BIRMINGHAM JEFFERSON COUNTY

DRUG USE FORECASTING PROJECT

DATA ANALYSIS REPORT

TARGET Substance Abuse Program

Birmingham Area Program

149243

BIRMINGHAM/JEFFERSON COUNTY DRUG USE FORECASTING PROJECT DATA ANALYSIS REPORT

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October 1991

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EXECUTIVE SUMMARY

Birmingham, Alabama (Jefferson County) is one of 25 cities participating in the Drug Use Forecasting (DUF) Project developed by the National Institute of Justice (NIJ). The DUF Project, administered in several participating cities through local Treatment Alternatives to Street Crime (TASC) programs, seeks to provide a national data tracking system for identifying drug use trends among criminal offenders. The Birmingham TASC program, located at the University of Alabama at Birmingham (UAB), uses data generated through the DUF Project to describe drug use among offenders in Birmingham and Jefferson County, and to develop strategies for addressing the problem. All subjects interviewed and drug tested through the DUF Project are totally anonymous. There is no method for tracking individuals or groups of offenders through the system for programmatic or research purposes. Data collection has been ongoing since July, 1988. This report summarizes drug use prevalence data on 1869 male and 675 female offenders. It examines in detail the characteristics and responses of the first 1614 DUF subjects inteviewed between July 1988 and March 1990. The results of this investigation, and possible implications are explored.

Several areas of concern have been identified through analysis of DUF data. For example, overall drug use among offenders in Birmingham, as in most of the nation's cities, has been found to be high. **FIGURE 1** shows the trend of drug-positive urinalyses collected in Birmingham over the first two years of the DUF Project.

Figure 1:
Drug Use in Birmingham, AL
Tested Positive for Any Drug

	Male Offenders	Female Offenders
7/88	75%	48%
12/88	70%	65%
4/89	70%	77%
9/89	63%	56%
12/89	60%	43%
3/90	70%	73%
6/90	67%	67%
9/90	50%	74%
12/90	55%	58%

Male Offenders   Female Offenders

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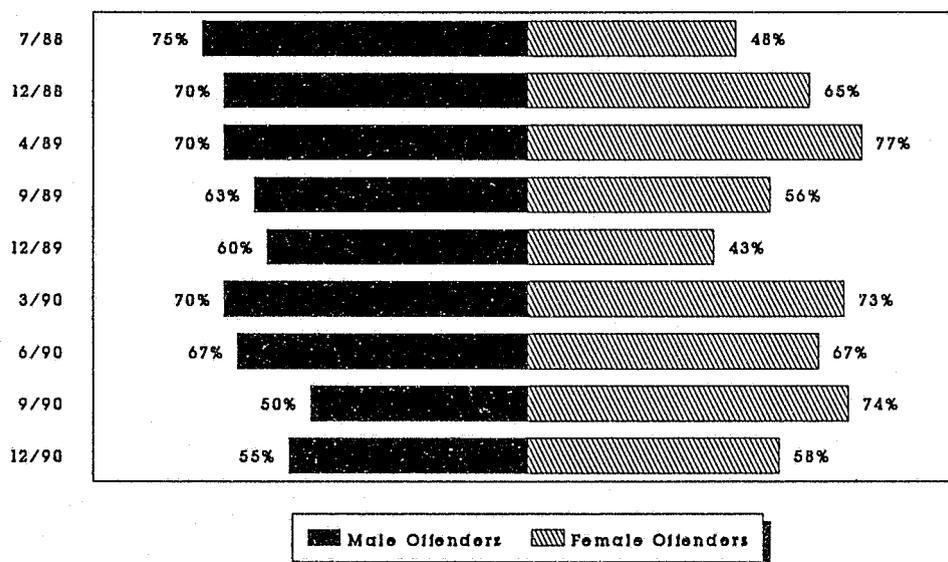
Drug use has decreased over the period of the project but not uniformly among the different drugs of abuse. The drugs most commonly found are cocaine, marijuana, and opiates. Cocaine use is the most prevalent among arrestees and has remained high throughout the project period. Marijuana use is second in use prevalence, with use steadily decreasing since the beginning of the project. Opiate (narcotic) use was found to be a distant third in use prevalence. The distribution of these rates and differential trends indicate one of the many challenges to criminal justice agencies and treatment providers identified through the DUF Project.

Many of the drug treatment programs in the Birmingham area were originally developed to provide services to opiate or alcohol abusers. The high prevalence of cocaine use among offenders, however, dictates that research, prevention and treatment programs to develop strategies aimed at addressing the problem. Because cocaine addiction is unique, it requires innovative treatment and intervention strategies. For example, data from the DUF Project indicate that the length of time between first crack use and the onset of dependency is extremely brief. Considering this finding, TASC programs should begin identifying and recommending treatment for cocaine and crack users regardless of reported severity of use.

Another related issue is drug treatment availability and accessibility. Drug use prevalence, as reported through DUF Project, is high among Jefferson County offenders, and the majority report that they have never received treatment. It is not surprising that most offenders report at arrest that they do not use drugs and do not need treatment. These inconsistencies reveal several dimensions of the problem. Offenders are reluctant to admit to drug use and ask for help immediately after arrest particularly in the absence of any tangible benefit to do so. Ironically, they will admit past drug use and 85% agree to the drug test. The low percentages having received treatment may indicate a lack of treatment availability or accessibility in our community. The utility of drug testing as a means of identifying drug users at key criminal justice processing and decision points is clear. This has also been illustrated in recent TASC drug testing at the point of pre-sentence where numerous undetected drug users, including crack using pregnant females have been identified. These issues must be investigated further and addressed if a comprehensive intervention system is to be implemented.

DUF demographics indicate that three quarters of DUF offenders are black. For this reason, TASC, probation, corrections and drug treatment programs should all be especially sensitive to minority issues and concerns. The implications for the neighborhoods to which these offenders return are critical as drug enforcement, prevention and other social services are conceived and implemented.

The majority of DUF offenders are also single and many are unemployed. The critical problem of drug use and unemployment among younger black men was confirmed. The associated lack of social support systems makes traditional outpatient therapy and unidimensional drug treatment inadequate for many offenders. Consequently, residential treatment and intensive outpatient programs with half-way houses, literacy training, job training and social services support must be established, expanded and utilized.

It has also been found that many offenders begin using drugs and alcohol at age 15-17. Therefore, early intervention with juvenile offenders and local schools is critical. To address this finding the DUF project and related TASC programming has been initiated in coordination with the Jefferson County Family Court.

The DUF arrest data show a high correlation between drug use and all crimes. Violent crime, however, is not significantly higher for arrestees testing positive for drugs.

According to DUF data, drug use among women offenders is increasing. The drug most often identified in women offenders is cocaine. Needle sharing behavior is also high among IV-using female offenders. Intensive outpatient treatment, providing child care, like that provided to women offenders locally through Aletheia House can encourage women to enter treatment programs. It has been shown that drug treatment programs that offer women these types of services have been most successful.

AIDS risk behavior among Birmingham drug abusing offenders presents one of the most serious challenges identified. Prevention of HIV Disease for the drug abuser, their sexual partners and their offspring is a complicated task. Avoiding HIV infection requires changing not only drug use behaviors, but sexual practices as well. Of the cases of AIDS reported in Alabama to date, 27% are directly related to IV needle sharing behavior and high percentages are related to promiscuous sexual behavior among crack addicts. Also, many pediatric AIDS cases can be attributed either directly or indirectly to IV drug use or crack use by the parents. Crack users in this project repeatedly report multiple sexual partners as they trade sex for crack cocaine. The challenge to the criminal justice system and drug treatment providers is to develop alternative prevention and intervention strategies such as the on-site HIV counseling, testing, and risk reduction education project currently ongoing at TASC, and a holistic approach to care, including nutrition and overall health habits. HIV Prevention-oriented case management, based on the TASC model, can also provide essential networking and utilization of resources for HIV positive clients identified by corrections or through the TASC pre-sentence assessment.

It is also important to view the DUF sample in the context of all offenders and current criminal justice processing. A companion study conducted by TASC also revealed that 80% of offenders are released within 10 days of arrest. The implications are of this are becoming clear. The majority of criminal offenders are using drugs prior to arrest and are released on bond within 10 days without being identified as drug users. TASC data produced through the Focused Offender Disposition Project have revealed that after six months (at pre-sentence) most are still using. With drug using offenders having twice the rate of pre-trial rearrest it would seem important to develop system strategies to identify drug offenders as early as possible in the system, and to provide continuous urine testing, drug treatment and case management throughout the justice process.

These observations and conclusions were brought together in the Mandatory Treatment Act of 1990. This bill was proposed by Senator Jim Bennett in the last legislative session and was recently signed into law. Although no funding was provided, the Act is being implemented on a limited basis state-wide, and locally through TASC.

The problems addressed above are only a few identified through analyzing the Birmingham DUF data. They only outline the challenge to the criminal justice system, TASC, and the Birmingham drug treatment community. These agencies must continue to work together to creatively design and enact strategies for dealing with the complex issues presented by drug related crime.

BACKGROUND

Research performed by the National Institute of Justice (NIJ), and various researchers has clearly shown a strong relationship between drug abuse and crime. In addition, a reduction in drug use among offenders has been associated with a parallel reduction in criminal activity. In 1988, the Drug Use Forecasting (DUF) Project was developed by the NIJ to provide an objective measure of drug use among offenders, and to provide information essential to developing strategies for addressing this problem.

Previous national surveys on drug use, because they were focused on students and households, have traditionally excluded the most transient and deviant individuals in society. The DUF Project includes populations that may have been missed by other national drug use surveys. This enables more accurate estimation of the over drug problem and measures of use where drugs impact most negatively on society.

DUF is a national data tracking system for identifying drug use trends among criminal offenders. The objectives of the DUF Project are:

1. To provide each city with information that will aid in:

    a. early detection of new drug epidemics.

    b. planning and allocation of law enforcement resources.

    c. determining needs for treatment, prevention, and education.

    d. measuring the impact of efforts to reduce drug abuse and related crime.

2. To provide national estimates of illicit drug abuse among offenders.

3. To track and forecast national drug use trends.

Data for the DUF Project are currently collected by grantees in the 25 cities across the U.S. as shown in **FIGURE 2**. Several of these are Treatment Alternatives to Street Crime (TASC) programs that use this information to form their strategies for managing the drug defendant offenders.

TASC was created in 1972 through the mutual efforts of the White House Special Action Office for Drug Abuse, the National Institute on Drug Abuse, and the Law Enforcement Assistance Administration. The mission of TASC programs is to reduce the criminality of drug-dependent offenders by maximizing the rehabilitative aspects of both substance abuse treatment and the criminal justice system. TASC realizes this mission by functioning as a bridge between the criminal justice system, with its concern for community safety and legal sanctions, and substance abuse treatment, with its concern for therapeutic relationships and the reduction of drug use behavior. Through the TASC program, drug dependent offenders are identified,

Figure 2
Drug Use Forecasting Sites, 1990

Los Angeles	Dallas	Birmingham	Chicago
Phoenix	Houston	Fort Lauderdale	Cleveland
Portland	San Antonio	Kansas City	Detroit
San Diego		Miami	Indianapolis
		New Orleans	New York/
		Omaha	Manhattan
		St. Louis	Philadelphia
			Washington, D.C.
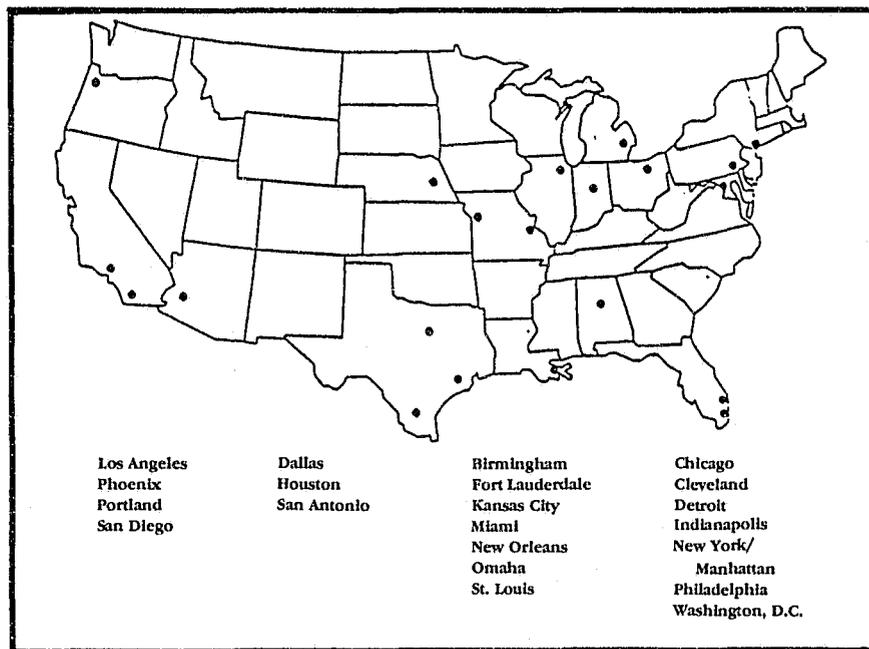
matched with appropriate treatment resources, and compelled to comply with an individualized case management plan. There are currently 168 TASC programs operating in 24 states and 1 territory, with many other states in the preliminary stages of developing or expanding TASC programs. The Birmingham TASC program is the oldest program in the country. It is designated as a model program by the Department of Justice and as a model program for non-incarcerated offenders by the federal Office of Treatment Improvement.

In June 1988, UAB/TASC initiated a DUF grant proposal to NIJ. At that time, Birmingham (Jefferson County) became involved in the study with the UAB/TASC program as the soliciting and approved grantee for the data collection, making Birmingham the first medium-sized city to develop a DUF Project. The interest in pursuing the grant was a by-product of the City of Birmingham Drug Task Force Implementation Committee. Committee members noted that suspected levels of drug use were, at best, crude estimates. It was thought that an anonymous drug test of all offenders could provide a valuable data to inform community efforts and grant proposals. Ongoing collections could provide both trend studies and an opportunity to measure intervention strategies. Birmingham was the first medium-sized city to receive a DUF grant.

Since June 1988, interviews have been conducted and urine specimens collected at both the Jefferson County and Birmingham City Jails. Felony offenders arrested throughout Jefferson County and all municipalities have been represented. Data are collected approximately every 90 days on males and females who have been arrested and detained for no longer than 48 hours. The number of arrestees charged with drug offenses is limited to 20% of the total number of arrestees interviewed.

Interviews and drug tests are both used as data collection methods. A DUF questionnaire is used in an interview to identify the following: basic demographics; self-reported current and past drug use; substance abuse treatment history; present charges; and HIV risk-related behaviors. In addition, a voluntary urine specimen is collected at the close of each interview. These urine specimens are sent to a common laboratory for uniform testing. Urinalysis results are combined with the results of the questionnaire for each offender. The data are compiled by NIJ and relayed back to the sites via modem/computer for analysis. Quarterly results are published by NIJ and distributed nationally.

Comparison between cities is inevitable. However, it is singularly clear that all cities are effected by significant drug use among offenders. For example, rates in 1989 were as high as 82% positive for males in San Diego, and 83% for females in Washington D.C. and Philadelphia. The range of drug use in participating cities in 1990 is shown in **FIGURE 3**.

Figure 3:
Percent Drug Positive Urinalysis
By DUF Site 1990
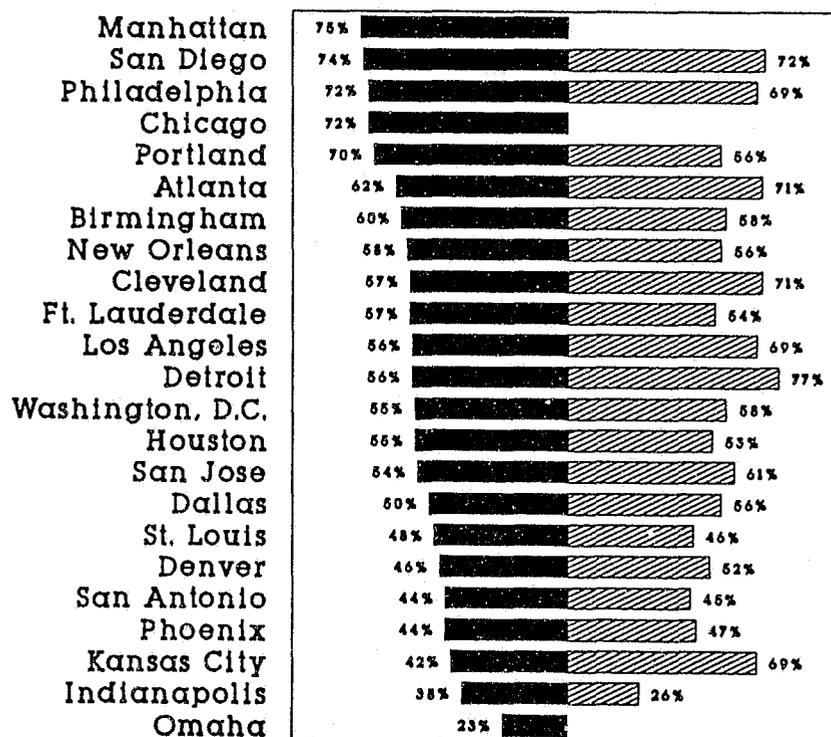
	Males	Females

This report provides a summary of data gathered from 1,614 arrestees. The first collection of data and urine specimens was conducted June/July 1988. There have been subsequent collections in December 1988, April 1989, September 1989, December 1989, and February/March 1990. This report has been updated, in some sections, through Winter, 1990 to reflect continuing drug use trends. The data describe the extent and nature of drug use among offenders in Jefferson County. The DUF data are extremely useful, simply as a descriptive tool. However, its value is increased when viewed in the context of our overall criminal justice system.

To test whether the DUF sample was descriptive of all felony offenders, Dr. Belinda McCarthy of the Criminal Justice Department at UAB, and Norma Ramsey, M.A. (Criminal Justice) of TASC manually compiled for comparison a random sample of Jefferson County felony arrestees from jail logs. The results (see APPENDIX 1A) revealed few significant differences between the DUF sample population (to date) and a random population of felony offenders. The only significant disparity occurred in the charges against the offenders. NIJ/DUF protocols require a limit on the DUF sample to 20% charged with drug charges. In actuality, 26% of arrests were drug offenses. It is estimated that a true sample here would likely increase drug use rates by several percentages points (see APPENDICES 1B and 1C).

DEMOGRAPHICS

Data collected through the DUF Project confirm that offenders have multiple needs and problems in addition to substance abuse. Offenders need help in securing employment, making vocational decisions, and alleviating educational deficits. TASC, treatment providers, probation, and corrections must develop a comprehensive plan that addresses not only the drug use problems of clients, but also related problems such as employment, education, training, and social service needs.

DUF results from 1988 and 1989 show that 73% of the offenders interviewed through the DUF Project were black. **FIGURE 4** shows that a majority of the Birmingham DUF offenders were men and that half of the DUF offenders were in their twenties. Most were single and over half were employed in some way. Forty-two percent (42%) of the male and 30% of the female offenders did not finish high school or obtain a GED. These data indicate both black and white interviewees have low educational attainment **(see APPENDICES 2A and 2B)**. These data would suggest that offender needs include employment opportunity as well as additional education and/or vocational training.

FIGURE 4:
DEMOGRAPHICS FOR ALL BIRMINGHAM DUF OFFENDERS

RACE	N	%	EDUCATIONAL LEVEL*	N	%
Black	1173	73	Lt High School	538	39
White	415	26	High School	605	44
Spanish-Speaking	4	0	GED	207	15
Other	2	0	Currently in HS	13	1
Data not obtained	20	1	Data not Obtained	3	0
AGE GROUP	**N**	**%**	Some College	145	9
15-20	209	13	College graduate	50	3
21-25	404	25	Graduate or Professional	6	0
26-30	411	26	**EMPLOYMENT**	**N**	**%**
31-35	304	19	Employment Full-Time	600	37
36+	285	18	Employed Part-Time	265	16
Data not Obtained	1	0	Only Odd Jobs	147	9
MARITAL STATUS	**N**	**%**	Unemployed	297	18
Single, Never Married	849	53	Mainly in School	31	2
Married	264	16	In Jail or Prison	14	1
Separated, Divorced	350	22	Welfare, SSI	122	8
Living Common Law	128	8	Housewife	14	1
Widowed	18	1	Prostitute	22	1
Data not Obtained	5	0	Dealing/Drug Sales	29	2
SEX	**N**	**%**	Illegal Sources	26	2
Male	1181	73	Legal Sources	45	3
Female	433	27	Data not Obtained	2	0

*DATA FROM 12/88 COLLECTION NOT INCLUDED, MISSING CASES = 248

The critical problem of high unemployment among younger black men is confirmed by these data. When asked about employment status, 38% of the black males and 55% of the white males indicated they were employed full-time (see **APPENDIX 2C**). DUF data analysis indicates that the employment disparity between black and white males for the addiction-prone age groups of 15-20 and 21-25 is significantly disproportionate. Also, it is notable that the gap between full-time employment for black and white males converges as age increases. Twenty percent of the black males in the 15-20 age group were employed full-time, compared to 40% of the white males. Forty-five percent (45%) of the black males in the 21-25 age group were employed full-time, compared to 60% of the white males.

In addition, female offenders were less likely than the males to have full-time jobs. Only 23% had full-time employment (see **APPENDIX 2D**). Eighteen percent (18%) of the females were on welfare or social security. Also, offenders testing positive for both cocaine and opiates were least likely to be employed (24%).

The strong relationship between unemployment, educational/skill level and criminal involvement is apparent, especially in minority groups. Treatment efforts must include comprehensive programs that address these problems as a regular part of treatment.

Cocaine has been shown to be the most prevalent drug among offenders in Birmingham and Jefferson County. The profile of the typical active cocaine user is young, black, and single with low employment and education attainment. Only one third of the active cocaine users surveyed worked full-time. One-third had graduated from high school. Eighty-four percent (84%) were black, and 56% were single, thus minimal social support is available from family and work (see **APPENDIX 3**). These data highlight the need for structured treatment, probation, and correctional programs that seek to create a new network of social supports for the recovering addict.

The time between the first use of cocaine/crack and the development of dependence was found to be extremely short and the likelihood of addiction high. Among Jefferson County offenders, the mean age at which crack was first tried was 25.7 years. The mean age for first dependency was 26.8 (see **APPENDIX 4**). TASC must take this finding into account when assessing offenders who admit to drug use but deny an addiction. Some level of intervention must be secured regardless of the degree of reported use as the addictive nature of the drug is dangerously high. The reported age of first use for various drugs was found to be 15 years for alcohol, 17 years for marijuana, and 18 years for amphetamines and barbiturates.

Opiates include drugs such as dilaudid, demerol, heroin, morphine, codeine, etc. The typical opiate user, as profiled through the DUF data, tends to be white (60%), older (26 and over) and more likely to have graduated from high school (51%). They tend to have full-time employment and a family. Only 34% of opiate users reported being single. Twenty-nine percent (29%) said they were married, 29% were separated/divorced/widowed, 8% lived with common law partner. Exclusively opiate users had a 51% graduation rate from high school versus the overall rate of 37%. Those testing negative for all drugs had a 43% graduation rate.

In addition to the routine data collection, the National Institute of Justice allowed Birmingham TASC to add an item to the standard DUF questionnaire. This has allowed us to pinpoint the communities where offenders are using drugs. Utilizing an expanded Birmingham neighborhood map, we note each neighborhood where tested arrestees live. **FIGURE 5** illustrates the areas that had 50% or more of the arrestees, from that neighborhood, test positive for cocaine. This information can be used to target law enforcement initiatives.

FIGURE 5

DRUG USE FORECASTING
MALE AND FEMALE OFFENDERS N=1178
BIRMINGHAM, ALABAMA AND SURROUNDING AREA

#	Neighborhood	#	Neighborhood
1	Acipco Finley	60	Oakwood Place
2	Airport Highlands	61	Pine Knoll Vista
3	Apple Valley	62	Powderly
4	Arlington-West End	63	Redmont Park
5	Belview Heights	64	Riley Station
6	Brownsville Heights	65	Rising Station
7	Bush Hills	66	Roebuck
8	Center Point East	67	Roebuck Springs
9	Center Point West	68	Smithfield/Elyton
10	Central City	69	Smithfield Estates
11	Central Park	70	South East Lake
12	Central Pratt	71	South Pratt
13	College Hills	72	South Titusville
14	Collegeville	73	South Woodlawn
15	Crestline	74	Southside
16	Crestwood North	75	Spring Lake
17	Crestwood South	76	Sun Valley
18	Druid Hills	77	Tarpley City
19	East Avondale	78	Thomas
20	East Birmingham	79	Tuxedo
21	East Lake	80	Wahouma
22	East Thomas	81	East Brownville
23	Eastwood	82	West End Manor
24	Echo Highlands	83	Woodlawn Park
25	Enon Ridge	84	Woodlawn
26	Ensley	85	Wylam
27	Ensley Highlands	86	Zion City
28	Evergreen	87	Adamsville
29	Fairmont	88	Brookside
30	Fairview	89	Fairfield
31	Five Points South	90	Fultondale
32	Forest Park	91	Gardendale
33	Fountain Heights	92	Graysville
34	Gate City	94	Leeds
35	Germania Park	96	Morris
36	Glen Iris	97	Mount Olive
37	Grasselli	98	Mulga
38	Graymont	99	New Castle
39	Green Acres	100	Pinson
40	Harrison Park	101	Pleasant Grove
41	Highland Park	102	Quinton
42	Hillman	104	Trafford
43	Hooper City	105	Trussville
44	Huffman	106	Warrior
45	Industrial Center	107	Vestavia
46	Inglenook	108	Hoover
47	Jones Valley	109	Mountain Brook
48	Killough Springs	110	Homewood
49	Kingston	111	Irondale
51	Mason City	112	Tarrant
53	North Avondale	113	Roosevelt City
54	North Birmingham	114	Brighton
55	North East Lake	115	Other
56	North Pratt	116	Bessemer
57	North Titusville	117	County Unincorporated
58	Norwood		
59	Oak Ridge Park		
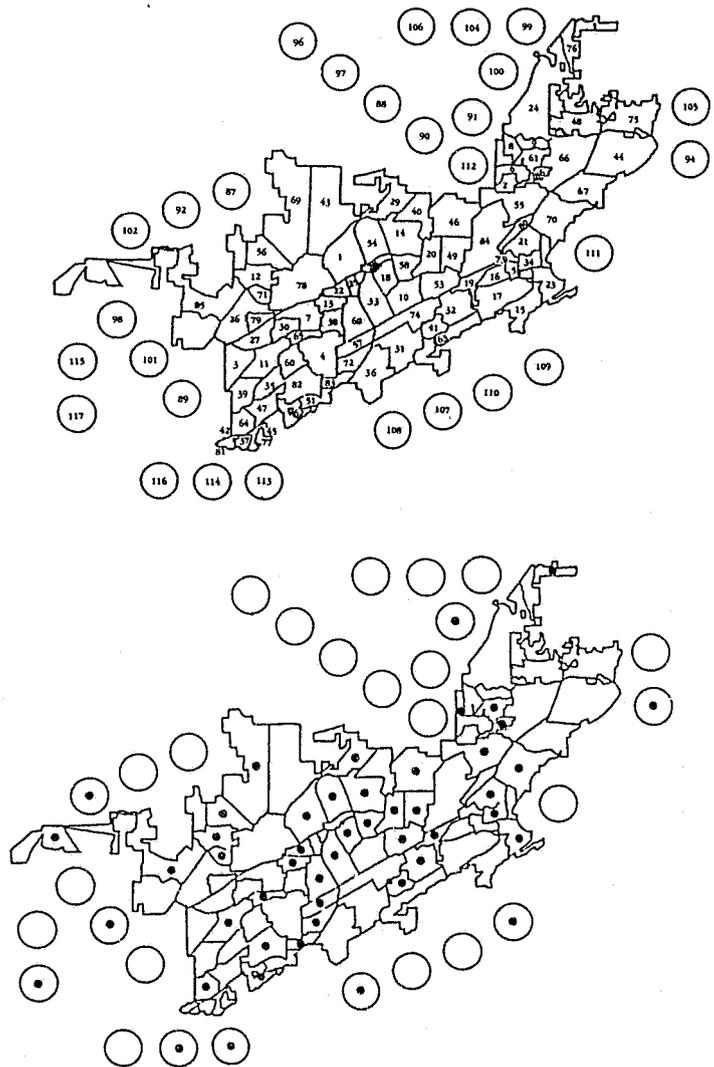
*Neighborhoods with 50% or more offenders testing positive for cocaine
April 1989 through March 1990
• Missing Cases: 20

URINALYSIS RESULTS

One of the objectives of the DUF Project is to establish, conclusively, the level of drug use in a community and to track drug use over time. By following the results of drug-positive urinalyses through the Birmingham DUF Project, this objective is being successfully accomplished. Data for this section has been updated to reflect the 30 month period between July, 1988 and December, 1990. This serves to illustrate and highlight continuing trends in drug use among offenders.

The data on male offenders are extremely stable with high sample replicability. As you will see, the data on female offenders have varied somewhat due to sample size disparity. However, they still give a general picture of drug use among female offenders in the Birmingham area.

The Birmingham DUF Project performs urinalysis tests that are sensitive for eight drugs. Overall drug use rates can be found in **FIGURES 6** and **7** along with the rates of the most commonly identified drugs. These rates are consistently high, with a combined 64% of the males and 62% of the females testing drug-positive. However, slight decreases in drug use have been observed in both male and female offenders.

FIGURE 6:
DRUG TESTS OF MALE OFFENDERS

	7/88	12/88	4/89	9/89	12/89	3/90	6/90	9/90	12/90	TOTAL
SAMPLE SIZE	146	196	201	225	211	201	202	247	240	1,869
Number Positive	110	137	141	142	126	139	136	122	132	1,185
Percent Positive including Marijuana	75	70	70	63	60	69	67	49	55	64
Percent Positive excluding Marijuana	53	56	60	57	56	61	59	47	50	55
Percent Positive - Cocaine	51	51	56	52	52	49	52	41	46	50
Percent Positive - Marijuana	45	30	30	22	12	18	16	6	10	21
Percent Positive - Opiates	5	7	5	5	4	6	6	3	2	5

FIGURE 7:
DRUG TESTS OF FEMALE OFFENDERS

	*7/88	12/88	4/89	9/89	12/89	3/90	6/90	9/90	12/90	TOTAL
SAMPLE SIZE	42	52	62	99	100	79	88	81	72	675
Number Positive	20	34	48	55	43	52	59	60	42	413
Percent Positive including Marijuana	48	65	77	56	43	66	67	74	59	62
Percent Positive excluding Marijuana	38	58	66	53	39	63	61	73	54	56
Percent Positive - Cocaine	33	38	58	43	33	40	43	47	57	44
Percent Positive - Marijuana	31	15	35	12	14	11	9	5	7	15
Percent Positive - Opiates	5	14	7	4	4	6	15	10	11	8
Percent Positive - Valium	14	19	16	10	7	25	7	25	10	15

*THE NUMBERS IN THE SAMPLE ARE DEEMED TOO SMALL FOR STATISTICAL SIGNIFICANCE.

Cocaine is by far the most consistently and commonly found drug among DUF offenders. Fifty percent (50%) of all male offenders and 44% of all female offenders tested positive for cocaine. **FIGURE 8** shows that this rate varied only 7% and decreased only 2% from the first collection in July, 1988 to the most recently reported collection in December 1990. Cocaine percent-positives for female offenders ranged from a high of 58% in April 1989 (exceeding male use) to a low of 33% in December 1989. The cause(s) for the variations in female offender cocaine use have not been identified.

Figure 8:
Cocaine Use of Male Offenders
& Female Offenders

Percent Positive   Cocaine All

	Male	Female
07/88	51%	33%
12/88	51%	38%
04/89	56%	58%
09/89	52%	43%
12/89	52%	33%
03/90	49%	40%
6/90	52%	43%
9/90	41%	47%
12/90	46%	57%

N=1869   N=675

▓ Male Offenders   ░ Female Offenders

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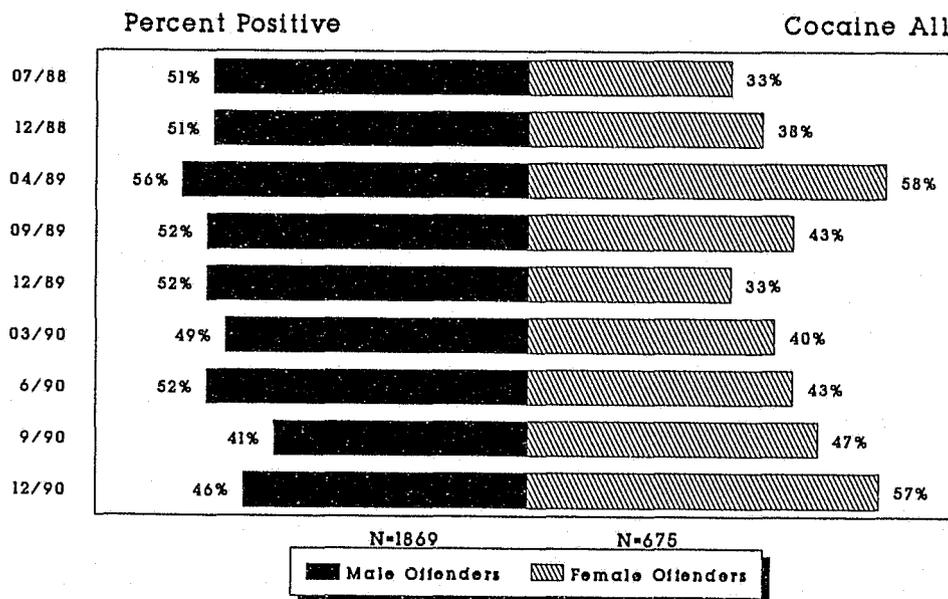
Marijuana is the second most commonly found drug among offenders, with 21% of male offenders testing positive and 15% of female offenders testing positive. However, marijuana use has steadily decreased among male and female offenders during the collection period. Urinalysis results positive for marijuana decreased among male offenders from 45% to 10% and among female offenders from 31% to 7%.

This decline in observed marijuana use could be related to the lack of availability of marijuana caused by successful eradication efforts. Also, importers and street dealers have, in recent years, begun dealing cocaine more often than marijuana because it is more easily transported and has a higher profit margin. Early interpretations of the data attributed the decreasing trend to the drought of 1988, but this was dispelled by continuing decreases in marijuana-positive percentages into 1990.

An additional point of interest from these data is that overall drug use remained constant while marijuana use decreased during this 30 month period. This could be due to the fact that marijuana use coexists with other drug use 60% of the time (multiple positives). Marijuana use is portrayed in **FIGURES 9** and **10**, which examine the relationship between marijuana and overall drug use over time.

Figure 9:
Overall Drug Use of Male Offenders
N=1869
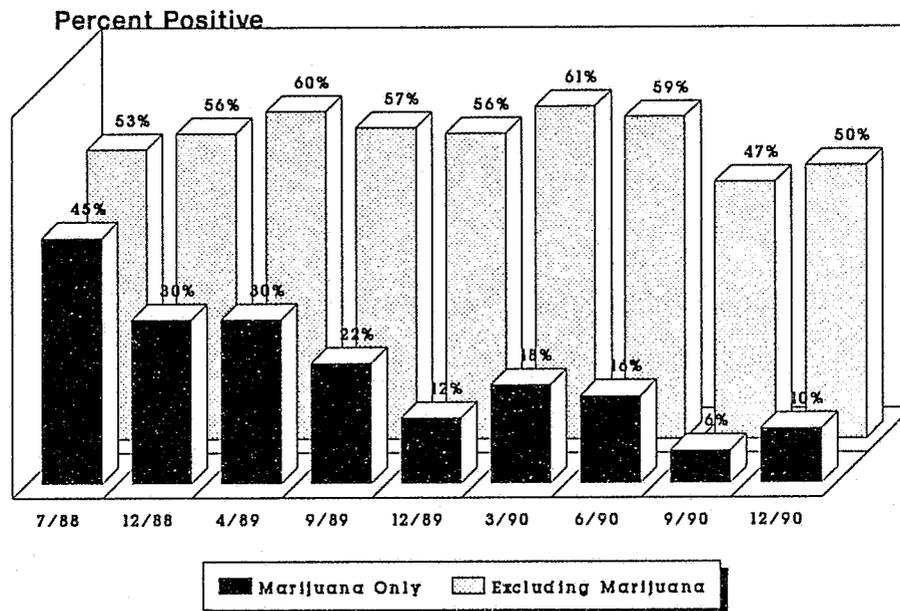
Figure 10:
Overall Drug Use of Female Offenders
N=675

Percent Positive

| | 7/88 | 12/88 | 4/89 | 9/89 | 12/89 | 3/90 | 6/90 | 9/90 | 12/90 |

Marijuana Only   Excluding Marijuana
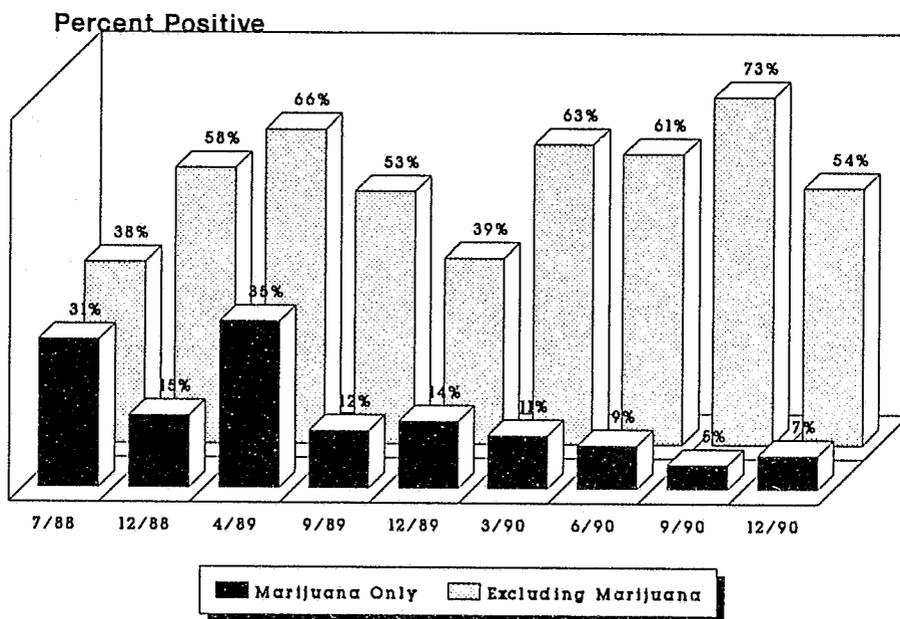
The third most commonly found drug among offenders is opiates. Five percent (5%) of male offenders and 14% of female offenders were found to be positive for opiates. Percent-positive rates for opiates, along with rates for cocaine, remained constant over the 30 month period. Benzodiazapine (valium, librium, etc.) use among females ranged from a high of 25% to a low of 7%.

Many other drugs are found to be present in male and female offenders, but at this time none are identified frequently and consistently. For example, the Birmingham DUF Project has identified little amphetamine use and no PCP or "ice" use to-date.

One of the most significant and talked-about issues in the drug use research community is the validity of self-report drug use surveys. The DUF Project provides for both a self-report interview and a post-interview urinalysis. Results from the analysis of DUF data confirm that the self-reports of offenders who use drugs are not reliable indicators of their drug use histories.

DUF interviews are normally conducted within moments of booking in the jail. Strangely enough, although offenders deny recent use, 85-90% agree to provide a urine specimen which often is positive. Some offenders admit they are using a drug but state that they have no need for treatment (i.e., they do not feel that they have a drug problem).

FIGURE 11 shows that 61% of those who tested positive for opiates denied use of the drug. Among cocaine users, 31% of those who tested positive denied use. In contrast, with marijuana users, more offenders admitted to use than were positive for marijuana use.

Figure 11:
A Comparison of Positive
Urinalysis Results with Admitted Use

Number

1000	
800	789
600	546
400	373 399
200	87 34
0	

Cocaine   Opiates   Marijuana

Tested Positive   Admitted Use
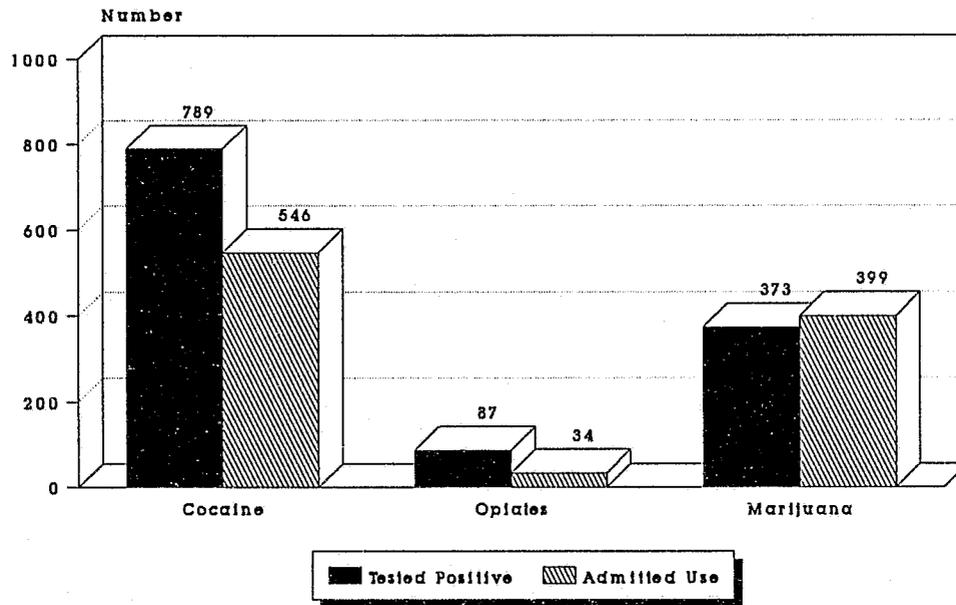
These data substantiate one of the basic elements of the TASC concept; i.e., that a program must provide policies, procedures, and technology for monitoring drug use through urinalysis or other physical evidence.

ARREST DATA

FIGURE 12 illustrates the ten most common charges among DUF offenders. Violent crimes (assault and robbery) accounted for 9% of the top arrest charges for Jefferson County offenders. Six percent (6%) were charged with robbery and 3% with assault. Non-violent crimes such as larceny, drug possession, burglary, and stolen property accounted for the majority (62%) of all top charges. Although practical constraints on safety and community concerns might prohibit violent offenders from entering community-based treatment programs, the TASC program uses alternative methods for targeting, assessing, and securing treatment services for this group. Linkages between TASC and the Department of Corrections are vital, as many in this group will be imprisoned and then released back into the community.

FIGURE 12:
TEN MOST COMMON CHARGES AMONG FELONY DUF OFFENDERS

CHARGE	MALE		FEMALE		TOTAL	
	N	%	N	%	N	%
Larceny/Theft	278	24	141	32	419	26
Drug Possession	190	16	71	16	261	16
Burglary	188	16	5	1	193	12
Stolen Property	94	8	30	7	124	8
Robbery	79	7	15	3	94	6
Forgery	52	4	34	8	86	5
Assault	41	3	11	3	52	3
Fraud	27	2	21	5	48	3
Probation/Parole	35	3	11	3	46	3
Stolen Vehicle	39	3	3	1	42	3
Other	157	13	92	21	249	15
TOTAL	1180	100	434	100	1614	100

Of the 1614 offenders (male and female) who were profiled in this report, the top five charges included larceny/theft charges (26%), drug possession (16%), burglary (12%), stolen property (8%) and robbery (6%). Cocaine was, by far, the most commonly found drug in each of these groups of offenders. For this report, we combined cocaine and opiate positive results. The data indicate a disturbing trend. The charges of larceny/theft and burglary were most commonly associated with the presence of cocaine, opiates, or a combination of cocaine and opiates **in both male and female offenders (see APPENDICES 5A and 5B).** These data suggest that opiate users and cocaine users may often steal or become involved in a "professional life of crime" to support their habits.

Logically, those charged with drug related offenses were most likely to be positive. DUF offenders testing positive for cocaine, opiates or cocaine and opiates have the highest incidence of drug possession charges. Thirty-three percent (33%) of the cocaine and opiate drug use group were arrested for drug crimes, while only 10% of the negative drug use group were arrested for drug crimes. **FIGURE 13** highlights the strong relationship between drug use and drug related offenses.

Figure 13:
All DUF Offenders (N = 1614)
Crime Category by Active Drug Use
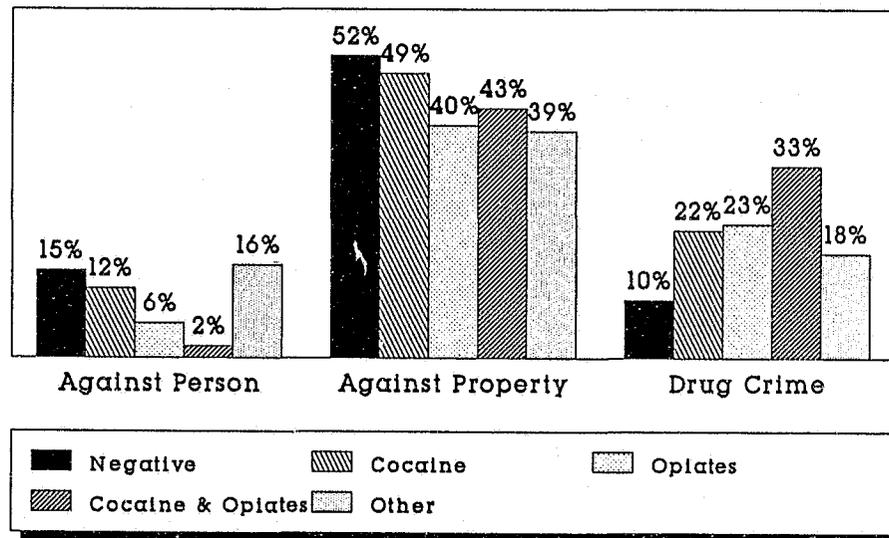
TREATMENT HISTORY

Only 20% of the offenders interviewed through the DUF Project have been in treatment for drug or alcohol abuse (see **APPENDIX 6**). Less than 2% were in treatment at the time of the interview. In contrast, 37% felt that they needed treatment for an alcohol or other drug abuse problem. It is imperative that TASC, treatment providers, and policy-makers identify and address the barriers that prevent arrestees from seeking out treatment. For example, the Los Angeles DUF site has begun supplementing the DUF questionnaire with another simple questionnaire that asks arrestees to identify what they perceive as the major barriers to their entry into a treatment program. This may be an alternative worthy of investigation locally.

FIGURE 14 indicates that 23% of marijuana users feel they need treatment while 32% of cocaine/crack users express a need for treatment. Thirty-eight percent (38%) of the opiate users say they need treatment.

Figure 14: A Comparison of Positive Urinalysis Results with Perceived Need for Treatment

Legend: Tested Positive / Stated Need for Treatment

Cocaine: Tested Positive 789, Stated Need 255
Marijuana: Tested Positive 373, Stated Need 85
Opiates: Tested Positive 87, Stated Need 33
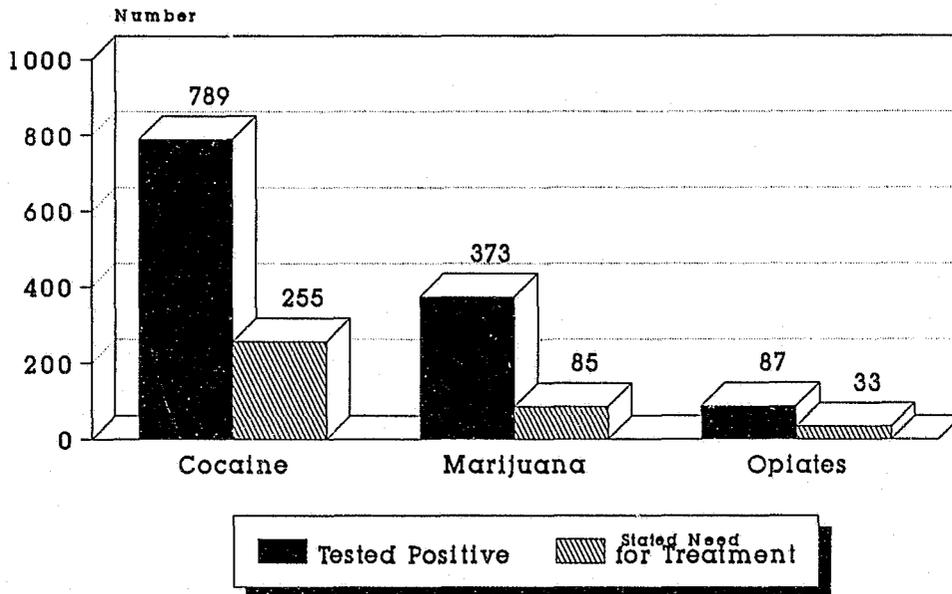
Residential therapeutic communities have been shown to be the most effective drug and alcohol treatment alternative for men. This particular treatment mode, however, is not appropriate for addicted mothers with small children. Intensive outpatient treatment programs providing day care for children is one alternative for meeting the treatment needs of this group.

The Women's Recovery Center, a component of Aletheia House, currently provides this treatment format for female TASC offenders. This program was designed considering the concerns and needs of addicted women. It offers a format for treatment that is more convenient to women, thus increasing the likelihood that will access it. Women at the "Recovery Center" receive intensive outpatient care (5 days/week), incorporating therapy, education, recovery dynamics, and involvement in 12-step programs (AA, NA, ALA-NON). Child care is also provided on-site.

In order for a drug abuse intervention strategy to be successful, the substance abuse treatment histories and perceived needs of the participants must be considered. Eighty percent (80%) of those tested through the DUF Project had never been treated for substance abuse and 62% did not feel they needed treatment at the time of their arrest. These perceived needs are inconsistent when compared with the tremendous need for services indicated by the drug use histories and drug use prevalence of the same group. This further serves to point out the challenge at hand for treating and educating the criminal population about substance abuse. At the very least, these data point out the necessity for expansion of available services to accommodate the 37% of arrestees in our sample who do feel they need substance abuse treatment.

DRUG USE BEHAVIOR AND HIV DISEASE

The DUF Project provides data collection on factors associated with HIV transmission including crack cocaine use, needle sharing, substances injected, and sexual behavior. Needle sharing among Birmingham drug abusing offenders presents one of the most serious aspects of substance abuse. Prevention of HIV Disease for intravenous drug users and crack users is very complex. It requires changing drug use behavior as well as sexual behavior. Frequent sex with multiple partners, coupled with needle sharing and/or crack use continues to put Alabama in the forefront in incidence of AIDS cases, particularly pediatric AIDS. Currently, Alabama ranks 26th in AIDS cases, but it is 15th in pediatric AIDS cases in Alabama were associated with IV drug use in one or both parents. Today, we know that pediatric AIDS is also strongly associated with crack use in one or both parents.

Data collected through the DUF Project indicate that 24% of the total male offender sample have injected drugs. Among these IV users, 36% have at some time shared needles. The data also indicate that 22% of female offenders have injected drugs, and of these IV users, 45% have at some time shared needles. Needle sharing increases the risk of intravenous drug use. The data reflect change in needle sharing behavior. When asked if the HIV disease epidemic had changed their needle sharing behavior, 70% of the IV-using men responded "yes," and 59% of the IV-using women responded "yes" (see **APPENDICES 7 and 8**).

Self-report sexual behavior patterns among interviewees reflect that 31% of male offenders who inject drugs have had 3-9 sexual partners during the past year and 19% have had more than 10 (see **APPENDIX 9**). For female offenders who inject drugs, 31% report having had 3-9 sexual partners during the past year and 14% report 10 or more partners (see **APPENDIX 10**). Female offenders who inject drugs have significantly more sexual partners (54% having 0-2 sexual partners versus 77% for the remaining DUF population surveyed). About half of the male offenders in both groups reported 0-2 sex partners.

The combination of needle sharing behavior and frequent sexual encounters with multiple sexual partners among interviewees underscores the need for more education and treatment programs to help IV drug users. Women of child-bearing age represent a special population of concern. Of the 923 Alabama AIDS cases, 21 are pediatric AIDS.

Heterosexually transmitted AIDS is on the rise. There has been an increase from 2% to 8% in heterosexually contracted AIDS during the last 12 months. This trend seems to be related to frequent sexual intercourse with multiple partners among crack addicts. This may be because crack users in this project report that they often exchange sex for crack cocaine. Since 1987 there has been a 4% increase in black AIDS cases which may be attributed to the prevalent use of cocaine. An overwhelming number of DUF offenders who say they inject drugs inject cocaine. Eighty-eight percent (88%) of the women and 84% of the men who inject use cocaine intravenously.

CONCLUSIONS AND RECOMMENDATIONS

Overall drug use among offenders in Birmingham has been found to be extremely high. The drugs most commonly found are cocaine, marijuana, and opiates. Cocaine use has been found to be the most prevalent among arrestees. Marijuana use is second, with the prevalence steadily decreasing since the beginning of the project. Opiate (narcotic) use was found to be third.

Considering the high prevalence of cocaine use in the area, new initiatives should be targeted specifically to improve cocaine treatment. TASC Programs, via the National Consortium of TASC Programs, should initiate and participate in a broad-based research program with the focus of designing, evaluating, and implementing innovative cocaine treatment programs for offenders. This need assumes a level of urgency in consideration of the fact that the use of more addictive forms of the drug have become available and the viable number of treatment resources cannot possibly meet the demand.

Cocaine seems to have become the drug most frequently used by arrestees. However, most drug treatment programs currently operating in the area were developed to provide services to either opiate or alcohol abusers. Literature suggests that cocaine addiction and withdrawal are defined by a unique set of symptoms that may be more optimally treated by regimens specific to these symptoms. This must be considered in the development of programs designed to treat cocaine abusers.

The DUF data also indicate that women in Jefferson County are moving toward equal participation in the criminal and drug world. Cocaine use among women is almost equally prevalent to that among men. Women are very reluctant, however, to commit to a program that denies them their children for long periods of time. In fact, entering a treatment program might be cause for the State to begin hearings for either temporary or permanent custody. If a woman lacks family or friends who can provide temporary child care, and if the treatment facilities do not provide it, the addicted women is without alternatives. Fear of "the system," coupled with anger, resentment, and embarrassment further complicates the therapeutic needs of the female addict.

In addition, needle sharing behavior has been found to be common among men and women. Even though education regarding the HIV Disease epidemic has changed the behavior of 67% of the women and 56% of men, areas of concern remain. Unfortunately, women are much more inclined than men to live with an addicted partner and to share drug paraphernalia. This, along with the fact that many addicted women are at risk for becoming infected with HIV through prostitution, points out a need for specialized HIV and drug treatment resources for female abusers.

Alabama ranks 15th nationwide in pediatric AIDS cases. Either information is not reaching men and women of child bearing age, or they lack the resources to seek and accept help. Whatever the reason for the problem, the need is clear: treatment programs must develop innovative services specific to HIV-related outreach and risk reduction among abusers.

According to the Comprehensive AIDS Risk Reduction Effort of New York, the IV drug user diagnosed with AIDS has not survived as well as others. Poor nutrition, poor general health, an immune system already damaged by substance abuse, and delay in diagnosis account for this fact. Early intervention is critical to the client's future health. For this reason, traditional treatment programs must also provide alternatives such as on-site testing, counseling, education, and a holistic approach to treatment, emphasizing overall health habits. Prevention-oriented case management will also be beneficial since no single agency will be able to provide all that is necessary for people with HIV Disease.

Clients will need assurance that staff will not abandon them if they discover they are HIV positive. From the perspective of prevention/education, staff should work under the assumption that all IV drug abusing clients will be HIV positive and conduct their risk-reduction efforts within that context. Regardless of antibody testing results, the prevention message should remain constant.

DUF demographics indicate that three quarters of DUF offenders are black. For this reason, treatment programs should be designed to be especially sensitive to minority issues and concerns. Also, most DUF offenders are single and many are unemployed. The associated lack of social support systems makes traditional outpatient therapy a non-viable option for many offenders. Consequently, residential treatment and intensive outpatient programs with half-way houses, literacy training, job training and social services support must be established and utilized. Also, because many offenders begin using drugs and alcohol between the ages of 15-17, early intervention through the Family Court and schools is critical.

The fact that many offenders are single and unemployed may indicate that their only refuge outside of the treatment setting is the drug culture. Brief involvement in traditional outpatient services may be ineffective since the addict returns quickly (or never leaves) his dysfunctional environment. In light of this, TASC must seek intensive outpatient services or residential therapeutic communities for offenders. Programs and services within the community should be promoted.

Drug patterns evolve and change over time. Heroin was the primary concern of the criminal justice system and treatment programs during most of this century. Today, cocaine is at the forefront. DUF data can be used to pro-actively alert us to new, developing drug trends and provide an accurate portrait of the landscape ahead. By highlighting important regional differences in drug use patterns, this information can help shape local treatment, case management, law enforcement, and judicial policies.

The problems addressed above are only a few identified through analyzing the Birmingham DUF data. However, they outline the tremendous challenge to the criminal justice system, TASC, and the Birmingham drug treatment community. These agencies must work in cooperation to creatively design and enact strategies for dealing with the complex interaction of drugs and crime.

APPENDICES

APPENDIX 1A

RANDOM SAMPLE OF JEFFERSON COUNTY INMATES COMPARED WITH CHARACTERISTICS OF DUF OFFENDERS

	DUF		JEFFERSON COUNTY*	
OFFENSE	N	%	N	%
Person	36	8	47	9
Property	210	48	194	39
Drugs	82	19	144	29
Other	108	25	118	24
AGE				
18-24	150	34	161	32
25-31	152	35	185	37
32-38	88	20	89	18
39+	46	11	68	14
ETHNICITY				
Black	294	67	324	64
White	141	32	179	36
Other	1	0	0	0
GENDER				
Male	342	78	384	76
Female	94	22	119	24
TOTAL	436	100	503	100

*Felony arrestees brought to Jefferson County Jail during 1988

Appendix 1B
Jefferson County Felony Arrestees
How Released - 1988

Category	Percentage
Cash Bond	8.2%
Prison	18.5%
NP	5%
Cont. on Probation	2.6%
Granted Probation	2.4%
Bond Company	35.4%
Bond ROR	23.7%
Attorney Bond	2.6%
Unknown	1.8%
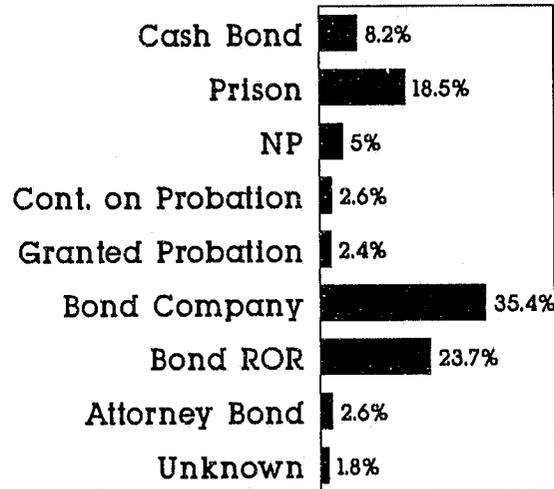
N=503
TASC/DUF 1989

Appendix 1C
Jefferson County Felony Arrestees
Time Incarcerated - 1988

Days	Percentage
1 Day	60%
2 Days	6%
3 Days	3%
4 Days	3%
5-10 Days	8%
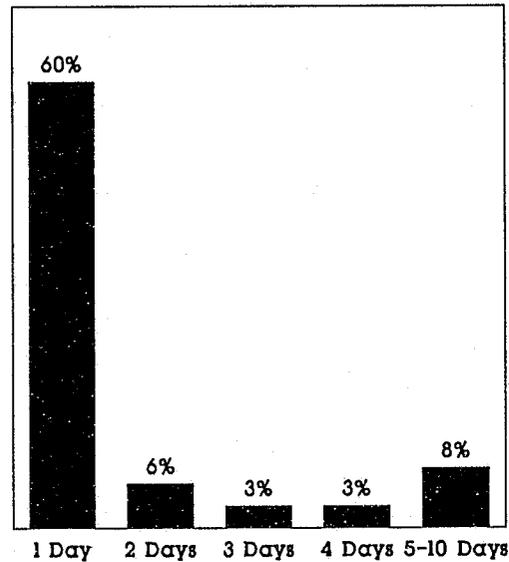
N=503
TASC/DUF 1989

APPENDIX 2A
EDUCATIONAL LEVEL FOR MALE DUF OFFENDERS
N=984

EDUCATIONAL LEVEL * **	BLACK		WHITE	
	N	%	N	%
Neither High School or GED	320	42	92	44
High School Graduate	330	44	68	32
Currently in High School	11	2	2	1
GED	93	12	48	23
TOTAL	754	100	210	100
*DATA NOT OBTAINED = 20				
**DATA FROM 12/88 COLLECTION NOT INCLUDED, MISSING CASES = 248				

APPENDIX 2B
EDUCATIONAL LEVEL FOR FEMALE DUF OFFENDERS
N=382

EDUCATIONAL LEVEL * **	BLACK		WHITE	
	N	%	N	%
Neither High School or GED	74	28	40	35
High School Graduate	143	55	52	46
GED	44	17	22	19
TOTAL	261	100	114	100
*DATA NOT OBTAINED = 7				
**DATA FROM 12/88 COLLECTION NOT INCLUDED, MISSING CASES = 248				

APPENDIX 2C
EMPLOYMENT BREAKDOWN OF MALE DUF OFFENDERS
N=1180

EMPLOYMENT	BLACK		WHITE	
	N	%	N	%
Full-Time	336	38	156	55
Part-Time	259	29	56	20
Unemployed	153	17	34	12
Other	131	15	39	14
TOTAL	879	100	285	100
*DATA NOT OBTAINED = 16				

APPENDIX 2D
EMPLOYMENT BREAKDOWN OF FEMALE DUF OFFENDERS
N=434

EMPLOYMENT	BLACK		WHITE	
	N	%	N	%
Full-Time	57	20	43	32
Part-Time	48	16	20	15
Unemployed	73	25	32	24
Welfare	71	24	9	7
Other	43	15	30	22
TOTAL	292	100	134	100
*DATA NOT OBTAINED = 8				

COCAINE AND OPIATE USE BY OFFENDER CHARACTERISTICS
MALE AND FEMALE OFFENDERS N=1614

	NEG FOR DRUGS		POS FOR COCAINE		POS FOR OPIATE		POS FOR COC & OP		POS FOR NEITHER COC/OP		OTHER		TOTAL	
RACE	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Black	395	70	620	84	14	40	35	76	104	49	5	26	1173	73
White	161	28	100	14	21	60	11	24	108	51	14	74	415	26
Spanish Speaking	2	0	2	0	0	0	0	0	0	0	0	0	4	0
Other	1	0	0	0	0	0	0	0	1	0	0	0	2	0
Data not Obtained	8	1	12	2	0	0	0	0	0	0	0	0	20	1
AGE GROUP														
15-20	106	19	68	9	0	0	4	9	30	14	1	5	209	13
21-25	138	24	186	25	4	11	5	11	69	32	2	11	404	25
26-30	112	20	221	30	8	23	12	26	55	26	3	16	411	25
31-35	96	17	139	19	11	31	13	28	38	18	7	37	304	19
36+	114	20	120	16	12	34	12	26	21	10	6	32	285	18
Data not Obtained	1	0	0	0	0	0	0	0	0	0	0	0	1	0
MARITAL STATUS														
Single, Never Married	293	52	408	56	12	34	24	52	107	50	5	26	849	53
Married	96	17	112	15	10	29	6	13	35	16	5	26	264	16
Separated, Divorced	132	23	135	18	9	26	12	26	54	25	8	42	350	22
Living Common Law	35	6	71	10	3	9	3	7	15	7	1	5	128	8
Widowed	8	1	7	1	1	3	1	2	1	0	0	0	18	1
Data not Obtained	3	1	1	0	0	0	0	0	1	0	0	0	5	0
EMPLOYMENT														
Full-Time	226	40	253	34	13	37	11	24	92	43	5	26	600	37
Part-Time	92	16	123	17	4	11	12	26	34	16	0	0	265	16
Only Odd Jobs	41	7	79	11	3	9	7	15	15	7	2	11	147	9
Unemployed	101	18	132	18	8	23	10	22	40	19	6	32	297	18
Mainly in School	21	4	7	1	0	0	0	0	3	1	0	0	31	2
In Jail or Prison	4	1	7	1	0	0	0	0	3	1	0	0	14	1
Welfare, SSI	46	8	55	7	5	14	1	2	12	6	3	16	122	8
Other	36	6	77	10	2	6	4	9	14	7	3	16	136	8
Data not Obtained	0	0	1	0	0	0	1	2	0	0	0	0	2	0
EDUCATIONAL LEVEL														
Lt. High School	179	32	269	37	6	17	12	26	65	31	7	37	538	33
High School	244	43	257	35	18	51	14	30	71	33	1	5	605	37
Mainly in School	7	1	5	1	0	0	0	0	1	0	0	0	13	1
GED	60	11	96	13	4	11	9	20	33	15	5	26	207	13
Data not obtained	77	14	107	15	7	20	11	24	43	20	6	32	251	16
TOTAL	567	100	734	100	35	100	46	100	213	100	19	100	1614	100

*MOST OF THE MISSING CASES ARE FROM THE 12/88 COLLECTION.

DRUG	EVER TRIED?		MEAN AGE FIRST TRIED?	EVER DEPENDENT?		NOW DEPENDENT?		MEAN AGE FIRST DEPENDENT
	N	%	YEARS	N	%	N	%	YEARS
Alcohol	1542	96	15	205	13	122	8	23
Marijuana	1347	83	17	117	7	49	3	20
Cocaine	809	50	24	209	13	129	8	27
Crack	624	39	26	230	14	170	11	27
Valium	514	32	21	43	3	17	1	26
Amphetamines	347	22	18	19	1	3	0	19
Barbiturates	242	15	18	28	2	12	1	20
Quaaludes	206	13	19	11	1	1	0	20
Dilaudid	128	8	23	52	3	31	2	25
Heroin	191	12	21	52	3	9	0	24
LSD	159	10	18	4	0	1	0	18
PCP	123	8	21	3	0	2	0	
Mushrooms	78	5	18					
Darvon	82	5	21	4	0			25
Black Tar	51	3	20	20	1			21
Designer Drugs	42	3	24	2	0			

MALE FELONY DUF OFFENDERS
TOP TEN CHARGES BY ACTIVE DRUG USE

	Larceny/ Theft		Drug Possession		Burglary		Stolen Property		Robbery		Forgery		Assault		Stolen Vehicle		Probation/ Parole		Fraud		Other		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Negative	91	24	36	9	64	17	29	8	27	7	21	5	14	4	17	4	9	2	9	2	68	18	385	33
Cocaine	146	26	114	20	89	16	47	8	42	7	16	3	13	2	17	3	17	3	15	3	55	10	571	48
Opiate	4	17	4	17	7	30	0	0	1	4	3	13	0	0	0	0	1	4	0	0	3	13	23	20
Cocaine & Opiate	5	14	11	31	5	14	4	11	1	3	3	8	0	0	1	3	2	6	0	0	4	11	36	31
Other	32	19	25	15	23	14	14	8	8	5	9	5	14	8	4	2	6	4	3	2	27	16	165	14
TOTAL	278	24	190	16	188	16	94	8	79	7	52	4	41	3	39	3	35	3	27	2	157	13	1,180	100

FEMALE FELONY DUF OFFENDERS
TOP TEN CHARGES BY ACTIVE DRUG USE

	Larceny/ Theft		Drug Possession		Burglary		Stolen Property		Robbery		Forgery		Assault		Stolen Vehicle		Probation/ Parole		Fraud		Other		TOTAL	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Negative	68	37	12	7	14	8	19	10	8	4	13	7	5	3	6	3	5	2	3	2	29	16	182	42
Cocaine	52	32	39	24	12	7	8	5	15	9	2	1	7	4	1	1	3	2	4	2	20	12	163	38
Opiate	1	8	3	25	2	17	0	0	0	0	0	0	0	0	0	0	1	8	1	8	4	33	12	3
Cocaine & Opiate	5	50	2	20	1	10	0	0	0	0	0	0	0	0	1	10	0	0	1	10	0	0	10	2
Other	15	22	15	22	5	7	3	4	4	6	6	9	3	4	3	4	2	3	1	1	10	15	67	15
TOTAL	141	32	71	16	34	8	30	7	27	6	21	5	15	3	11	3	11	3	10	2	63	15	434	100

APPENDIX 6
TREATMENT HISTORY AND PERCEIVED NEED FOR TREATMENT FOR ALL FELONY DUF OFFENDERS

BIRMINGHAM

HAVE YOU EVER HAD TREATMENT?	N	%
No	1287	80
Yes, Drug Only	176	11
Yes, Alcohol Only	59	4
Yes, Drug and Alcohol	74	5
Data not Obtained	18	1

ARE YOU IN TREATMENT NOW?	N	%
Yes	31	2

DO YOU NEED TREATMENT NOW?	N	%
No	1006	62
Yes, Drug Only	358	22
Yes, Alcohol Only	93	6
Yes, Drug and Alcohol	139	9
*Data not Obtained	18	1

*MISSING CASES = 13

NEEDLE SHARING AMONG MALES

HOW OFTEN SHARE NEEDLES? N=280		
	N	%
Never	179	64
Used to, don't now	59	21
Sometimes	31	11
Most of the time	10	4
Data not obtained	1	0

BEHAVIOR CHANGE Has AIDS changed behavior? N=101		
	N	%
Yes	57	56
No	27	27
Stop injecting due to AIDS	14	14
Data not obtained	3	3

DRUG INJECTION		
N=1180	N	%
Ever injected	280	24
N=280		
Substance injected:		
Amphetamines	46	16
Cocaine	234	84
Heroin	123	44
Other	138	49

HOW OFTEN SHARE NEEDLES? N=94	N	%
Never	50	53
Used to, don't now	23	24
Sometimes	17	18
Most of the time	3	3
Data not obtained	1	1

BEHAVIOR CHANGE Has AIDS changed behavior? N=44	N	%
Yes	22	50
No	14	32
Stop injecting due to AIDS	4	9
Data not obtained	4	9

DRUG INJECTION		
N=434	N	%
Ever injected	94	22
N=94		
Substance injected:		
Amphetamines	21	22
Cocaine	83	88
Heroin	32	34
Other	47	50

APPENDIX 9
REPORTED NUMBER OF SEX PARTNERS
DURING PAST YEAR FOR
DUF OFFENDERS WHO INJECT DRUGS

MALES N=280				FEMALES N=94		
0-2	140	50%		0-2	51	54%
3-9	88	31%		3-9	29	31%
10-Over	52	19%		10-Over	13	14%
				No answer	1	1%

APPENDIX 10
REPORTED NUMBER OF SEX PARTNERS
DURING PAST YEAR FOR
DUF OFFENDERS WHO DO NOT INJECT DRUGS

MALES N=900				FEMALES N=340		
0-2	439	49%		0-2	262	77%
3-9	286	32%		3-9	58	17%
10-Over	159	18%		10-Over	15	4%
No	16	2%		No answer	5	1%

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