

Estimating the Prevalence of Recent Ecstasy Use Among National Arrestees

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THE FEDERAL GOVERNMENT funds several major data collection efforts to measure the prevalence of drug use within the United States, each of which gathers information on a specific population. The National Household Survey on Drug Abuse (NHSDA), for example, generates self-report survey estimates of drug use among household members ages 12 and older in the contiguous United States (Substance Abuse and Mental Health Services Administration [SAMHSA], 2000a). The Drug Abuse Warning Network (DAWN) is an annual national probability survey of drug-related problems treated in hospital emergency departments, and drug-related death data collected from a sample of medical examiners and coroners' offices (SAMHSA, 2001, 2000b). The Monitoring the Future (MTF) project began in 1975 as a way to study the drug-using beliefs, attitudes, and behaviors of high school students across the United States. Today, the program surveys approximately 50,000 grade school, high school, and college students annually (Johnston et al., 2000). Finally, the Arrestee Drug Abuse Monitoring (ADAM) Program collects self-report survey data and urine specimens from adult and juvenile arrestees (National Institute of Justice (NIJ), 2000). An underlying assumption of ADAM is that if a new drug emerges on the streets, it will take root in a criminal population before diffusing to the general population. This assumption is based on the work of Wish (1997) and DuPont and Wish (1992) who, after evaluating a urine screening program for arrestees arraigned in Washington, DC, Superior Court, concluded that arrestee urinalysis re-

sults detected an increase in heroin use in Washington, DC, at least one year before other indicators of use in the community. It is reasonable to suspect, therefore, that ecstasy, as a new drug, may become established in a deviant population prior to diffusing to the general population.

To date, only one study has examined ecstasy use among criminal justice populations (Yacoubian et al., in press). Yacoubian et al. (in press) collected self-report drug use data and urine specimens from a sample of 209 juvenile offenders surveyed through Maryland's Offender Population Urinalysis Screening (OPUS) Program between July and August 2000. While no two-day ecstasy use was reported and no ecstasy-positives were detected by urinalysis, 8 percent reported use within the 30 days preceding the interview (Yacoubian et al., in press). No studies have examined ecstasy use among adult criminal justice populations. To address this limitation, the current study examines ecstasy use data collected from adult arrestees surveyed through the ADAM Program in 2000. With this preliminary framework, data collection methods are described below.

Methods

The ADAM Program—formerly the Drug Use Forecasting (DUF) Program—was established in 1987 (Yacoubian, 2000a). The six primary goals of ADAM are: identifying the levels of drug use among arrestees; tracking changing drug-use patterns; determining what drugs are being used in specific jurisdictions; alerting local officials to trends in drug use and the availability of new drugs;

providing data to help understand the drug-crime connection; and serving as a research platform upon which a wide variety of drug-related initiatives can be based (Yacoubian, 2000a). Adult data are currently collected in 36 jurisdictions across the United States (NIJ, 2000).

In 2000, the ADAM Program fielded a new data collection instrument (Yacoubian, 2000a). The seven primary sections of the instrument are: face sheet, demographics, criminal justice involvement, personal drug use, treatment history, dependence and abuse, and market and use. Face sheets are completed on all eligible arrestees with information collected from official records. These data include arrest and booking dates, arrest location, date of birth, gender, primary criminal charges, race, and residence zip code. If respondents consent to the interview, demographic data—ethnicity, citizenship, education, employment, health insurance, marital status, and living arrangements—are collected via self-report. The collection of demographic information is followed by questions on criminal justice activity, personal drug use, and treatment history. The dependence and abuse section allows for the clinical diagnosis of drug abuse and/or dependency. Respondents are asked, for example, if their use of alcohol or drug use has caused them to neglect their usual responsibilities and whether they used alcohol or drugs more than they intended. The market and use section inquires about cash vs. non-cash drug transaction, location of purchase, quantity purchased, amount paid, frequency of purchases, and market availability.

In addition to the survey, a urine sample is obtained as an objective measure of recent

drug use and to validate the self-report data. The Enzyme Multiplied Immunoassay Test (EMIT) screens for 10 drugs: amphetamines, barbiturates (e.g., Phenobarbital), benzodiazepines, marijuana, metabolite (crack and powder) cocaine, methadone, methaqualone, opiates, PCP, and propoxyphene (Darvon). All positive results for amphetamines are confirmed by gas chromatography (GC) to eliminate any over-the-counter medications.

Results

As shown in Table 1, ecstasy use is virtually non-existent among adult ADAM arrestees. Estimates of two-day ecstasy use range from a low of 0 percent in Des Moines and Laredo to a high of 3.6 percent in Charlotte-Metro. In 29 (83.0 percent) of the 35 sites, the prevalence rates were less than 1.0 percent.

TABLE 1

Two-Day Self-Reported Ecstasy Use, by ADAM Site, 2000

		(N=)
Albuquerque	0.7%	(438)
Anchorage	0.5%	(751)
Atlanta	0.4%	(974)
Birmingham	0.4%	(514)
Charlotte-Metro	3.6%	(110)
Chicago	0.1%	(951)
Cleveland	0.7%	(1,558)
Dallas	0.2%	(921)
Denver	0.2%	(960)
Des Moines	0.0%	(292)
Detroit	0.6%	(638)
Ft. Lauderdale	1.1%	(549)
Honolulu	0.7%	(672)
Houston	1.0%	(829)
Indianapolis	0.7%	(947)
Laredo	0.0%	(368)
Las Vegas	0.6%	(1,394)
Los Angeles	2.3%	(177)
Miami	0.9%	(671)
Minneapolis	0.7%	(597)
New Orleans	0.4%	(922)
New York	0.1%	(1,503)
Oklahoma City	0.2%	(1,048)
Omaha	0.9%	(549)
Philadelphia	0.4%	(456)
Phoenix	0.4%	(1,953)
Portland	0.3%	(1,018)
Sacramento	1.7%	(631)
Salt Lake City	0.6%	(780)
San Antonio	0.6%	(674)
San Diego	0.7%	(902)
San Jose	1.2%	(731)
Seattle	1.5%	(1,038)
Spokane	0.9%	(538)
Tucson	0.6%	(772)
Washington, DC	0.8%	(391)

Discussion

To date, one study has explored the use of ecstasy among juvenile arrestees (Yacoubian et al., in press). Eight percent of Yacoubian et al.'s (in press) sample reported ecstasy use within the 30 days preceding the interview. The current study is the first to examine recent ecstasy use among adult arrestees. Not surprisingly, two-day self-reported ecstasy use among adult arrestees was less than 1.0 percent in a high majority of 36 ADAM sites.

For over a decade ADAM has provided drug use data for adult and juvenile arrestees across the United States. ADAM has two major advantages. First, it has the ability to access a hidden population and gather information on sensitive, drug-related behaviors (Yacoubian, 2000a). Second, it is the only major drug surveillance system in the United States to collect an objective measure of recent drug use. While the procedures for detecting ecstasy in urine are complicated (Yacoubian et al., in press), they can be accomplished. Given the plethora of research documenting low validity of self-reported drug-using behaviors (Wish et al., 1997; Yacoubian 2000b), a biological specimen would allow ADAM to estimate the prevalence of ecstasy use more accurately than those systems that rely exclusively on self-report.

The current findings suggest that ecstasy use is not a serious problem among adult arrestees. While the research of Wish (1997) and DuPont and Wish (1992) indicated that new drugs would become established in a criminal population before diffusing to the general population, the current findings, when taken in conjunction with results from other studies (Arria et al., 2002), suggest otherwise. Arria et al. (2002), for example, collected self-report drug use information and oral fluid specimens from 96 "club rave" attendees within the Baltimore-Washington corridor between August and October 2000. Twenty percent reported using ecstasy within the two days preceding the interview, and 21 percent tested positive for ecstasy by oral fluid analysis. Future research should continue researching drug diffusion, recognizing that the path may not necessarily lead from deviant to non-deviant populations.

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