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National Institute of Justice

Research in Action



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December 1993

The Drug Use Forecasting Program: How Findings Are Used

Ever since 1987, when the National Institute of Justice launched the Drug Use Forecasting (DUF) program, officials and policymakers in the cities where the program was implemented have had access to information to help them respond earlier and better to the associated problems of drugs and crime.

In 24 sites around the country, self-report and urinalysis information from selected samples of arrestees brought to booking facilities provides a way to measure drug use levels within this population. DUF data tell officials what drugs are being used and how this usage is changing over time.

The information helps local governments and agencies to deploy their prevention, enforcement, and treatment resources more efficiently and effectively.

Initially DUF interviewed and tested adult male arrestees in 12 sites. By 1991 the number of sites had grown to 24, and adult females and juvenile males have since been added to the population tested in at least half the sites (see box on page 3). A description of the methodology used in the DUF program can also be found on page 2.

This report offers examples of how local officials use DUF results to improve the criminal justice response to drugs and crime, starting at the local level but affecting State and Federal policymaking too.

On the local level, DUF data have been used primarily:

- To improve the allocation of criminal justice and treatment resources.
- To inform policymakers of trends in drug use.
- To apprise law enforcement officials of the extent of drug use among arrestees in their jurisdiction.
- To support treatment service providers in designing programs for drug-abusing clients who are in the criminal justice system.

Issues and Findings

Discussed in this Research in Action:

Examples of how some jurisdictions have used findings from NIJ's Drug Use Forecasting (DUF) program, which measures drug use levels within samples of the arrestee population in 24 cities.

Key issues: DUF information is specific to the 24 sites and to the populations tested. However, on a local level, the information provides officials with an up-to-date picture of drug use and drug trends in the arrestee population and thus offers a means of allocating scarce prevention, enforcement, and treatment resources more effectively. On State and national levels, DUF findings supplement the data gathered by other measures of drug use that do not cover the arrestee population.

Findings: Specifically, DUF data have been used by localities to:

- ◆ Inform law enforcement agencies about drugs of choice so they can develop anti-drug strategies.
- ◆ Give drug treatment providers the specifics they need to design programs appropriate to the target population.
- ◆ Raise public support for anti-drug legislation and programs.

On the State level, DUF information has been used to:

- ◆ Supplement other information gathered by networks of researchers, such as Community Epidemiology Work Groups, to develop statewide profiles of drug use.

- ◆ Support appropriations for statewide drug prevention and treatment programs.

In addition, the DUF voluntary self-report questionnaire has been amplified in specific cities to obtain more subjective information on how particular drugs are obtained and used as well as the precautions being taken (or not taken) by individual users to protect themselves from HIV infection.

Since DUF findings are time-sensitive, the key to their maximum utility lies in their reaching the appropriate officials quickly and in brief, readable form.

Target Audience: State and local policymakers, court administrators, law enforcement practitioners, and drug treatment program staff.

- To generate public and legislative support for anti-drug law enforcement, prevention, and treatment programs.
- To provide empirical evidence of the levels of drug use among arrestees for the development of anti-drug programs.

Even though DUF testing takes place only in selected cities, it has had statewide effects in some States that have cities hosting DUF programs. These States have used DUF data:

- To develop new statewide legislation and policies on ways to respond to drug problems.
- To implement DUF-like programs in other cities or counties.

How DUF Works

For approximately 14 consecutive evenings each quarter, trained local staff obtain voluntary, anonymous urine specimens and interview a new sample of booked arrestees. Approximately 225 males are sampled in each site. In some sites, female arrestees and juvenile arrestees and detainees are also sampled. More than 90 percent of the arrestees approached agree to be interviewed, and approximately 80 percent of these provide urine specimens.

DUF selection procedures ensure that a wide distribution of arrest charges, with emphasis on felony charges, is obtained. Because they are fewer in number, all adult female arrestees and all juvenile arrestees and detainees brought to the booking center are included in the DUF sample, regardless of charge.

All urine specimens are analyzed by EMIT™ technology for 10 drugs: cocaine, opiates, marijuana, PCP, methadone, benzodiazepines, methaqualone, propoxyphene, barbiturates, and amphetamines. All positive results for amphetamines are confirmed by gas chromatography to eliminate positives that may be caused by over-the-counter drugs. For most drugs, the urine test can detect use in the previous 2 to 3 days. Exceptions are marijuana and PCP, which can sometimes be detected several weeks after use.

On a national level, DUF data have been used:

- To inform congressional committees and Federal agencies about drug use trends among the arrestee population.
- To provide consistent data that researchers can incorporate with information from other sources in developing profiles of drug usage.

Use of DUF data to allocate local resources

The information gathered by DUF is strictly local, limited to 24 participating sites. DUF measures the use of specific drugs by specific target populations over specific time periods. Even though DUF results have been important in alerting the general criminal justice community to the pervasiveness of drug use among urban arrestees, the greatest beneficiaries of DUF information have been criminal justice and other government officials and legislators in the DUF cities. There DUF results have had an impact on local planning and policymaking. They have given the cities a means of learning about levels of drug use among the arrestee population for specific drugs. Because different drugs require different prevention methods, law enforcement tactics, and treatment strategies, it is important for mayors, city councils, and police chiefs to obtain the kind of specific information DUF can provide so that limited resources can be allocated wisely.

For instance, DUF testing in a given city may show amphetamines to be prevalent, raising concerns about the potential of HIV infection since amphetamines are sometimes injected. Members of the health care communities, forewarned, can focus resources on meeting this new threat. In another city, early DUF results may indicate a serious PCP problem among young arrestees. Prevention programs can target this population with messages about the dangerous effects of PCP.

This sort of effect has already taken place in several cities, including New Orleans, where Charles C. Foti, Jr., sheriff of Orleans Parish, said that the DUF program has had a positive impact on law enforcement and on citizens' understanding of the extent of the drug problem, particularly with respect to the juvenile population.

Partly in response to DUF data, the sheriff's office introduced Project DARE (Drug Abuse Resistance Education) to schools in the area. The office is now advancing a "juvenile agenda" that will include drug intervention programs for young people aged 7 through 10 (the age when children are most receptive to drug intervention) and drug testing of juveniles on arrest.¹

DUF results have enabled jail administrators to estimate the treatment needs of inmates as well as to train facility staff in taking appropriate precautions when inmates show symptoms of different forms of drug abuse. In St. Louis a jail administrator noted that DUF urinalysis results, when compared with inmate self-reports of drug use obtained during intake to jail, showed that offenders understate their drug use. The jail uses the results gained through DUF urinalysis tests to manage the inmate population better and to understand their treatment needs and the problems they pose. For example, if a large proportion of inmates have a drug problem, it may be important to conduct more frequent searches for contraband.

The DUF self-report questionnaire has proved useful to local officials who want more detailed information on a particular aspect of drug use. More than half the DUF sites ask additional questions after the standard interview is completed.² The added questions include whether or not the individual had been previously arrested and the number of times; other offenses or charges; citizenship status; and gang membership; women are asked if they are pregnant.

The medical community, too, has benefited from the ability of the DUF program to provide detailed information not only on drugs in use but on related questions that have an impact on health issues. During 1988 the Los Angeles site of the DUF project, in cooperation with local agencies, developed a supplemental questionnaire on HIV/AIDS information and risk behavior to augment the DUF data collection. This questionnaire was administered after the usual DUF interviewing had been completed and urine collected.

All arrestees answered questions to determine their baseline knowledge about HIV infection and how it can be contracted. Other questions had to do with their

knowledge of preventive techniques such as using condoms and cleaning needles with bleach. Results of the survey showed that a substantial proportion of the arrestees who completed the survey were not taking the precautions that could reduce their risk for HIV infection.

A new tool for law enforcement

Knowing more about popular drugs and their users is particularly useful to law enforcement officers who are adopting the tactic of "working smarter" in dealing with the savvy, streetwise people with whom they come into contact in the Nation's largest cities. Local officials have successfully added questions to the DUF self-report questionnaire so they can better understand the what, why, and when of drug use by those charged with crimes.

For example, in 1988 in Detroit, a DUF research team added six questions to the questionnaire to be answered by all arrestees who answered yes to the following standard DUF question, "Have you ever tried crack?" Crack cocaine was the drug of preference in the city, and police wanted to learn more about its uses and users. NIJ wanted to demonstrate how the DUF monitoring system could be adapted to local needs and situations.³

Basically, the six questions asked were:

- How much crack do you consume on a weekly basis?
- How much do you spend weekly on crack?
- Under what circumstances do you usually purchase crack?
- What kind of dealer would you call yourself?
- What method did you use to prepare crack from granular cocaine?
- What terms are you familiar with that people use to refer to crack on the street?

Using the answers to these questions, plus anecdotal information, the interviewers were able to draw a good picture of crack usage in the criminal community. Informants reported with some pride how they were able to produce their own crack from "powder" (cocaine hydrochloride, the granular salt); they even told about the

recipes and formulas, thus providing useful details on the substances that go into the final composition of retail crack.

From the DUF interviews, the Detroit researchers compiled a list of more than 100 street terms for crack plus a series of number designations used in the crack culture to characterize certain methods of crack consumption. Crack crushed and sprinkled into a tobacco cigarette, for instance, is a "51" or "501" or sometimes a "151." Such information can be significant to police conducting intelligence operations through wiretaps or other means. Doctors can also benefit from this kind of knowledge in taking medical histories.

Police departments in other DUF participating cities are seeing the potential of the data to improve their tactics in fighting drug-related crime. In New York City the police department is regularly analyzing DUF data, matching the type of drug with the precinct of arrest and examining drug use by crime charge to allocate resources more effectively. The information will also be used in conjunction with other indicators of social problems for improved criminal justice policymaking and strategy development.

In Broward County, Florida (Fort Lauderdale), a special 1-year grant from the State enabled the city to supplement the DUF results with additional interviews to find out more details about arrestee drug addiction. As a result, the city was able to better identify the treatment needs of drug-involved offenders and plan accordingly.

Broward County has continued this project. Using DUF as a springboard, the county has expanded its treatment focus, which includes a hotline that receives calls for information and assistance on treatment and prevention services.⁴

Working with TASC in four cities

DUF data have been used extensively by the Treatment Alternatives to Street Crime (TASC) program, a nationwide program to reduce the criminality of drug-dependent offenders by emphasizing rehabilitation in both substance abuse treatment and the criminal justice system.⁵ Funded in part by the Bureau of Justice Assistance, TASC programs identify drug-dependent offenders, match them with appropriate treatment

resources, and monitor their compliance with the justice system and the treatment provider under a special case management plan. In four DUF cities—Birmingham, Chicago, Phoenix, and Portland—DUF data collection is the responsibility of the local TASC program. Although the DUF

The DUF Sites

Site	1990 Population
Atlanta	394,000
Birmingham*	266,000
Chicago	2,784,000
Cleveland*	506,000
Dallas	1,007,000
Denver*	468,000
Detroit	1,028,000
Fort Lauderdale	149,000
Houston	1,631,000
Indianapolis (Marion County)*	731,000
Kansas City, MO	436,000
Manhattan	1,488,000
Los Angeles*	3,485,000
Miami	359,000
New Orleans (Orleans Parish)	497,000
Omaha	336,000
Philadelphia	1,586,000
Phoenix (Maricopa County)*	983,000
Portland (Multnomah County)*	437,000
St. Louis*	397,000
San Antonio*	936,000
San Diego (San Diego County)*	1,111,000
San Jose*	782,000
Washington, DC*	607,000

Population data source: U.S. Department of Commerce, Bureau of the Census, *Statistical Abstract of the United States 1991 (11th edition)*, Washington, D.C., 1991: 34-35.

Note: original sites are in bold. Chicago, Miami, and Omaha do not test women.

*Tests juveniles.

testing program in these cities is identical to that of other cities (i.e., arrestee participation is voluntary and anonymous), TASC has been able to apply DUF urinalysis and self-reports to the information needs of treatment and prevention programs.

In these four cities, for instance, DUF data have been used to inform law enforcement officials and the medical community about one segment of the population whose level of drug use was virtually unknown until DUF started to test them: women arrestees. DUF findings indicate that women who abuse a variety of drugs are probably more likely than men to report dependency, particularly with respect to heroin. Female drug users often seek multiple sexual partners as a means of bartering for drugs, which poses particular risks for HIV infection to them and to the rest of the community.

Data obtained from interviews and urinalyses of 745 women in three cities during 1988 and 1989 have proved valuable to the law enforcement and medical communities in their attempts to contain AIDS. The DUF data have been useful in enabling the TASC programs to provide treatment alternatives that take into account the particular needs of drug-abusing women. The medical establishment is being alerted to the need to target this segment of the population for messages on the dangers of needle sharing, sex with multiple partners, drug use during pregnancy, and other risky behavior.

Raising public support for legislation and programs

DUF results showing drug use by the criminal population to be far higher than originally thought provided the extra impetus to get new laws passed and new programs implemented.

- In Chicago and New Orleans, DUF findings led to the establishment of pretrial drug testing and monitoring programs. Testing in New Orleans for marijuana, PCP, cocaine, and opiates precedes all pretrial release recommendations, DUF data having shown these drugs to be the most frequently abused in the city.

- Also in New Orleans, citizens who had previously rejected all tax increase proposals approved a bond issue to finance a \$34 million, 2,000-bed jail expansion program. The sheriff says data on the percentage of arrestees testing drug-positive in the DUF program "made the critical difference."⁶ The data also contributed to the creation of DOTS (Drugs Off The Streets), a volunteer group that promotes drug testing for all arrestees, initiatives against crack houses and drugs in public housing, and other anti-drug programs.

- In Birmingham, the DUF information on use of drugs by female arrestees provided community support for a project that will provide prenatal and infant care for high-risk women.

- Cleveland launched the "Second Chance" treatment program for cocaine-addicted prostitutes after DUF results, supplemented by the findings of an NIJ-funded analysis of the DUF data, showed the strong links between drug addiction and prostitution. The DUF project managers, who are also university researchers, analyzed female arrestee data from a number of DUF sites and conducted intensive interviews with females arrested for prostitution in Cleveland. In addition to obtaining information on the relationship between cocaine addiction and prostitution, the study sought information on the spread of HIV infection in the heterosexual population resulting from contact with HIV-infected prostitutes.

- The Miami Coalition for a Drug-Free Miami makes use of DUF findings to gain support for its prevention programs.

- When DUF findings in San Diego in the summer of 1990 showed participants at a joint meeting of the San Diego City Council and County Board of Supervisors that city arrestees had the highest percentage of amphetamine use of 14 cities across the United States, action was swift. Legislation enacted as a result provided stricter penalties for the manufacture, distribution, and sale of methamphetamine.

How States are using DUF data

Even though DUF programs are local, their results have proved of interest to State

legislators and policymakers. The information cannot be aggregated to produce an overall index of arrestee drug use statewide, but State anti-drug strategists and officials have learned a great deal from the demographic characteristics of the people who test positive for drugs. Illinois, for instance, is using DUF data to develop a statewide profile of drug use and to analyze the relationship of drug use to various demographic indicators.

Some States are launching their own DUF projects. DUF findings in Chicago and Portland have stimulated Illinois and Oregon to establish DUF-like replications elsewhere in the State. Illinois is supporting DUF replications in seven suburban and rural counties, and Oregon in two rural counties, to measure and monitor drug use trends in nonurban areas. DUF results in Illinois have also led to the establishment of DUF-like programs in other criminal justice agencies. In addition, DUF data have been used to support appropriations and bills that address the drug problem and advance treatment resources throughout the State.

In California, DUF results from Los Angeles and San Diego are regularly presented to the State's Office of Criminal Justice Planning and to California's Community Epidemiology Work Group. Community Epidemiology Work Groups (CEWG's) constitute a network of researchers who provide ongoing community-level monitoring of drug abuse, principally by collecting and analyzing outcome and consequence data such as arrests, treatment admissions, deaths, admissions to hospital emergency rooms, and drug seizures. DUF results form an important part of the input to CEWG information since it covers a population not covered by CEWG's other sources. The network is convened by the National Institute on Drug Abuse (NIDA), and the information is shared nationwide and even internationally.

National use of DUF statistics

DUF findings have joined the National Household Survey on Drug Abuse, the Drug Abuse Warning Network (DAWN), and the High School Senior Survey as major sources of information on the scope

and trends of drug use in the United States, with DUF contributing the arrestee-specific data not specifically covered by the other two sources. The Congressional Budget Office, the Senate Judiciary Committee, the Drug Enforcement Administration, the Office of National Drug Control Policy (ONDCP), and other Federal bodies and agencies regularly request DUF data and refer to them in their briefings and reports.

DUF data have served as a needed corrective or corroborator of information reported in the media. A few years ago, for example, smokable methamphetamine, known as "ice," became popular in Hawaii and started to surface in the San Diego County area. By the fall of 1989, the media were suggesting that ice would become the drug of the 1990's. There was speculation that San Diego, the "meth capital," would soon become the "ice capital."⁷

At the beginning of 1990, to find out if this was true, NIJ asked all DUF sites to add a short series of questions on ice to their interview instrument. Prior DUF urinalysis results had established a baseline for amphetamine use among booked arrestees in each site, with San Diego and the West Coast showing the highest percentage of positive tests for amphetamines. The existence of the baseline data permitted NIJ and the sites to track any increased use in this group (which, given its heavy concentration of drug users, could be expected to be among the first to try a new drug).

It seemed likely that ice might show up first in cities already reporting relatively high levels of amphetamine use. DUF findings in San Diego in the first quarter of 1990 showed that more than two-thirds of male arrestees and 40 percent of juvenile arrestees had heard of ice, mostly from the media but also from friends and "the streets." Yet only 4 percent of the adult arrestees and 7 percent of the juveniles reported having used ice. Moreover, urinalysis results for amphetamines continued to show the general downward trend in usage begun in 1989. Faced with this evidence, law enforcement officials in San Diego speculated that dealers had overblown the popularity of ice to boost sales; there was no need for drug users to buy ice when nonsmokable methamphetamines were strong and still cheap.⁸

DUF findings form basis for research and secondary analysis

Over the years DUF has provided a rich source of information for researchers exploring specific aspects of drug use in this country.

Heroin use, for instance, was a focus of concern in American cities early in DUF's history. Although crack cocaine seemed to be supplanting heroin by the mid to late 1980's, in 1991 DEA reported an increase in the heroin supply, particularly from Asian countries, and a corresponding increase in the purity of street heroin. Policymakers became concerned that a resurgence in heroin abuse and addiction was about to take place.

At the request of the Office of National Drug Control Policy, NIDA commissioned a report analyzing heroin use trends among arrestees in the DUF program. The study analyzed DUF findings in most of the cities over the period 1987 to 1991⁹ and found no evidence to suggest any increase in heroin use among arrestees in the cities studied. In fact, it found substantial declines, but the nature and scope of the declines varied by heroin use measure (urinalysis and self-reports), locale, and time period. DUF results showed the decline was substantial in Manhattan—amounting to a net decline of 35 percent in heroin injection and opiate positives during this 5-year period. The researchers studied factors associated with the observed decline and surmised that the aging of the original heroin population, the fear of AIDS, and stepped-up public pressure, police action, and drug treatment were possible causes of the decline in heroin use. However, they cautioned policymakers to continue monitoring a variety of populations and indicators, including arrestees, to chart the direction of the drug problem.

Numerous other studies are under way that make use of DUF findings and procedures. For example:

- The University of Kentucky analyzed drug use at the Lexington-Fayette County Detention Center to help personnel of the center plan appropriate in-house drug treatment. Center administrators were also interested in identifying the drug-abusing

population to demonstrate the need for more State and Federal treatment funds. The study made use of a slightly modified DUF protocol to keep within cost constraints and to make it possible to compare the findings to DUF data in individual cities across the country.

- In a Cleveland study, researchers tested the hypothesis that urinalysis may only partially reflect the prevalence of drug use among juvenile detainees because juveniles, unlike adults, may use drugs only sporadically. A drug test that measures only recent drug use may thus miss infrequent episodes. The study compared the results of self-reports, urinalysis (which measures only recent drug use), and hair analysis (which detects the presence of drugs over a longer period) and found cocaine use detected by hair analysis to be significantly higher than previously estimated among juvenile detainees.

Maximizing the use of DUF data

DUF and other drug use data can be used in many ways to inform and improve criminal justice, health care, and social services. The problem sometimes lies in linking those who have the information with those who can use it. Since early in the project, NIJ has been disseminating DUF findings in quarterly and annual reports. These help fill the general need for information on trends in drug preferences and usage among arrestee populations in a spectrum of locations. Other measures of drug use, such as the National Household Survey, likewise provide information useful for national policy and decisionmaking.

Moreover, members of the DUF Research Advisory Board, which monitors the DUF program, not only provide expert counsel on how to improve the program but also share data and interpretations of the program with other agencies and researchers. The board is made up of practitioners, researchers, and representatives of Federal agencies and professional organizations that work in the area of drugs.

In individual localities, however, there are probably potential audiences for DUF data that are currently not benefiting from timely local results and analysis.

Exhibit 1. Sample Urinalysis Report

Los Angeles County, California
NIJ Drug Use Forecasting Program

First Quarter 1993 Findings

Douglas Anglin, Project Director
UCLA Neuropsychiatric Institute
1100 Glendon Avenue, Suite 763
Los Angeles, CA 90024

Male Arrestees	Laboratory Tests of Urine
NUMBER OF SPECIMENS RECEIVED:	360
NUMBER OF SPECIMENS TESTED:	354
NO TEST--INSUFFICIENT URINE:	6
NUMBER OF NEGATIVE SPECIMENS:	122
NUMBER OF POSITIVE SPECIMENS:	232
TOTAL PERCENT POSITIVE SPECIMENS:	65.54

DRUG:	NUMBER POSITIVE SPEC.	PERCENT POSITIVE BY DRUG
BENZODIAZEPINES	15	4.17
THC 100	92	25.56
PCP	8	2.22
OPIATES	31	8.61
COCAINE	169	46.94
METHADONE	3	0.83
BARBITURATES	3	0.83
EMIT-AMP	33	9.17
AMPHETAMINE	28	7.78
METHAMPHETAMINE	29	8.06
EPHEDRINE	0	0.00
PSEUDOEPHEDRINE	2	0.56
PHENYLPROPANOLAMINE	5	1.39
OTHER OTC AMPHETAMINES	1	0.28
METHAQUALONE	0	0.00
PROPOXYPHENE	1	0.28

Exhibit 2. Sample Announcement of Local DUF Findings (first page of two-sided flier)

DUF
facts

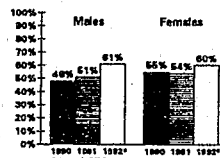
Drug Use Findings: Denver, Colorado 1992 ADULT ARRESTEES

Office of Research and Statistics, Colorado Division of Criminal Justice

In the past 3 years, the Colorado Division of Criminal Justice collected information from more than 2,700 people (2,538 men and 1,104 women) who had just been arrested and booked in the Denver Pre-Arrestment Detention Facility. Urine samples provided by these arrestees were tested in a laboratory for a spectrum of drugs including cocaine, marijuana, and opiates. The following facts are based on findings from the laboratory tests and police records. This DUF facts sheet contains information collected through August 1992.

Over the past three years, drug use among men arrested in Denver has been increasing — well over 1/2 of arrestees use drugs.

Percent of Denver Arrestees Found to Use Illegal Drugs, 1990 through August 1992.



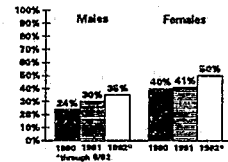
Laboratory tests performed from January through August 1992 proved that 61% of men and 60% of women had used an illegal drug shortly before they were arrested.

In 1990, tests confirmed drug use among 48% of male and 55% of female arrestees.

The Drug Use Forecasting program is sponsored by the National Institute of Justice, US Department of Justice. This DUF facts sheet was prepared by the Colorado Division of Criminal Justice, Department of Public Safety.

Cocaine use increased the most — mainly among men arrested for burglary and other property crimes. Cocaine use also increased among men arrested for drug offenses.

Percent of Denver Arrestees Found to Use Cocaine, 1990 through August 1992.



In 1990, 24% of males and 40% of females were found to use cocaine.

From January through August 1992 test confirmation of cocaine use significantly increased to 35% male and 50% female arrestees.

Cocaine use increased primarily among men arrested for burglary and other property crimes; from 27% in 1990 to 41% in 1992 confirmed use among such arrestees.

There was also an increase in cocaine use among men arrested for drug offenses.

The following types of arrestees were most likely to be confirmed as cocaine users from January through August 1992: females, older arrestees, African-Americans, and people arrested for prostitution.

To close that gap, the National Institute of Justice is funding a study to identify new audiences for such data and develop ways to communicate the data effectively to them. Now nearing completion, the study¹⁰ is exploring ways to make the DUF data available to local agencies and organizations as early as possible. Specifically, the study is developing model procedures for:

- Identifying local agencies that are potential users of the data, informing them about the DUF project in their areas, and encouraging them to consider utilizing DUF information.
- Determining the most appropriate type of DUF information to be provided across agencies and within agencies.
- Determining the most useful format for providing DUF information across agencies and within agencies.

- Locating communication networks for disseminating DUF information to potential users.

The study has been using the experience of Multnomah County (Portland), Oregon, one of the original DUF program sites, to develop model procedures for testing in Denver, Colorado, a new DUF site.

Preliminary findings from the study point to two key factors in increasing the utility of drug use information:

1. The information must be recent; thus dissemination must be *fast*.
2. The information must be *readable and brief*, no more than a page or two in length.

The most immediate users of DUF data are (1) those who must estimate drug treatment needs among the local criminal

justice population, and (2) those who must train detention-facility staff to recognize symptoms of different forms of drug abuse and take appropriate precautions. For these users, timely, easy-to-understand information is essential.

Among the formats developed and tested for these users are:

- Timely, user-friendly reports of DUF urinalysis results. These can consist of the laboratory reports themselves, to which have been attached summary findings and the name and address of the local DUF program (see exhibit 1 for an example). Such reports offer speed and cost efficiency for first-line criminal justice use of the data.
- Brief, factual reports about drug use among specific groups of offenders. *DUF facts* (exhibit 2), developed as part of

NIJ's study, present examples of two-sided single-sheet reports suitable for staff of criminal justice, health, educational, and social service agencies. These could be prepared locally and disseminated by DUF project staff.

Additionally, the study is exploring preparation of print and electronic products to facilitate local analysis of DUF data files, including statistical software programs, codebooks to describe the data, and a guide to help law enforcement officers analyze the data.

It is anticipated that the final results of NIJ's Portland-Denver study will encourage even wider dissemination and use of DUF data on city, county, and State levels. The expansion of the DUF target population to encompass female and juvenile arrestees, together with the growth in the number of sites, has made DUF an ever more useful tool for local decisionmaking. Yet the full potential of this local arrestee-drug-use information source for furthering informed law enforcement, correctional, and treatment decisions will be reached only with wider awareness and understanding of its findings.

Legislators and officials around the country have been taking a new look at current measures of drug use among a variety of populations. They have been evaluating DUF and other data collection programs for their utility in drug and crime policy-making. The experiences of cities, States, and criminal justice researchers that have been presented in this report can point the way to more effective use of such information.

Notes

1. See *The Effect of Drug Testing in New Orleans*, NIJ Research in Brief, January 1993, in which Sheriff Foti describes DUF's impact not only on drug prevention efforts among New Orleans juveniles but also on subsequent action by the State legislature to mandate drug testing for all pretrial felony arrestees, requiring the presence of an assistant District Attorney at bail reduction hearings, the admission of drug possession as a factor in setting bail amounts, and a requirement that second offenders complete a drug treatment program.
2. Much of the information on local use of DUF data reported here is drawn from "Drug Use Forecasting for Planning and Policy-making," an unpublished February 1993 report prepared for the National Institute of Justice by Susan Pennell and Elizabeth Evans of the San Diego Association of Governments, Criminal Justice Research Division.
3. For results of this study, see the article "Understanding Life in the Crack Culture: The Investigative Utility of the Drug Use Forecasting System," by Tom Mieczkowski in the National Institute of Justice's *NIJ Reports*, November/December 1989.
4. "Substance Abuse Among Criminal Justice Offenders: A Follow-Up Study," unpublished report of a study conducted by the Broward Sheriff's Office and the Community Service Council of Broward County, Inc., October 1992.
5. U.S. Department of Justice, Bureau of Justice Assistance, *Implications of the Drug Use Forecasting Data for TASC Programs: Female Arrestees*, 1991.
6. *The Effect of Drug Testing in New Orleans*.

7. Susan Pennell, "'Ice': DUF Interview Results From San Diego," in *NIJ Reports*, Summer 1990.

8. Ibid.

9. The study was conducted by Bruce D. Johnson, Andrew Golub, and Mokerrom Hossain of the National Development and Research Institutes, Inc., of New York City. Their findings are discussed in their unpublished report, "Trends in Heroin Use Among Arrestees in the Drug Use Forecasting Program," presented October 1, 1992, to T. Head and Company, Rockville, Maryland.

10. Conducted by Marcia R. Chaiken of LINC, the study, "Demonstrating the Use of DUF Findings: Portland, Oregon, and Denver, Colorado," is scheduled for completion by the end of 1993. Information on the study was drawn from preliminary findings supplied to NIJ in March 1993.

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The National Institute of Justice is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance, Bureau of Justice Statistics, Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime.

NCJ 144783

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