

104279

**DRUG USE IN ARRESTEES IN MANHATTAN:  
THE DRAMATIC INCREASE IN COCAINE  
FROM 1984 TO 1986**

BY

ERIC D. WISH, Ph.D.\*

Narcotic and Drug Research, Inc.  
55 W. 125th St.  
New York, NY 10027

February 12, 1987

\*Currently a Visiting Fellow at the National Institute of Justice, Washington, D.C.

This project was supported by research grant 83-J-CX-K048 to Narcotic and Drug Research, Inc. by the National Institute of Justice, U.S. Department of Justice, under the Omnibus Crime Control and Safe Street Act of 1968, as amended. Points of view or opinions in this document do not necessarily represent the official position or policies of the U.S. Government or Narcotic and Drug Research, Inc.

104279

**U.S. Department of Justice  
National Institute of Justice**

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

Public Domain/NIJ

U.S. Department of Justice

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

## ACKNOWLEDGMENTS

This project was made possible through the strong support of the National Institute of Justice Director, James K. Stewart, and the staff. Julio Martinez, President of NDRI and Benjamin Ward, Police Commissioner of New York City, both provided staff support and enthusiastic approval for the project. Charles LaPorte and John Russell of the New York State Division of Substance Abuse Services (DSAS) and Michael J. Farrell of the New York City Police Department have given continued assistance in fostering collaboration between the treatment and criminal justice systems in New York. Dr. Douglas Lipton, Director of the DSAS Bureau of Research and Evaluation, has contributed his invaluable insights and counsel at all stages of this project. We would like to thank the NDRI staff, Mary Cuadrado, Tom Miller, Paul Simons and Mustapha Khan, who collected the data and completed much of the data processing for this report. Finally, we would like to thank the arrestees who voluntarily participated in this research. We hope that these findings may in some way lead to improvements in criminal justice processing and drug abuse treatment services.

As part of research funded by the National Institute of Justice, staff of Narcotic and Drug Research, Inc. (NDRI) entered Manhattan Central Booking in 1984 and 1986. Researchers interviewed and obtained voluntary urine specimens from persons who had recently been arrested. This report compares the level of drug use found in the 1984 drug testing with that found in 1986.

### Background of the studies

During a 6 month period in 1984, NDRI staff were stationed in Manhattan Central Booking to obtain voluntary interview information and urine specimens from 6,406 male arrestees. In requesting participation, priority was given to persons charged with nondrug felony offenses. Ninety-five percent of the arrestees approached consented to an interview, and 84 percent of these provided a specimen. The New York State laboratory in Brooklyn analyzed the specimens. The results indicated that 56 percent of male arrestees in 1984 tested positive for opiates, cocaine, PCP or methadone.

After completion of the study in 1984, the use of cocaine processed for smoking--"crack"--became prevalent in New York City. Researchers at NDRI and officials at the New York City Police Department (NYPD) expressed interest in learning if drug use and crime patterns had changed in arrestees in Manhattan in the two years since the first study. Concurrently, NIJ had been planning to establish a national drug forecasting system based upon periodic drug screening of arrestees in the largest cities across the United States. Because of their experience obtaining urine specimens, NIJ staff felt that New York City would be a good site to test procedures for this new national data system. NDRI staff were asked to return to Manhattan Central Booking for a few months to obtain additional interviews and urine specimens from male arrestees.

### The current study

We returned to Manhattan Central Booking in September, October and November 1986. Each month, NDRI staff approached arrestees for approximately one week, during the busiest period (between 3:00 PM and 11:00 PM), until at least 200 specimens had been obtained. We followed the same procedures used in 1984, with one exception: this study was totally anonymous and no names were recorded. (We had obtained names of arrestees in the earlier study to track each person's case disposition.) Participation in the brief interview regarding prior and current drug use and provision of a urine specimen were voluntary. At the completion of each month's data collection, the urine specimens were delivered to the New York State Laboratory in Brooklyn for analysis by EMIT and by thin layer chromatography (TLC). Primary drugs tested for were opiates, cocaine, marijuana, PCP and methadone. The interviews and test results were sent to NDRI offices in Harlem for analysis.

### Findings

Response rates. We obtained the same high level of cooperation in 1986 that we achieved in our study in 1984. In September, 96 percent of the 247 eligible male arrestees approached agreed to the interview and 85 percent of these provided a urine specimen. The figures for October were 92 percent (of 262) and 88 percent respectively, and 94 percent (of 235) and 91 percent for November. A primary reason that arrestees cooperated with our research is that staff interacted with them in a nonthreatening and supportive manner.

Charge at arrest. Both studies undersampled persons charged with the sale or possession of drugs and oversampled persons charged with a felony offense. In 1984, 20 percent of the arrestees in the interviewed sample were charged with a drug offense, compared with 22 percent of the arrestees in 1986. In 1984, 76 percent of the sample were charged with a felony offense. In 1986, oversampling felony cases was more difficult because we were collecting data for only one week each month. Thus, 63 percent of the persons studied in 1986 were charged with a felony offense. To ensure that changes in drug use found in 1986 were not a function of any changes in the distribution of the charges in the samples, some of the analyses reported here examine persons charged with specific offenses.

Age. The age distribution of the arrestees from the two studies was very similar, as shown in Table 1. Any marked differences in results from the two studies, therefore, cannot be attributed to age differences in the samples.

TABLE 1  
Age Distribution of Arrestees Interviewed  
and Submitting a Urine Specimen, by Year

<u>Age at arrest</u>	Arrestees in 1984	Arrestees in 1986
	(N= 4821*) %	(N=614**) %
16-20	22	18
21-25	25	27
26-30	21	22
31-35	13	16
36+	19	17
	100%	100%

\*Age information missing for 26 persons.

\*\*Age information missing for one person.

Urine test results, 1986. Table 2 shows the percentage of arrestees who tested positive for drugs in each of the three months in 1986. It is clear that drug use was consistently high in September and October. Cocaine was the drug most likely to be found each month, in 82 percent and 84 percent of the arrestees, respectively. Marijuana was the next most common drug, found in a little more than one-quarter of the arrestees. Opiates were found in approximately one-fifth of the arrestees. Methadone, some of which may have been prescribed as part of treatment, and PCP, were found in a small minority of the arrestees.

The results for November were similar to the prior two months for all drugs except cocaine, which declined to 68 percent. The decline in cocaine is impressive given the stability in the other drugs. It should be noted that in November the NYPD was considering the potential transfer of large numbers of police officers throughout the city. Resulting tensions and reductions in police activity during this period may have altered the types of persons that were arrested. Table 4 shows, however, that the decline in cocaine was found for all arrest charges. (Because of the strong similarity in the drug use results for September and October, subsequent tables will combine the findings from these two months.)

TABLE 2  
Percentage of Arrestees with a Positive Urine Test,  
By Month of Arrest

<u>Tested positive for:</u>	September, 1986 (n=203)	October, 1986 (n=211)	November, 1986 (n=201)
Cocaine	82%	84%	68%
Marijuana	29%	25%	23%
Opiates	21%	23%	20%
Methadone	6%	10%	10%
PCP	3%	5%	3%
Any of above:	86%	89%	79%
2+ of above:	44%	49%	41%

Comparison of drug use in 1984 and 1986. Table 3 compares the test results for 1984 and 1986. Since marijuana was not tested for in 1984, findings regarding marijuana use in 1986 are not included in the table.

TABLE 3  
Comparison of Urine Test Results for Arrestees in 1984 and 1986

<u>Tested positive for:</u>	Arrestees in 1984 (n=4,847)	Arrestees in Sept+Oct. 1986 (n=414)	Arrestees in Nov. 1986 (n=201)
Cocaine	42%	83%	68%
Opiates	21%	22%	20%
Methadone	8%	8%	10%
PCP	12%	4%	3%
Any of above:	56%	85%	73%
2+ of above:	23%	30%	23%

Cocaine use has increased considerably since 1984. More than 80 percent of male arrestees tested positive for cocaine in September and October 1986, compared with 42 percent in 1984.

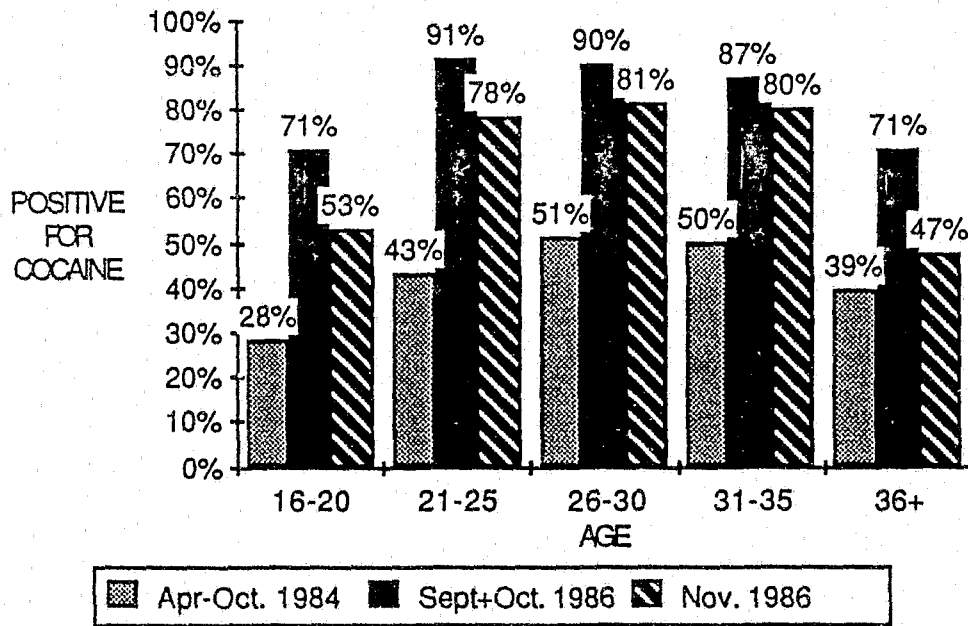
The increase in cocaine contrasts with the relative stability found for the other drugs. Even after the decline in November, the prevalence of cocaine is still 26 percentage points above that found in 1984. Use of opiates and methadone was unchanged, while PCP use actually declined. The decline in PCP raises some doubts about reports of the popularity of combined use of crack and PCP in Manhattan.

In spite of the rise in cocaine use, the percentage of arrestees testing positive for more than one drug was relatively stable over the two years--between 23 percent and 30 percent. Contrary to what was found in 1984, arrestees detected as cocaine users were not likely to be using other drugs. In 1984, 52 percent of the persons positive for cocaine were also positive for opiates, PCP or methadone. This was true of only 35 percent of the cocaine positives in 1986.

These findings suggest that many of the additional cocaine users may be limiting their drug use to cocaine. On the other hand, it is also possible that many of these cocaine users will eventually progress to the use of heroin and other hard drugs because of their experiences with cocaine. This appears to be a critical question for future research so New York City may better estimate whether there will be an influx of new heroin abusers in the near future.

Was the rise in cocaine use limited to certain age groups? As the following chart shows, the increase occurred at all age levels. Perhaps most significant, however, is the rise in cocaine use among arrestees age 16 to 20. Only a minority of youths (28 percent) were positive for cocaine in 1984 while almost three-fourths were positive in September and October 1986. Interestingly, the November decline in cocaine use was most marked in young arrestees and those above age 35. Arrestees at these extremes tend to be less likely overall to be found to be using cocaine. In contrast, almost 80 percent of the arrestees age 21 to 35 were positive for cocaine in November.

**Percentage of arrestees Positive for Cocaine in 1984 and in 1986, by Age**  
(N= 4847 in 1984, 413 in Sept/Oct. 1986, and 201 in Nov. 1986)



Cocaine and charge at arrest. Table 4 shows the percentage of persons charged with specific offenses who were positive for cocaine. All offenses for which we had at least 20 persons charged in the September and October samples are included in the table.

Table 4  
Percentage of Arrestees Positive for Cocaine, by Date and Charge at Arrest

Charge at arrest	1984 (n*) %	Sept+Oct. 1986 (n) %	Nov. 1986 (n) %
Sale of drugs	(355) 55%	(27) 96%	(18) 89%
Possession of drugs	(615) 60%	(61) 92%	(28) 82%
Robbery	(676) 38%	(51) 92%	(17) 59%
Fare beating	(98) 21%	(26) 85%	( 8) **
Larceny	(667) 44%	(50) 82%	(42) 69%
Burglary	(348) 43%	(31) 81%	(17) 71%
Assault	(506) 25%	(37) 65%	(15) 27%

\*Number of persons charged with this offense.

\*\*Too few cases.

As the table shows, cocaine use has increased dramatically for all offenses. Even drug dealers, who might be expected to have been already using cocaine in 1984, registered an increase (from 55 percent to 96 percent in September/October). Perhaps most significant, between 59 percent and 92 percent of the persons charged with robbery in 1986 were positive for cocaine, compared with 38 percent in 1984. Persons charged with assault were least likely to have been detected to be using cocaine, although use did increase from 25 percent to 65 percent in September and October. By November, the percentage of persons charged with assault who were positive for cocaine had declined to the level found in 1984.



The fact that the November decline in cocaine was found for each charge category suggests that a real decline has occurred in cocaine use in offenders from the extreme levels found in September and October. Nevertheless, cocaine use remains high for almost all charges, compared to that found in 1984.

Self-reported drug use in 1986. Brief interviews were held with each arrestee studied in 1986 before he was asked to provide a urine specimen. Each arrestee was asked questions about his lifetime and recent use of cocaine and crack, and about need for treatment. Table 5 presents these findings.

Arrestees tend to underreport their recent use of illicit drugs, even in confidential research interviews, when held in the potentially threatening environment of a booking facility. Nevertheless, the self-report information can be used to establish trends over time, as long as we remember that the figures themselves grossly underestimate the level of drug use. The following information from the interviews should therefore be considered to yield minimal estimates of the degree of drug abuse and treatment in this population.

Responses were highly stable over the three months. A little under one-half of the arrestees reported having ever used cocaine. (This underscores the magnitude of the underreporting of drug use by arrestees: although nearly twice as many arrestees were positive for cocaine in 1986 than in 1984, the percentage of arrestees who admitted to recent cocaine use in the two studies was about the same-- 46 percent vs. 40 percent !)

Table 5  
Self-reported Drug Use and Treatment in the Arrestees in 1986, by Month  
(N= 701 Interviewed arrestees)

	September, 1986 (n=238)	October, 1986 (n=241)	November, 1986 (n=222)
Ever used cocaine:	43 %	47%	47%
Of those who have used cocaine, usually snorts or smokes it:	73%	71%	73%
Of those who have used cocaine, first tried it <u>before</u> :			
age 18:	37%	41%	41%
age 20:	63%	61%	56%
Ever used crack:	27%	27%	27%
Now dependent on crack:	7%	7%	7%
Of those who stated a preference, preferred cocaine over crack:	73%	74%	70%
Are in drug/alc treatment now:	3%	7%	10%
Not currently in treatment but needs treatment now:	20%	22%	22%
Of those who need treatment now, positive by urinalysis for cocaine:	91%	96%	85%

A little more than one quarter of the arrestees in 1986 said they had tried crack. (The statistics for crack and cocaine should not be combined because many of the persons who reported crack use are included among those who reported cocaine use.) A small minority (7 percent) of the arrestees reported having ever felt dependent upon crack, and this was constant over the three months. Almost three-fourths of the persons who reported using cocaine said they typically smoked or snorted the drug. Injection of cocaine was relatively rare. We asked persons who used cocaine whether they prefer to have cocaine or crack, if they had a choice. Three quarters of those with a preference indicated they would prefer cocaine over crack. Many of them expressed fear of the quick dependence that crack produces. About 40 percent of the persons who reported using cocaine first tried it before age 18.

A small percentage of the arrestees indicated that they were currently receiving drug or alcohol treatment. Arrestees are often reluctant to report on treatment experiences in interviews in Central Booking for fear of possible repercussions if their programs were to learn of their arrest. It is noteworthy that the percentage admitting to treatment increased over the three months and may reflect the increased attention being given to the cocaine problem in New York City. Almost one fourth of the arrestees were not in treatment but indicated a desire for some treatment services. Their need for treatment was underscored by the finding that these persons were especially likely to be positive for cocaine by the urinalysis test.

### Discussion

This study shows a dramatic increase in the prevalence of cocaine in the arrestee population in New York City. Recent use of cocaine by arrestees doubled since our study two years ago, and exceeded 80 percent in September and October. The increase was found at all age levels and for persons charged with a variety of offenses. In September and October, 92 percent of the persons charged with robbery and 81 percent charged with burglary were positive for cocaine.

Similar findings have also been obtained for arrestees in Washington, D.C. The prevalence of cocaine among arrestees tested by the D.C. drug testing program doubled in the same period, to about 48 percent. It is clear that, while national surveys of the general population indicate some moderation in drug abuse, use of cocaine has increased dramatically among offenders.

It is difficult to attribute the rise in cocaine positives in arrestees solely to the use of crack. A urine test cannot differentiate use of crack from cocaine. And more persons admitted to having used cocaine than crack. On the other hand, most users indicated that they smoked or snorted the drug. When given a chance to specify their preference for crack or cocaine, many persons volunteered that crack was too dangerous a drug to use. Therefore much of the increase detected by the tests may stem from a more general increase in cocaine use than just crack use.

Almost one quarter of the arrestees said they were not currently in a treatment program but that they needed treatment. These persons were among those most likely to test positive for cocaine and represent a challenge for future treatment outreach efforts.

As was found in our earlier study, use of cocaine (and PCP) typically begins in the teenage years. This suggests that prevention programs might need to focus on youths in their early teens. Furthermore, since most users were not injecting drugs, treatment programs aimed at current cocaine users may be able to stop these users from progressing to the injection of cocaine and heroin. The cocaine users in 1986 differed from those in 1984 by their apparent lower likelihood of multiple drug use. Research should be initiated to determine whether the increased number of cocaine users will result in a future rise in the number of heroin users or whether most of these persons will limit their drug abuse to cocaine and refrain from injecting the drug.

Finally, the results underscore the value of a national drug crime forecasting system envisioned by the National Institute of Justice. By obtaining urine samples from arrestees periodically, one can document trends in drug use in the offender population. Besides showing the dramatic increase in cocaine use

among offenders, the findings provide some promise that the rising trend may have ended in November. Whether this is a one month aberration or a true change in trend will be discovered once January's new data has been analyzed. (A preliminary assessment indicates that the percentage testing positive for cocaine in January rose to 73 percent, which is still below the high levels found in September and October.) This decline probably is genuine, in view of the added attention given by law enforcement and treatment agencies to the cocaine problem and to the greater societal warnings against cocaine use that have become common.

New York City's participation in NIJ's Drug Use Forecasting system (DUF) will ensure that policy makers will continue to obtain invaluable information about drug abuse and crime in Manhattan. The DUF system will provide information needed to forecast future drug epidemics, to plan the allocation of scarce law enforcement and treatment resources, and to assess the impact of societal actions to reduce drug abuse in the offender population.