

## **Face-to-Face Surveys of Criminal Justice Populations**

### **EXECUTIVE SUMMARY**

#### **E.1 Background**

With funding from the federal Center for Substance Abuse Treatment (CSAT), the Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS) is conducting a family of studies that will supply Oklahoma with information the State needs to plan and provide effective substance abuse service for its citizens in need. The results of the studies will also meet the data reporting requirements of the federal government. The project includes four studies: (1) Surveys of Temporary Assistance for Needy Families (TANF) Recipients; (2) Survey of Criminal Justice Populations (juvenile offenders under supervision of the Office of Juvenile Affairs and the Arrestee Drug Abuse Monitoring (ADAM) Project); (3) Substance Abuse Treatment Utilization by State-funded Clients; and (4) Integration and Analysis of Data from Internal and External Sources. This document is an executive summary of the administration and results of the Face-to-Face Surveys of Criminal Justice Populations.

#### **E.2 Face-to-face Surveys of Juvenile Offenders in the Custody of Office of Juvenile Affairs**

##### **E.2.1 Methodology**

The Texas Youth Corrections Survey, developed in 1994 to assess substance use and delinquency among youths entering Texas Youth Commission facilities was used for this study. The survey asked detailed questions about use of 11 classes of substances including tobacco, alcohol, inhalants, marijuana, powder cocaine, crack cocaine, uppers (stimulants), downers (tranquilizers, barbiturates and sedatives), heroin, other opiates, and psychedelics. In addition, the survey explored topics such as involvement with local law enforcement and youth authorities, and relationship among drug selling, drug use, and delinquency. The Texas Commission on Alcohol and Drug Abuse (TCADA) provided a Computer-Assisted Personal Interview (CAPI) version of the questionnaire.

For this study, persons 18 years of age or younger who were in the custody of the Office of Juvenile Affairs (OJA), the state juvenile justice agency, and had a security level E or higher, comprised the population of interest. A distinction was made between youth who were in the “supervision” of OJA but not in its physical

custody, and those in OJA custody, meaning they were residing in an OJA facility. Staff-secure facilities for medium to high risk juvenile delinquents comprise security level E. At the high end of the continuum, secure institutions are not only secured by staff but are also physically secure facilities for the highest risk juvenile offenders. The total population meeting these criteria on April 23, 2001 was 792.

## **E.2.2 Data Collection and Response Rates**

Of the 792 juvenile offenders in a security level E or higher, 352 had consent forms signed by guardians or themselves, if 18 years of age. Because contact with guardians typically only occurred monthly, 111 offenders were not in placement by the time the lists were distributed. Of the remaining offenders, 116 guardians refused to sign consent forms and 86 guardians could not be located. There was no information regarding the effort to collect consent forms for the remaining 137.

Of the 352 youths with consent forms, 274 completed an interview. Of the remaining offenders, 57 were released from OJA custody before the scheduled interview, 7 were on a pass while interviewers were at the facility, 7 were housed at such remote facilities where it was not economically feasible to send interviewers, 3 were in the hospital, 2 refused and facility directors advised against interviewing 2 due to medical conditions.

The response rate of 92.9 percent was calculated using only those juveniles with signed consent forms, excluding juveniles who were released from OJA before the interviewers arrived at the facilities.

## **E.2.3 Definitions of Terms and Measures**

### **E.2.3.1 Tobacco, Alcohol, and Illicit Drug Use**

For tobacco, alcohol and illicit drugs, use is defined as any use, regardless of quantity and frequency. Use is measured for lifetime, in the last year, and in the last 30 days.

For this study, tobacco use is limited to cigarettes. The drugs included in the illicit category are: marijuana, inhalants, powdered cocaine, crack cocaine, uppers, downers, heroin, opiates, and psychedelics. Any respondent who answered “yes” to use of an illicit drug was asked in detail about using that drug.

### **E.2.3.2 Substance Abuse and Dependence**

Substance abuse and dependence were calculated using responses to items from the 1994 Texas Youth Corrections Survey. The methods for calculating abuse and dependence are reprinted below from *Substance Use and*

*Delinquency Among Youths Entering Texas Youth Commission Facilities:1994 Report* (Fredlund, et al., 1995):

The Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R) defines substance dependence as persistent and continued use of a psychoactive substance despite multiple negative and serious consequences associated with use.

The DSM-III-R defines a person who exhibits three or more of these symptoms as having psychoactive substance *dependence*. Substance *abuse* was defined as the presence of one or two of the dependence criteria, and therefore is considered less severe than substance dependence. For a substance abuse diagnosis, these symptoms must have persisted for at least one month and the person must not be diagnosable with psychoactive substance dependence. The questions used in the survey were drawn from the Diagnostic Interview Schedule. These questions were worded to probe for problems that are persistent, recurring and severe.

Persons meeting the criteria for either abuse or dependence are considered to be in need for treatment (STNAP Survey Core Protocol, 2001).

## **E.2.4 Analysis**

Weights were assigned according to the population-to-sample-size ratio in the particular stratum occupied by an observation. Strata were defined by gender (2 levels), race (6 levels) and age (10 levels). The 120 different weights thus assigned ranged from 0 to 17. The median weight was three, the average was five and the standard deviation was four.

## **E.2.5 Results**

### **E.2.5.1 Prevalence of Tobacco, Alcohol and Other Drug Use**

- Nearly all of the youths surveyed (96.8%) had used tobacco during their lifetimes. For past year use, 90.5 percent reported tobacco use while 66.9 percent reported using tobacco in the past 30 days.
- American Indians had the highest tobacco rate of use for lifetime (100%), while Hispanics had the highest rate for the past year (95.7%), and the “other” race rate of 83.3 percent was the highest for the past 30 days.
- Males and females reported similar rates of tobacco use for both lifetime (96.6% vs. 98.8%, respectively) and the past 30 days (66.9% vs. 66.7%, respectively).

- While the ages ranged from 13 to 18 years of age, the 17-year-olds had the highest lifetime use of tobacco (99%), the 16- and 17-year-olds tied for the highest rate of past year use (92%) and the 15-year-olds had the highest past month use (73.2%).
- Over half of the youths surveyed had used alcohol in the past 30 days (57.5%). For lifetime use, youths had a rate of 93.5 percent and for past year use, a rate of 82.9 percent. The rate of alcohol is lower in all three-time periods than those of tobacco and illicit drugs.
- Hispanics demonstrated the highest rate of lifetime alcohol use (100%) and last month use (60.9%), while Whites had the highest rate of use for the past year (85.2%).
- For alcohol use in the last month, 78.4 percent of females reported use compared to 56.2 percent reported by males.
- Seventeen-year olds had the highest rate of alcohol use for all three time periods.
- Every youth surveyed had used an illicit drug in his or her lifetime. Over eight out of ten youths (83.1%) had used an illicit drug in the last year and seventy-one percent had used in the last month.
- African Americans had the highest rate of past year illicit drug use (86.7%). Whites had the highest use rate in the last 30 days (67.3%) while American Indians had the lowest use rate (57.1%).
- Illicit drug use differed by gender in the last year (females, 98.8%; males, 82.2%) and in the last month (females, 78%; males, 62.6%) with females having a higher rate for both time periods.
- While all youths surveyed had used illicit drugs in their lifetimes, the rate decreased slightly for use in the past year: 17-year olds had a rate of 91.5 percent and 13-year olds reported a rate of 83.3 percent. All of the 13-year olds who reported use in the past year also reported use in the past 30 days.
- Opiates are the most widely used drugs for lifetime use (96.4%), closely followed by marijuana (95.7%) and downers (94.4%). Marijuana use was the highest in the last year (78.6%) and in the last month (57.6%).
- Average age of first time use ranges from 1.6 years of age for inhalants to 14.7 years of age for heroin. Minimum age of first use ranged from 1 year of age for marijuana and inhalants to 12 years of age for heroin use.

- Over half of the adolescents (52%) had sold drugs to obtain drugs. More youths reported stealing to pay for drugs (40.3%) than reported using legal income (29%).

### **E.2.5.2 Need for Treatment of Alcohol and Illicit Drug Use**

- Any youths who were determined to be abusing or dependent on alcohol and/or drugs were considered in need of treatment. Of the total weighted sample, 353 (46.6%) were estimated to be in need of treatment for alcohol and 548 (72.3%) were estimated to be in need of treatment for illicit drugs. This results in an overall estimated need of treatment for alcohol and/or drugs of 79 percent.
- Hispanics had the highest rate of treatment need for both alcohol (55.8%) and illicit drugs (79.3%); however, African Americans had the highest rate of combined treatment need at 87.5 percent.
- For female respondents, 89.5 percent were in need of treatment versus 78.3 percent of males.
- Seventeen-year olds had the highest overall need for treatment (84.8%), while 14-year olds had the lowest rate (57.6%).
- When asked about their interest in participating in treatment, a little less than half of the youths found to be abusing substances (42.9%) reported interest, while two-thirds of the substance dependent youths (65.2%) reported interest.

### **E.2.6 Summary**

Tobacco use appears to be a significant problem among the juvenile offenders surveyed. Nearly all of the youths had smoked in their lifetimes and three-fourths had smoked in the last 30 days. Males and females were equally likely to smoke.

Marijuana was the substance most commonly used. While inhalant use is thought to be high among adolescents because of the ease with which they can be obtained, use of inhalants was surprisingly low in all three time periods.

Though age of first use for inhalant use seems low, there are anecdotal stories of public health workers discovering infants with spray paint on their faces after parents had the children inhale the fumes to subdue them. A similar explanation may be true for the average age of first time alcohol use being two years of age.

Illicit drugs had a higher prevalence rate than alcohol and higher rates of abuse and dependence. Of the youths that were alcohol dependent, 88 percent were

also dependent on an illicit drug. That is, for youths with alcohol dependence, the majority have an illicit drug dependence.

Females have higher rates of use for the last year and the last month for tobacco, alcohol and illicit drugs than their male counterparts. Consequently, females had a treatment need 11 percent higher than that of males.

### **E.3 Arrestee Drug Abuse (ADAM) Project**

#### **E.3.1 Methodology**

The ADAM Core Questionnaire was used to survey the Tulsa County arrestee population in the ADAM Study. The questionnaire, developed via funding from the National Institute of Justice (NIJ), has OMB clearance and Abt Associates, Inc. Internal Review Board (IRB) approval, and is currently being used in 35 states, including the Oklahoma County ADAM site. Surveys were validated through the use of urinalysis. PharmChem Laboratories, Inc., certified by the U.S. Department of Health and Human Services, screened the urine samples for a minimum of ten drugs: marijuana, cocaine, amphetamines, barbiturates, benzodiazepines, methadone, methaqualone, opiates, phencyclidine (PCP) and propoxyphene. Once the urinalysis results were received from the laboratory, Abt merged the urinalysis results with the interview data received from the site using the common identification number.

The sample size approach chosen by NIJ required each site to have a designated sample size equivalent to the variance that results from sampling proportional to size. In addition, there is a minimum targeted sample for small sites and a maximum targeted sample for large sites. Based on this sample determination methodology, the sample size for Tulsa County was 340 males and 31 females.

The ADAM staff targeted 340 male arrestees to participate in the study over the course of the 14-day period. Of the 340, 188 arrestees met interview eligibility requirements. Of those eligible, 160 agreed to an interview (85.1%), and, of the 160, 155 arrestees provided a urine sample (96.9%). The large disparity between the 340 targeted and the 188 eligible males was attributed to early releases, the intoxicated or violent state of the arrestees, and misinformation concerning eligibility criteria provided by Abt. The misinformation was not rectified until late in the data collection process. ADAM supervisors estimate an additional 82 males would have been eligible under corrected criteria.

#### **E.3.2 Results**

##### **E.3.2.1 Prevalence of Drug Use as Indicated by Urinalysis**

- Two thirds of Tulsa respondents (66.7%) tested positive for any drug use. This is very close to the rate of 64.2 percent found at the Oklahoma City ADAM site. The most prevalent drug was marijuana (48%), followed by cocaine (20%), amphetamine (16.7%), benzodiazepines (8%) and opiates (2%).
- Respondents who were 36 years of age or older had the highest prevalence rate for any drug use (34%), cocaine use (70%) and amphetamine use (36%), while 21- to 25-year olds had the highest rate of marijuana use (29.2%) and benzodiazepine use (50%). Very few respondents tested positive for opiates and use was equal among the three youngest age groups (33.3%).
- Among the race groups, Blacks had the highest prevalence of use for each drug category. Nearly two thirds of the Black group (62%) tested positive for any drug, compared with 29 percent of the White group.
- Of the Tulsa respondents arrested for a property offense, 78.3 percent tested positive for any drug use, compared to 70.4 percent in Oklahoma City. Of Tulsa respondents with drug offenses, 72.2 percent tested positive for any drug, compared to 78.9 percent in Oklahoma City. Respondents arrested for person (violent) crimes or “other” crimes had similar use rates (58.6 % and 59.1%, respectively) in Tulsa, as well as like rates at the Oklahoma City site (61.4% and 58.2%, respectively).
- Tulsa respondents arrested for property offenses had the highest rate for any drug use (78.3%), marijuana use (56.5%), and cocaine use (30.4%), although not significantly higher than rates of other offense categories. The “other” offense category had the highest rate of amphetamine use.

### **E.3.2.2 Comparison of Drug Prevalence at Tulsa Site to Oklahoma City Site**

- The percentages of Tulsa respondents testing positive for drug use varied by offense category (58.2% to 78.3%) and were close to the Oklahoma City range of 58.2 percent to 78.9 percent.
- A comparison of drugs and drug combinations found the Oklahoma City site higher on each individual drug and drug combination than the Tulsa site. Crack cocaine was the most prevalent drug for both sites (Tulsa, 11.3%; OKC, 12.6%), followed by powder cocaine (Tulsa, 4%; OKC, 9.6%), marijuana and powder cocaine (Tulsa, 3.3%; OKC, 7%), crack cocaine and powder cocaine (Tulsa, 1.3%; OKC, 3.5%), and opiates (including heroin) and powder cocaine (Tulsa, 0%; OKC, 0.8%).

### **E.3.2.3 Self-Reported Prevalence of Drug Use**

- Nearly half of the Tulsa respondents (45.3%) reported using two or more substances in the past 30 days, a much higher rate than that of the Oklahoma City ADAM site (28.9%).
- In Tulsa, the age group of 31- to 35-year olds had the highest reported rate of marijuana use (11.8%) and any two or more drugs (47.1%), while 21- to 25-year olds had the highest rates for powder cocaine (7.1%), crack and powder cocaine (7.1%) and marijuana and powder cocaine (7.1%). There was no reported combination use of opiates and powder cocaine.
- At the Oklahoma City site, the 31- to 35-year olds had the highest prevalence rate of each drug or drug combination, with the exception of marijuana and powder cocaine, for which 15- to 20-year olds had the highest rate of use at 10 percent.

#### **E.3.2.4 Comparison of Self-Reported Drug Use to Urinalysis Results**

- The rate of 51.3 percent for self-reported use of marijuana in the last 30 days was close to test results of 48 percent.
- Self-reported use of cocaine was 5.3 percent, compared to a rate of 20 percent revealed by urinalysis testing.
- There was no self-reported use of heroin in the last 48 hours while urine tests showed a rate of 2 percent.

#### **E.4 Summary**

As had been previously found at the Oklahoma City ADAM site, two thirds (66.7%) of Tulsa County arrestees tested positive for any drug. Those in the highest age group (36 and over) tested at the highest rate (about 33%) and marijuana was the drug of choice for almost half of those. The differences in drug use by race were pronounced. About 30 percent of whites tested positive for some drug, while the percent of African-Americans was over twice that (62%). Hispanics and the other racial group have much lower percentages of positive tests (3% and 6%, respectively).

Although Tulsa and Oklahoma City had similar overall drug use patterns, there were differences between findings at the two sites. In Tulsa, the percentage of arrestees using multiple drugs was one-third more than the percentage in Oklahoma City (45.33% vs. 28.9%, respectively), but at both sites multiple drug users comprised the largest group. None of the age groups in Oklahoma City had a higher multiple drug use rate than the corresponding age group in Tulsa. At both sites the oldest age group (36 and over) often had the highest percentage of users. In contrast, in Tulsa the youngest group (15-20) and middle group (26-30)



most often used multiple drugs (52.2% and 52.6%, respectively), while in Oklahoma City it was the 31- to 35-year old group (35.9%). All of these site differences must be evaluated in light of the fact that the time periods being compared were not the same. Because more recent data were not yet available from the Oklahoma City site, Tulsa's third quarter 2001 data were compared to Oklahoma City's 1999 Annual Report data.

The differences in tested and self-reported drug use patterns elicits a question about the reliability of self-report drug use data collected in the jail environment. Despite agreeing to a urinalysis prior to participation in the survey, respondents' reported drug use was lower than actual drug use with the exception of marijuana. The much lower self-report rate compared to actual rate for other drugs may reflect a belief among arrestees that cocaine, opiate and amphetamine use results in a stiffer penalty than marijuana use.

Although only one data collection period at the Tulsa site was possible during this pilot study, the relationships established among colleagues and the experience gained from designing the survey site, together with survey results, have established a springboard for future work. Of additional importance, the pilot project has demonstrated the likelihood of differences in regional drug use patterns as well as types of arrestees using drugs. These findings underline the importance of incorporating sub-state data in the planning and evaluation of services.