5)	n/a	n/a	n/a	n/a	3.3 (1.4)	4.7 (1.4)	4.2 (1.5)	5.5 (1.7)
Chicago	0.0 (n/a)	0.0 (n/a)	0.0 (n/a)	0.0 (n/a)	2.3 (1.7)	1.6 (1.2)	n/a	0 (n/a)	1.6 (1.3)	4.0 (1.6)	4.2 (2.2)	4.5 (2.2)
Denver	0.7 (0.4)	1.2 (0.5)	0.9 (0.4)	1.6 (0.8)	n/a	n/a	n/a	n/a 1.0	4.0* (1.0)	6.0 (1.2)	4.2 (1.0)	6.9 (1.5)
Indianapolis	1.3** (0.6)	1.1** (0.4)	1.9* (0.6)	3.8 (1.0)	0.2 (0.2)	n/a	n/a	(0.6) 0	7.5 (1.5)	9.0 (1.7)	7.0 (1.5)	8.3 (1.8)
Minneapolis	1.2 (0.5)	1.4 (0.6)	2.2 (0.8)	1.7 (0.6)	2.2 (1.3)	0.4 (0.5)	0.4 (0.3)	(n/a) 1.1	2.5 (1.0)	4.1 (1.3)	2.1** (0.9)	5.5 (1.5)
New York	0.7 (0.5)	0.4 (0.3)	1.5 (0.6)	1.4 (0.6)	1.1 (0.8)	1.5 (1.0)	0.3 (0.2)	(0.5) 0.2	2.5** (1.1)	5.2 (1.5)	4.5 (1.0)	6.8 (1.4)
Portland	2.4 (0.7)	0.6*** (0.3)	0.2*** (0.2)	3.8 (1.0)	n/a	n/a	0.4 (0.4)	(0.3) 0.2	0.4*** (0.4)	2.9 (0.8)	2.8 (0.9)	5.4 (1.4)
Sacramento	0.5* (0.3)	2.6 (0.9)	1.4 (0.6)	1.6 (0.5)	n/a	0.3 (0.3)	0.2 (0.2)	(0.2) 4.7	1.5* (0.6)	2.5 (0.9)	3.0 (1.1)	4.0 (1.1)
Washington DC	0.9 (0.9)	0.0 (n/a)	0.0 (n/a)	0.3 (0.3)	2.3 (1.7)	n/a	6.3 (5.2)	(3.5)	n/a	n/a	n/a	n/a

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
Differences between each year and 2010 are reported as significant at the 0.10 level (*), 0.05 level (**), or 0.01 level (***).
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization.
2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate. 3) There are no non-missing values for this measure in the reporting year

[a] Oxycodone estimates are weighted, but not annualized since testing for this drug was not conducted in earlier years.

Table 3.38: Percent Admitting to Secondary Drug Use in the Past 3 Days, 2010

Primary City	Percent Admitting to Secondary Drug Use													
	Methadone	Amphetamine	Barbiturates	Tranquilizers	Opiate Painkillers	Propoxyphene	Demerol	Ecstasy / MDMA	PCP	LSD / Acid	Other Hallucinogen	Inhalant	Anti-Depressant	Other Drug
Atlanta	23.4 (11.5)	1.5 (1.9)	0.0 (n/a)	n/a	4.1 (1.2)	0.0 (n/a)	0.0 (n/a)	0.9 (0.8)	0.0 (n/a)	0.0 (n/a)	0.0 (n/a)	0.0 (n/a)	1.5 (0.8)	7.4 (1.7)
Charlotte	n/a	0.2 (0.2)	n/a	6.1 (1.6)	8.5 (1.8)	n/a	0.0 (n/a)	1.9 (0.8)	0.0 (n/a)	n/a	27.8 (14.5)	0.0 (n/a)	2.4 (0.9)	5.5 (1.2)
Chicago	0.0 (n/a)	0.0 (n/a)	0.0 (n/a)	1.1 (1.1)	3.7 (2.2)	0.0 (n/a)	0.0 (n/a)	2.2 (1.6)	0.0 (n/a)	0.0 (n/a)	0.0 (n/a)	0.0 (n/a)	2.4 (1.7)	8.9 (3.0)
Denver	0.8 (0.6)	0.8 (0.5)	0.0 (n/a)	1.1 (0.5)	6.6 (1.4)	0.0 (n/a)	9.2 (11.2)	0.3 (0.2)	n/a	0.4 (0.4)	3.7 (2.8)	1.1 (1.2)	1.8 (0.6)	12.6 (1.8)
Indianapolis	2.3 (1.2)	n/a	0.0 (n/a)	7.8 (1.7)	15.8 (2.1)	2.0 (2.0)	2.6 (2.3)	0.6 (0.4)	n/a	0.6 (0.7)	0.0 (n/a)	1.8 (1.4)	3.1 (1.0)	12.1 (1.8)
Minneapolis	0.6 (0.3)	0.6 (0.3)	0.0 (n/a)	3.1 (1.0)	8.7 (1.5)	0.0 (n/a)	0.0 (n/a)	0.9 (0.5)	n/a	0.0 (n/a)	0.0 (n/a)	n/a	7.1 (1.4)	11.4 (1.7)
New York	4.3 (0.8)	0.1 (0.1)	0.2 (0.3)	4.4 (1.2)	5.2 (1.1)	0.0 (n/a)	0.0 (n/a)	3.9 (1.5)	1.5 (0.7)	n/a	n/a	n/a	1.8 (0.5)	5.5 (1.0)
Portland	3.4 (1.0)	1.3 (0.5)	0.2 (0.2)	5.9 (1.3)	13.9 (1.8)	n/a	0.7 (0.4)	0.8 (0.4)	n/a	5.2 (2.8)	0.9 (0.5)	1.6 (1.1)	4.5 (1.0)	18.9 (2.0)
Sacramento	1.4 (0.6)	0.9 (0.5)	n/a	3.5 (1.0)	11.3 (1.6)	0.0 (n/a)	0.0 (n/a)	0.4 (0.2)	0.0 (n/a)	0.0 (n/a)	0.0 (n/a)	0.0 (n/a)	4.6 (1.2)	9.1 (1.4)
Washington DC	n/a	0.0 (n/a)	0.0 (n/a)	0.0 (n/a)	4.6 (2.2)	0.0 (n/a)	0.0 (n/a)	20.4 (14.0)	2.2 (1.8)	0.0 (n/a)	0.0 (n/a)	0.0 (n/a)	n/a	31.4 (8.3)

Notes:
Numbers shown in parentheses ( ) represent the standard error of the estimate presented.
An estimate may be reported as "n/a" for one of three reasons, all related to sample size considerations:
1) There are less than 10 observations in the data, so we do not perform annualization.
2) The annualization factors require variation in all quarters. If there were no variation in one or more of the quarters, we do not report an estimate.
3) There are no non-missing values for this measure in the reporting year

Appendix B: ADAM II Program Methodology

In the fall of 2006, ten sites were selected to participate in the ADAM II initiative. The ten sites were selected to provide:

- Geographic spread, as trends in drug use tend to be regional;
- A focus on counties east of the Mississippi to monitor the emergence of methamphetamine use; and
- Consistent, biannual data collection points to support statistical trend analysis.

All of the former ADAM sites were considered, focusing on those that were more likely to meet the goals of the ADAM II program. Factors that were considered when making this determination included the complexity of the site's sampling plan (with a preference for single facility sampling designs) and past performance participating in the ADAM program (e.g., consistent high quality data collection over an adequate period of time for trend development, and quality of the census data provided for weighting). The selection process was also driven by ONDCP's interest in monitoring the emergence of methamphetamine use and was, therefore, biased toward counties east of the Mississippi.

A site did not need to meet all of the above criteria to be considered, but had to meet at least the majority. Table B.1 provides information on selection criteria for each of the final ten sites.

The 10 sites from 2007 continued into data collection in 2008, 2009, and 2010.

Site Sampling

ADAM II comprises a non-probability sample of 10 counties and a probability sample of arrestees booked into jails within those counties. Consequently, program data are not generalizable to the Nation as a whole or to any specific region in which the sites sit; however, the study is designed so that each county's data represents all adult male arrestees booked in that county during the data collection period.

Sampling Within a County. The standard catchment area for each site is the county, although the sites are referred to by the primary city in that geographic region. Within each site, the number of booking facilities and the manner in which arrestees are moved from arrest to arraignment to holding varies.

Table B.1: ADAM II Site Selection Criteria

Site Name	Annual Arrests per 1,000 Residents[1]	Number of Male Booking Facilities	Number of Booking Facilities in Sampling Plan	Sampling Design	Number of quarters of ADAM Data Collection (2000-2003)	Census Data Format
Charlotte	40.8	1	1	Single	10	Electronic
Indianapolis	65.8	1	1	Single	15	Electronic
Chicago	463.3	12	1	Stratified Cluster	9	Electronic
Minneapolis	24.8	17	1	Stratified	14	Electronic
New York	183.8	2	1	Stratified	15	Electronic
Atlanta	74.6	2	2	Stratified	9	Unknown
Washington DC[a]	Not Reported	7	1	Stratified Cluster	6	Unknown
Denver	171.9	1	1	Single	15	Paper
Sacramento	61.3	1	1	Single	15	Electronic
Portland	44.0	1	1	Single	15	Electronic

a. In the second quarter of data collection of 2010, Washington DC began booking all of their arrestees in a single facility.

In some cases, regardless of arresting agency, all bookings in the county take place in a single jail, while in other counties bookings may take place in multiple facilities across the county. Table B.1 identifies the number of booking facilities in each of the ADAM II sites. Sampling plans are designed based on whether the site has a single or multiple booking facilities.

Many ADAM II counties have a single jail where all arrestees arrested in the county are brought to be booked pending further processing. Some ADAM II counties, however, book in multiple jails. In these cases, each jail constitutes a stratum, and the result is a stratified random sample. However, resource constraints dictate that in some instances small booking facilities have to be excluded from the sample. For example, the Hennepin County (Minneapolis) sample does not include small suburban facilities and is restricted to the central Minneapolis jail (Hennepin County Jail) where the majority of arrestees are transferred and/or initially booked; similarly, the Manhattan sample is restricted to the large central booking facility downtown (Manhattan House of Detention). In both cases, the included jail captures the overwhelming majority of the county bookings.[2] In Cook County

1 Based on male arrest figures in 2003 UCR, except in Chicago (2001) and New York (2001).

2 It would have been possible to sample small jails and station interviewers in those facilities to provide representation for arrestees who do not appear in the included jails. However, so few arrestees are booked into the small jails that interviewers would spend most of their time waiting for arrivals. The resulting sample from the small jails would have a sampling variance that was so large that the small-jail estimate could not add appreciable information to a sample based exclusively on the large jail. A second jail in Manhattan was eliminated because it has a specialized caseload of public nuisance crimes and was excluded during 2002 and 2003 by ADAM.

(Chicago), the sample is limited to felony arrests and more serious misdemeanants who are brought from agencies throughout the city and county to be booked at the Cook County jail.[3]

ADAM II interviews arrestees over 14 consecutive days in every sampled jail, with the exception of collections in Atlanta and Washington DC. In Atlanta (Fulton County and the City of Atlanta), there are now two principal jails, one in Fulton County (Fulton County Jail) where all Fulton County felons and misdemeanants are booked. The second facility, the Atlanta Detention Center, books all misdemeanants arrested in the city proper by the Atlanta Police Department; all city felony arrests are taken to the Fulton County Jail. ADAM II samples from one facility in the first week and the second in the second week. From 2007 until the first data collection quarter of 2010, there were seven booking facilities (districts) in Washington DC. Washington DC sampling protocol randomly selects days for sampling at each of the facilities. In the second quarter, booking policy changed and all arrestees were taken to Central Cell Block for booking. ADAM II collected interviews in Q2 in Central Cell Block only.

Sampling within a Facility. The ADAM II sampling procedure is the same within every jail across all sites. Both the original ADAM and ADAM II lack sufficient resources to station interviewers in booking facilities twenty-four hours per day for a two week period to represent fully every day. Recognizing this constraint, the original ADAM sampling team considered a plan to randomly sample periods during a twenty-four hour day and station interviewers in the jails during those sampled periods, but eventually found this impractical for three reasons. First, jail personnel typically prohibit access to inmates during certain periods, as it is disruptive to jail operations. Second, sampling periods of relative quiescence force interviewers to be idle for at least some parts of their work shifts. Third, random sampling of interview periods requires interviewers to work unreasonable duty shifts.

Seeking a more practical sampling procedure, the sampling design is based on dividing data collection days into periods of *stock* and *flow*. Interviewers arrive at the jail at a fixed time during the day—call this H. They work a shift of length S. The *stock* comprises all arrestees who were booked between H-24+S and H, and the *flow* comprises all arrestees who are booked between H and H+S. For example, if interviewers start working at 4 PM and worked for 8 hours, then the stock period runs from 12 AM to 4 PM, and the flow period runs from 4 PM to 12 AM. Sampling is done from the stock and flow strata.

In the stock period, sampling is done from arrestees who have been arrested between H-24+S and H. This sampling is done at time H, so interviewers can only interview those arrestees who are in jail as of time H—hence the name *stock*. With respect to the flow period, sampling is done continuously for arrestees as they are booked between H and H+S—hence the name *flow*.

To determine the sampling rate, supervisors estimate the number of bookings that occur during the stock and flow periods. If the daily total is N, the number booked during the stock period N_S, the number booked during the flow period N_F, $N = N_S + N_F$. Supervisors set quotas from the stock and flow equal to n_S and n_F, respectively, such that:

[3] A large proportion of minor misdemeanants is booked and released from over 100 small city precincts and suburban law enforcement facilities. It is impractical to sample from those facilities and, in any case, does not impact substantially estimates obtained from the facilities selected.

$$\frac{n_S}{n_F} = \frac{N_S}{N_F} \tag{B.1}$$

The actual sample size ($n = n_S + n_F$) depends on the number of interviewers and sometimes (for smaller jails) the number of bookings; $N = N_S + N_F$ since n cannot exceed N.

The supervisor sorts arrestees who are booked into the jail during the stock period and forms ns of equal sized strata based on that ordering. Sampling is systematic within each stratum: n_S+1, n_S+2, etc. If the sampled arrestee is unavailable or unwilling to participate, the supervisor selects the nearest neighbor—meaning the arrestees whose booking time occurs immediately after the arrestee who was unavailable or had declined to be interviewed. This replacement continues until the quota is filled.

During the flow period, the supervisor selects the arrestee who was booked most recently and assigns an interviewer. If the arrestee is unavailable or unwilling to participate, the supervisor selects the next most recently booked arrestee as a substitute. This process continues until the work shift ends.

This procedure produces a sample that is reasonably well balanced, meaning that arrestees tend to have about the same probability of being included in the sample. If the sample were perfectly balanced, weighting would be unnecessary to achieve unbiased estimates; and in fact, estimates based on weighted and unweighted ADAM II data are similar. The sample is not perfectly balanced, however, for several reasons.

First, while supervisors attempt to sample proportional to size during the stock and flow periods, achieving this proportionality requires two pieces of information that are unavailable at the time that supervisors set quotas. A supervisor can only estimate N_S and N_F based on historical experience; furthermore, the supervisor cannot know the length of time required to complete interviews because the length of the ADAM instrument depends on the extent of the arrestee's reported drug use, so the achieved value of n_F is variable.

Second, the number of bookings varies from day-to-day but the number of interviewers is constant. Days with a high number of bookings result in lower sampling probabilities than days with a low number of bookings. Furthermore, the number of bookings varies over the flow period, so that arrestees who are booked during periods with the most intensive booking activity have lower sampling rates than arrestees who are booked during periods with the least intensive booking activity. Sampling rates do not vary as much across the stock period because of the way that the period is partitioned.

Third, arrestees exit the jail during the stock period. The probability that an arrestee will have been released prior to being approached by an interviewer depends on both the time during the stock period when he was booked and the charge. The earlier that booking occurred during the stock period, the greater the opportunity to have been released. The more serious the charge, the lower the probability of being released because serious offenders are more likely to be detained for some time pending trial. Neither factor plays an important role during the flow period because of the way that the sample is selected during the flow period.

ADAM II preserves the sampling procedures used by the original ADAM, with the exception of Washington DC from 2007 to the first quarter of data collection in 2010. Due to insufficient resources

to station an interviewer in each jail for every day, a random sample of days was taken so that each of the seven district jails has two or three interviewing days depending on its size. When ADAM II interviewers conduct interviews in each jail, the interviewers follow the sampling procedures described above. As mentioned earlier, in the second quarter of 2010 all bookings occurred in Central Cell Block.

Cook County (Chicago) is also unique because ADAM II staff can only interview during narrowly specified hours, precluding the use of an eight-hour flow period. In Chicago, the data collection window is 4-8 PM, the only time interviewers are allowed in the active booking area. Chicago is a flow only sample; that is, arrestees are brought in on transport buses in waves from over 100 precincts, and the sample is generated from paperwork arriving with each offender in the same manner as used with flow samples elsewhere. There is no access to those outside of the booking area, though cases are weighted using census data to represent those who were booked over the other 20 hour periods each day. By placing more interviewers in this high volume site during those hours, an adequate sample is developed. Eighty percent of the county's bookings are done at this jail.

Sampling and Comparability for Q2 2010 in Washington, DC

As noted earlier, booking policies in Washington DC changed between the first and second data collection quarters in 2010. Prior to the second quarter of 2010 Washington, DC processed their arrestees in each of the seven police districts. As of the second quarter of data collection in 2010, every arrestee in Washington DC is processed through a single facility, its central cell block. This change prompted a change in sampling design for the second quarter of data collection in 2010 and we implemented the same sampling design as the other ADAM II sites that have a single facility.

A concern with this change in Washington DC booking practices is that the latest quarter of data collection be comparable with earlier quarters. We check for comparability using the census data, for two reasons. One, the most important difference is if there are systematic differences in the booked arrestee population. If there are differences in that population, any trends we estimate will be suspect. Two, due to the small number of surveys fielded prior to Q2, we are unlikely to find any statistically significant differences in arrestee characteristics.

Table B.2 reports frequency distributions for characteristics found in the census data for Washington, DC: day of the week booked, most serious charge, age at booking, race/ethnicity, and district from which the arrestee came. The second and third columns report the frequency count and percentage for each variable from the 2010 Q2 data. The third and fourth columns report the frequency and percentage across the 2007-2010 Q1 data. The fifth column reports the p-value from a chi-square test that assesses if the distributions from 2010 Q2 and 2007-2010 Q1 are the same. The sixth and seventh columns report the frequency and percentage for the 2010 Q1 data, and the eighth column reports the p-value from a chi-square test assessing if the distributions from 2010 Q2 and 2010 Q1 are the same.

Although there appear to be differences between the 2010 Q2 and earlier data, they do not appear to be material, and, in fact, are likely due to random fluctuation often seen between quarters in all sites. One will notice that regardless the comparison, the day of the week booked, the most serious charge, and district are statistically different. Race/ethnicity is statistically different when comparing 2010 Q2 with the rest of the 2007-2010 Q1 data. The differences may not pose a problem for comparison over time. One, comparisons not reported here between 2010 Q1 and the 2007-2009 data also yield statistically significant differences. Since the counts from the census data are relatively large, minor

differences in the frequency distributions will yield many p-values less than 0.05. Two, the differences in distributions are, in fact, small. For example, when observing charge, the relative percentages of violent, drug, property, and other crimes are qualitatively similar in 2010 Q2 and either 2007-2010 Q1 or 2010 Q1 alone.

Table B.2: Distribution of Variables found in the DC Census Data

	2010 Q2		2007 - 2010 Q1			2010 Q1		
	Count	Percent	Count	Percent	p-value of χ^2 Test with 2010 Q2	Count	Percent	p-value of χ^2 Test with 2010 Q2
Day of the Week Booked								
Sunday	218	13.0	1838	11.0	<0.001	140	9.7	0.004
Monday	166	9.9	1654	9.9		161	11.2	
Tuesday	182	10.9	2302	13.7		207	14.4	
Wednesday	280	16.7	2219	13.2		241	16.8	
Thursday	255	15.2	2557	15.2		217	15.1	
Friday	250	14.9	3100	18.5		228	15.9	
Saturday	326	19.4	3112	18.5		244	17.0	
Most Serious Charge								
Violent	259	15.4	2868	17.1	0.046	254	17.7	0.032
Drug	543	32.4	5341	31.8		400	27.8	
Property	91	5.4	1118	6.7		89	6.2	
Other	784	46.8	7455	44.4		695	48.3	
Age								
18-21	232	13.8	2277	13.6	0.498	189	13.1	0.514
22-25	232	13.8	2264	13.5		171	11.9	
26-29	200	11.9	2116	12.6		193	13.4	
30-35	237	14.1	2286	13.7		201	14.0	
36-40	156	9.3	1792	10.7		134	9.3	
41 plus	620	37.0	6008	35.9		550	38.2	
Race/Ethnicity								
White, non-Hispanic	176	10.5	2015	12.0	0.019	169	11.8	0.514
Black, non-Hispanic	1401	83.5	13976	83.3		1188	82.6	
Hispanic or Other Race	100	6.0	791	4.7		81	5.6	
District from where arrestee came								
First District	326	20.8	3869	23.1	0.004	284	19.7	0.011
Second District	136	8.7	1240	7.4		101	7.0	
Third District	272	17.3	2846	17.0		280	19.5	
Fourth District	164	10.4	1633	9.7		178	12.4	
Fifth District	247	15.7	2200	13.1		172	12.0	
Sixth District	229	14.6	2816	16.8		235	16.3	
Seventh District	197	12.5	2178	13.0		188	13.1	

There is one threat to the validity of trends between 2010 Q2 and 2007-2010 Q1. There are other police agencies that operate in DC, such as the US Park Police. In the data from 2007-2010 Q1, we did not sample anyone arrested by these agencies, as they were either booked by the agency itself or frequently booked through central cell block. In the 2010 Q2 data, roughly 13 percent of the ADAM II sample and 21 percent of the census data came from these agencies. However, since the distributions of observed variables in the census are not very different between the 2010 Q2 and earlier data, comparisons using all of the data from 2007-2010 are likely valid.

Weighting the ADAM II Data

As discussed above, sampling procedures remain the same from ADAM to ADAM II. These sampling procedures are designed so that every arrestee has about the same probability of being sampled. That goal is never achieved exactly in reality, and, in fact, the sampling rate varies appreciably across the population. Weighting the ADAM II data compensates for the sampling rate variance that occurs during data collection. Originally, ADAM assigned weights by assigning all arrestees to strata based on offenses and the time they were booked. This approach was not altogether satisfactory because samples were often small or even missing within a stratum, so that strata had to be merged. Merging required considerable manual manipulation of the data, and too frequently disparate strata were merged.

Since 2007, ADAM II has developed *propensity scores* to weight the data. A propensity score is the estimated probability that a member of the population of arrestees is included in the sample. The estimated propensity score comes from a logistic regression where the explanatory variables are the offense, details about when the interview was done (day, time of day), and other available information such as age that may affect the probability of selection. The inverse of the propensity score is the ADAM II case weight.

Propensity score weights improve the old ADAM post stratification weights. The new weights based on propensity scores are more homogenous (that is, there are fewer very large weights), and the resulting sampling variances are reduced. Propensity scores were applied to re-weight the 2000 and 2001 data, when those data are available, to improve trend estimates.[4] Because the contractor from 2002–2003 was unable to provide the 2002 and 2003 census data (that is, the booking records for when interviewers were in the jails), it has not been possible to re-weight the 2002 and 2003 ADAM data.

Imputation of Missing Test Sample Data

In the past, researchers who weighted ADAM data assumed that urine tests were missing at random. The solution, then, was to develop a second set of weights that applied just to the urine test results. There are two potential disadvantages to this approach. The first is that if the results were not missing at random, the resulting weights would produce a biased estimate of the probability of testing positive for a specified drug. The second is that discarding cases as missing necessarily inflates sampling variances. Neither disadvantage was material so long as most arrestees provided urine samples.

Unfortunately, in some ADAM II sites, a higher than expected percentage of arrestees failed to provide urine specimens. While it's a matter of course to investigate the reason for this higher than expected level of missing data and seek to improve response rates, one must recognize that what was a minor problem when the missing data rate was small becomes a potentially serious problem when the missing data rate is large.

[4] Abt Associates developed the post-stratification weighting system and used site census data (data on all arrests in the interview period in the county) from 2000-2001 to reweight the data using the propensity score method.

The approach to mitigate the problem is to use existing information to impute missing values. When both self-report of drug use and the urine test results are known, a regression is estimated where the urine test result is the dependent variable and the self-report is the explanatory variable. The results from this regression are then used to impute a value when the self-report is known, but there is no urine test result. Although conceptually simple, the practice of doing data imputations is more complicated, and is detailed in *ADAM II Technical Documentation Report*.

Given the desire to improve all estimates, data imputation procedures are now used to improve estimates of the probability that offenders test positive for specified drugs in all sites.

Each site raises unique problems. For example, prior to 2010 Q2 the sample size is unexpectedly small in Washington DC because arrestees accumulate across seven distinct jails, so each jail has a fairly small flow of offenders. DC presents a unique opportunity to improve estimates because Pretrial Services obtains a urine sample from everyone who is arraigned—typically only offenders with serious charges. Thus, the ADAM II sample in DC is partitioned into two groups: those with a high probability of having Pretrial Services urine test and those with a low probability of having a Pretrial Services urine test. For the former, the results from the Pretrial Services urine test are used as the estimate; for the latter, the weighted ADAM II data were used.

Estimating Trends

One of the primary goals of reestablishing the ADAM II program is to generate trends that bridge the ADAM programs and assess the significance of changes. While one could produce trend estimates by placing ADAM II estimates onto a graph with previous ADAM estimates, this trend would not be accurate. Two important considerations are taken into account in producing trend estimates: 1) Police practices change and thus affect who is arrested over time; any simple comparison could not distinguish between the probability that an offender would use drugs and the probability that an offender would appear in a jail-based sample; and 2) ADAM and ADAM II samples were collected at different times of year and may thereby affect trends based on cyclical patterns of drug use.

Model-based predictions that control for the offender mix are developed to account for these considerations. This is analogous to case-mix adjustments often required in health services research. Specifically, weighted regressions are estimated where the result of a urine test is the left-hand-side variable and the right-hand-side variables include the year, the offense, variables controlling for seasonality, and some additional factors that vary from place-to-place. The trends are then based on regression-based predictions that control for the offense and for seasonality.

Confidence intervals around each estimate to determine the significance of year to year change are also developed using regression models. This is a necessary step because the annualized estimates are not independent of each other.

2010 Data Collection

Sample Sizes

Just over 8,300 adult male arrestees were sampled across all sites, an average of 889 cases sampled per site.[5] The number of sampled cases does not represent the number of sampled cases that are available to be interviewed, a number contingent on whether the arrestee is physically available or has been transferred to another facility, is ill and in the medical unit or isolated due to violent behavior (see below for complete explanation of inclusion criteria). There were 5,516 sampled and available adult male arrestees across all sites, with an average of 582 per site[6] in the two data collection quarters of 2010.

Interview Completion Goals

The interview completion goals for each of the 10 ADAM II sites are 250 completes per quarter for two quarters for a total of 5,000 completes across all sites. In the two quarters of 2010 collection 4,749 interviews were completed across all sites with an average of 508 completes per site.[7] Four sites (Chicago, New York, Portland, and Sacramento) exceeded the goal of 500 completed interviews. Other sites ranged from 432 completes in Denver to 497 in Charlotte. The targets for all sites (250 cases per quarter) were established as the basis of a reliable quarterly and annual estimate. If a site has fewer than the targeted number of cases, reliable estimates can still be developed, only in those instances the standard errors associated with the estimate are larger.

To understand the ADAM II sample of arrestees and how that translates into an estimate for all booked arrestees, it is important to take into account the unique ADAM II sampling approach as well as the environment in which the sampling plan is executed. ADAM II sampling plans systematically sample from a population that may or may not be eligible or available to participate in the study, both of which may not be determined until the arrestee is sampled and approached for participation.

Disposition of Sampled Arrestees

A facesheet is a form filled out for every sampled case, regardless of whether the case is subsequently available and/or interviewed. Using official records information (the booking sheet), the facesheet collects information on the arrestee's charges, age, time of arrest, date of arrest, arresting agency, race/ethnicity, address zipcode, and booking date and time. In addition, the interviewer records on the facesheet whether or not the arrestee is interviewed and, if not, the reason (refuse, released, taken to court, transferred, violent or uncontrollable, language barrier). Facesheets completed in ADAM II serve two purposes. The first is to generate data to assess whether the interviewers are following the sampling plan. The second is to generate a potential sample of arrestees eligible to be interviewed. This potential sample includes arrestees who may be eligible, but they may also have been released

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5 Washington DC is excluded from calculation of this average. That sample size totaled 331 across both quarters (37% of the average).

6 Washington DC is excluded from this average. The available cases totaled 282 across both quarters (48% of the average).

7 Washington DC is excluded from this average. The number of completed interviews totaled 226 across both quarters (45% of the average).

back into the community, transferred to another facility, taken to court or otherwise unavailable to the interviewer.

In creating the sampling frame data collectors remove from the list those arrestees who were booked into the facility more than 48 hours prior to data collection, if those data are available to them at the facility. This list becomes the sampling frame to which they apply the protocols for stock and flow selection described earlier. However, accurate data on time since arrest is not always available and consequently an arrestee's true eligibility may not be known until the interviewer finds the sampled arrestee and asks when he was arrested. Of that pool of eligible arrestees some may also not be available for a number of reasons, such as being taken to court, released, or removed from the booking area for violent behavior, or illness. The remaining arrestees are *eligible* and *available*. A sampled, available case may choose not to be interviewed: language barrier, does not want to, etc. Those who are successfully interviewed are *complete cases*. If an eligible and available arrestee completes an interview, he has the option of providing a urine sample. He may also refuse to supply the specimen for a number of reasons.

The following definitions summarize these conditions:

- **Eligible cases:** All male arrestees who have been arrested within the prior 48-hour period and are not immigration or federal holds.
- **Sampled cases:** Eligible male arrestees booked into the facility within the 24-hour period of data collection, selected by interval from the "stock" period and by temporal ordering from the "flow" period.
- **Available cases:** Sampled cases that are 1) physically in the facility, and 2) have not been removed from the booking area due to illness or violent behavior.

In addition, those arrestees not contacted before the end of the interview shift are eligible but unavailable for the interview.[8] Using the above eligibility rules, disposition codes are created for each facesheet. Table B.3 reports the numbers of completed facesheets with each final disposition (i.e., ineligible, eligible and unavailable, eligible and available, and completes), by ADAM II site and overall. The number of arrestees eligible and available for the interview is found in the final six rows.

[8] We recognize that there may be some unavailable arrestees that would be ineligible since they were booked more than 48 hours prior to being contacted. However, as reported in Table B.3, there are very few ineligible arrestees. To simplify the response rates, we assume all arrestees that were unavailable to be eligible for the interview.

Interview Response Rates

There are two interview response rates: one that reflects the total sampled arrestees (the overall response rate), and one that reflects the sampled, available arrestees (the conditional response rate[9]). Given the ADAM II sampling plans, in particular the stock sampling approach, everyone who is sampled is not available to be approached for the interview. A conditional response rate calculated based upon the number of arrestees who are physically available for interviewing is instructive as a reflection of the percentage of *eligible and available* respondents completing the survey. It is used for assessing how well the interviewer performs.

Table B.3: Final Disposition of Completed Facesheets

	Atlanta	Charlotte	Chicago	Denver	Indianapolis	Minneapolis	New York	Portland	Sacramento	Washington, DC	Overall
Ineligible for the Interview											
Arrested More than 48 Hours Ago	0	0	0	0	0	0	0	0	0	0	0
Eligible but Unavailable for the Interview											
Taken to Court	0	0	0	3	2	0	126	0	0	25	156
Released	138	99	4	130	16	320	0	57	144	8	916
Transferred	1	0	0	2	429	1	807	57	0	0	1,297
Medical Unit	6	0	1	11	15	0	0	6	2	1	42
Violent or Uncontrolled Behavior	9	8	5	16	41	14	6	59	25	12	195
Physically Ill	1	1	4	6	2	3	6	15	9	1	48
Shift Ended	7	1	3	0	0	2	1	0	0	0	14
Other/Missing	21	23	1	18	20	30	15	12	6	2	148
Eligible and Available for the Interview											
Did Not Want to Answer Interview	51	61	14	50	50	57	185	73	41	36	618
Could Not Answer Interview Due to Language Barrier	0	6	2	3	17	9	14	6	1	6	64
Other/Missing	2	2	9	0	3	2	0	4	9	11	42
Agreed, Did not Complete Interview	3	6	3	2	7	2	11	5	1	3	43
Completed Interview											
No Urine Sample	44	96	22	38	44	46	114	57	61	45	567
Provided Urine Sample	402	401	513	394	422	413	560	444	452	181	4,182

[9] The *overall response rate* is analogous to Response Rate 1 or RR1 (number of complete interviews divided by the number of completes plus the number of non-interviewed [refusal, breakoff, no contact]); the *conditional response rate* is analogous to the Contact Rate or CON1 (number of complete interviews divided by the number of cases physically available) found in the *Standard Definitions* from the American Association of Public Opinion Research (AAPOR 2006, p. 32-36).

Prior to discussing the actual response rates, it is important to remember that the most critical part of the ADAM II sampling and weighting strategy is to provide the basis for making inferences about booked arrestees given the idiosyncrasies imposed on ADAM II sample due to the setting (booking facilities). The sampling strategy balances the sample, and the propensity score weights control for things correlated to testing positive for drugs, such as day and time of booking and severity of offense. This sampling and weighting strategy, rather than simply pure response rates, justifies the ADAM II sample as a valid indicator of the booked population.

The *overall response rate* is computed as the number of arrestees completing interviews divided by the sum of the number of arrestees completing interviews and the number of sampled eligible arrestees not completing interviews. We partition the eligible arrestees not completing interviews into two subgroups: arrestees not available for interview (e.g. taken to court) and arrestees available for interview but refusing or unable to take the interview (e.g. a language barrier) or who agree to the interview but do not complete it. For any ADAM II site *i*, this may be written as:

$$ResponseRate_i = \frac{Resp_i}{Resp_i + EligUnavailable_i + AvailableNonResp_i} \quad \text{(B.2)}$$

Where

ResponseRate	The response rate to the interview
Resp	The number of *eligible and available* arrestees responding to the interview
EligUnavailable	The number of *eligible but unavailable* arrestees
AvailableNonResp	The number of *eligible and available* arrestees not completing an interview

The *conditional response rate* is nested within the overall response rate, and is written as the number of arrestees completing interviews divided by the sum of the number of arrestees completing interviews and the number of sampled eligible and available arrestees not completing interviews. For any ADAM II site *i*, this may be written as:

$$CondResponseRate_i = \frac{Resp_i}{Resp_i + AvailableNonResp_i} \quad \text{(B.3)}$$

Overall response rates for the interview may be computed according to Equation (B.2), and conditional response rates may be computed according to Equation (B.3). For each ADAM II site, Table B.4 reports the number of arrestees eligible to be interviewed, eligible and available for the interview, completing the interview, and providing a urine specimen. Table B.4 then reports both the conditional and overall response rates for completing an interview.

When a sampled respondent is available, in all ten sites interviewers were able to survey the sampled respondent at least 75 percent of the time. Agreement rates were most frequently around 85 percent, with a low of 76 percent in New York to a high of 95 percent in Chicago. Overall response rates were lower. Nine of the sites achieved overall response rates greater than 50 percent. Frequently the overall response rate was 60 percent, with a high of 92 percent in Chicago. Indianapolis and New York achieved response rates of 44 and 37 percent, respectively. These rates were unavoidable, the overall response rates in these sites are driven by a number of sampled respondents being unavailable to be

surveyed. Their unavailability is due to frequent and rapid releases or transfers. As we discuss in the section below, these overall response rates do not necessarily invalidate the estimates.

Urine Response Rates

There are three different response rates for providing a urine specimen. The first is the *urine agreement rate*, an important indicator of reliability for self-reported drug abuse. For any ADAM II site *i*, it is computed by:

$$UrineAgreementRate_i = \frac{ProvideUrine_i}{Resp_i} \quad \text{(B.4)}$$

Where *ProvideUrine* is the number of arrestees providing a urine sample. All ten ADAM sites achieved a urine sample agreement rate in excess of 80 percent (Table B.4). A high average urine agreement rate of 88 percent was achieved across all sites for the 1st and 2nd quarters in 2010, with a range from 80 percent in Washington DC to 96 percent in Chicago.

For completeness, in Table B.4 we report two other response rates, the urine conditional response rate and the urine overall response rate. The urine conditional response rate is computed by:

$$UrineCondResponseRate_i = CondResponseRate_i \times UrineAgreementRate_i \quad \text{(B.5)}$$

The urine overall response rate is computed by:

$$UrineResponseRate_i = ResponseRate_i \times UrineAgreementRate_i \quad \text{(B.6)}$$

Table B.4: Sample Sizes and Response Rates for Interview and Urine Specimen

	Atlanta	Charlotte	Chicago	Denver	Indianapolis	Minneapolis	New York	Portland	Sacramento	Washington, DC	Overall
Sample Sizes											
Provided Urine Specimen	402	401	513	394	422	413	560	444	452	181	4,182
Completed Interviews	446	497	535	432	466	459	674	501	513	226	4,749
Eligible and Available to be Interviewed	502	572	563	487	543	529	884	589	565	282	5,516
Eligible to be Interviewed	685	704	581	673	1068	899	1845	795	751	331	8,332
Interview Response Rates											
Conditional Response Rate	0.888	0.869	0.950	0.887	0.858	0.868	0.762	0.851	0.908	0.801	0.861
Overall Response Rate	0.651	0.706	0.921	0.642	0.436	0.511	0.365	0.630	0.683	0.683	0.570
Urine Response Rates											
Urine Agreement Rate	0.901	0.807	0.959	0.912	0.906	0.900	0.831	0.886	0.881	0.801	0.881
Conditional Response Rate	0.801	0.701	0.911	0.809	0.777	0.781	0.633	0.754	0.800	0.642	0.758
Overall Response Rate	0.587	0.570	0.883	0.585	0.395	0.459	0.304	0.558	0.602	0.547	0.502

Indicators of Responding to the Survey

ADAM II's overall response rates are not 100 percent, and in Indianapolis and New York, they are less than 50 percent. However, lower response rates do not necessarily lead to bias in the estimates presented here, for two reasons. One, as shown in Tables B.5 and B.6, there is no response bias in many measurable respondent characteristics likely correlated with drug use and market activity, including the time a person is booked during a day and the day of the week, the type of arrest offense, and age and race of survey respondent. Two, our sampling strategy and computed weights account for these observed characteristics.

Not every arrestee sampled answers a survey. Table B.3 includes the reasons arrestees do not respond to the interview. In Atlanta, Charlotte, Denver, Minneapolis, and Sacramento, unavailable arrestees are most frequently released before the ADAM interviewers are able to contact them. In Indianapolis and New York, unavailable arrestees are most frequently transferred away from the booking facility. In Portland, unavailable arrestees are just as likely to be released, transferred, or have violent or uncontrolled behavior. In Washington DC, unavailable arrestees are most frequently taken to court. There are very few unavailable arrestees in Chicago.

For eligible arrestees, in every site the most frequent reason for non-response is due to the arrestee not wanting to participate. There were not many refusals due to language difficulties, though Indianapolis and New York had the most at 17 and 14, respectively.

We might wonder whether there are differences in response rates among subpopulations of the eligible arrestees. In the following details, we find the time of day, whether the arrestee was booked in the stock or flow period, and race differentiate arrestees that agree to the interview in more than half of the sites. The booking day of the week, severity of most serious arrest charge, and most serious charge type differentiate arrestees that agree to the interview in half of the sites. Age does not appreciably differentiate arrestees that agree to the interview.

For each of the stratifying variables described above, Table B.5 reports the number of facesheets with non-missing values for the set of stratifying variables, the percentage of arrestees among the subpopulations with facesheets that respond to the survey, and a χ^2 test of significance that assesses whether the response percentages are statistically different across the subpopulations. In other words, the analysis is looking at different factors that might help to predict why someone agrees to participate in the survey.

A few notes are necessary to discuss the χ^2 tests of significance. One, in this section we consider a difference statistically significant if its p-value is less than or equal to 0.05. Two, in the case of Washington DC, we report Q1 and Q2 separately. For Q1, we control for the facility in which the sample was drawn in addition to the stratifying variable.[10] For Q2, we computed the χ^2 tests of significance similarly to the other sites.

[10] This would enable us to discern differences that could not be explained simply by differences in the facility from which the sample was drawn.

For eligible arrestees in all sites but Chicago, the time at which an arrestee is booked appears to differentiate agreement percentages. In all sites, arrestees booked earlier in the day agree to the interview at a lower rate. The lowest rate is always from 12:00 AM – 8:59 PM. The highest agreement percentages are late in the day (4:00 PM – 11:59 PM), except in Denver, Indianapolis, Sacramento, and both quarters in Washington DC, where they are lower, but roughly equal, with midday. For each of these sites, agreement percentages are always higher in the flow time period rather than the stock time period.

The race and ethnicity of the arrestee differentiated agreement percentages in 6 sites, and 5 of these had similar patterns. In Atlanta, the lowest agreement percentage was for whites, while the highest was for Hispanics. In Charlotte, Chicago, Denver, New York, and Sacramento, generally whites and other races agreed to the interview at a lower rate than blacks and Hispanics. Among the 6 sites, Hispanics had the highest agreement percentage in 4 sites, and blacks had the highest percentage in the other two.

The day of the week an arrestee was booked differentiated agreement percentages in 5 sites: Charlotte, Chicago, Indianapolis, New York, and Sacramento. No clear pattern emerges, except that lower agreement percentages are found on the weekend. Lower agreement percentages are also found on Monday for all sites except Chicago.

The severity of the most serious charge at the time of arrest differentiated the agreement percentages in 5 sites. In Atlanta and Sacramento, those with felony charges were more likely to agree to the interview. In Indianapolis, Minneapolis, and New York, those with misdemeanors were less likely to agree to an interview.

The most serious charge type is a statistically significant predictor of agreement percentages in 5 sites: Atlanta, Minneapolis, New York, Portland, and Sacramento. In all 5 sites, those with drug charges are less likely to agree to the interview. Those with other charges are less likely to agree to the interview in Atlanta and Minneapolis. In Portland, those with property charges are more likely to agree to the interview.

Age is a statistically significant predictor of agreement percentages in two sites. In Chicago, younger people are more likely to agree to the interview, while in New York older people are more likely to agree.

Table B.5: Characteristics of Non-Response to the Survey

	Atlanta	Charlotte	Chicago	Denver	Indianapolis	Minneapolis	New York	Portland	Sacramento	DC Q1	DC Q2
Day of Week											
Monday	69%	64%	96%	61%	32%	54%	31%	68%	59%	61%	61%
Tuesday	57%	65%	96%	67%	41%	52%	45%	56%	74%	57%	81%
Wednesday	68%	69%	88%	63%	37%	51%	46%	59%	73%	42%	83%
Thursday	64%	82%	98%	65%	46%	49%	39%	70%	78%	59%	85%
Friday	73%	89%	95%	73%	61%	55%	41%	62%	68%	78%	72%
Saturday	63%	69%	84%	61%	48%	48%	38%	64%	68%	52%	68%
Sunday	63%	65%	88%	61%	49%	49%	26%	63%	62%	58%	76%
Total N (non-missing)	685	704	581	673	1068	899	1845	795	751	113	214
Chi-Square	5.8	23.9	19.3	4.9	32.6	2.3	41.7	6.4	13.7	3.6	7.8
p-value	0.441	0.001	0.004	0.555	<0.001	0.891	<0.001	0.383	0.033	0.737	0.256
Booking Time											
12:00am-8:59am	48%	62%	87%	59%	27%	41%	19%	49%	51%	0%	75%
9:00am-3:59pm	76%	65%	93%	71%	56%	58%	29%	66%	79%	90%	77%
4:00pm-11:59pm	77%	83%	85%	66%	54%	67%	69%	70%	75%	53%	72%
Total N (non-missing)	676	702	578	672	1061	897	1845	784	749	113	210
Chi-Square	54.2	27.5	5.8	6.3	82.6	47.2	355.0	22.1	52.4	3.9	0.5
p-value	<0.001	<0.001	0.054	0.042	<0.001	<0.001	<0.001	<0.001	<0.001	0.048	0.766
Sample Type											
Stock	58%	63%	100%	62%	33%	45%	21%	56%	64%	0%	65%
Flow	82%	86%	92%	70%	77%	73%	71%	74%	76%	57%	75%
Total N (non-missing)	683	704	581	673	1065	898	1845	795	749	115	216
Chi-Square	33.5	39.5	0.1	3.1	151.0	51.7	413.4	24.8	11.5	n/a	0.8
p-value	<0.001	<0.001	0.769	0.081	<0.001	<0.001	<0.001	<0.001	0.001	n/a	0.358
Age											
18-23	62%	71%	94%	65%	49%	52%	34%	67%	72%	72%	78%
24-29	64%	70%	98%	60%	43%	45%	34%	58%	66%	53%	79%
30-35	57%	76%	91%	67%	38%	44%	36%	67%	65%	50%	68%
36-44	66%	67%	85%	67%	43%	53%	40%	59%	68%	58%	76%
45+	73%	69%	90%	63%	40%	61%	40%	64%	68%	54%	73%
Total N (non-missing)	681	704	580	673	1062	891	1843	788	746	112	212
Chi-Square	8.0	2.4	14.2	1.9	6.7	11.3	6.2	4.6	2.5	2.7	1.4
p-value	0.092	0.654	0.007	0.750	0.151	0.023	0.186	0.335	0.650	0.613	0.843
Race											
Black	67%	72%	94%	71%	43%	52%	34%	62%	73%	59%	74%
Hispanic	75%	76%	94%	67%	40%	0%	46%	69%	73%	43%	83%
White	48%	61%	80%	60%	44%	49%	27%	63%	64%	57%	60%
Other	67%	94%	67%	46%	0%	55%	29%	53%	60%	0%	100%
Total N (non-missing)	685	704	581	673	1068	899	1845	795	751	115	216
Chi-Square	13.9	13.5	18.1	11.6	1.0	1.1	32.4	2.9	8.2	1.4	2.6
p-value	0.003	0.004	<0.001	0.009	0.800	0.571	<0.001	0.410	0.042	0.706	0.453
Top Severity											
Felony	75%	75%	94%	70%	51%	64%	41%	68%	78%	61%	82%
Misdemeanor	61%	70%	91%	61%	38%	37%	33%	76%	52%	51%	70%
Other	43%	67%	92%	62%	70%	70%	42%	62%	50%	67%	79%
Total N (non-missing)	685	704	581	673	1068	899	1845	795	751	115	216
Chi-Square	13.9	2.7	0.7	4.0	21.3	90.7	13.6	3.4	57.9	1.6	3.5
p-value	0.001	0.258	0.720	0.133	<0.001	<0.001	0.001	0.184	<0.001	0.451	0.178
Top Charge Type											
Violent	75%	70%	91%	65%	39%	64%	39%	62%	75%	73%	82%
Drug	57%	68%	94%	71%	45%	44%	27%	59%	54%	44%	78%
Property	75%	71%	90%	65%	46%	57%	43%	71%	80%	63%	83%
Other	61%	73%	93%	60%	43%	42%	36%	59%	73%	62%	67%
Total N (non-missing)	670	704	575	668	1051	890	1820	780	727	114	207
Chi-Square	18.7	1.4	2.4	5.0	2.7	31.6	26.6	8.1	36.3	5.4	4.5
p-value	<0.001	0.706	0.489	0.170	0.444	<0.001	<0.001	0.043	<0.001	0.147	0.213

Once an arrestee agrees to answer a survey, his characteristics, as measured on the facesheet, do little to differentiate whether he will provide a urine test. Table B.6 is structured similarly to Table B.5, though for survey respondents. It reports the number of survey respondents with non-missing values for the stratifying variables, the percentage of surveyed arrestees among the subpopulations with facesheets that provide a urine sample, and a χ^2 test of significance that the response percentages are statistically different across the subpopulations.

The facesheet variables only distinguish the percentages agreeing to provide a urine sample in isolated cases. In Atlanta and Charlotte, those arrested early in the day and those arrested during the stock time provided urine tests at a higher rate. In New York, people arrested later in the week, older arrestees, and non-white arrestees provided urine tests at a higher rate. These analyses show no clear pattern of bias in the urine specimen collection across the sites and, though these data are examined carefully each year, we see no reason for concern.

Table B.6: Characteristics of Non-Response to the Urine Test

	Atlanta	Charlotte	Chicago	Denver	Indianapolis	Minneapolis	New York	Portland	Sacramento	DC Q1	DC Q2
Day of Week											
Monday	92%	81%	96%	92%	85%	88%	86%	90%	90%	100%	77%
Tuesday	86%	85%	96%	96%	90%	88%	71%	83%	86%	100%	82%
Wednesday	91%	84%	91%	89%	92%	93%	86%	88%	87%	80%	80%
Thursday	88%	78%	98%	87%	94%	93%	80%	92%	87%	80%	83%
Friday	95%	71%	100%	87%	91%	86%	83%	93%	95%	71%	78%
Saturday	87%	83%	97%	96%	88%	88%	89%	89%	92%	94%	69%
Sunday	91%	82%	94%	92%	91%	94%	85%	85%	81%	43%	82%
Total N (non-missing)	446	497	535	432	466	459	674	501	513	64	159
Chi-Square	3.7	5.9	10.3	6.4	3.3	4.0	14.3	5.5	9.0	1.8	2.0
p-value	0.718	0.430	0.114	0.376	0.769	0.676	0.027	0.479	0.175	0.937	0.921
Booking Time											
12:00am-8:59am	95%	87%	98%	91%	90%	90%	88%	89%	89%	0%	100%
9:00am-3:59pm	91%	83%	95%	90%	90%	87%	81%	89%	90%	100%	67%
4:00pm-11:59pm	86%	75%	100%	92%	92%	92%	82%	88%	86%	80%	82%
Total N (non-missing)	441	495	534	432	462	457	674	495	512	64	154
Chi-Square	6.7	6.4	1.9	0.4	0.5	1.4	3.7	0.2	1.3	0.0	5.8
p-value	0.035	0.041	0.389	0.822	0.760	0.486	0.158	0.883	0.522	0.968	0.056
Sample Type											
Stock	93%	84%	100%	92%	90%	90%	84%	90%	89%	0%	91%
Flow	86%	75%	96%	89%	92%	90%	83%	87%	86%	83%	78%
Total N (non-missing)	445	497	535	432	465	458	674	501	512	66	160
Chi-Square	5.5	7.0	0.0	0.5	0.9	0.0	0.1	0.8	0.9	n/a	1.0
p-value	0.019	0.008	0.836	0.462	0.340	0.964	0.700	0.364	0.336	n/a	0.307
Age											
18-23	89%	87%	96%	93%	91%	93%	78%	90%	93%	92%	80%
24-29	93%	76%	96%	91%	91%	87%	79%	91%	87%	70%	85%
30-35	89%	79%	95%	90%	89%	87%	86%	87%	83%	80%	82%
36-44	94%	81%	95%	88%	90%	92%	84%	88%	85%	87%	68%
45+	86%	77%	97%	93%	90%	89%	89%	88%	88%	86%	79%
Total N (non-missing)	444	497	534	432	461	455	672	494	509	64	158
Chi-Square	4.7	5.7	0.7	1.9	0.2	2.9	9.6	1.0	5.9	2.8	3.0
p-value	0.324	0.220	0.956	0.762	0.994	0.570	0.048	0.910	0.209	0.598	0.550
Race											
Black	89%	80%	96%	95%	90%	90%	85%	86%	88%	83%	79%
Hispanic	100%	87%	97%	89%	94%	0%	85%	90%	90%	100%	80%
White	95%	78%	95%	90%	91%	90%	71%	89%	86%	75%	83%
Other	100%	88%	75%	89%	0%	91%	80%	95%	96%	0%	67%
Total N (non-missing)	446	497	535	432	466	459	674	501	513	66	160
Chi-Square	3.5	2.7	4.6	3.2	0.4	0.0	8.3	2.0	2.8	n/a	0.3
p-value	0.319	0.436	0.199	0.356	0.803	0.980	0.039	0.580	0.424	n/a	0.951
Top Severity											
Felony	90%	80%	96%	90%	89%	89%	85%	91%	89%	79%	85%
Misdemeanor	90%	81%	95%	94%	92%	89%	82%	89%	87%	90%	76%
Other	100%	80%	98%	90%	100%	91%	82%	88%	100%	77%	78%
Total N (non-missing)	446	497	535	432	466	459	674	501	513	66	160
Chi-Square	0.4	0.1	1.0	1.7	2.2	0.8	0.9	0.3	0.6	1.8	1.5
p-value	0.824	0.944	0.613	0.420	0.329	0.655	0.643	0.879	0.735	0.403	0.478
Top Charge Type											
Violent	92%	75%	95%	88%	88%	90%	85%	90%	89%	100%	79%
Drug	87%	82%	95%	92%	89%	88%	83%	91%	86%	83%	78%
Property	92%	84%	98%	94%	94%	90%	83%	88%	89%	100%	70%
Other	91%	82%	96%	92%	92%	92%	81%	86%	89%	74%	80%
Total N (non-missing)	437	497	529	429	454	454	664	490	495	65	153
Chi-Square	2.0	3.9	1.1	1.8	2.6	0.8	1.0	1.8	1.2	0.5	0.6
p-value	0.562	0.267	0.776	0.621	0.461	0.839	0.796	0.606	0.760	0.929	0.901

Examination of the Congruence between Self-Reported Recent Drug Use and a Positive or Negative Urine Test

ADAM II provides two indicators of recent drug use: survey questions about the arrestee's recent drug use and the urine test. Test thresholds and detection windows are summarized in Exhibit B.1 at the end of this discussion. This section discusses the agreement between the urine test results and questions about recent drug use. We focus on the 4 drugs with the largest proportion testing positive: marijuana, cocaine, heroin, and methamphetamine. For the survey questions discussing cocaine, the separate responses about crack cocaine and powder cocaine are combined, as the urine test does not distinguish between the two.

In the ADAM II calendar, there are questions about drug use at varying time intervals: ever, past year, past 30 days, past 7 days, and past 3 days. Because of the different testing windows, recent use is defined separately for each drug. For marijuana, recent use is self-reported use for at least one day in the past 30. For crack and powder cocaine, heroin, and methamphetamine, recent use is self-reported use for at least one day in the past 3.

Table B.7 reports the agreement between self-reported recent drug use and results from the urine test, by site across the two quarters of data collection. The first column indicates the ADAM II site. The second column indicates the number of arrestees reporting recent drug use and providing a urine test. Note that these may differ within site across drugs due to two factors: 1) not enough urine being collected to test for every drug or 2) an arrestee not responding to the self-report for a particular drug. The third through sixth columns report the percentage of arrestees answer to recent drug use versus their urine test result. Columns 3 through 6 add to 100 percent for each row. The sites are grouped by drug, since there do not appear to be patterns within site (e.g. Portland has relatively high percentages of arrestees admitting to use and testing positive for marijuana and heroin, but relatively low percentages for cocaine).

Although there is significant variance in the percentages between sites, some general conclusions can be made about each drug from Table B.7. For marijuana, roughly 8 percent of arrestees admit to use in the past 30 days, but test negative. Another 8 percent do not admit to use in the past 30 days, but test positive. These differences for marijuana may be due to a combination of the lengthy testing window and the frequency of use among heavier users of marijuana. Among the 22 percent of arrestees testing positive for cocaine, 12 percent of arrestees test positive but do not admit to use, slightly more than the proportion admitting to use and testing positive. Similarly, the percentage testing positive for heroin averages 11 percent, and a little over a third admitted to use. For cocaine, heroin, and methamphetamine, very few arrestees (1 percent or less) admit to use, but test negative for the same drug.

What is most compelling is the percentage of arrestees telling the truth, that is, self-reporting no use and testing negative or self-reporting use and testing positive. Across all 4 drugs and all 10 ADAM II sites, the proportion telling the truth is extremely high. For marijuana, 83 percent of arrestees were consistent in their response to self-reported use and the results of the testing of their urine specimen. A similar percent of congruence was identified for cocaine (87 percent) and even higher rates for heroin (92 percent) and methamphetamine (97 percent).

Table B.7: Proportion Admitting to Recent Drug Use versus Urine Test Result

Site	Number That Answer Recent Use and Provide Urine Test	No Recent Use and Negative Urine Test	Has Recent Use and Negative Urine Test	No Recent Use and Positive Urine Test	Has Recent Use and Positive Urine Test
Marijuana					
Atlanta	400	50%	8%	8%	35%
Charlotte	396	45%	9%	11%	36%
Chicago	507	38%	5%	8%	49%
Denver	394	45%	14%	3%	39%
Indianapolis	420	42%	6%	11%	41%
Minneapolis	410	41%	5%	12%	42%
New York	559	44%	10%	7%	39%
Portland	443	44%	10%	5%	41%
Sacramento	452	34%	8%	12%	46%
Washington DC	177	60%	5%	8%	28%
Overall	4,158	43%	8%	8%	40%
Cocaine					
Atlanta	402	63%	0%	19%	18%
Charlotte	396	70%	1%	17%	11%
Chicago	507	74%	1%	16%	9%
Denver	393	78%	1%	10%	11%
Indianapolis	421	78%	1%	12%	9%
Minneapolis	412	80%	1%	12%	7%
New York	557	71%	2%	15%	12%
Portland	439	85%	1%	4%	10%
Sacramento	451	86%	1%	7%	6%
Washington DC	180	84%	0%	8%	8%
Overall	4,158	77%	1%	12%	10%
Heroin					
Atlanta	402	95%	0%	5%	1%
Charlotte	401	93%	0%	4%	3%
Chicago	510	87%	1%	5%	7%
Denver	393	93%	0%	4%	3%
Indianapolis	421	87%	0%	13%	1%
Minneapolis	412	90%	0%	7%	3%
New York	558	90%	1%	5%	3%
Portland	444	74%	2%	11%	13%
Sacramento	452	86%	1%	10%	3%
Washington DC	180	89%	1%	6%	4%
Overall	4,173	88%	1%	7%	4%
Methamphetamine					
Atlanta	402	98%	0%	1%	1%
Charlotte	401	99%	0%	1%	0%
Chicago	506	100%	0%	0%	0%
Denver	393	96%	1%	2%	2%
Indianapolis	422	97%	0%	1%	2%
Minneapolis	413	96%	1%	1%	2%
New York	559	99%	0%	0%	0%
Portland	437	79%	1%	8%	12%
Sacramento	448	71%	1%	10%	18%
Washington DC	181	100%	0%	0%	0%
Overall	4,162	93%	0%	2%	4%

Determining Test Thresholds

Exhibit B.1 indicates the cut off thresholds used by the national test laboratory in determining what constitutes a positive test results. These thresholds follow the guidelines established by the Substance Abuse and Mental Health Administration (SAMHSA) for what qualifies as a positive test and were those used in the prior ADAM program. Detection periods are established for each and are dependent on frequency and amount of drug use, sample PH and drug tolerance.

Exhibit B.1: ADAM II Drug Testing Cut-off Levels

The same cutoff levels used in ADAM are used for testing in ADAM II. They are shown below.

Drug Testing–Cutoff Levels and Detection Periods for Urinalysis

DRUG	CUTOFF LEVEL [a]	DETECTION PERIOD [b]
Cocaine	300 ng/ml	2–3 days
Marijuana	50 ng/ml	7 days (infrequent use) 30 days maximum (chronic use)
Methamphetamine	300 ng/ml	2–4 days
Opiates	300 ng/ml	2–3 days
PCP	25 ng/ml	3–8 days
Amphetamines	1,000 ng/ml	2–4 days
Barbiturates	300 ng/ml	3 days
Benzodiazepines	300 ng/ml	Up to 2 weeks
Methadone	300 ng/ml	2–4 days
Oxycodone/Hydrocodone	300 ng/ml	Up to 10 days
Propoxyphene	300 ng/ml	3–7 days

a. The cutoff level is the amount of the drug in nanograms per milliliter below which the amount is determined to be undetectable.

b. The detection period is the number of days during which the drug can be detected in the urine.

Appendix C: Site Fact Sheets

Numbers for each site reflected on their Fact Sheets may not correspond exactly to those in the crosssite comparisons in the body of this report and in tables in Appendix A. This is because, unlike the table estimates, they are not annualized; that is, adjusted for seasonality using information from 2000-2003 on changes between quarters. For example, estimates of the number of arrestees employed may vary due to seasonal and other adjustments made to estimates during the annualization process. For example, Atlanta's fact sheets for 2010 representing weighted cases gathered during the April 1 to September 30 data collection periods indicate that 49 percent of arrestees were employed either full or part time. When those data are adjusted, the number of arrestees employed either full or part time in 2010 is 43 percent, reflecting what is an annual estimate of arrestee employment needed to examine trends from 2000 forward.

Although we annualized estimates for fact sheets in 2007 and 2008, we elected to not annualize the estimates for 2009 and 2010 on the fact sheets. Instead, the fact sheets report estimates that are just weighted by the ADAM II propensity score weights. To weight the data, we use a logistic regression to model the probability of being interviewed using observable characteristics of the arrestee that effect the probability being interviewed, i.e., time of day and day of the week of the arrest and the arrest charge. For example, persons arrested closer to the time of the interview shift or those who have more serious charges that require more time at booking are more likely to be in the facility and thus represented in the sample. The predicted probability of being interviewed is the propensity score. We did this for two reasons. One, we are concerned about the reliability of annualizing estimates that have a very small number underlying of observations (i.e., less than 10). There are a number of instances in subcategories where the number of observations underlying the estimates becomes very small—much smaller than those considered reliable by other large surveys such as the NSDUH and the fact sheet would show an inordinate number of n/a designations as a result. However, the information is still of interest to each site and we do not wish to put n/a where weighted values do exist and are of local interest. Two, computing estimates based upon only the propensity score weights allows outside researchers to more easily replicate our estimates, as the annualization process is complex and difficult to replicate.

As a check of the decision to not annualize the fact sheets, we compared annualized and non-annualized estimates and found that the annualization factors do not greatly change the estimates. We would be pleased to make available upon request the annualized and non-annualized fact sheets for comparison.

ADAM II 2010 Report

City of Atlanta/Fulton County, GA

Primary City: Atlanta

Male Arrestees

All Statistics Weighted

Facilities in Sample: 2
Sampled Eligible Arrestees: 685
Arrestees Booked in Data Collection Period: 2251

Conditional Interview Response Rate[1]: 89% (n = 446)
Urine Response Rate to Interviews: 90% (n = 402)

Age of Booked Arrestees (%)						
Mean Age	<21	21-25	26-30	31-35	36+	Unknown
35.0	8.1	18.2	19.3	11.4	43.1	0.0

Race of Booked Arrestees (%)					
White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
12.8	82.7	7.0	0.1	0.0	0.9

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	66.0	2.8	69.2	73.4	64.4	63.3	64.4	-	63.3	68.1	48.7	0.0	100.0
Cocaine	33.2	2.8	10.5	20.5	24.4	36.1	47.0	-	22.3	35.7	33.4	0.0	100.0
Marijuana	42.2	3.0	66.3	62.4	53.6	31.9	28.6	-	33.3	46.4	19.8	0.0	0.0
Opiates	5.1	1.6	8.8	3.2	9.6	0.7	4.8	-	4.6	4.7	11.9	0.0	0.0
Oxycodone	1.0	-	0.0	0.0	0.6	0.7	1.7	-	1.0	1.0	0.0	0.0	0.0
Meth	1.8	-	0.0	1.2	1.6	7.8	1.6	-	11.8	0.7	3.6	0.0	0.0
Multiple Drug[3,4]	17.9	2.2	14.6	15.9	25.1	13.4	19.4	-	19.0	19.0	20.0	0.0	0.0

Percent Positive for Drugs by Offense Category

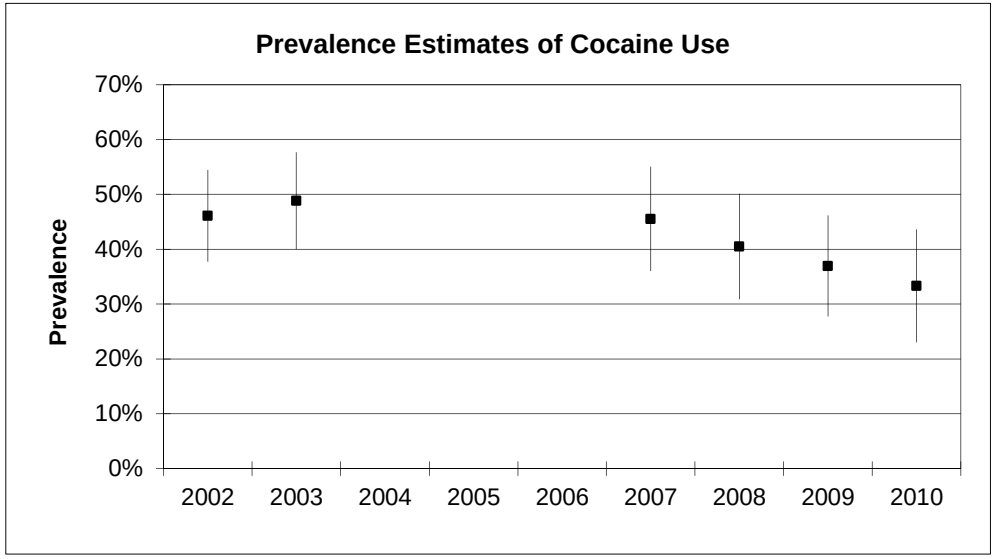
	Violent (%)	Property (%)	Drug Possession (%)	Drug Distribution (%)	Other (%)	Unknown (%)
	(n = 74)	(n = 115)	(n = 55)	(n = 6)	(n = 213)	(n = 7)
Any Drug[3,4]	66.7	65.7	96.7	100.0	58.5	56.0
Cocaine	25.9	39.8	40.0	23.8	33.9	27.3
Marijuana	56.6	37.6	70.1	100.0	31.8	38.1
Opiates	6.4	3.2	8.8	0.0	6.1	8.9
Oxycodone	0.0	0.3	0.8	0.0	1.5	8.9
Meth	0.0	3.3	3.8	0.0	1.3	0.0
Multiple Drug[3,4]	20.6	17.6	26.3	23.8	17.6	18.4

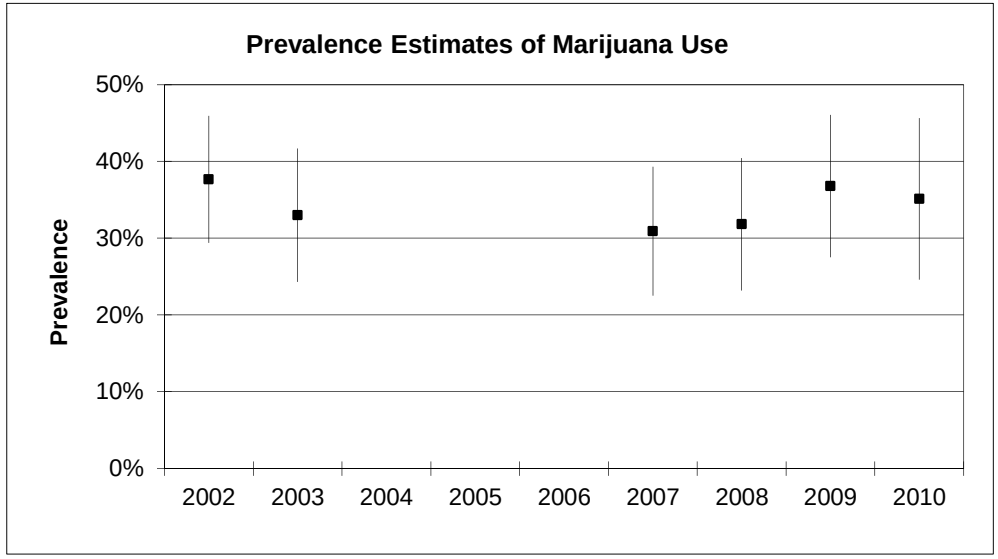
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	51.6	43.5	8.3	2.1	22.2	1.9	0.1	14.0	3.5	1.1
Powder Cocaine	28.4	16.1	5.4	0.4	17.9	4.6	0.1	4.5	0.0	0.0
Marijuana	20.6	12.6	1.9	1.1	7.6	1.4	0.0	8.5	3.3	0.5
Heroin	68.9	55.6	20.3	38.7	30.4	13.2	0.5	17.2	0.0	0.0
Meth	33.3	33.3	11.6	2.4	0.0	0.0	0.0	0.0	0.0	0.0

1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs





Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Description of the Sample

Education of Booked Arrestees (%)	
None	35.2
High school or GED	34.3
Vocational or trade school	3.1
Some college or two-year associate	20.5
Four year degree or higher	6.9

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	41.5
Someone else's house, mobile home, apartment	40.1
Group quarters[1]	5.5
Hospital or care facility	0.4
Incarceration Facility	2.4
Shelter/ No Fixed Residence	10.2
Other	0.0

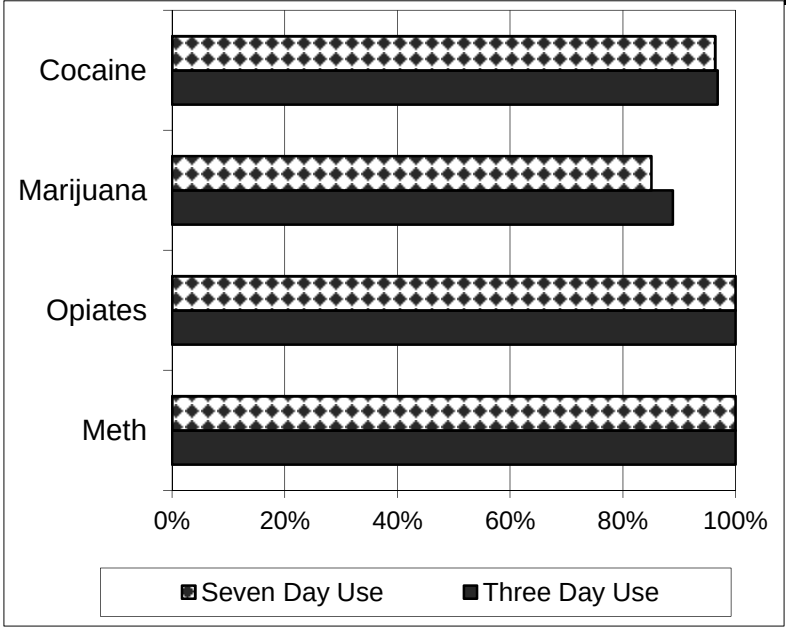
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	31.9
Working part-time/ seasonal	17.2
Unemployed (looking for work)	34.0
Unemployed (not looking for work)	6.3
In school only	2.0
Retired	0.4
Disabled for work or on leave	7.4
Other	0.8

Current Health Insurance for Booked Arrestees (%)	
No Insurance	76.3
Individually Purchased	5.4
Employer or Union Funded	9.1
State Government Funded	3.4
Retirement Medicare	0.4
Disability Medicare	3.7
Veterans Affairs	1.2
Multiple Types	0.5

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	16.7
Powder Cocaine	7.1
Marijuana	48.3
Heroin	1.9
Methamphetamine	2.5

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	13.2
Powder Cocaine	6.3
Marijuana	11.2
Heroin	8.9
Methamphetamine	5.4

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	2.0
Powder Cocaine	5.2
Heroin	38.5
Methamphetamine	0.0
Other	0.0

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	16.5
Powder Cocaine	4.5
Marijuana	41.9
Heroin	1.2
Methamphetamine	1.7

Self-Reported Arrests in Past Year (%)	
None	40.5
1-2	48.1
3-5	7.6
6 or more	3.8

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)

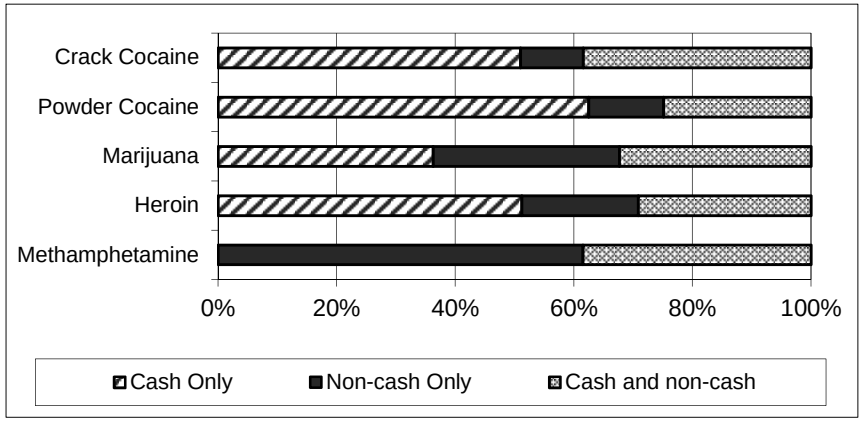
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	67	1.9	27.4	68.5	2.3
Powder Cocaine	16	24.5	43.3	32.2	0.0
Marijuana	123	7.3	45.7	44.3	2.7
Heroin	3	0.0	62.5	37.5	0.0
Methamphetamine	2	0.0	100.0	0.0	0.0

Method of Non-Cash Transaction (%)

	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	36	0.0	7.2	1.7	91.2
Powder Cocaine	10	0.0	6.9	0.0	93.1
Marijuana	117	0.0	1.1	0.0	98.9
Heroin	2	0.0	0.0	0.0	100.0
Methamphetamine	6	0.0	0.0	0.0	100.0

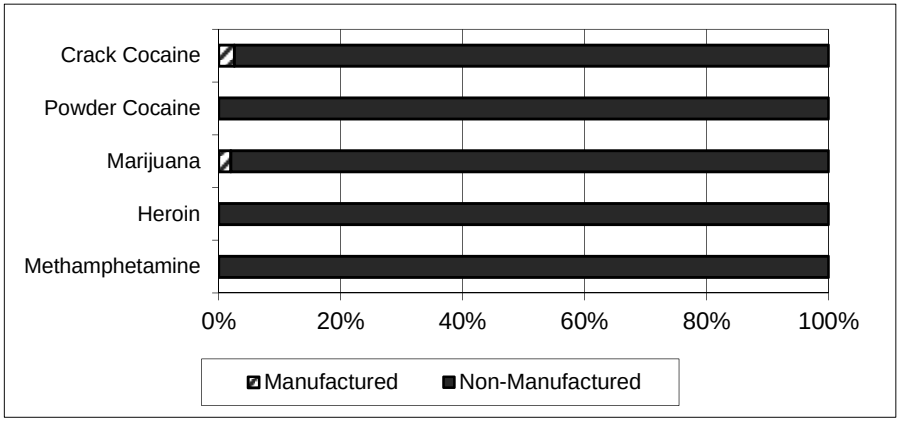
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



ADAM II 2010 Report

Mecklenburg County, NC

Primary City: Charlotte

Male Arrestees

All Statistics Weighted

Facilities in Sample: 1
Sampled Eligible Arrestees: 704
Arrestees Booked in Data Collection Period: 2272

Conditional Interview Response Rate[1]: 87% (n = 497)
Urine Response Rate to Interviews: 81% (n = 401)

Age of Booked Arrestees (%)								Race of Booked Arrestees (%)					
Mean Age	<21	21-25	26-30	31-35	36+	Unknown		White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
32.5	12.9	20.8	17.1	14.0	35.2	0.0		31.1	60.3	16.8	2.8	1.1	2.0

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	64.7	2.7	80.8	72.4	54.0	67.5	63.5	-	57.6	73.2	38.6	63.4	100.0
Cocaine	28.2	2.6	4.9	27.9	18.2	38.7	41.4	-	28.8	30.9	22.3	30.3	0.0
Marijuana	45.3	2.8	80.8	55.0	48.6	44.9	30.9	-	32.8	57.5	15.6	41.2	100.0
Opiates	5.3	1.3	5.6	5.3	8.3	7.5	5.6	-	16.6	1.6	2.1	5.7	0.0
Oxycodone	1.1	-	0.0	0.9	2.3	0.0	1.5	-	3.0	0.3	0.7	0.0	0.0
Meth	0.6	-	0.0	0.8	1.0	1.6	0.0	-	0.6	0.4	0.0	2.8	0.0
Multiple Drug[3,4]	17.2	2.2	12.2	15.0	21.3	24.1	19.1	-	23.9	17.9	2.0	10.8	0.0

Percent Positive for Drugs by Offense Category

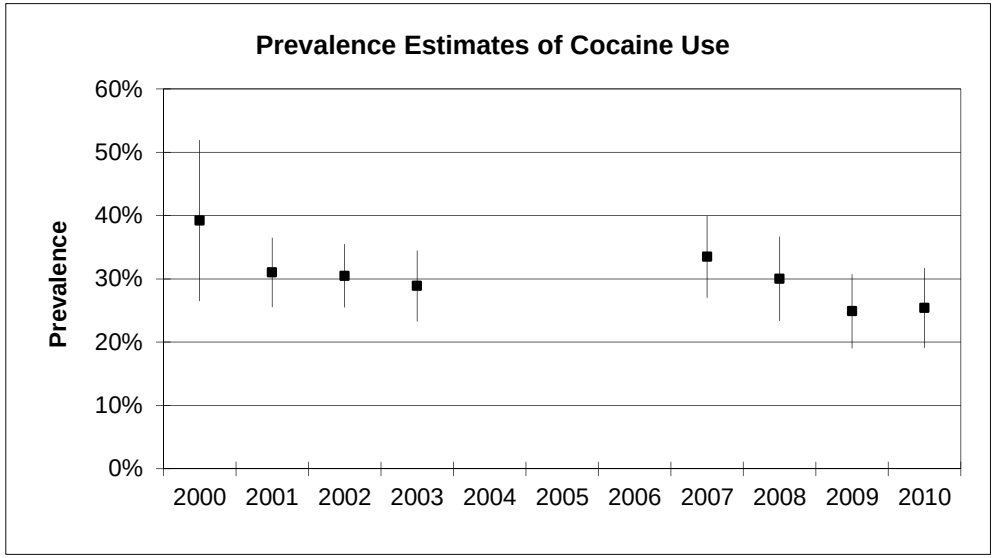
	Violent (%)	Property (%)	Drug Possession (%)	Drug Distribution (%)	Other (%)	Unknown (%)
	(n = 106)	(n = 122)	(n = 49)	(n = 18)	(n = 178)	(n = 0)
Any Drug[3,4]	53.4	77.0	100.0	95.6	61.1	-
Cocaine	20.7	32.2	52.1	35.2	28.4	-
Marijuana	38.5	53.8	75.2	89.1	44.1	-
Opiates	4.2	11.7	8.5	0.0	4.7	-
Oxycodone	2.5	1.4	0.0	0.0	0.7	-
Meth	0.7	0.6	1.6	0.0	0.0	-
Multiple Drug[3,4]	13.4	23.5	38.8	33.1	15.0	-

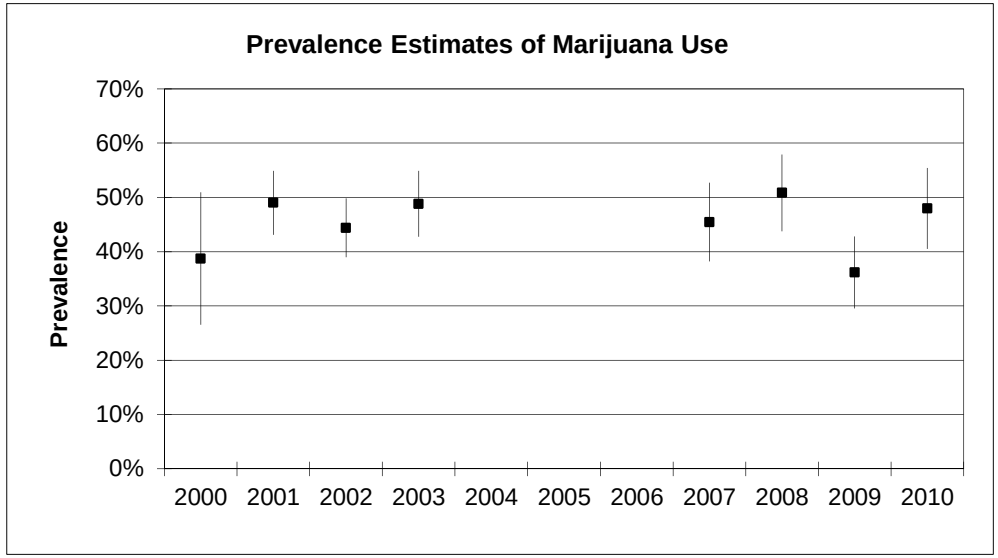
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

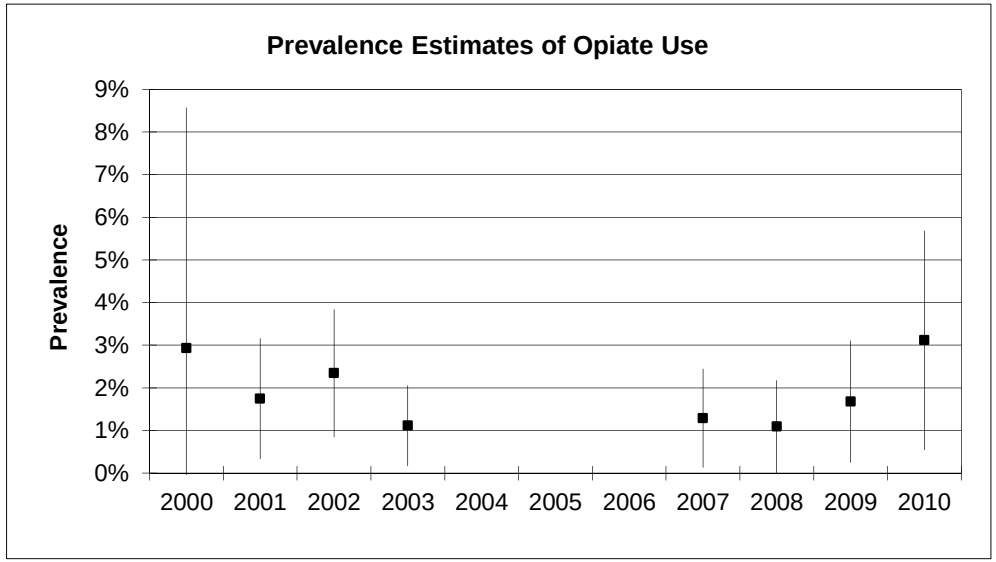
	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	68.5	45.5	5.6	2.8	41.3	9.6	1.0	18.3	3.3	0.0
Powder Cocaine	53.9	34.6	12.2	4.4	27.5	4.4	0.0	17.7	6.2	0.3
Marijuana	41.4	18.5	5.0	2.5	24.3	4.7	0.2	11.1	2.4	0.1
Heroin	48.7	27.6	4.4	0.0	33.0	20.7	2.8	8.9	0.0	0.0
Meth	46.6	0.0	0.0	0.0	33.8	0.0	0.0	12.8	0.0	0.0

1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs







Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Description of the Sample

Education of Booked Arrestees (%)	
None	33.7
High school or GED	41.5
Vocational or trade school	1.8
Some college or two-year associate	16.7
Four year degree or higher	6.3

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	50.6
Someone else's house, mobile home, apartment	36.3
Group quarters[1]	3.5
Hospital or care facility	0.1
Incarceration Facility	1.1
Shelter/ No Fixed Residence	7.6
Other	0.7

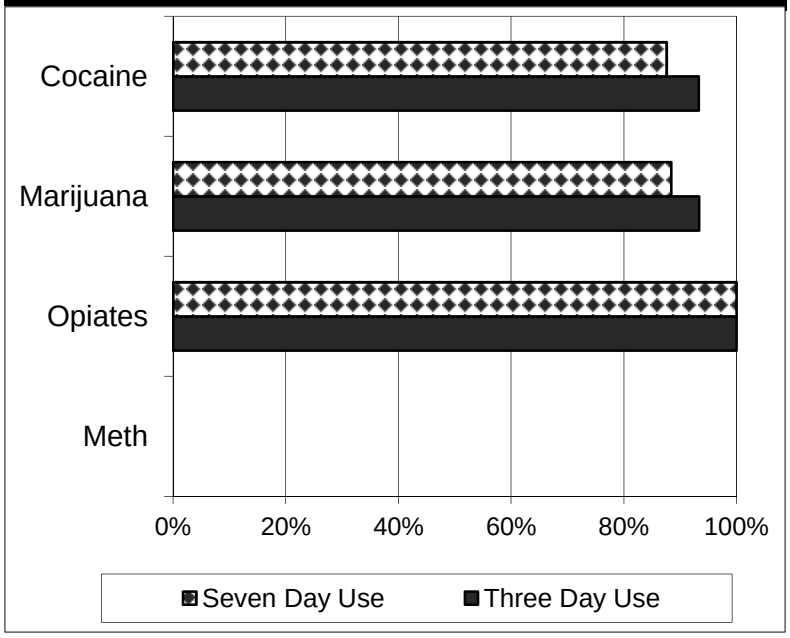
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	35.8
Working part-time/ seasonal	13.6
Unemployed (looking for work)	35.5
Unemployed (not looking for work)	4.9
In school only	3.7
Retired	0.8
Disabled for work or on leave	5.1
Other	0.7

Current Health Insurance for Booked Arrestees (%)	
No Insurance	73.8
Individually Purchased	5.4
Employer or Union Funded	10.1
State Government Funded	6.5
Retirement Medicare	0.4
Disability Medicare	1.7
Veterans Affairs	0.8
Multiple Types	1.3

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	10.9
Powder Cocaine	11.6
Marijuana	49.0
Heroin	3.3
Methamphetamine	1.0

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	7.1
Powder Cocaine	4.3
Marijuana	10.3
Heroin	14.6
Methamphetamine	2.0

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	0.0
Powder Cocaine	10.9
Heroin	82.0
Methamphetamine	19.4
Other	0.0

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	8.1
Powder Cocaine	7.3
Marijuana	42.7
Heroin	2.6
Methamphetamine	0.3

Self-Reported Arrests in Past Year (%)	
None	56.2
1-2	34.3
3-5	6.6
6 or more	2.9

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)

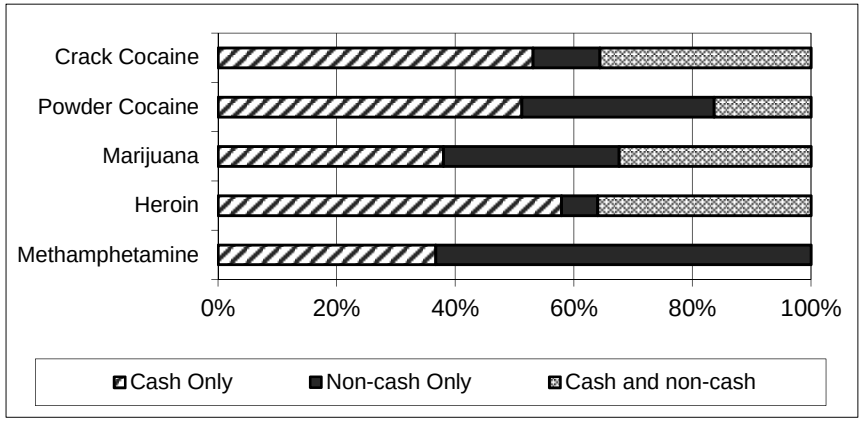
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	31	8.2	41.1	42.2	8.5
Powder Cocaine	20	21.4	47.0	22.7	8.9
Marijuana	129	15.3	43.7	34.2	6.9
Heroin	9	23.0	29.6	25.2	22.2
Methamphetamine	1	0.0	0.0	0.0	100.0

Method of Non-Cash Transaction (%)

	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	18	0.0	5.3	0.0	94.7
Powder Cocaine	17	2.5	4.5	0.0	93.0
Marijuana	122	2.7	2.3	0.0	95.0
Heroin	6	0.0	20.0	0.0	80.0
Methamphetamine	1	100.0	0.0	0.0	0.0

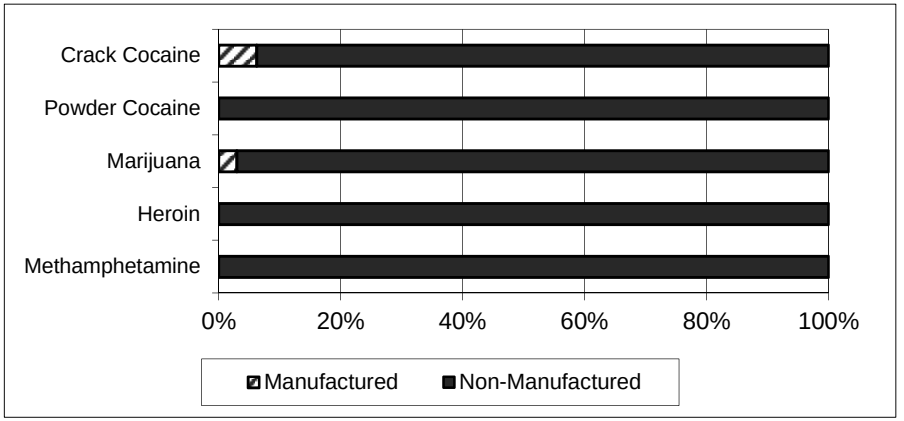
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



ADAM II 2010 Report

Cook County, IL

Primary City: Chicago

Male Arrestees

All Statistics Weighted

Facilities in Sample: 1
Sampled Eligible Arrestees: 581
Arrestees Booked in Data Collection Period: 5985

Conditional Interview Response Rate[1]: 95% (n = 535)
Urine Response Rate to Interviews: 96% (n = 513)

Age of Booked Arrestees (%)								Race of Booked Arrestees (%)					
Mean Age	<21	21-25	26-30	31-35	36+	Unknown		White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
31.7	15.4	23.1	17.7	11.8	32.0	0.0		22.9	73.1	17.3	1.0	1.8	0.5

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	78.0	2.5	83.6	80.0	79.6	75.3	71.0	-	67.0	80.6	65.2	73.6	82.7
Cocaine	24.8	2.5	7.9	15.2	18.3	25.7	46.7	-	35.7	23.1	29.1	24.7	28.8
Marijuana	56.2	2.5	78.7	74.3	64.0	63.6	24.5	-	39.8	60.7	41.0	66.9	82.7
Opiates	11.4	2.1	5.5	3.3	10.1	9.0	26.6	-	15.4	12.1	5.6	11.6	0.0
Oxycodone	0.0	-	0.0	0.0	0.0	0.0	0.0	-	0.0	0.0	0.0	0.0	0.0
Meth	0.0	-	0.0	0.0	0.0	0.0	0.0	-	0.0	0.0	0.0	0.0	0.0
Multiple Drug[3,4]	19.5	2.4	11.5	15.0	19.0	19.8	28.5	-	21.7	19.3	11.0	29.5	28.8

Percent Positive for Drugs by Offense Category

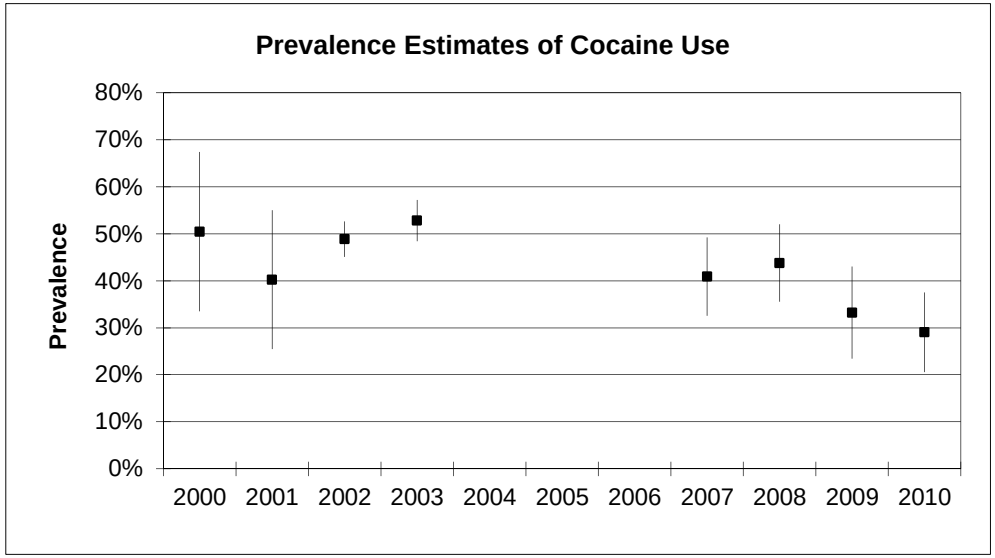
	Violent (%)	Property (%)	Drug Possession (%)	Drug Distribution (%)	Other (%)	Unknown (%)
	(n = 197)	(n = 84)	(n = 90)	(n = 5)	(n = 154)	(n = 6)
Any Drug[3,4]	71.1	74.1	88.8	100.0	76.3	82.4
Cocaine	23.8	32.0	25.4	0.0	24.7	11.4
Marijuana	54.9	43.3	67.9	73.4	57.7	58.0
Opiates	7.7	13.6	15.6	26.6	14.5	24.4
Oxycodone	0.0	0.0	0.0	0.0	0.0	0.0
Meth	0.0	0.0	0.0	0.0	0.0	0.0
Multiple Drug[3,4]	16.4	14.8	24.8	44.1	23.3	11.4

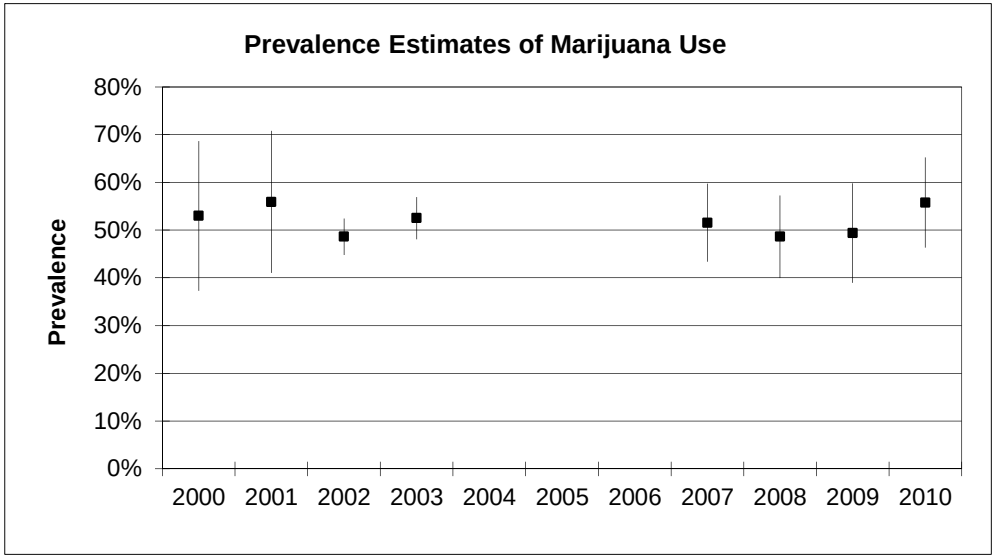
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

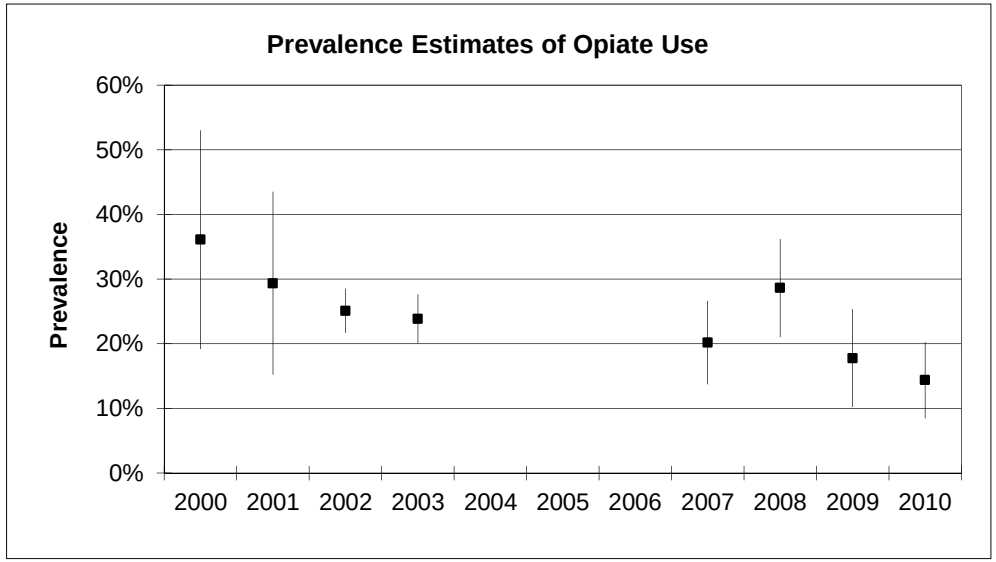
	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	73.0	61.3	22.4	10.8	34.8	12.4	1.1	30.9	12.1	2.4
Powder Cocaine	48.0	30.0	21.6	3.2	28.2	15.2	2.4	19.2	4.5	0.1
Marijuana	30.0	18.9	5.1	2.4	16.6	3.4	0.1	11.0	1.8	0.8
Heroin	71.6	58.8	29.3	7.8	36.4	12.2	1.3	21.1	8.5	1.4
Meth	-	-	-	-	-	-	-	-	-	-

1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs







Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Description of the Sample

Education of Booked Arrestees (%)	
None	31.1
High school or GED	46.0
Vocational or trade school	2.7
Some college or two-year associate	16.9
Four year degree or higher	3.3

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	46.5
Someone else's house, mobile home, apartment	46.9
Group quarters[1]	1.2
Hospital or care facility	0.6
Incarceration Facility	0.8
Shelter/ No Fixed Residence	4.1
Other	0.0

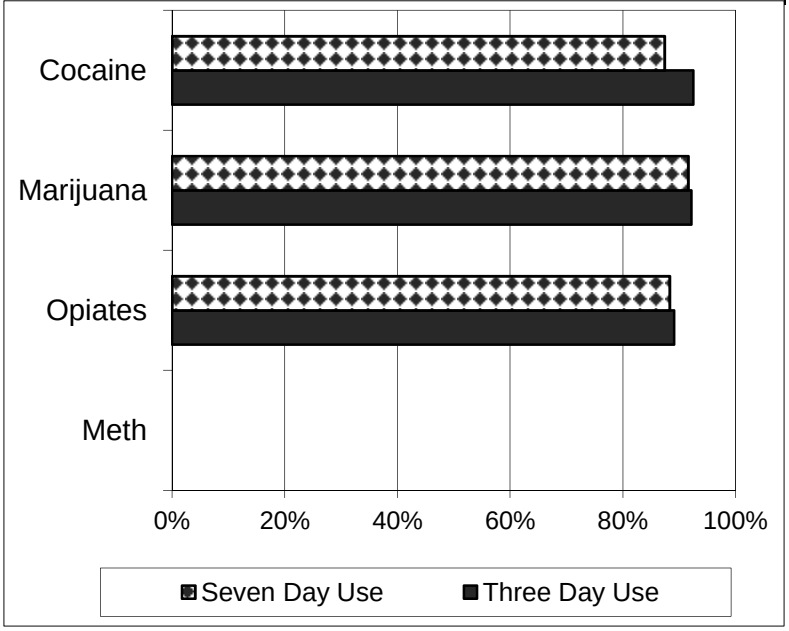
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	27.1
Working part-time/ seasonal	17.9
Unemployed (looking for work)	38.9
Unemployed (not looking for work)	7.2
In school only	2.7
Retired	0.4
Disabled for work or on leave	5.3
Other	0.6

Current Health Insurance for Booked Arrestees (%)	
No Insurance	75.0
Individually Purchased	4.3
Employer or Union Funded	9.7
State Government Funded	8.2
Retirement Medicare	0.3
Disability Medicare	1.8
Veterans Affairs	0.6
Multiple Types	0.0

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	12.0
Powder Cocaine	4.7
Marijuana	55.7
Heroin	10.8
Methamphetamine	0.0

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	10.1
Powder Cocaine	4.7
Marijuana	12.9
Heroin	15.4
Methamphetamine	-

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	1.0
Powder Cocaine	5.7
Heroin	19.5
Methamphetamine	-
Other	0.0

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	11.0
Powder Cocaine	3.3
Marijuana	52.1
Heroin	9.9
Methamphetamine	0.0

Self-Reported Arrests in Past Year (%)	
None	24.3
1-2	65.8
3-5	8.4
6 or more	1.5

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)

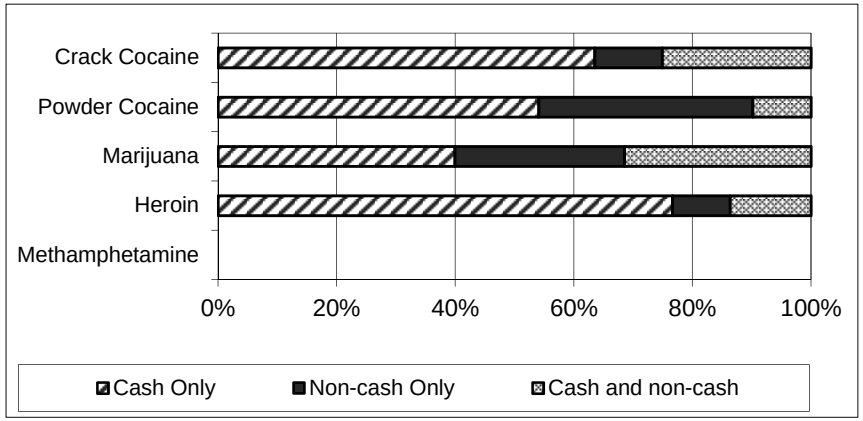
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	49	20.0	10.9	55.1	14.0
Powder Cocaine	10	25.3	13.9	60.9	0.0
Marijuana	188	10.5	16.9	64.8	7.8
Heroin	40	12.0	8.1	74.8	5.2
Methamphetamine	0	-	-	-	-

Method of Non-Cash Transaction (%)

	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	23	0.0	4.1	0.0	95.9
Powder Cocaine	7	0.0	0.0	0.0	100.0
Marijuana	179	0.9	0.0	0.0	99.1
Heroin	12	0.0	0.0	0.0	100.0
Methamphetamine	0	-	-	-	-

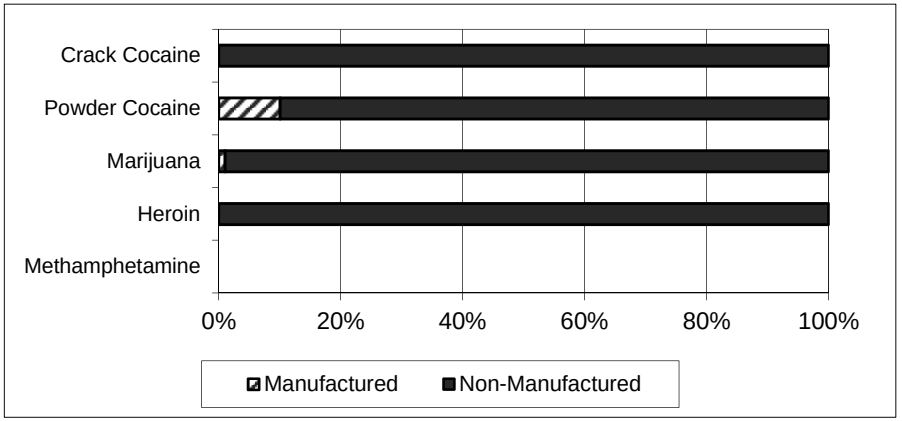
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



ADAM II 2010 Report

Denver County, CO

Primary City: Denver

Male Arrestees

All Statistics Weighted

Facilities in Sample: 1
Sampled Eligible Arrestees: 673
Arrestees Booked in Data Collection Period: 2087

Conditional Interview Response Rate[1]: 89% (n = 432)
Urine Response Rate to Interviews: 91% (n = 394)

Age of Booked Arrestees (%)								Race of Booked Arrestees (%)					
Mean Age	<21	21-25	26-30	31-35	36+	Unknown		White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
34.0	13.0	16.6	18.2	9.9	42.3	0.0		46.6	28.4	37.7	12.1	0.6	1.6

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	62.4	2.9	74.8	52.7	58.7	70.3	60.8	-	59.7	70.1	52.1	68.2	100.0
Cocaine	19.0	2.2	4.8	13.2	11.2	33.1	25.2	-	18.9	25.3	13.1	16.3	0.0
Marijuana	40.4	2.9	70.6	45.2	41.6	42.9	28.5	-	36.7	51.3	30.7	48.4	100.0
Opiates	6.3	1.4	0.0	7.7	9.7	11.8	5.3	-	7.0	4.7	7.5	6.3	0.0
Oxycodone	1.6	-	0.0	5.6	2.8	0.0	0.4	-	1.6	0.3	2.2	0.0	0.0
Meth	3.8	1.2	4.1	5.0	4.0	2.6	3.3	-	5.5	2.2	2.9	1.8	0.0
Multiple Drug[3,4]	14.8	2.0	7.5	15.9	16.4	23.4	13.6	-	12.4	19.5	9.2	21.9	0.0

Percent Positive for Drugs by Offense Category

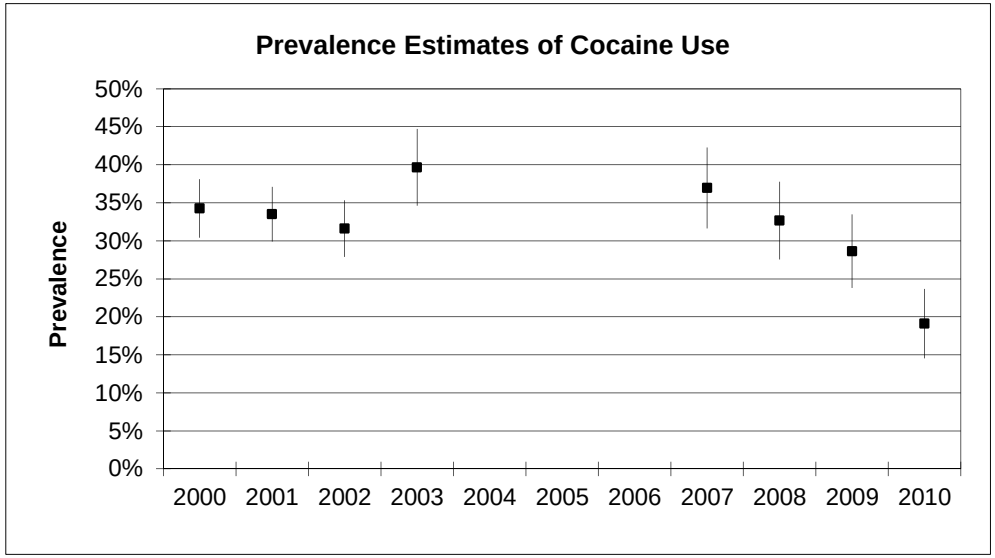
	Violent (%)	Property (%)	Drug Possession (%)	Drug Distribution (%)	Other (%)	Unknown (%)
	(n = 100)	(n = 82)	(n = 51)	(n = 0)	(n = 263)	(n = 3)
Any Drug[3,4]	65.0	64.7	81.9	-	58.7	70.7
Cocaine	19.0	25.7	32.4	-	17.8	0.0
Marijuana	45.2	42.5	54.0	-	36.9	27.7
Opiates	6.9	4.1	6.4	-	7.6	0.0
Oxycodone	1.0	0.0	0.8	-	1.9	0.0
Meth	6.8	3.5	7.3	-	2.0	0.0
Multiple Drug[3,4]	20.1	15.5	18.2	-	15.0	0.0

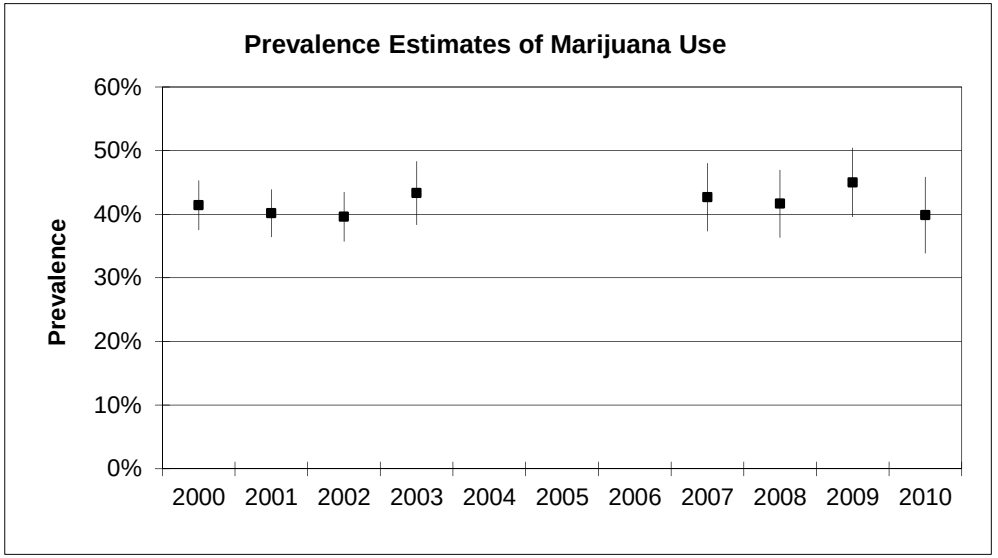
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

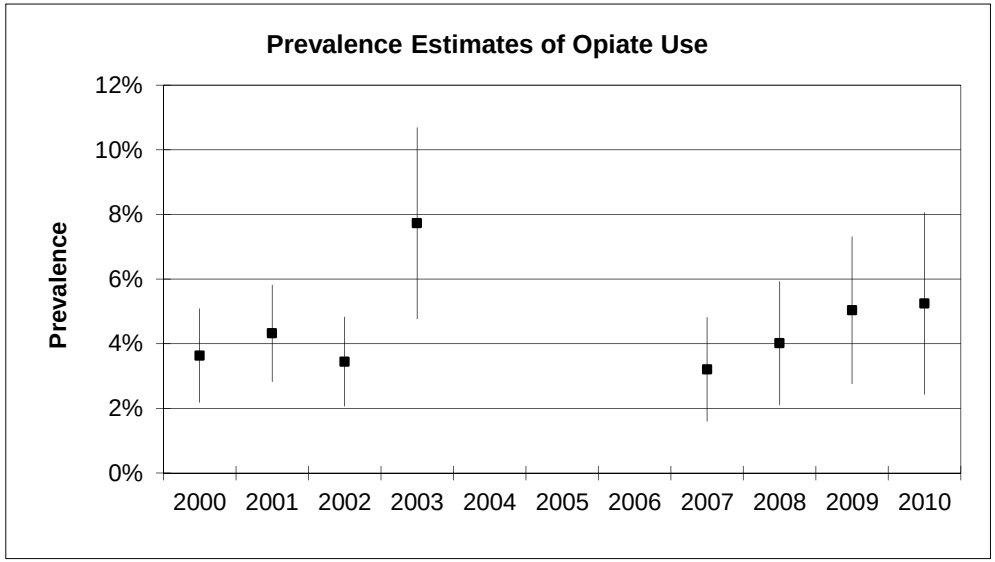
	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	74.3	64.6	27.5	9.9	39.6	9.9	0.2	25.9	3.5	3.7
Powder Cocaine	52.1	38.3	17.6	9.8	29.6	9.2	0.1	13.2	1.1	0.0
Marijuana	53.9	35.5	12.0	3.0	23.9	9.6	0.1	14.6	2.7	1.9
Heroin	56.4	41.0	26.9	16.5	27.3	8.7	0.1	19.8	6.2	11.2
Meth	62.8	36.3	14.4	6.2	36.8	7.8	0.1	9.5	3.3	0.3

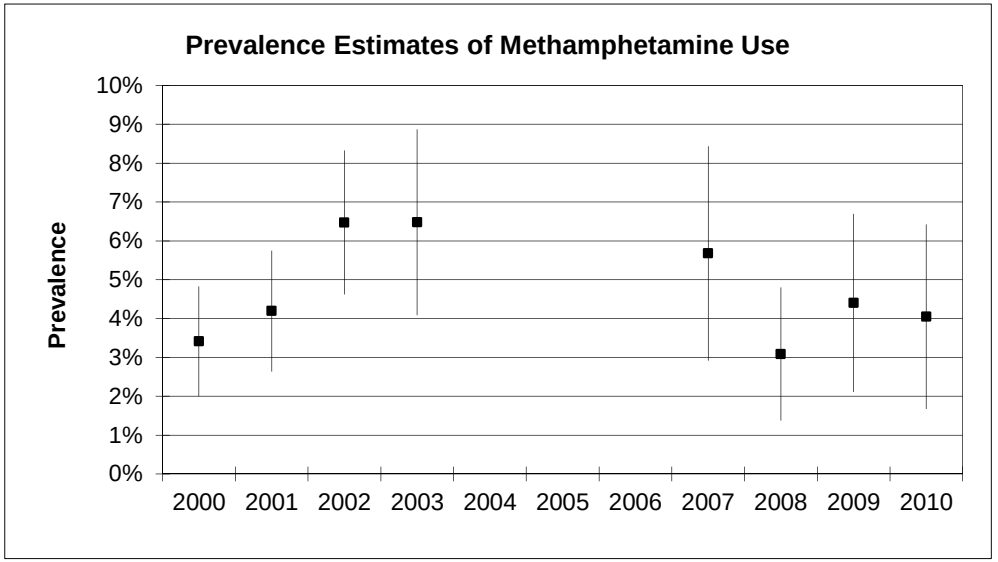
1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs









Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Denver County, CO, 2010

Description of the Sample

Education of Booked Arrestees (%)	
None	31.4
High school or GED	39.2
Vocational or trade school	1.6
Some college or two-year associate	23.3
Four year degree or higher	4.5

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	43.8
Someone else's house, mobile home, apartment	36.1
Group quarters[1]	2.9
Hospital or care facility	0.5
Incarceration Facility	2.0
Shelter/ No Fixed Residence	14.5
Other	0.2

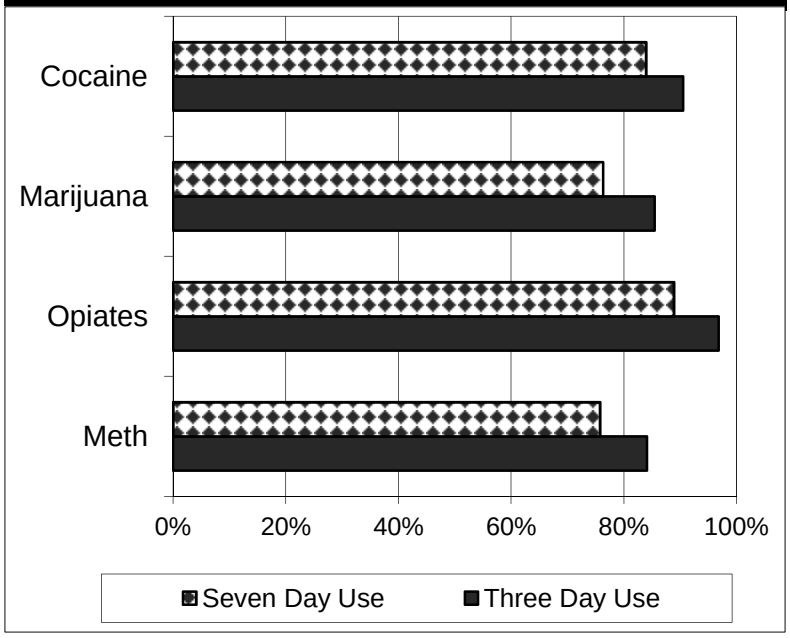
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	35.0
Working part-time/ seasonal	18.6
Unemployed (looking for work)	29.6
Unemployed (not looking for work)	6.9
In school only	3.3
Retired	1.0
Disabled for work or on leave	5.5
Other	0.0

Current Health Insurance for Booked Arrestees (%)	
No Insurance	71.0
Individually Purchased	5.8
Employer or Union Funded	8.7
State Government Funded	9.8
Retirement Medicare	0.0
Disability Medicare	4.2
Veterans Affairs	0.4
Multiple Types	0.2

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	12.7
Powder Cocaine	11.3
Marijuana	57.5
Heroin	4.1
Methamphetamine	7.7

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	5.8
Powder Cocaine	3.6
Marijuana	9.7
Heroin	11.9
Methamphetamine	6.4

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	0.0
Powder Cocaine	15.0
Heroin	59.8
Methamphetamine	14.7
Other	0.0

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	10.6
Powder Cocaine	7.7
Marijuana	52.4
Heroin	3.4
Methamphetamine	5.2

Self-Reported Arrests in Past Year (%)	
None	53.8
1-2	40.6
3-5	5.1
6 or more	0.6

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)

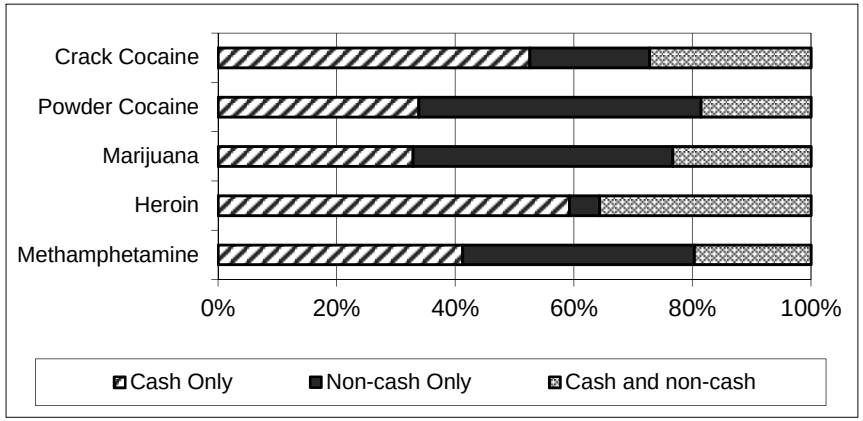
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	41	18.5	22.0	59.5	0.0
Powder Cocaine	21	2.0	29.3	68.7	0.0
Marijuana	126	25.6	25.3	43.6	5.4
Heroin	18	11.3	13.3	75.4	0.0
Methamphetamine	14	0.0	84.0	16.0	0.0

Method of Non-Cash Transaction (%)

	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	28	0.0	7.0	0.0	93.0
Powder Cocaine	27	0.0	0.0	0.0	100.0
Marijuana	152	0.8	0.9	0.0	98.3
Heroin	8	0.0	0.0	0.0	100.0
Methamphetamine	12	4.9	33.0	0.0	62.1

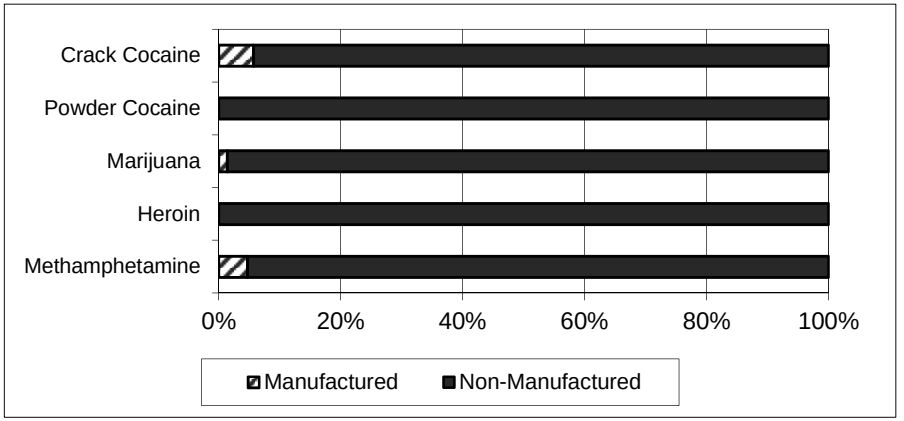
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



ADAM II 2010 Report

Marion County, IN

Primary City: Indianapolis

Male Arrestees

All Statistics Weighted

Facilities in Sample: 1
Sampled Eligible Arrestees: 1068
Arrestees Booked in Data Collection Period: 3579

Conditional Interview Response Rate[1]: 86% (n = 466)
Urine Response Rate to Interviews: 91% (n = 422)

Age of Booked Arrestees (%)								Race of Booked Arrestees (%)					
Mean Age	<21	21-25	26-30	31-35	36+	Unknown		White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
32.5	11.7	22.5	18.0	12.2	35.6	0.0		49.5	49.4	11.7	4.5	0.5	0.6

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	66.9	2.8	82.1	75.3	57.2	66.1	63.4	-	61.9	74.3	39.8	61.9	0.0
Cocaine	21.0	2.4	2.6	11.8	13.6	23.1	36.5	-	16.7	26.4	26.7	21.1	0.0
Marijuana	49.6	3.0	75.5	67.5	46.9	47.3	33.3	-	44.2	56.2	28.7	48.2	0.0
Opiates	12.8	1.6	11.2	18.6	11.8	22.0	10.4	-	18.7	9.4	3.0	15.0	0.0
Oxycodone	3.8	.	3.4	5.5	2.8	6.3	2.7	-	4.9	2.5	0.0	11.4	0.0
Meth	1.9	-	0.0	2.5	1.2	2.3	3.4	-	4.7	0.0	0.0	3.6	0.0
Multiple Drug[3,4]	23.4	2.5	18.4	25.5	22.3	40.6	23.6	-	28.2	22.4	16.5	32.6	0.0

Percent Positive for Drugs by Offense Category

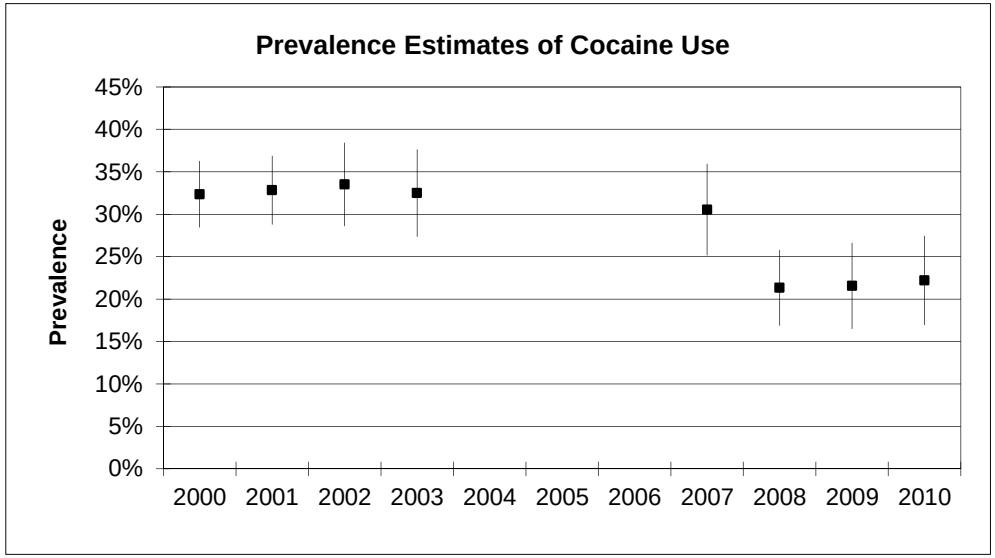
	Violent (%)	Property (%)	Drug Possession (%)	Drug Distribution (%)	Other (%)	Unknown (%)
	(n = 82)	(n = 93)	(n = 84)	(n = 10)	(n = 245)	(n = 9)
Any Drug[3,4]	67.6	76.5	91.5	74.9	63.9	47.1
Cocaine	14.8	20.0	25.4	0.0	22.1	29.7
Marijuana	52.8	53.9	71.4	65.2	46.9	26.2
Opiates	12.6	17.1	17.8	27.0	14.2	0.0
Oxycodone	4.8	5.8	4.6	0.0	3.1	0.0
Meth	5.4	1.8	6.5	0.0	1.3	0.0
Multiple Drug[3,4]	19.2	20.7	37.5	24.8	27.2	8.8

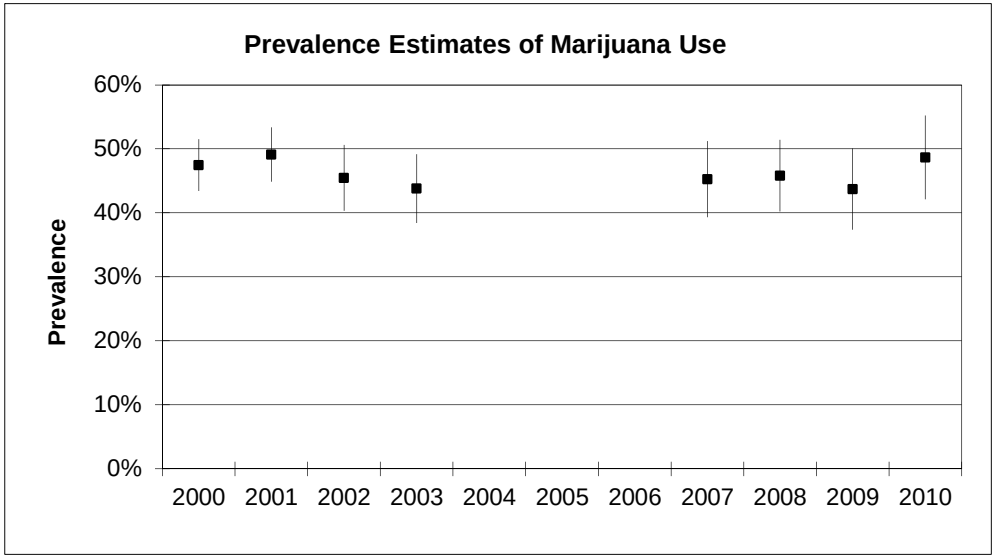
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

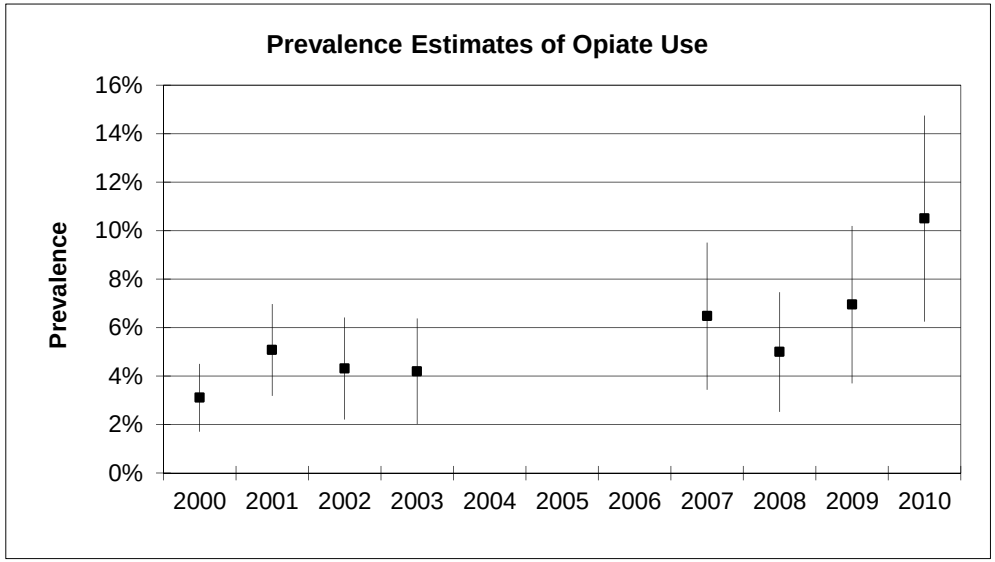
	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	52.3	35.9	10.5	2.8	34.0	14.4	0.2	24.8	10.4	0.5
Powder Cocaine	51.1	27.1	5.9	0.4	40.1	18.9	0.2	15.7	3.9	0.1
Marijuana	29.7	12.1	2.7	1.6	23.3	8.0	0.1	10.2	3.1	1.5
Heroin	45.5	41.6	26.7	2.0	29.8	20.1	0.2	31.9	17.3	0.3
Meth	41.9	17.6	0.0	0.0	17.2	0.0	0.0	24.7	14.0	1.4

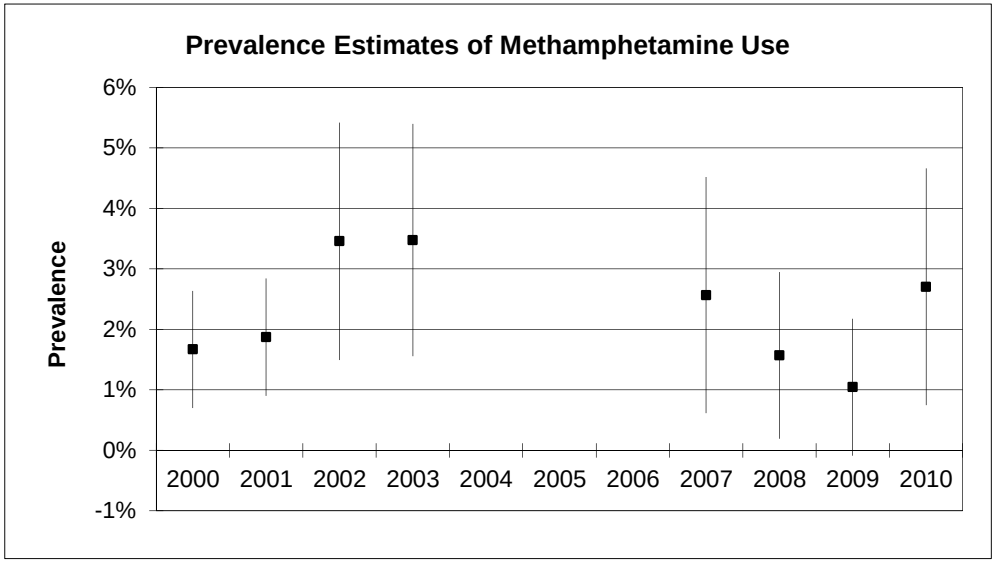
1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs









Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Description of the Sample

Education of Booked Arrestees (%)	
None	35.9
High school or GED	36.8
Vocational or trade school	3.1
Some college or two-year associate	20.1
Four year degree or higher	4.1

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	52.7
Someone else's house, mobile home, apartment	37.4
Group quarters[1]	3.2
Hospital or care facility	0.1
Incarceration Facility	1.0
Shelter/ No Fixed Residence	5.4
Other	0.3

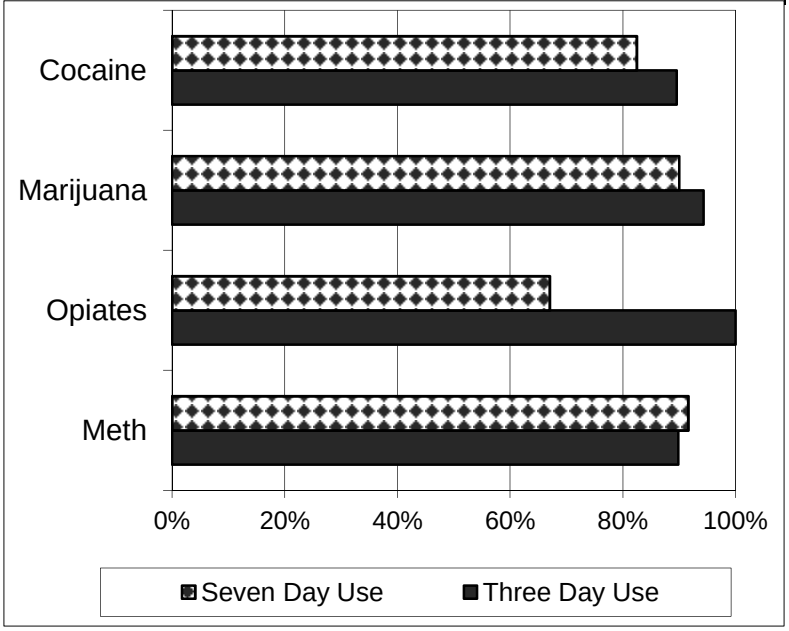
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	37.8
Working part-time/ seasonal	21.6
Unemployed (looking for work)	27.9
Unemployed (not looking for work)	2.3
In school only	2.6
Retired	1.4
Disabled for work or on leave	5.4
Other	1.0

Current Health Insurance for Booked Arrestees (%)	
No Insurance	67.9
Individually Purchased	1.6
Employer or Union Funded	13.4
State Government Funded	12.3
Retirement Medicare	0.6
Disability Medicare	1.4
Veterans Affairs	1.4
Multiple Types	1.4

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	11.9
Powder Cocaine	9.0
Marijuana	52.3
Heroin	3.8
Methamphetamine	3.3

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	7.4
Powder Cocaine	2.2
Marijuana	10.1
Heroin	8.5
Methamphetamine	7.2

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	0.0
Powder Cocaine	10.8
Heroin	65.1
Methamphetamine	14.4
Other	0.0

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	10.6
Powder Cocaine	5.3
Marijuana	46.4
Heroin	2.9
Methamphetamine	2.1

Self-Reported Arrests in Past Year (%)	
None	53.1
1-2	41.2
3-5	4.1
6 or more	1.6

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)

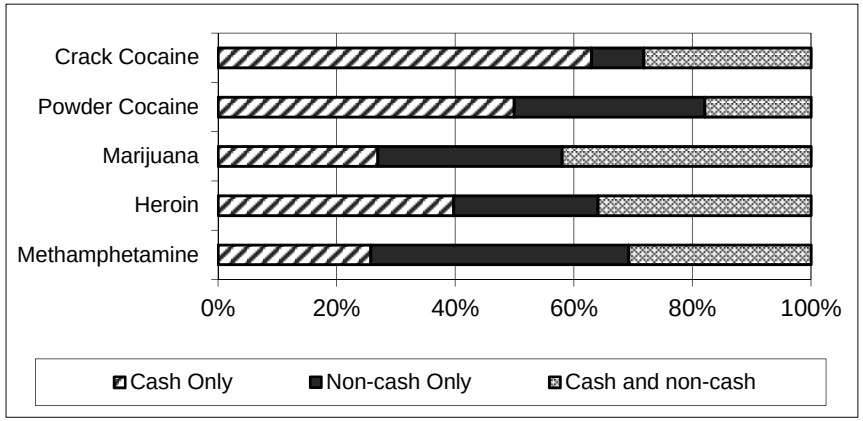
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	41	2.5	59.4	36.9	1.2
Powder Cocaine	15	3.1	65.5	22.3	9.1
Marijuana	115	14.1	66.5	13.8	5.5
Heroin	8	6.7	45.6	47.7	0.0
Methamphetamine	7	0.0	80.8	0.0	19.2

Method of Non-Cash Transaction (%)

	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	23	0.0	11.1	0.0	88.9
Powder Cocaine	14	0.0	3.5	0.0	96.5
Marijuana	137	3.7	2.4	0.0	93.9
Heroin	6	0.0	23.6	0.0	76.4
Methamphetamine	11	0.0	18.2	0.0	81.8

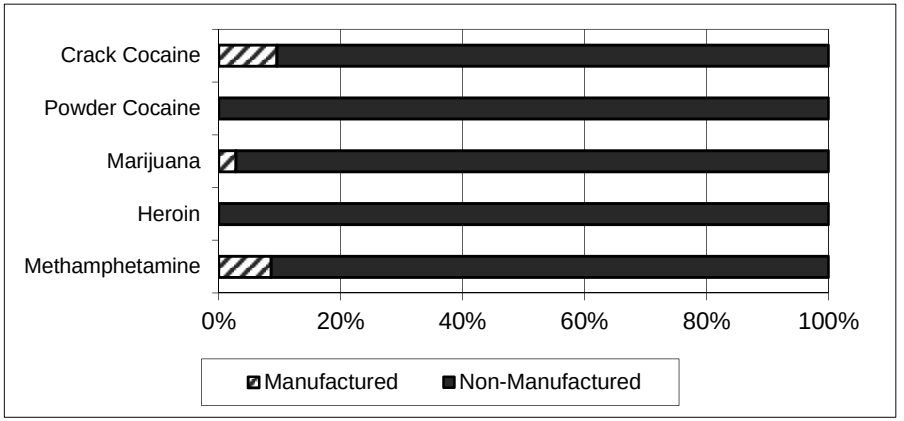
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



ADAM II 2010 Report

Hennepin County, MN

Primary City: Minneapolis

Male Arrestees

All Statistics Weighted

Facilities in Sample: 1
Sampled Eligible Arrestees: 899
Arrestees Booked in Data Collection Period: 2170

Conditional Interview Response Rate[1]: 87% (n = 459)
Urine Response Rate to Interviews: 90% (n = 413)

Age of Booked Arrestees (%)						
Mean Age	<21	21-25	26-30	31-35	36+	Unknown
32.9	11.6	22.2	19.1	10.2	36.8	0.2

Race of Booked Arrestees (%)					
White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
36.6	55.2	7.2	8.2	1.2	1.1

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	70.6	2.2	89.1	73.6	70.5	66.2	66.7	-	62.1	81.5	60.4	59.3	56.9
Cocaine	19.8	1.9	3.6	11.8	13.3	15.6	34.0	-	13.7	24.9	14.0	9.2	0.0
Marijuana	53.6	2.5	82.8	65.6	66.8	49.7	32.6	-	43.1	64.0	37.6	54.6	43.0
Opiates	9.0	1.3	12.8	5.6	4.6	14.8	11.9	-	13.1	8.8	15.1	4.7	0.0
Oxycodone	1.7	-	3.0	3.0	0.0	2.4	1.0	-	3.7	0.0	3.6	3.3	0.0
Meth	3.2	0.8	1.8	2.7	4.7	3.9	3.0	-	7.3	0.9	5.6	3.6	0.0
Multiple Drug[3,4]	20.3	1.9	14.3	18.8	23.9	22.9	22.0	-	20.5	23.1	11.9	21.2	18.3

Percent Positive for Drugs by Offense Category

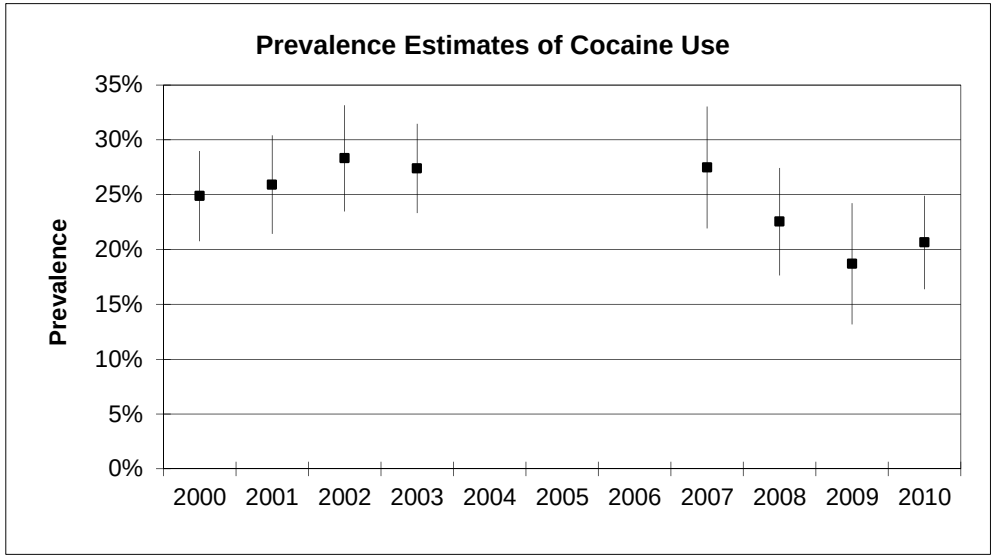
	Violent (%) (n = 131)	Property (%) (n = 104)	Drug Possession (%) (n = 40)	Drug Distribution (%) (n = 0)	Other (%) (n = 174)	Unknown (%) (n = 2)
Any Drug[3,4]	66.1	79.8	91.6	-	69.0	55.4
Cocaine	16.4	21.5	38.4	-	18.4	0.0
Marijuana	51.3	59.7	67.2	-	53.2	55.4
Opiates	6.3	13.0	21.5	-	8.4	0.0
Oxycodone	0.8	2.5	9.6	-	1.5	0.0
Meth	1.5	4.2	9.0	-	2.3	0.0
Multiple Drug[3,4]	16.3	25.8	49.2	-	18.7	0.0

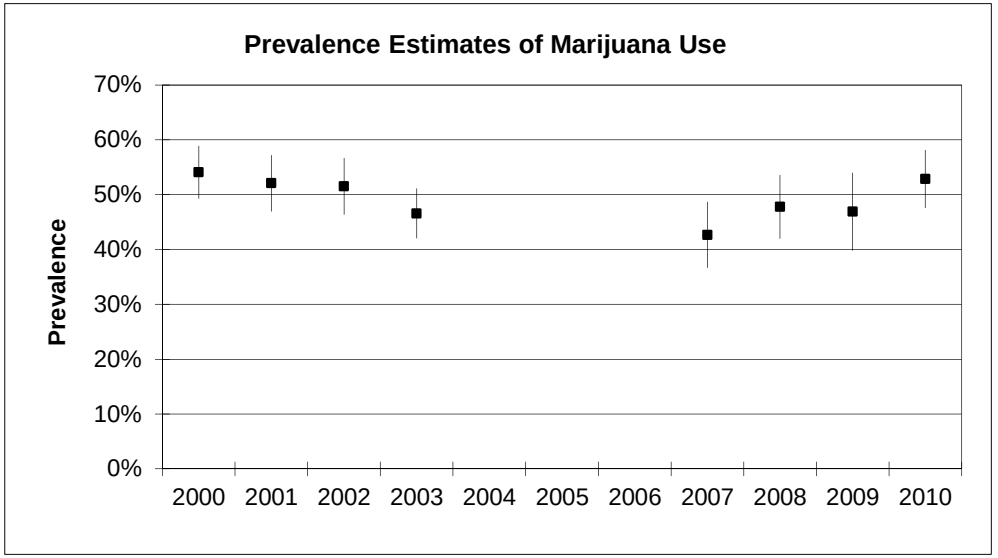
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

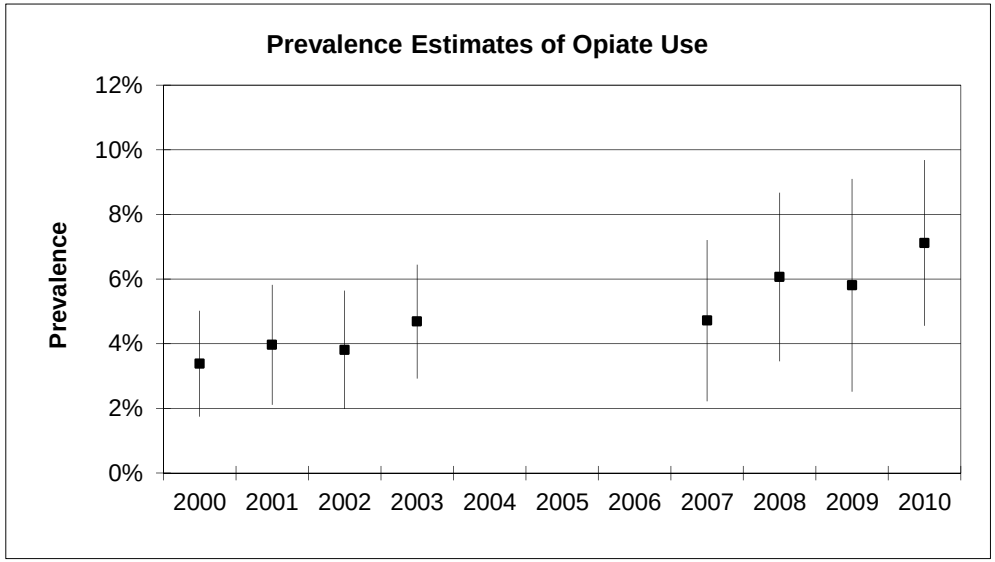
	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	80.5	62.7	32.3	21.0	43.3	13.2	1.6	23.4	14.8	0.6
Powder Cocaine	69.5	61.4	34.0	15.0	40.9	6.1	0.1	28.4	11.7	0.5
Marijuana	52.1	35.7	13.3	5.2	26.4	6.5	0.1	13.3	5.7	0.4
Heroin	81.3	67.0	45.9	20.4	53.3	25.8	0.2	27.5	19.0	0.8
Meth	85.3	67.1	32.5	25.1	45.3	13.8	0.1	31.6	13.0	0.4

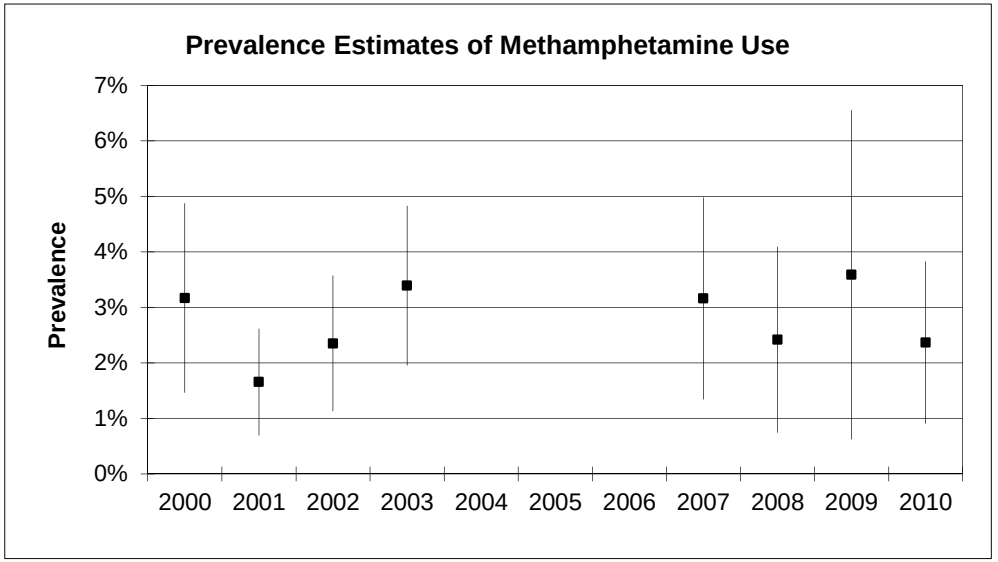
1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs









Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Hennepin County, MN, 2010

Description of the Sample

Education of Booked Arrestees (%)	
None	23.8
High school or GED	50.7
Vocational or trade school	2.3
Some college or two-year associate	17.9
Four year degree or higher	5.3

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	39.3
Someone else's house, mobile home, apartment	45.1
Group quarters[1]	3.0
Hospital or care facility	1.3
Incarceration Facility	1.6
Shelter/ No Fixed Residence	9.4
Other	0.3

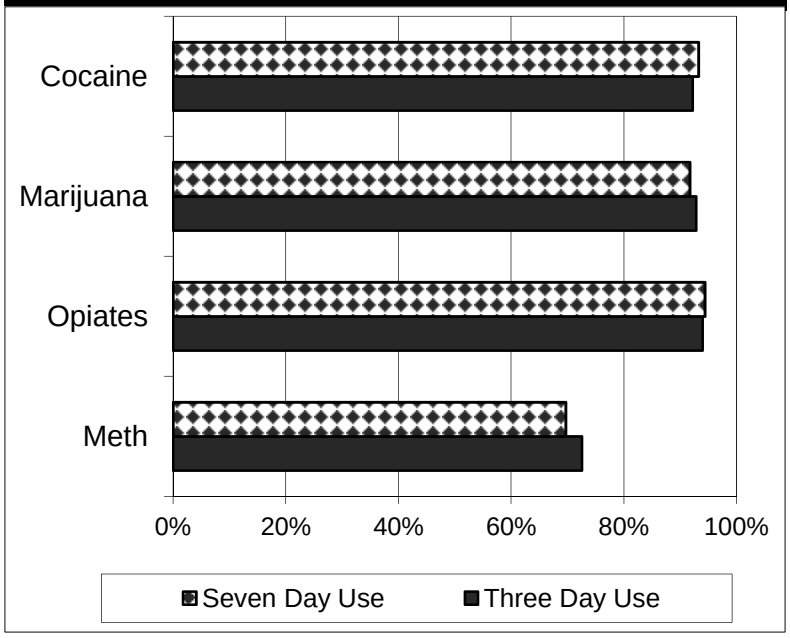
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	24.2
Working part-time/ seasonal	16.1
Unemployed (looking for work)	34.5
Unemployed (not looking for work)	7.7
In school only	4.6
Retired	1.6
Disabled for work or on leave	10.5
Other	0.8

Current Health Insurance for Booked Arrestees (%)	
No Insurance	37.2
Individually Purchased	3.1
Employer or Union Funded	12.1
State Government Funded	41.4
Retirement Medicare	1.3
Disability Medicare	4.1
Veterans Affairs	0.6
Multiple Types	0.1

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	10.2
Powder Cocaine	6.5
Marijuana	53.1
Heroin	5.6
Methamphetamine	5.6

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	8.6
Powder Cocaine	1.8
Marijuana	11.5
Heroin	10.4
Methamphetamine	6.8

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	0.0
Powder Cocaine	5.1
Heroin	30.3
Methamphetamine	10.9
Other	3.4

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	9.1
Powder Cocaine	2.7
Marijuana	46.9
Heroin	3.7
Methamphetamine	4.4

Self-Reported Arrests in Past Year (%)	
None	46.7
1-2	44.2
3-5	6.1
6 or more	3.0

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)

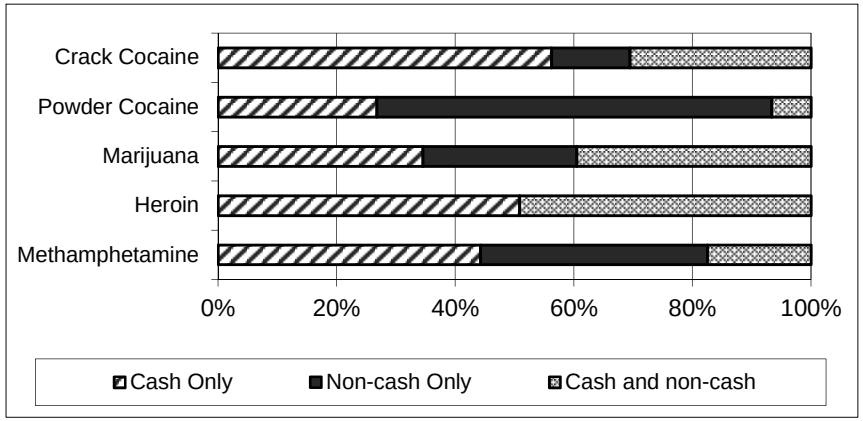
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	31	4.4	27.9	60.0	7.7
Powder Cocaine	4	0.0	53.7	46.3	0.0
Marijuana	130	15.0	41.5	39.5	3.9
Heroin	13	15.5	22.8	30.5	31.2
Methamphetamine	7	43.8	30.6	25.6	0.0

Method of Non-Cash Transaction (%)

	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	17	5.3	8.3	0.0	86.4
Powder Cocaine	11	9.1	0.0	0.0	90.9
Marijuana	128	0.8	2.9	1.1	95.2
Heroin	8	0.0	0.0	0.0	100.0
Methamphetamine	11	0.0	10.1	0.0	89.9

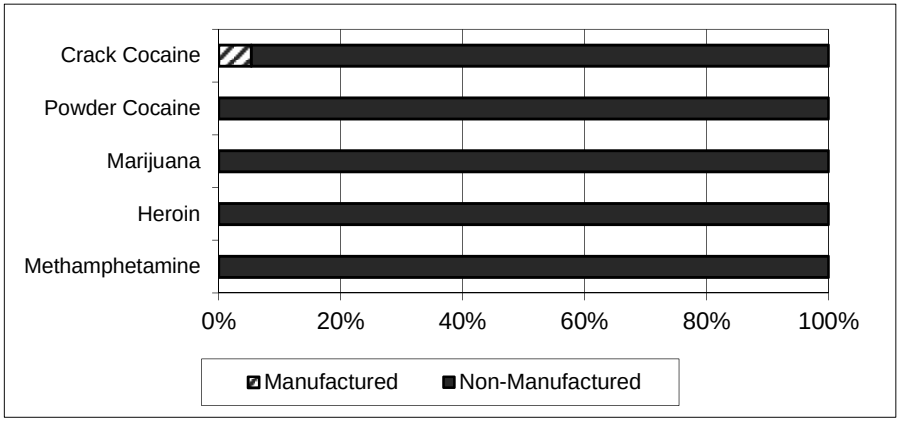
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



ADAM II 2010 Report

Manhattan, New York City, NY

Primary City: Manhattan

Male Arrestees

All Statistics Weighted

Facilities in Sample: 1
Sampled Eligible Arrestees: 1845
Arrestees Booked in Data Collection Period: 4196

Conditional Interview Response Rate[1]: 76% (n = 674)
Urine Response Rate to Interviews: 83% (n = 560)

Age of Booked Arrestees (%)						
Mean Age	<21	21-25	26-30	31-35	36+	Unknown
33.3	15.0	19.1	15.6	12.1	38.1	0.0

Race of Booked Arrestees (%)					
White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
18.8	50.4	46.8	4.5	1.2	3.4

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	69.1	1.4	77.6	64.0	66.4	75.3	68.2	-	61.3	76.3	67.1	68.7	50.7
Cocaine	27.5	1.6	5.5	8.1	18.3	43.4	44.1	-	27.0	31.5	24.2	39.8	6.7
Marijuana	46.2	1.5	76.3	59.9	62.2	47.5	26.5	-	45.2	50.3	49.4	41.0	45.9
Opiates	6.9	1.1	5.8	2.8	2.0	6.5	11.0	-	9.9	5.6	8.4	6.0	0.0
Oxycodone	1.4	-	5.8	1.3	0.0	0.0	0.8	-	1.5	1.2	2.9	0.0	0.0
Meth	0.4	-	0.0	0.0	0.0	4.6	0.0	-	0.0	0.2	1.0	5.0	0.0
Multiple Drug[3,4]	22.8	1.4	11.2	11.7	16.8	31.3	31.0	-	28.9	21.7	22.2	23.8	13.7

Percent Positive for Drugs by Offense Category

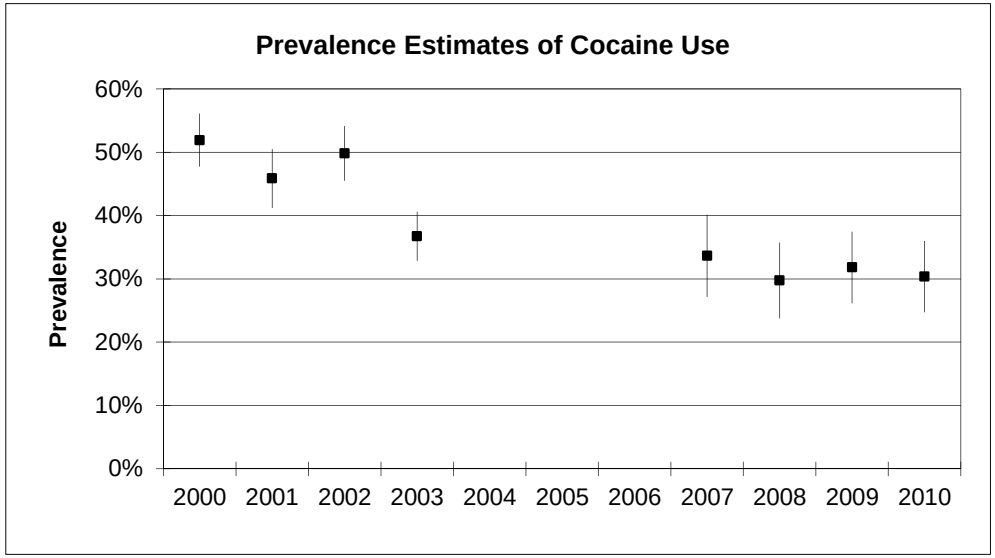
	Violent (%) (n = 134)	Property (%) (n = 190)	Drug Possession (%) (n = 90)	Drug Distribution (%) (n = 36)	Other (%) (n = 208)	Unknown (%) (n = 7)
Any Drug[3,4]	63.7	74.1	88.4	83.9	60.8	78.5
Cocaine	24.9	31.9	33.1	44.3	22.0	33.6
Marijuana	49.9	44.9	63.7	64.1	40.6	78.5
Opiates	2.4	9.0	7.1	17.5	3.9	0.0
Oxycodone	2.4	0.2	0.0	3.8	1.3	0.0
Meth	1.9	0.0	0.0	0.0	0.2	0.0
Multiple Drug[3,4]	21.5	22.2	28.0	51.5	14.1	33.6

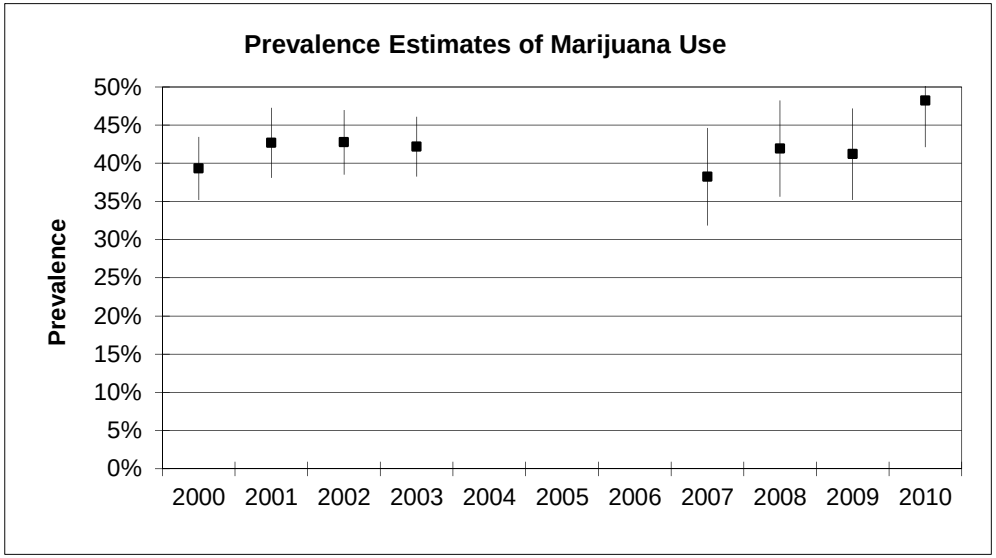
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

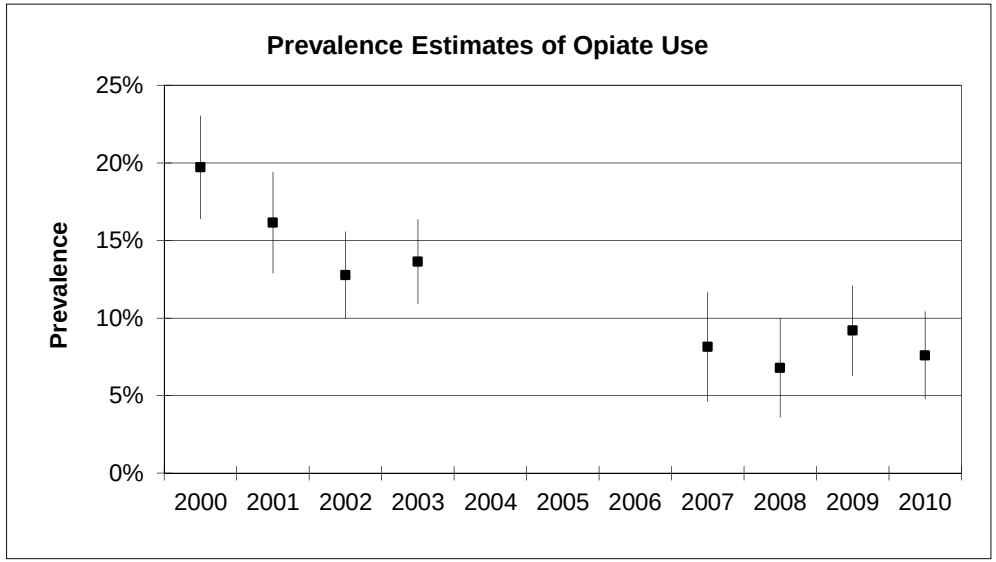
	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	82.0	73.5	24.4	16.2	50.3	28.2	0.3	14.7	2.4	0.2
Powder Cocaine	81.3	58.1	18.7	13.7	50.2	24.8	0.3	18.6	3.6	0.2
Marijuana	42.9	24.7	8.2	4.4	24.2	8.3	0.1	13.7	3.1	1.3
Heroin	85.1	68.4	19.6	10.3	56.1	32.9	0.3	15.5	3.3	0.3
Meth	84.8	74.3	18.2	1.3	56.1	0.0	0.0	28.7	28.7	2.4

1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs







Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Manhattan, New York City, NY, 2010

Description of the Sample

Education of Booked Arrestees (%)	
None	29.8
High school or GED	38.9
Vocational or trade school	2.2
Some college or two-year associate	22.4
Four year degree or higher	6.8

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	54.0
Someone else's house, mobile home, apartment	31.7
Group quarters[1]	2.3
Hospital or care facility	0.6
Incarceration Facility	0.3
Shelter/ No Fixed Residence	10.3
Other	0.8

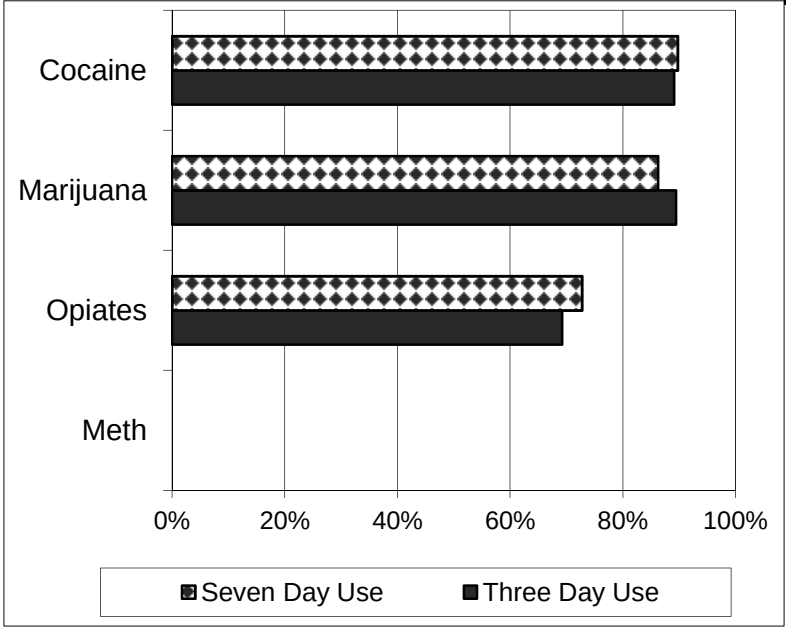
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	31.9
Working part-time/ seasonal	19.0
Unemployed (looking for work)	25.9
Unemployed (not looking for work)	10.5
In school only	5.4
Retired	0.7
Disabled for work or on leave	4.8
Other	1.8

Current Health Insurance for Booked Arrestees (%)	
No Insurance	43.3
Individually Purchased	3.8
Employer or Union Funded	11.7
State Government Funded	39.6
Retirement Medicare	0.6
Disability Medicare	0.1
Veterans Affairs	0.3
Multiple Types	0.6

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	12.7
Powder Cocaine	12.6
Marijuana	55.9
Heroin	7.7
Methamphetamine	0.7

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	10.8
Powder Cocaine	6.5
Marijuana	12.7
Heroin	10.6
Methamphetamine	7.4

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	2.8
Powder Cocaine	8.3
Heroin	27.7
Methamphetamine	0.0
Other	2.2

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	11.0
Powder Cocaine	9.3
Marijuana	50.3
Heroin	5.6
Methamphetamine	0.6

Self-Reported Arrests in Past Year (%)	
None	58.0
1-2	36.3
3-5	3.3
6 or more	2.5

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)

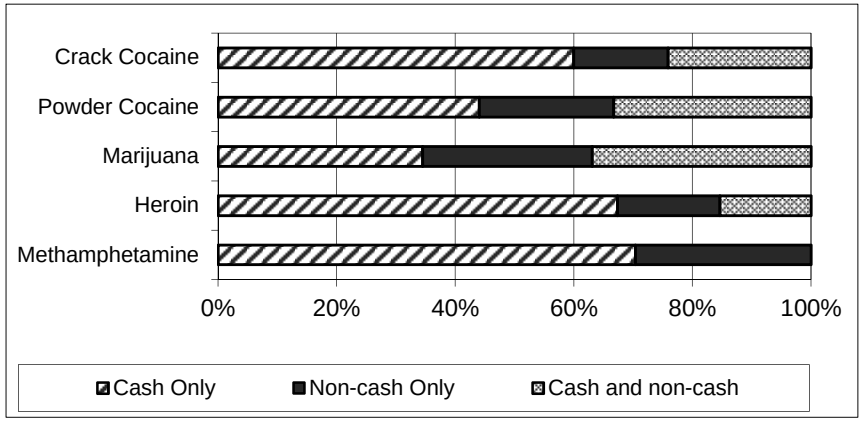
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	55	10.2	12.6	72.7	4.5
Powder Cocaine	44	24.8	21.3	52.6	1.3
Marijuana	201	10.1	14.8	67.5	7.6
Heroin	36	8.8	6.2	80.4	4.5
Methamphetamine	1	0.0	0.0	100.0	0.0

Method of Non-Cash Transaction (%)

	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	26	6.8	15.5	0.0	77.7
Powder Cocaine	34	3.1	8.7	0.0	88.2
Marijuana	194	0.0	0.3	0.4	99.4
Heroin	13	0.0	0.0	0.0	100.0
Methamphetamine	1	0.0	0.0	0.0	100.0

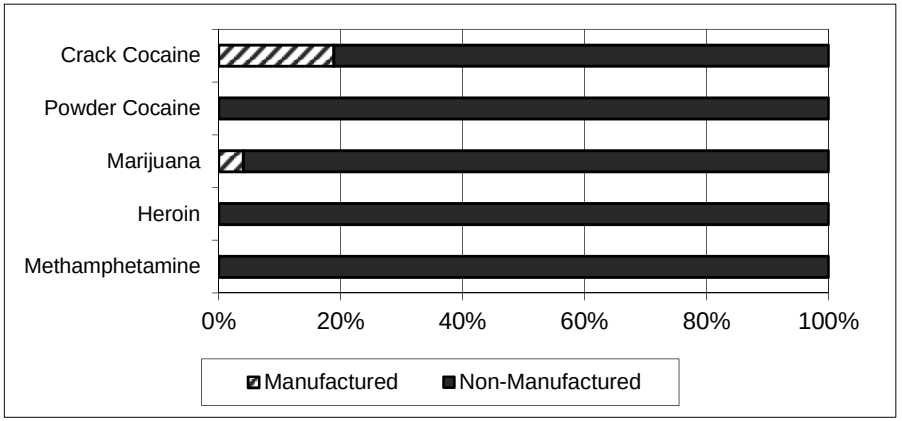
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



Manhattan, New York City, NY, 2010

ADAM II 2010 Report

Multnomah County, OR

Primary City: Portland

Male Arrestees

All Statistics Weighted

Facilities in Sample: 1
Sampled Eligible Arrestees: 795
Arrestees Booked in Data Collection Period: 1980

Conditional Interview Response Rate[1]: 85% (n = 501)
Urine Response Rate to Interviews: 89% (n = 444)

Age of Booked Arrestees (%)						
Mean Age	<21	21-25	26-30	31-35	36+	Unknown
35.6	9.6	14.6	17.6	10.6	47.5	0.0

Race of Booked Arrestees (%)					
White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
70.9	19.5	14.0	12.0	1.1	1.7

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	72.4	2.1	86.3	74.4	76.2	70.6	73.6	-	75.8	73.7	77.7	64.2	100.0
Cocaine	14.2	1.6	5.4	13.7	15.9	7.8	17.3	-	10.7	35.7	13.1	10.4	31.3
Marijuana	44.5	2.2	74.2	60.5	53.0	47.0	32.6	-	48.0	46.8	31.7	47.5	68.7
Opiates	22.6	1.7	20.9	24.1	32.4	25.4	21.8	-	29.1	7.2	19.5	15.3	0.0
Oxycodone	3.8	.	5.2	4.6	4.9	0.0	3.8	-	4.7	1.3	1.7	1.9	0.0
Meth	20.0	1.8	2.7	13.1	25.6	32.6	22.4	-	24.0	9.5	19.7	18.5	29.9
Multiple Drug[3,4]	30.4	2.0	23.5	36.9	42.1	35.3	28.6	-	35.5	26.4	22.1	28.5	29.9

Percent Positive for Drugs by Offense Category

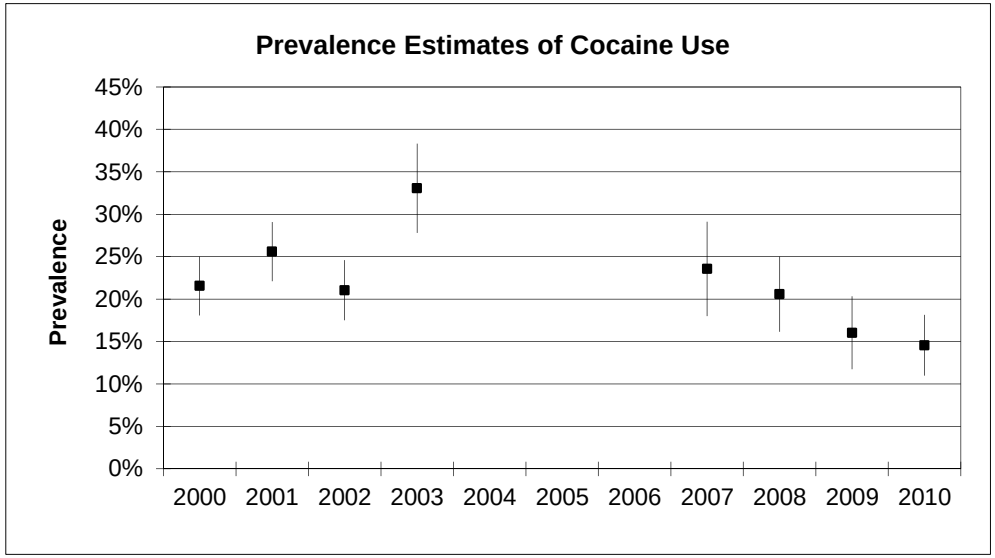
	Violent (%)	Property (%)	Drug Possession (%)	Drug Distribution (%)	Other (%)	Unknown (%)
	(n = 131)	(n = 148)	(n = 64)	(n = 12)	(n = 223)	(n = 9)
Any Drug[3,4]	63.1	81.1	91.8	59.0	72.4	80.0
Cocaine	8.0	17.9	28.5	19.3	16.4	8.7
Marijuana	44.5	48.3	47.4	41.2	43.8	34.5
Opiates	17.6	22.7	46.5	15.9	24.8	40.1
Oxycodone	2.9	2.4	6.1	7.4	3.8	11.4
Meth	18.1	22.0	27.3	22.1	24.0	39.0
Multiple Drug[3,4]	23.2	36.6	55.7	39.6	34.2	53.5

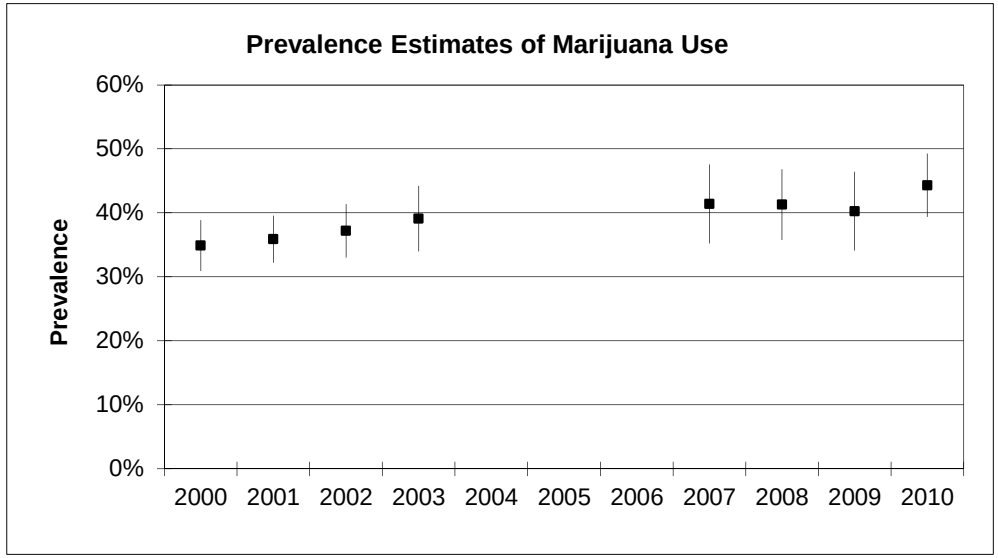
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

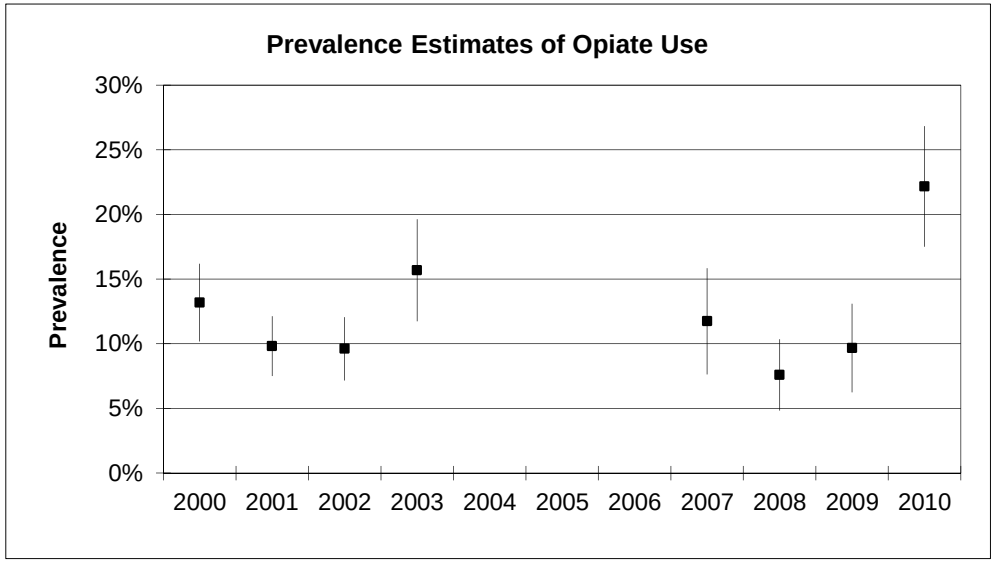
	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	86.8	74.5	27.9	14.1	53.4	25.5	0.3	27.6	3.6	0.2
Powder Cocaine	77.5	68.7	24.2	9.1	48.2	19.4	0.2	23.5	6.0	0.7
Marijuana	70.2	49.8	15.0	6.5	45.7	12.7	0.2	21.4	4.7	0.3
Heroin	82.3	73.3	29.1	8.6	43.4	17.9	0.2	30.2	7.3	0.6
Meth	87.0	61.6	19.6	7.2	59.7	18.7	0.3	30.0	8.3	0.5

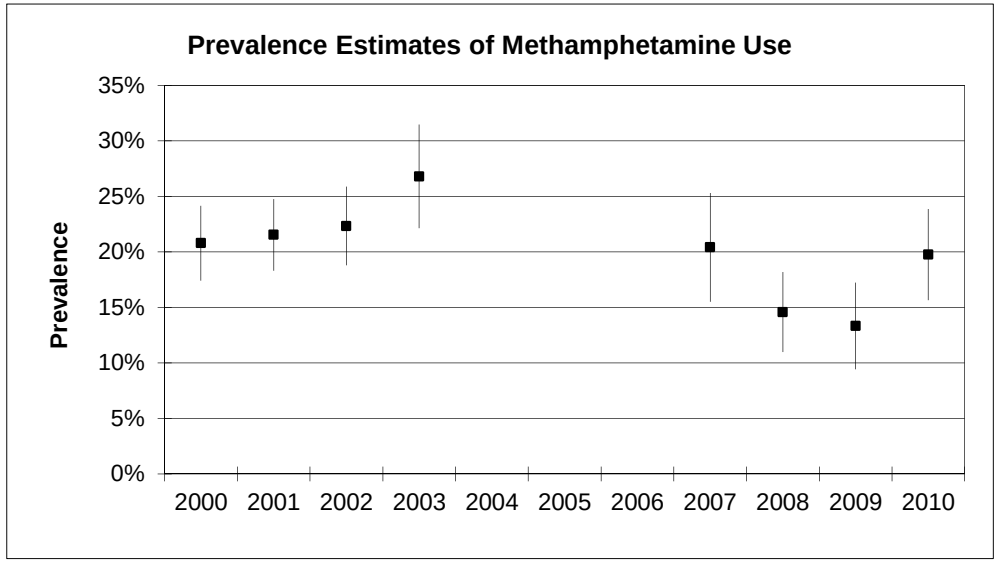
1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs









Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Multnomah County, OR, 2010

Description of the Sample

Education of Booked Arrestees (%)	
None	30.5
High school or GED	38.6
Vocational or trade school	4.3
Some college or two-year associate	23.4
Four year degree or higher	3.2

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	37.7
Someone else's house, mobile home, apartment	31.8
Group quarters[1]	4.9
Hospital or care facility	0.6
Incarceration Facility	1.4
Shelter/ No Fixed Residence	23.3
Other	0.3

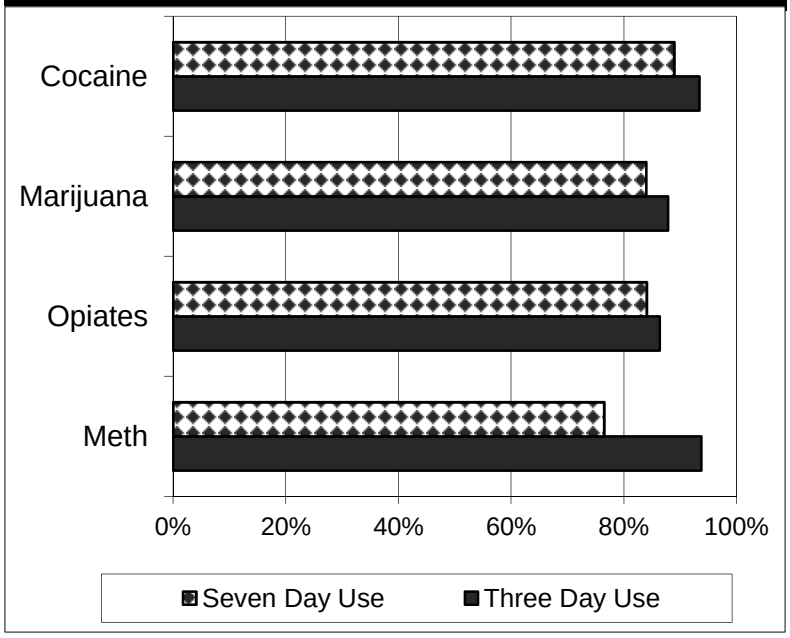
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	15.8
Working part-time/ seasonal	15.9
Unemployed (looking for work)	34.6
Unemployed (not looking for work)	18.2
In school only	2.5
Retired	1.7
Disabled for work or on leave	9.8
Other	1.4

Current Health Insurance for Booked Arrestees (%)	
No Insurance	73.2
Individually Purchased	1.8
Employer or Union Funded	6.6
State Government Funded	10.3
Retirement Medicare	0.2
Disability Medicare	4.1
Veterans Affairs	3.1
Multiple Types	0.7

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	18.1
Powder Cocaine	15.3
Marijuana	56.6
Heroin	21.8
Methamphetamine	28.7

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	5.8
Powder Cocaine	4.0
Marijuana	9.8
Heroin	12.2
Methamphetamine	7.2

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	0.0
Powder Cocaine	37.5
Heroin	77.4
Methamphetamine	41.2
Other	6.1

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	11.9
Powder Cocaine	8.4
Marijuana	50.4
Heroin	18.8
Methamphetamine	22.4

Self-Reported Arrests in Past Year (%)	
None	42.4
1-2	39.1
3-5	10.8
6 or more	7.7

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)

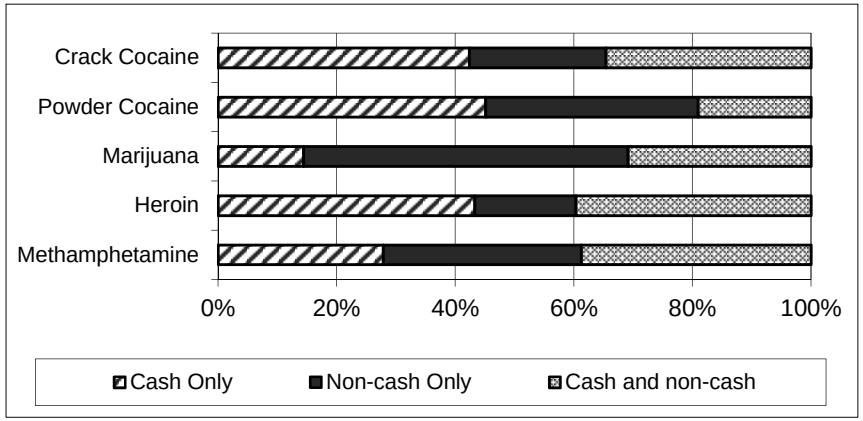
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	32	3.5	25.3	67.0	4.3
Powder Cocaine	20	23.0	24.8	36.7	15.5
Marijuana	91	8.9	55.5	28.7	6.9
Heroin	68	8.8	20.4	62.5	8.4
Methamphetamine	57	5.0	55.4	30.4	9.2

Method of Non-Cash Transaction (%)

	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	27	2.5	11.3	0.0	86.2
Powder Cocaine	18	4.3	4.9	0.0	90.8
Marijuana	191	2.6	2.5	0.0	94.9
Heroin	47	2.0	8.0	2.2	87.8
Methamphetamine	70	4.0	16.7	0.0	79.3

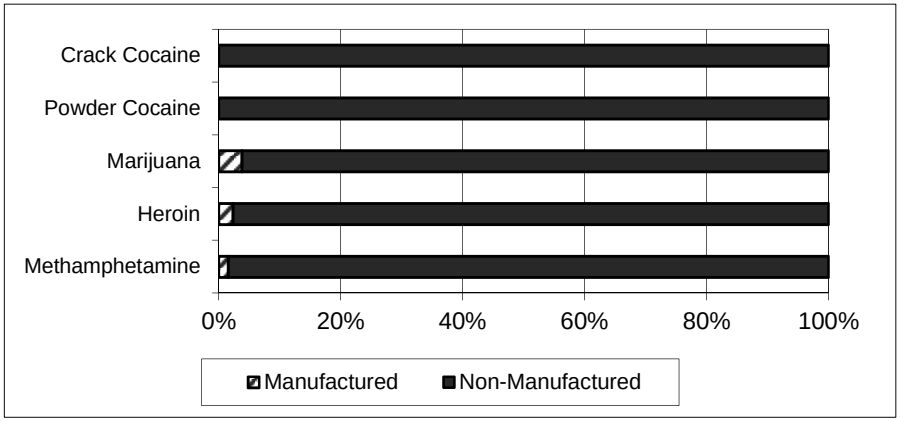
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



ADAM II 2010 Report

Sacramento County, CA

Primary City: Sacramento

Male Arrestees

All Statistics Weighted

Facilities in Sample: 1
Sampled Eligible Arrestees: 751
Arrestees Booked in Data Collection Period: 3737

Conditional Interview Response Rate[1]: 91% (n = 513)
Urine Response Rate to Interviews: 88% (n = 452)

Age of Booked Arrestees (%)						
Mean Age	<21	21-25	26-30	31-35	36+	Unknown
33.5	12.1	21.1	15.0	12.7	39.2	0.0

Race of Booked Arrestees (%)					
White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
53.4	29.8	30.4	11.1	2.9	3.7

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	76.9	2.1	88.4	77.7	86.7	72.5	72.5	-	76.6	82.2	71.3	84.2	77.6
Cocaine	12.8	1.6	13.3	7.7	12.1	12.6	15.7	-	9.3	23.2	11.8	7.6	24.6
Marijuana	55.5	2.4	81.1	67.5	63.9	49.8	42.5	-	53.1	66.0	50.3	63.4	24.6
Opiates	11.1	1.5	15.4	11.4	15.2	5.9	13.9	-	16.0	11.8	7.5	4.9	52.9
Oxycodone	1.6	-	3.5	4.9	0.0	0.0	0.3	-	2.4	0.3	1.4	1.5	0.0
Meth	28.8	2.2	9.4	21.3	37.3	34.4	35.9	-	36.4	14.8	28.1	38.0	0.0
Multiple Drug[3,4]	33.3	2.2	33.4	35.0	39.3	24.9	36.7	-	38.2	33.3	29.7	33.0	24.6

Percent Positive for Drugs by Offense Category

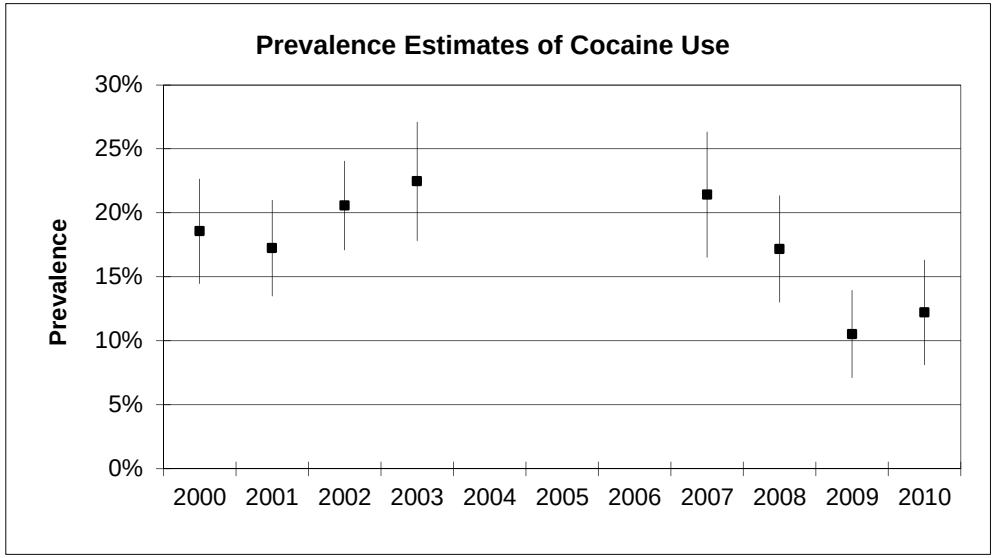
	Violent (%)	Property (%)	Drug Possession (%)	Drug Distribution (%)	Other (%)	Unknown (%)
	(n = 125)	(n = 124)	(n = 72)	(n = 17)	(n = 235)	(n = 13)
Any Drug[3,4]	75.1	81.5	93.6	83.8	75.2	74.0
Cocaine	6.2	10.7	17.8	13.3	13.5	8.5
Marijuana	63.9	53.0	55.2	62.8	56.2	52.7
Opiates	7.3	15.7	21.5	37.7	12.2	4.1
Oxycodone	1.2	4.8	0.0	6.3	1.2	4.1
Meth	16.1	30.9	60.0	21.0	27.5	34.5
Multiple Drug[3,4]	23.2	35.3	55.5	45.2	34.2	25.4

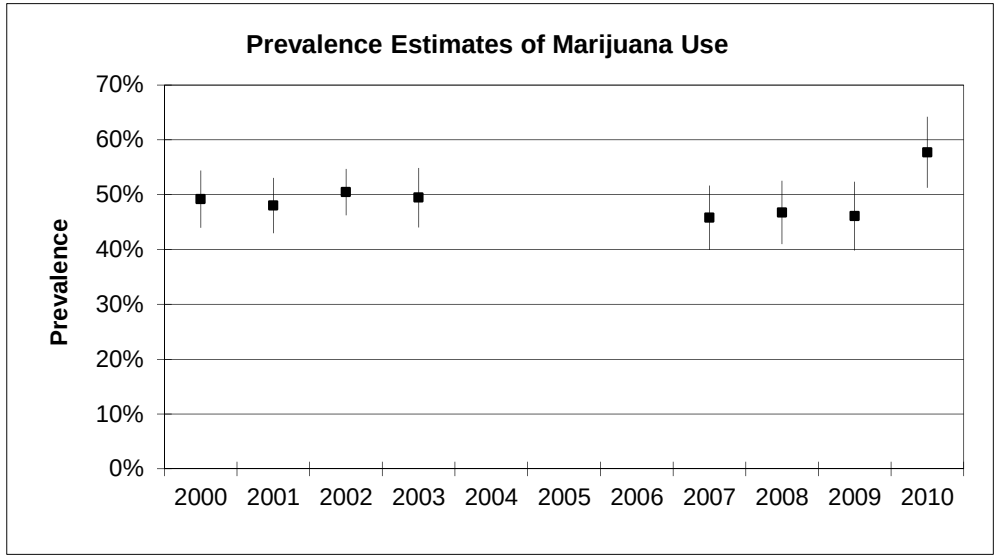
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

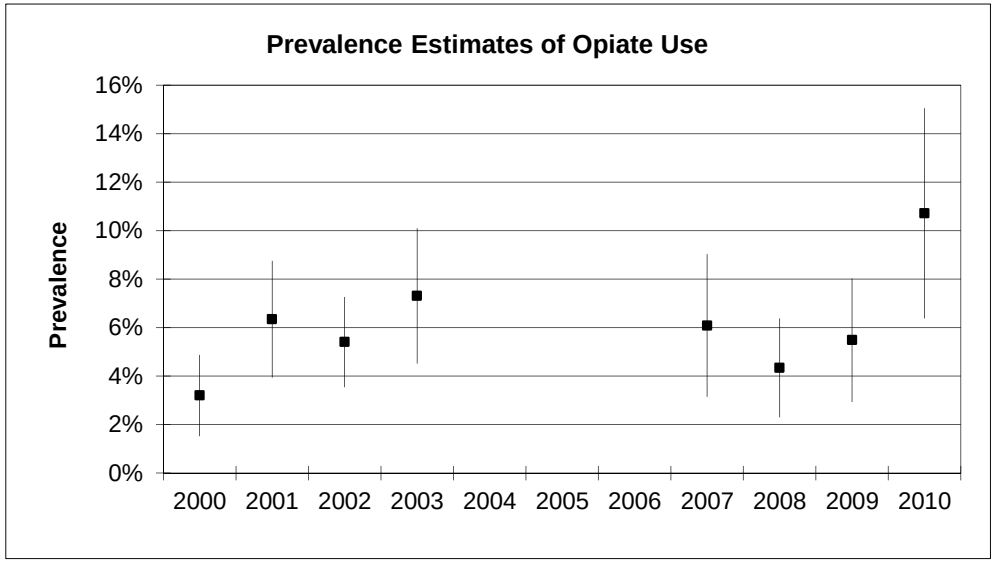
	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	65.8	44.6	13.9	6.2	33.2	3.4	0.2	38.1	5.4	1.4
Powder Cocaine	43.7	26.5	7.1	1.6	23.7	10.3	0.4	21.3	1.9	0.0
Marijuana	37.6	20.8	5.3	2.7	18.7	6.4	0.1	14.9	3.0	0.4
Heroin	59.3	32.7	16.9	8.6	40.5	16.5	0.2	14.9	0.0	0.0
Meth	52.7	35.2	7.3	3.9	22.0	11.0	0.2	22.4	5.3	0.5

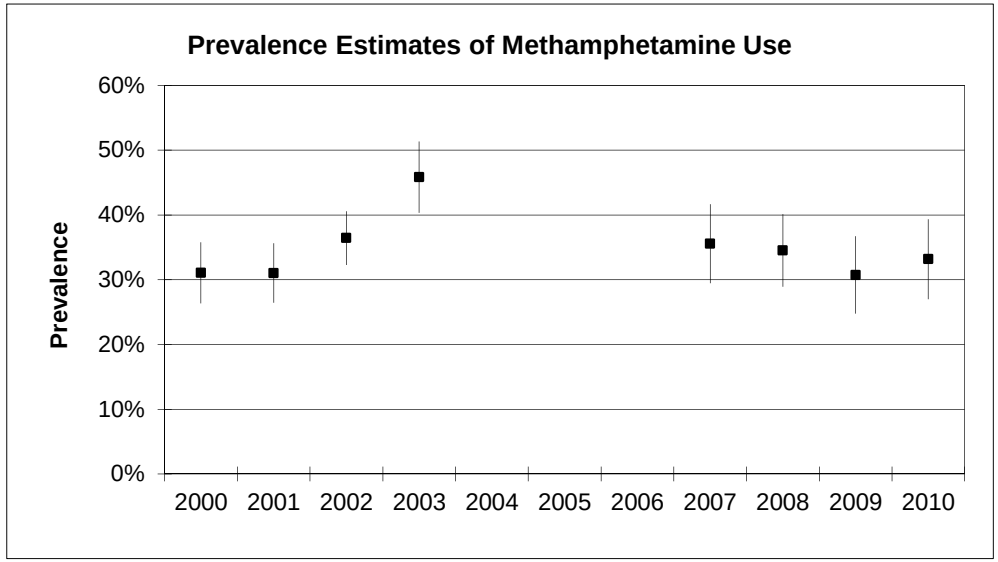
1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Trend Estimates of Testing Positive for Drugs









Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Sacramento County, CA, 2010

Description of the Sample

Education of Booked Arrestees (%)	
None	34.7
High school or GED	33.8
Vocational or trade school	4.1
Some college or two-year associate	24.9
Four year degree or higher	2.5

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	45.9
Someone else's house, mobile home, apartment	35.2
Group quarters[1]	2.1
Hospital or care facility	0.9
Incarceration Facility	2.0
Shelter/ No Fixed Residence	13.9
Other	0.0

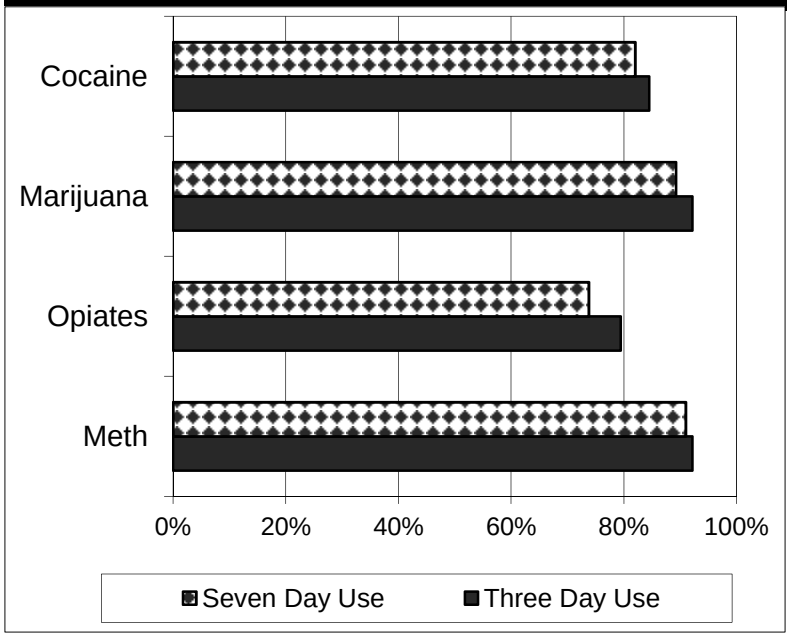
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	21.3
Working part-time/ seasonal	16.6
Unemployed (looking for work)	31.4
Unemployed (not looking for work)	11.5
In school only	4.7
Retired	2.4
Disabled for work or on leave	10.7
Other	1.4

Current Health Insurance for Booked Arrestees (%)	
No Insurance	60.8
Individually Purchased	1.4
Employer or Union Funded	10.6
State Government Funded	20.4
Retirement Medicare	0.4
Disability Medicare	3.4
Veterans Affairs	1.0
Multiple Types	2.0

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	7.3
Powder Cocaine	7.9
Marijuana	60.3
Heroin	5.9
Methamphetamine	31.7

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	8.5
Powder Cocaine	1.8
Marijuana	10.3
Heroin	10.1
Methamphetamine	9.4

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	0.0
Powder Cocaine	0.0
Heroin	80.1
Methamphetamine	12.4
Other	3.9

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	6.1
Powder Cocaine	3.9
Marijuana	53.4
Heroin	5.1
Methamphetamine	25.3

Self-Reported Arrests in Past Year (%)	
None	55.3
1-2	39.6
3-5	4.5
6 or more	0.6

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)

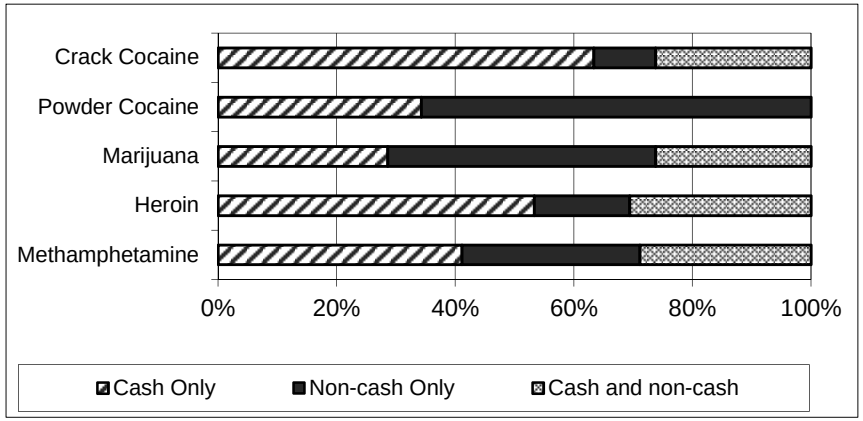
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	24	3.0	41.9	53.1	2.0
Powder Cocaine	2	24.2	75.8	0.0	0.0
Marijuana	134	18.9	48.8	25.7	6.6
Heroin	18	8.3	64.0	20.7	7.1
Methamphetamine	71	9.5	61.8	19.8	8.9

Method of Non-Cash Transaction (%)

	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	11	0.0	10.2	0.0	89.8
Powder Cocaine	9	0.0	0.0	0.0	100.0
Marijuana	185	0.7	3.3	0.0	95.9
Heroin	11	10.2	9.7	0.0	80.2
Methamphetamine	69	2.4	4.8	0.0	92.8

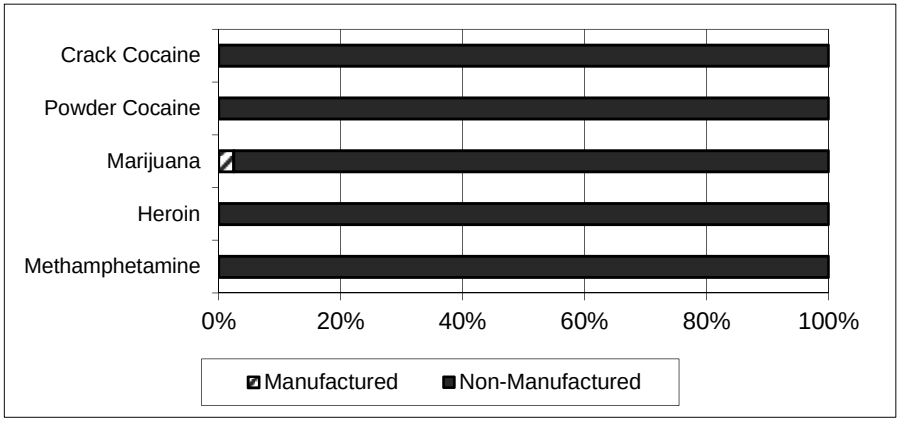
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



Sacramento County, CA, 2010

ADAM II 2010 Report

Washington, DC

Male Arrestees

All Statistics Weighted

Facilities in Sample: 8
Sampled Eligible Arrestees: 331
Arrestees Booked in Data Collection Period: 3115

Conditional Interview Response Rate[1]: 80% (n = 226)
Urine Response Rate to Interviews: 80% (n = 181)

Age of Booked Arrestees (%)						
Mean Age	<21	21-25	26-30	31-35	36+	Unknown
36.0	7.8	20.5	15.3	5.7	50.6	0.0

Race of Booked Arrestees (%)					
White[2]	Black or African American	Hispanic/ Latino	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	Asian
7.0	88.1	6.6	2.6	0.5	1.0

Percent Positive for Drugs

	Total Testing Positive (%)		Testing Positive by Drug and Age (%)						Testing Positive by Drugs and Race (%)				
		Std Error	<21	21-25	26-30	31-35	36+	Unknown	White	Black	Hispanic	Other	Unknown
Any Drug[3,4]	51.1	4.8	71.6	23.8	59.5	46.4	58.7	-	24.3	56.2	21.2	41.3	0.0
Cocaine	21.6	2.4	0.0	0.0	0.0	35.5	22.8	-	0.0	15.1	0.0	0.0	0.0
Marijuana	36.0	4.8	65.8	23.3	58.9	31.4	34.8	-	24.3	40.6	21.2	41.3	0.0
Opiates	8.6	1.5	0.0	0.5	0.0	25.1	17.8	-	0.0	11.5	3.8	0.0	0.0
Oxycodone	0.3	-	0.0	0.0	0.0	0.0	0.6	-	0.0	0.0	3.8	0.0	0.0
Meth	0.6	-	0.0	0.0	0.0	0.0	0.0	-	0.0	0.0	0.0	0.0	0.0
Multiple Drug[3,4]	12.1	2.9	0.0	0.0	3.5	25.1	21.1	-	0.0	14.0	3.8	0.0	0.0

Percent Positive for Drugs by Offense Category

	Violent (%)	Property (%)	Drug Possession (%)	Drug Distribution (%)	Other (%)	Unknown (%)
	(n = 33)	(n = 15)	(n = 31)	(n = 7)	(n = 93)	(n = 7)
Any Drug[3,4]	29.0	89.0	80.3	100.0	48.3	26.7
Cocaine	0.9	44.4	22.5	60.6	8.8	0.0
Marijuana	22.4	72.5	69.1	16.1	36.8	26.7
Opiates	7.5	9.9	14.7	76.8	6.0	0.0
Oxycodone	1.7	0.0	0.0	0.0	0.0	0.0
Meth	0.0	0.0	0.0	0.0	0.0	0.0
Multiple Drug[3,4]	3.8	44.4	18.3	53.5	8.1	0.0

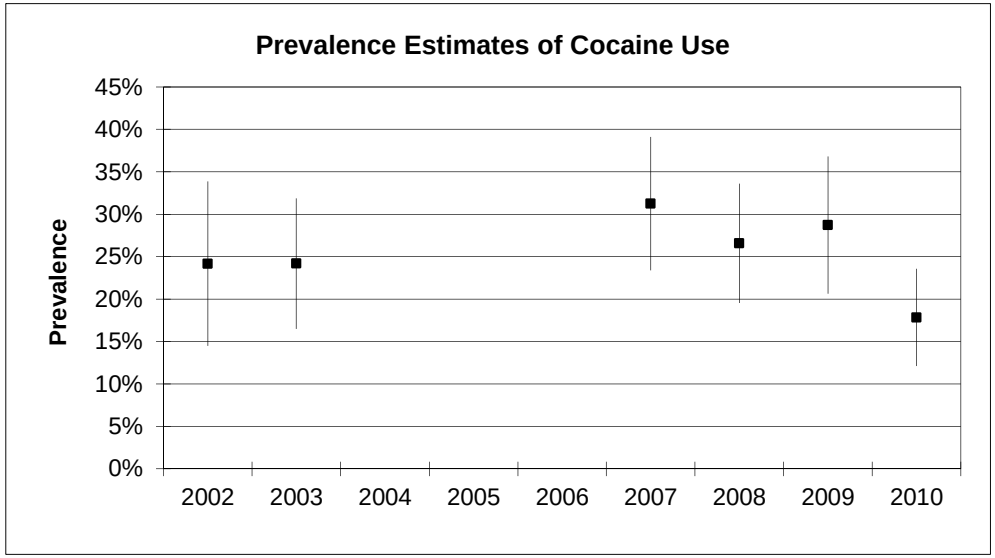
Self-Reported Drug Use in the Past Year and Experience with Drug and Mental Health Treatment

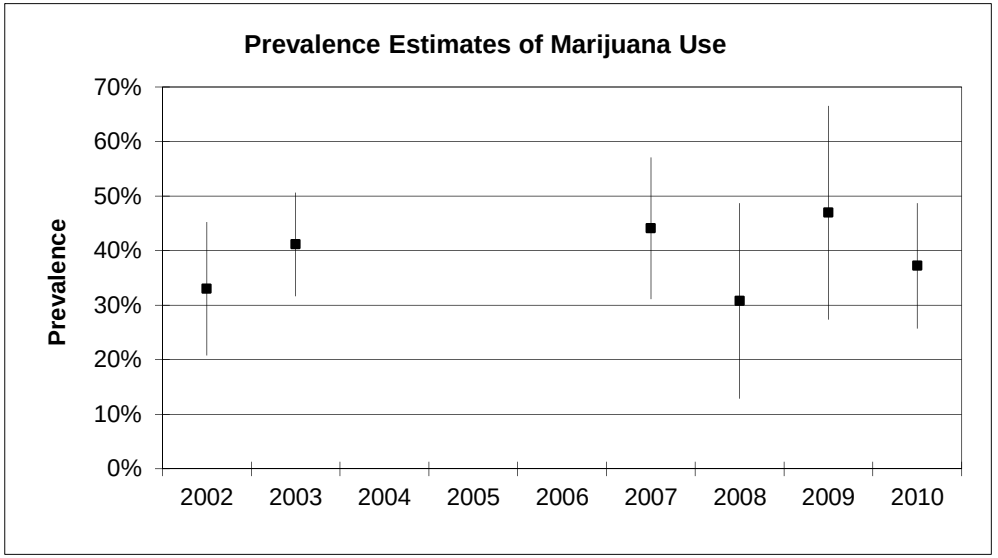
	Any Treatment Ever (%)	Treatment Time by Type of Treatment (%)								
		Inpatient			Outpatient			Mental Health Treatment		
		Ever	% Last Year[5]	Avg Nights Last Year	Ever	% Last Year[5]	Avg Adm Last Year	Ever	% Last Year[5]	Avg Nights Last Year
Crack Cocaine	93.3	91.9	9.0	10.7	15.1	8.9	0.1	9.2	1.2	0.4
Powder Cocaine	77.2	65.2	0.0	0.0	20.7	16.5	0.2	1.9	0.0	0.0
Marijuana	43.6	25.5	8.0	5.0	12.6	5.8	0.1	13.6	1.1	0.1
Heroin	73.5	72.1	9.2	9.2	23.5	19.3	0.3	11.6	4.2	0.0
Meth	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

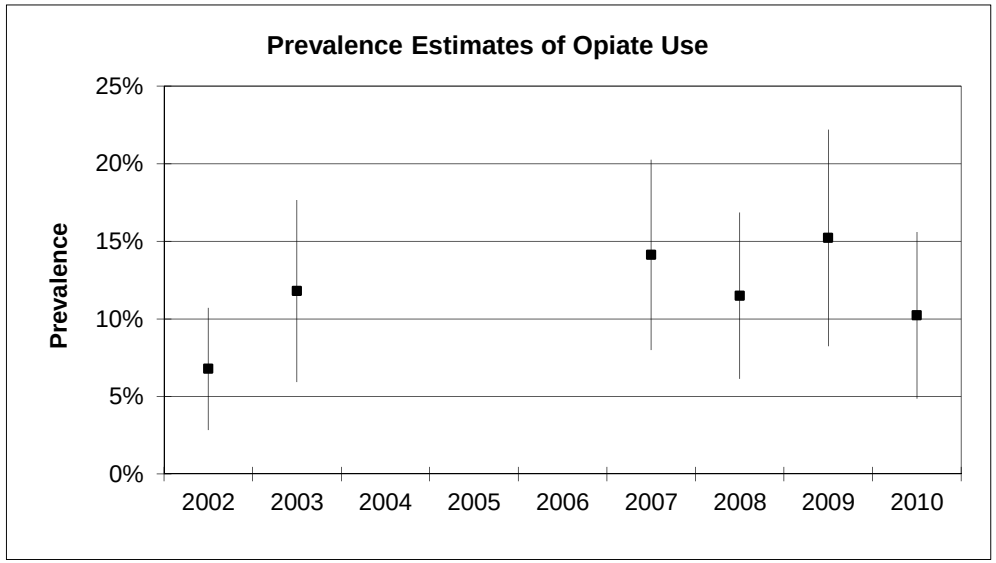
1 - Conditional interview response rate is the number of completed interviews divided by the number of sampled arrestees available to be interviewed
2- Categories are not mutually exclusive; arrestees may report multiple race categories.
3 - Drug panel includes marijuana, cocaine, opiates, amphetamine EMIT test, PCP, valium, darvon, methadone, barbiturates, and oxycodone
4 - Denominator includes anyone that provided a large enough urine sample to test for all of the drug panel
5 - Percentage of arrestees responding to the calendar section of the ADAM survey

Washington, DC, 2010

Trend Estimates of Testing Positive for Drugs







Note: For each year, the dot is the prevalence estimate and the line indicates a 95% confidence interval

Washington, DC, 2010

Description of the Sample

Education of Booked Arrestees (%)	
None	33.9
High school or GED	33.7
Vocational or trade school	3.5
Some college or two-year associate	20.4
Four year degree or higher	8.5

Current Housing for Booked Arrestees (%)	
Own house, mobile home, apartment	47.2
Someone else's house, mobile home, apartment	36.0
Group quarters[1]	4.1
Hospital or care facility	0.0
Incarceration Facility	0.6
Shelter/ No Fixed Residence	12.2
Other	0.0

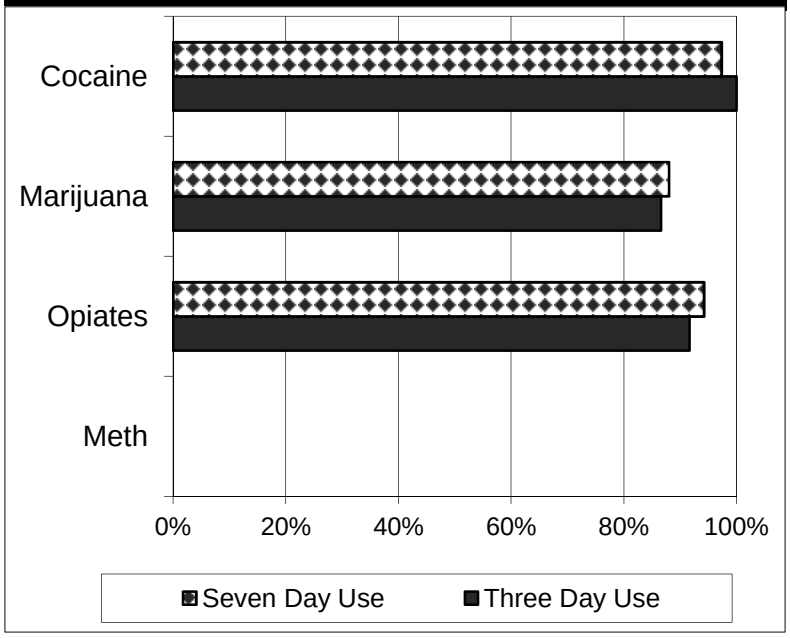
Current Employment Status for Booked Arrestees (%)	
Working full time/ active military status	33.9
Working part-time/ seasonal	16.6
Unemployed (looking for work)	31.9
Unemployed (not looking for work)	4.0
In school only	4.0
Retired	1.4
Disabled for work or on leave	8.0
Other	0.1

Current Health Insurance for Booked Arrestees (%)	
No Insurance	33.8
Individually Purchased	5.1
Employer or Union Funded	19.2
State Government Funded	35.9
Retirement Medicare	0.9
Disability Medicare	2.7
Veterans Affairs	0.8
Multiple Types	1.6

Self Reported Use of Five Primary Drugs - Past 12 Month Use (%)	
Crack Cocaine	7.9
Powder Cocaine	5.6
Marijuana	41.4
Heroin	8.3
Methamphetamine	0.4

Average Number of Days per Month Used Past Year by Drug among Self-Reported 12-Month Users	
Crack Cocaine	7.4
Powder Cocaine	1.9
Marijuana	9.6
Heroin	12.8
Methamphetamine	4.0

Percent Testing Positive for those who Self-Reported 3-Day and 7-Day Use



Injection at most recent use (%)	
Crack Cocaine	0.0
Powder Cocaine	7.0
Heroin	13.4
Methamphetamine	0.0
Other	0.0

Past 30 Day Self-Reported Drug Use (%)	
Crack Cocaine	5.3
Powder Cocaine	4.1
Marijuana	30.7
Heroin	7.2
Methamphetamine	0.4

Self-Reported Arrests in Past Year (%)	
None	71.8
1-2	28.0
3-5	0.1
6 or more	0.1

1 - Group quarters include residential hotel, rooming house, dormitory, group home, student housing, or military base

Dynamics of Drug Markets in Past 30 Days

Place where Last Purchase Occurred (%)

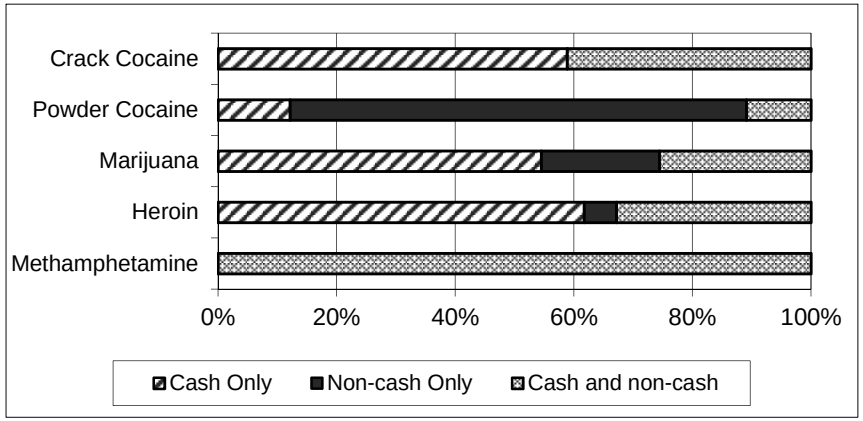
	n	Public Building	House Apartment	Outdoor Area	Other Area
Crack Cocaine	11	3.2	32.6	64.2	0.0
Powder Cocaine	5	0.0	7.1	66.0	26.9
Marijuana	27	11.7	12.0	74.5	1.8
Heroin	11	0.0	2.1	97.9	0.0
Methamphetamine	1	0.0	0.0	100.0	0.0

Method of Non-Cash Transaction (%)

	n	Trade Drugs	Trade Property	Trade Sex	Other[1]
Crack Cocaine	8	0.0	18.0	0.0	82.0
Powder Cocaine	7	2.5	0.0	0.0	97.5
Marijuana	27	0.0	3.3	0.0	96.7
Heroin	7	0.0	15.2	0.0	84.8
Methamphetamine	1	0.0	0.0	0.0	100.0

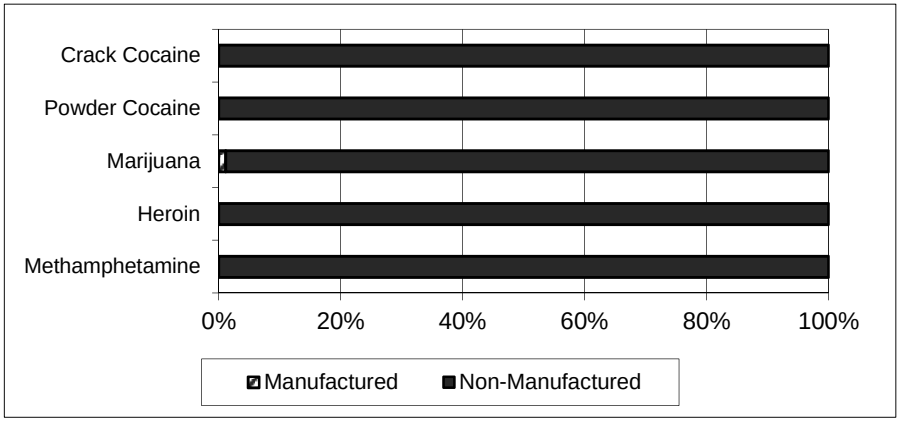
[1] - Credit, fronted, manufactured, transport/steal drugs, gift, other

Drugs obtained by Cash, Non-cash, and Combination Transactions[2]



[2] - Respondents report most recent cash and non-cash transactions

Acquiring Drugs by Non-Cash (Manufacture or Other)



Washington, DC, 2010

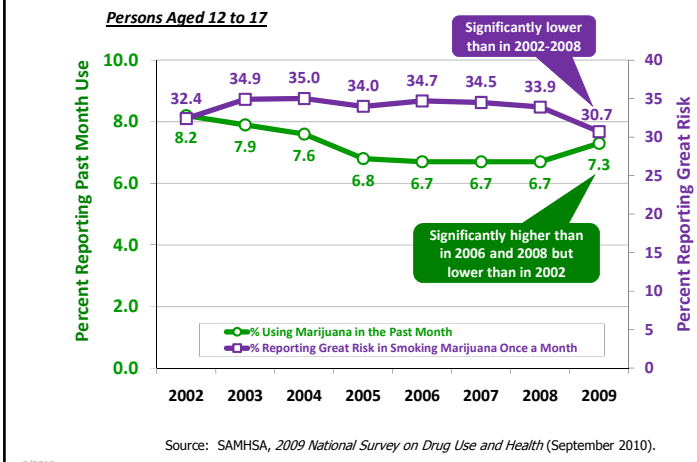
TAB
7

FACT SHEET
Office of National Drug Control Policy
Executive Office of the President
www.WhiteHouseDrugPolicy.gov

Marijuana Legalization

Marijuana is the most commonly used illicit drug in the United States, with nearly 17 million Americans age 12 and older reporting past-month use, and 374,000 people entering an emergency room annually with a primary marijuana problem.[1] The downward trend in youth marijuana use during the late 1990s has ended. According to the 2009 National Survey on Drug Use and Health, past-month marijuana use among 12- to 17-year-olds climbed 9 percent from 2008 (6.7%) to 2009 (7.3%), as shown in figure 1.[2]

Figure 1
Current Use and Perceived Risk of Marijuana Use Among Youth, 2002 - 2009



Source: SAMHSA, *2009 National Survey on Drug Use and Health* (September 2010).

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Not surprisingly, this increase coincides with a softening of youth attitudes about the risks of marijuana (figure 1). Among 12- to 17-year-olds, the perception of great risk in smoking marijuana once a month declined from 2008 (33.9%) to 2009 (30.7%).[3]

Recently, there have been increasing efforts to legalize marijuana. The Obama Administration has consistently reiterated its firm opposition to any form of drug legalization. Together with Federal partners and state and local officials, the Office of National Drug Control Policy is working to reduce the use of marijuana and other illicit drugs through development of strategies that fully integrate the principles of prevention, treatment, recovery, and effective supply reduction efforts. Proposals such as legalization that would promote marijuana use are inconsistent with this public health and safety approach.

In the highly charged debate over legalization, many troubling misperceptions have gained currency. It is critical these false assumptions be addressed and clarified using the best evidence available. A careful examination of the facts leads to the following conclusions about the dangers of marijuana use and the likely consequences of legalization:

Marijuana use is harmful and should be discouraged

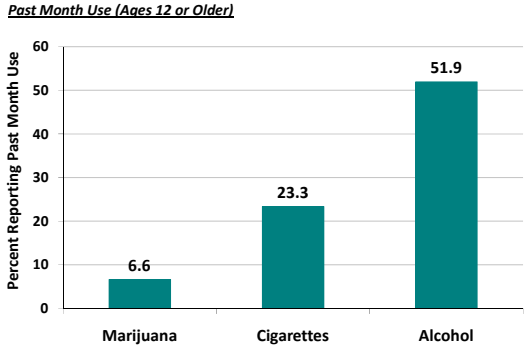
- Marijuana use is associated with dependence, respiratory and mental illness, poor motor performance, and impaired cognitive and immune system functioning, among other negative effects.[4]

- Marijuana intoxication can cause distorted perceptions, difficulty in thinking and problem solving, and problems with learning and memory.[5]
- Studies have shown an association between chronic marijuana use and increased rates of anxiety, depression, suicidal thoughts, and schizophrenia.[6]
- Other research has shown marijuana smoke to contain carcinogens and to be an irritant to the lungs. Marijuana smoke, in fact, contains 50-70 percent more carcinogenic hydrocarbons than does tobacco smoke.[7]

Legalization would lower price, thereby increasing use

- A recent report from the RAND Corporation, "Altered State," discusses how legalization would cause the price of marijuana to plummet, triggering increases in use of the drug.[8]
- Illegality helps keep prices higher. And because drug use is sensitive to price, especially among young people, higher prices help keep use rates relatively low.[9]
- Use of the legal substances alcohol and tobacco far outpaces the use of marijuana (figure 2), a strong indication that laws reduce the availability and acceptability of substances.
- Our experience with even tightly regulated prescription drugs, such as *Oxycontin,* shows that legalizing drugs widens availability and misuse, even when controls are in place.

Figure 2
Current Use of Major Substances in the General Population, 2009



Source: SAMHSA, *2009 National Survey on Drug Use and Health* (September 2010).

10/2010

Tax revenue would be offset by higher social costs

- The costs to society of alcohol and tobacco – substances that are legal and taxed – are much greater than the revenue they generate.
- Federal excise taxes collected on alcohol in 2007 totaled around $9 billion; states collected around $5.5 billion. Combined, these amounts are less than 10 percent of the estimated $185 billion in alcohol-related costs to health care, criminal justice, and the workplace in lost productivity.[10]
- Tobacco does not yield net revenue when taxed. Each year, Americans spend more than $200 billion on the social costs of smoking, but only about $25 billion is collected in taxes.[11]

Legalization would further burden the criminal justice system

- Legalizing marijuana would increase use of the drug and, consequently, the harm it causes, thus adding to the burden on the criminal justice system. Arrests for *alcohol*-related crimes, such as violations of liquor laws, public drunkenness, and driving under the influence, totaled nearly 2.7 million in 2008. Marijuana-possession arrests under current laws in 2008 totaled around 750,000.[12]

- Most people whose only crime is marijuana possession do not go to prison. A survey by the Bureau of Justice Statistics showed that 0.7% of all state inmates were behind bars for marijuana possession only (with many of them pleading down from more serious crimes).[13] Other independent research has shown that the risk of arrest for each "joint," or marijuana cigarette, smoked is about 1 arrest for every 12,000 joints.[14]

Legalization would do little, if anything, to curb drug violence

- Marijuana accounts for only a portion of the proceeds gained by criminal organizations that profit from drug distribution, human trafficking, and other crimes, so legalizing marijuana would not deter these groups from continuing to operate.
- Under the most commonly proposed legalization regime – one that imposes high taxes on marijuana – violent drug cartels would simply undercut legal prices to keep their market share. With increased demand for marijuana resulting from legalization, these groups would likely grow stronger.

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[1] SAMHSA, 2009 National Survey on Drug Use and Health (September 2010).
Drug Abuse Warning Network (DAWN), SAMHSA, 2010. Found at https://dawninfo.samhsa.gov/

[2] SAMHSA, 2009 National Survey on Drug Use and Health (September 2010).

[3] SAMHSA, 2009 National Survey on Drug Use and Health (September 2010).

[4] See Moore, B.A., et al, Respiratory effects of marijuana and tobacco use in a U.S. sample, *Journal of General Internal Medicine* 20(1):33-37, 2005. Also see Tashkin, D.P., Smoked marijuana as a cause of lung injury, *Monaldi Archives for Chest Disease* 63(2):93-100, 2005. Other evidence on the effect of marijuana on lung function and the respiratory system, and the link with mental illness, can be found in expert reviews offered by Hall W.D, and Pacula, R.L. (2003), *Cannabis use and dependence: Public health and public policy*. Cambridge, UK: Cambridge University Press., and Room, R., Fischer, B., Hall, W., Lenton, S., and Reuter, P. (2009), *Cannabis Policy: Moving beyond stalemate,* The Global Cannabis Commission Report, the Beckley Foundation. Room et al. write, "Cannabis use and psychotic symptoms are associated in general population surveys and the relationship persists after adjusting for confounders. The best evidence that these associations may be causal comes from longitudinal studies of large representative cohorts." Further, on page 26, they write: "…animal studies suggest that high doses of cannabis extracts and of THC impair immune functioning." Also see Degenhardt, L. & Hall, W. (2006), Is cannabis a contributory cause of psychosis? *Canadian Journal of Psychiatry*, 51: 556-565. A major study examining young people and, importantly, a subset of sibling pairs was released in February 2010 and concluded that marijuana use at a young age significantly increased the risk of psychosis in young adulthood. See McGrath, J., et al. (2010), Association between cannabis use and psychosis-related outcomes using sibling pair analysis in a cohort of young adults, *Archives of General Psychiatry*.

[5] Pope HG, Gruber AJ, Hudson JI, Huestis MA, Yurgelun-Todd D. Neuropsychological performance in long-term cannabis users. *Arch Gen Psychiatry* 58(10):909–915, 2001.

[6] Moore TH, Zammit S, Lingford-Hughes A, et al. Cannabis use and risk of psychotic or affective mental health outcomes: A systematic review. *Lancet* 370(9584):319–328, 2007.

[7] Hoffman, D.; Brunnemann, K.D.; Gori, G.B.; and Wynder, E.E.L. On the carcinogenicity of marijuana smoke. In: V.C. Runeckles, ed., *Recent Advances in Phytochemistry*. New York: Plenum, 1975.

[8] Beau Kilmer, Jonathan P. Caulkins, Rosalie Liccardo Pacula, Robert J. MacCoun, Peter H. Reuter, *Altered State? Assessing How Marijuana Legalization in California Could Influence Marijuana Consumption and Public Budgets*, RAND, 2010.

[9] For example, see: Williams, J., Pacula, R., Chaloupka, F., and Wechsler, H. (2004), "Alcohol and Marijuana Use Among College Students: Economic Complements or Substitutes?" *Health Economics* 13(9): 825-843.; Pacula R., Ringel, J., Suttorp, M. and Truong, K. (2008), *An Examination of the Nature and Cost of Marijuana Treatment Episodes*. RAND Working Paper presented at the American Society for Health Economics Annual Meeting, Durham, NC, June 2008. Jacobson, M. (2004), "Baby Booms and Drug Busts: Trends in Youth Drug Use in the United States, 1975-2000," *Quarterly Journal of Economics* 119(4): 1481-1512.

[10] See http://www.taxpolicycenter.org/taxfacts/displayafact.cfm?Docid=399. Also Harwood, H. (2000), *Updating Estimates of the Economic Costs of Alcohol Abuse in the United States: Estimates, Update Methods and Data*. Report prepared for the National Institute on Alcoholism and Alcohol Abuse.

[11] State estimates found at http://www.nytimes.com/2008/08/31/weekinreview/31saul.html?em; Federal estimates found at https://www.policyarchive.org/bitstream/handle/10207/3314/RS20343_20020110.pdf; Also see http://www.tobaccofreekids.org/research/factsheets/pdf/0072.pdf; Campaign for Tobacco Free Kids, see "Smoking-caused costs," on p.2.

[12] Federal Bureau of Investigation (2008) *Uniform Crime Reports,* Washington, DC. Available at: http://www.fbi.gov/ucr/ucr.htm

[13] "Substance Abuse and Treatment, State and Federal Prisoners, 1997." BJS Special Report, January 1999, NCJ 172871. http://www.ojp.usdoj.gov/bjs/pub/pdf/satsfp97.pdf

[14] Beau Kilmer, Jonathan P. Caulkins, Rosalie Liccardo Pacula, Robert J. MacCoun, Peter H. Reuter, *Altered State? Assessing How Marijuana Legalization in California Could Influence Marijuana Consumption and Public Budgets*, RAND, 2010.

Office of National Drug Control Policy

www.WhiteHouseDrugPolicy.gov
www.TheAntiDrug.com
www.AboveTheinfluence.com

ONDCP seeks to foster healthy individuals and safe communities by effectively leading the Nation's effort to reduce drug use and its consequences.

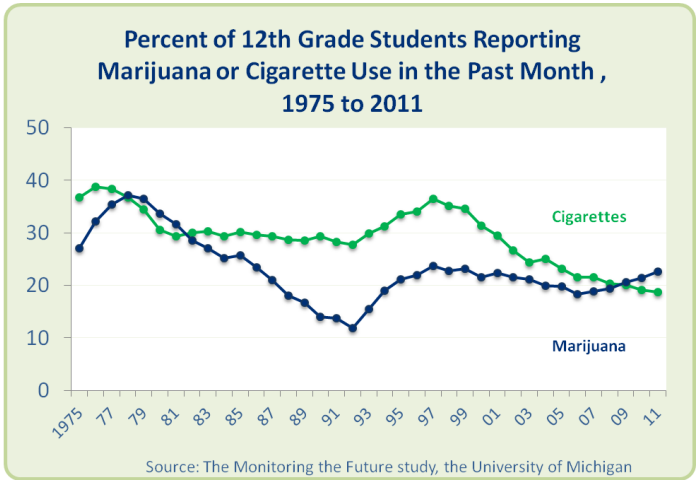
TAB 8

Topics in Brief
National Institute on Drug Abuse
NIDA NATIONAL INSTITUTE ON DRUG ABUSE

Marijuana—December, 2011

An Update from the National Institute on Drug Abuse

Marijuana Abuse in the United States



In 2010, more than 29 million Americans (11.5%) aged 12 or older reported abusing marijuana within the past year–a significant increase over rates reported each year from 2002-2008. According to NIDA's Monitoring the Future study of 8th, 10th, and 12th graders, a consistent decline in marijuana use began in the mid-1990's and continued into the early 2000s. But in the past few years this trend has reversed with 5-year trends showing significant increases among 10th and 12th graders for daily, current and past year use. This year, 12.5% of 8th graders, 28.8% of 10th graders, and 36.4% of 12th graders reported past-year marijuana use. Although there were no increases between 2010 and 2011, it appears that marijuana use continues to exceed cigarette use in these students. In 2011, 22.6% of high school seniors used marijuana in the past 30 days compared with 18.7% who smoked cigarettes. This year's survey captured **the use of synthetic marijuana,** also known as K2 or "Spice," among high school seniors for the first time. Almost 1 in 9, or 11.4%, of high school seniors reported using Spice in the past year.

Marijuana's Effects

Marijuana is derived from a plant containing more than 400 chemical constituents. Tetrahydrocannabinol (THC) is the main psychoactive ingredient in marijuana. It binds to cannabinoid (CB) receptors, widely distributed throughout the nervous system, and other parts of the body. In the brain, CB receptors are found in high concentrations in areas that influence pleasure, memory, thought, concentration, sensory and time perception, appetite, pain, and movement coordination. This is why marijuana can have wide ranging effects, including:

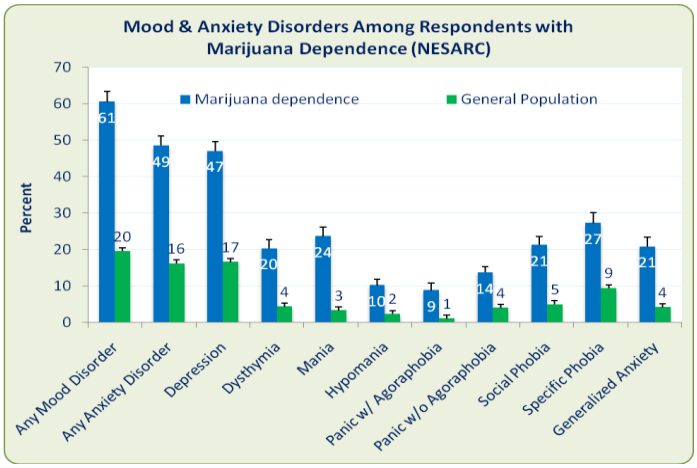
- Impaired short-term memory (memory of recent events)—making it hard to learn and retain information, particularly complex tasks.
- Slowed reaction time and impaired motor coordination—throwing off athletic performance, impairing driving skills, and increasing the risk of injuries
- Altered judgment and decisionmaking—possibly leading to high-risk sexual behaviors that could lead to the spread of sexually transmitted diseases.
- Increased heart rate by 20-100%—may increase the risk of heart attack, especially in otherwise vulnerable individuals
- Altered mood—euphoria, calmness, or in high doses, anxiety, paranoia

Exposure during critical developmental periods: From animal research, THC exposure pre- or perinatally or during adolescence can alter brain development, particularly in areas related to mood, reward, and executive function (e.g., cognitive flexibility).

<u>Long-term marijuana abuse can lead to:</u>

- Addiction
- Poorer educational outcomes and job performance, diminished life satisfaction
- Respiratory problems—chronic cough, bronchitis
- Risk of psychosis in vulnerable individuals

- Cognitive impairment persisting beyond the time of intoxication



Marijuana and Mental Illness

People who are *dependent* on marijuana frequently have other comorbid mental disorders (see figure). Population studies reveal an association between cannabis use and increased risk of schizophrenia and, to a lesser extent, depression, and anxiety. There are now sufficient data indicating that marijuana may trigger the onset or relapse of schizophrenia in people predisposed to it, perhaps also intensifying their symptoms.

Marijuana and Addiction

Long-term marijuana use can lead to addiction; that is, people use the drug compulsively even though it interferes with family, school, work, and recreational activities. According to NSDUH, in 2010 of the estimated 7.1 million Americans classified with dependence on or abuse of illicit drugs, nearly 4.5 million were dependent on or abused marijuana. Research has shown that approximately 9% of people who use marijuana may become dependent. The risk of addiction goes up to about 1 in 6 among those who start using as adolescents, and 25-50% of daily users. In 2009, 18% of people entering drug abuse treatment programs reported marijuana as their primary drug of abuse (70% of those aged 12-14; and 72% of those 15-17), representing more than 350,000 admissions (TEDS, 2009). Along with craving, withdrawal symptoms such as irritability, sleeping problems, and anxiety can make it difficult for long-term marijuana smokers to quit.

Treatment for Marijuana Addiction

Behavioral interventions, including cognitive-behavioral therapy and motivational incentives (i.e., providing vouchers for goods or services to patients who remain abstinent) have shown moderate efficacy in treating marijuana dependence. Although no medications are currently available, recent discoveries about the workings of the cannabinoid system offer promise for the development of medications to ease withdrawal, block the intoxicating effects of marijuana, and prevent relapse.

Marijuana as Medicine

The potential medicinal properties of marijuana have been the subject of substantive research and heated debate. And while marijuana is not an FDA-approved medicine, 16 states and the District of Columbia have currently legalized its medical use. Scientists have confirmed that the cannabis plant contains active ingredients with therapeutic potential for relieving pain, controlling nausea, stimulating appetite, and decreasing ocular pressure. As a result, a 1999 Institute of Medicine report concluded that further research on cannabinoid drugs and safe delivery systems was warranted.

Marijuana itself is an unlikely medication candidate for several reasons: (1) it is an unpurified plant containing numerous chemicals with unknown health effects; (2) it is typically consumed by smoking, further contributing to potential adverse effects; and (3) its cognitive impairing effects may limit its utility. The promise lies instead in designing tailored medications, developed from marijuana's active components, for specific conditions or symptoms with improved risk/benefit profiles. Scientists are actively engaged in this pursuit and hope to bring to market a new generation of safe and effective medications that avoid the adverse effects of smoked marijuana.

For more information please visit NIDA on the web at www.drugabuse.gov or contact:
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