

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

ONDCP Brings Back Arrestee Drug Abuse Monitoring (ADAM) Program as ADAM II

Historically, illicit drug use epidemics first appear among the arrestee population. From 1987 to 2003, arrestee drug use was monitored through self-report and urinalysis under NIJ's Arrestee Drug Abuse Monitoring (ADAM) program, a revision of the Drug Use Forecasting (DUF) program. The ADAM program was discontinued in 2003 due to financial constraints (see *CESAR FAX*, Volume 13, Issue 11). In 2007, a new, scaled-back arrestee drug use monitoring program, ADAM II, was launched by ONDCP. Following the same protocols as its predecessor, ADAM II collects data about arrestee drug use from a probability sample of arrestees booked into booking facilities at 10 sites selected from the original 39 ADAM sites. Data from the recently released 2008 ADAM II report show that there continue to be regional variations in the types of drugs for which arrestees test positive. For example, the percentage of arrestees testing positive for methamphetamine is highest in the two western sites, Sacramento (35%) and Portland (15%) and is lowest in some eastern sites, such as New York (0.1%) and Atlanta (0.4%). A copy of the report is available online at <http://www.whitehousedrugpolicy.gov/publications/pdf/adam2008.pdf>.

Estimated Percentage of U.S. Adult Male Arrestees Testing Positive by Urinalysis for Illicit Drugs, 2008 (N=3,924 specimens)

ADAM II Site	Any Drug*	Marijuana	Cocaine	Opiates	Methamphetamine
Atlanta	60%	32%	41%	2%	<1%
Charlotte	69%	51%	30%	1%	<1%
Chicago	87%	49%	44%	29%	<1%
Denver	68%	42%	33%	4%	3%
Indianapolis	64%	46%	21%	5%	2%
Minneapolis	65%	48%	23%	6%	2%
New York	69%	42%	30%	7%	<1%
Portland	64%	41%	21%	8%	15%
Sacramento	78%	47%	17%	4%	35%
Washington, D.C.	49%	31%	27%	12%	2%
Range	49%-87%	31%-51%	17%-44%	1%-29%	0.1%-35%

*Urinalysis specimens are tested for marijuana, cocaine, opiates, barbiturates, PCP, amphetamine (including methamphetamine), methadone, oxycodone, propoxyphene, and benzodiazepines.

SOURCE: Adapted by CESAR from Office of National Drug Control Policy, *ADAM II 2008 Annual Report*, 2009.

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