



National Institute of Justice

R e s e a r c h i n B r i e f

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April 2000

Issues and Findings

Discussed in this Brief: The use of methamphetamine, which migrated from the West Coast to the Midwest and affected Omaha among other cities, is also being detected in rural areas of Nebraska. The drug appears to be penetrating not only the cities of the Heartland, but its rural counties as well.

Key issues: NIJ's ADAM (Arrestee Drug Abuse Monitoring) program revealed that use of this powerful central nervous system stimulant was increasing among arrestees in several of the program's test sites. Among those sites was Omaha, where in the period 1990 through 1998, the proportion of adult male arrestees who used the drug rose from less than 1 percent to more than 10 percent. To find out whether meth was also penetrating rural Nebraska, use patterns were measured in four rural counties and the findings compared with patterns in Omaha, the State's major urban area.

Key findings: In several respects, the rural counties resembled the city in the use of methamphetamine and the characteristics of users:

- Substance abuse in general was more widespread in the city, but there were few rural-urban differences in use of methamphetamine,

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Drugs in the Heartland: Methamphetamine Use in Rural Nebraska

by Denise C. Herz

A decade ago, methamphetamine was commonly believed to be limited to the West Coast and a few other, isolated areas. Recent evidence shows that substantial proportions of arrestees in several large urban areas of the West and Midwest are using the drug.¹ Increasingly, the problem is coming to the attention of policymakers and law enforcement nationwide. (See "The Federal Government Responds.")

Methamphetamine has generated concern because of its ready availability and the severity of its effects on the user. It is cheaper than cocaine, it is easy to manufacture, it produces a longer lasting "high," and its short- and long-term effects can be extreme. The feelings of euphoria and increased energy the drug initially produces may be followed by paranoia, depression, memory loss, convulsions, and other effects. Long-term and heavy use are often associated with addiction, and prolonged use may lead to brain damage or death. (See "Life or Meth?")

In Nebraska, policymakers and law enforcement officials were concerned that methamphetamine use might be increas-

ing in their State. NIJ's Arrestee Drug Abuse Monitoring (ADAM) program had shown that for Omaha this concern was well founded. Use of the drug by people arrested and booked was higher there than at many other ADAM test sites. With 8 percent of adult male arrestees testing positive for meth in 1995, Omaha ranked fifth among the 23 sites. Although the following year the rate dropped to just over 4 percent, in 1997 and again in 1998 it surpassed the 1995 figure, rising to 10 percent.² The upward trend in Omaha is even more evident when data from the period 1990 through 1998 are analyzed. Between those two dates, the proportion of male arrestees who tested positive for methamphetamine rose from less than 1 percent to more than 10 percent.³

Although ADAM data confirmed the use of methamphetamine in Omaha, the extent to which it was penetrating rural Nebraska remained unknown. Information gathered by law enforcement about possession and trafficking suggested that use might be as extensive in rural areas as in Omaha—if not more so. For example, the number of arrests for possessing and selling methamphetamine and seizures of the

Issues and Findings

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as measured by the results of urinalysis testing of arrestees.

- The drug of first choice among arrestees in both the city and the counties was marijuana. In the city, the drug of second choice was cocaine; in the rural areas, that distinction was held by methamphetamine.
- Use patterns in the rural areas were similar to those in the city. There were no significant differences in the proportions of arrestees who said they ever used meth or in frequency of use. The proportions who said they were dependent on the drug, needed treatment, and were receiving it were also the same irrespective of area. Users in rural areas were as likely as those in the city to say meth is cheap and easy to obtain.
- Meth users irrespective of area were more likely to be white than members of another racial/ethnic group. Users in the rural counties were younger than those in the city, a finding that appears consistent with the fact that in the city age at first use was higher.
- In certain respects, criminality was greater in the rural areas. Arrestees in the rural areas were just as likely as those in the city to manufacture meth, but were *more* likely to be involved in selling it. Meth users in the rural sites had more prior offenses than those in Omaha. On the other hand, amount of illegal income and amount of money spent on drugs were higher among Omaha arrestees.

Target audience: Local policy-makers and law enforcement officials, particularly in rural counties; researchers; providers of treatment and related services.

The Federal Government Responds

Concern about methamphetamine prompted Congress to pass the Comprehensive Methamphetamine Control Act in 1996. Under the aegis of the act, the Methamphetamine Interagency Task Force was established, with the mission of studying methamphetamine use in the United States and reporting the findings to Congress. Cochaired by Attorney General Janet Reno and Office of National Drug Control Policy Director Barry McCaffrey, the task force comprised experts in prevention and education, treatment, and law enforcement who represent local and State government as well as the Federal Government.

Between 1998 and 1999, the task force explored and documented the Nation's methamphetamine problem and developed an advisory report that outlined a set of principles, needs and recommendations, and research priorities. The aim was to inform

the implementation of a national strategy for responding to methamphetamine use. The task force emphasized that the strategy to be developed should be comprehensive and interdisciplinary. That is, it should fully integrate the work of the various levels of government—local, State, and Federal partners in law enforcement, health, education, and other disciplines—and should be based on scientifically sound research, best practices, and programs that have proven “what works.”

The report, *Methamphetamine Interagency Task Force: Final Report*, Washington, D.C.: U.S. Department of Justice, Office of National Drug Control Policy, U.S. Department of Health and Human Services, U.S. Department of Education (January 2000), can be downloaded from the NIJ Web site: <http://www.ojp.usdoj.gov/nij>.

drug by Federal and State interagency drug enforcement task forces increased dramatically statewide in the period 1995 to 1998. To corroborate these findings and to find out whether levels of use among arrestees in rural Nebraska matched those in Omaha, the Rural Nebraska ADAM project was launched.

Rural Nebraska ADAM

A pilot outreach project of the National Institute of Justice's ADAM program (see “ADAM Outreach”), Rural Nebraska ADAM was designed to answer three questions:

- Is methamphetamine use by arrestees in rural Nebraska different from what it is in Omaha?
- Are methamphetamine users in rural Nebraska different from those in Omaha?

- Is methamphetamine trafficking in rural Nebraska different from what it is in Omaha?

The study was conducted in four rural counties—Madison, Hall, Dawson, and Scotts Bluff—in October and November 1998. Methamphetamine use among arrestees in these counties was compared with use in Omaha, the State's major urban area. (Details of the study method are in “Measuring Meth Use in Rural Nebraska.”)

In several respects the findings confirmed what officials had suspected. Rural Nebraska looked much like the city of Omaha. Although drug use in general was more prevalent among arrestees in the city than in the four rural counties, when it came to use of methamphetamine, there were few rural-urban differences. One major distinction was that meth appeared (after marijuana) to be the drug

of choice of arrestees in rural Nebraska—more widespread than cocaine. There were no rural-urban differences in the proportions of arrestees who said they had ever used meth. In the same way, arrestees in rural areas were just as likely as those in Omaha to say meth was cheap and readily available, as likely to manufacture it, and *more* likely to sell it.

Extent of methamphetamine use

Substance abuse in general was found to be more common in Omaha than in rural areas of Nebraska. That is, when it came to the use of *any* drug,⁴ arrestees in Omaha were more likely than those in the rural counties to test positive (see exhibit 1). Analysis of the urine samples provided by the arrestees revealed that more than half of those in Omaha had used one or more drug, compared with 26 to 38 percent in the four rural counties.

The story is not the same for methamphetamine. In levels of meth use, the differences among the rural counties were greater than between the rural counties and Omaha. The rural-urban difference was not statistically significant, but in two counties—Hall and Dawson—arrestees’ use of meth was higher than in the two others—Madison and Scotts Bluff (13 percent and 14 percent, compared with 6 and 3 percent).

The similarity between urban and rural areas in methamphetamine use becomes clearer when it is compared with the use of other drugs, site to site. In all sites, rural and urban, arrestees used marijuana more than any other drug. For cocaine, there is a distinctive picture. Arrestees were much more likely to test positive for cocaine

M Life or Meth?

Methamphetamine (“meth,” “speed,” “crystal,” and “ice” are among its more than 170 street names) is a powerful central nervous system stimulant. A synthetic form of amphetamine that is chemically similar to adrenaline, it can be smoked, snorted, orally ingested, or injected. It produces an initial feeling of alertness and elation, along with a variety of adverse reactions. High percentages of methamphetamine users have reported such problems as paranoia, hallucinations, and violent behavior.

The “rush” and “high” the user experiences are believed to result from the release of high levels of dopamine into areas of the brain that regulate feelings of pleasure. One reason for meth’s popularity is that its effects are longer lasting than those of cocaine. Long-term, the drug can lead to addiction. Abusers often experience delusions, anxiety, convulsions, extreme paranoia, mood swings, hallucinations, and homicidal and suicidal thoughts. Injection can increase the risk of transmitting hepatitis

B and C and HIV. Prolonged use may lead to brain damage or death.

Meth is relatively easy to manufacture. The ingredients, which include iodine, lye, rock salt, lighter fluid, propane, match sticks, and drain cleaner, are fairly easy to obtain. This explains why the drug is often “cooked” in homes, motels, public storage lockers, and vans. Because many of the chemical ingredients are extremely dangerous, the manufacturing process is very hazardous and creates the risk of fire, explosions, and release of toxic gases. Waste left in illegal labs poses risks to the environment.*

* Most of the information about methamphetamine is from *Meth Matters: Report on Methamphetamine Users in Five Western Cities*, by S. Pennell et al., Research Report, Washington, D.C.: U.S. Department of Justice, National Institute of Justice, May 1999 (NCJ 176331); and *1998 Annual Report on Methamphetamine Use Among Arrestees*, Research Report, Washington, D.C.: U.S. Department of Justice, National Institute of Justice, 1999 (NCJ 175660).

Exhibit 1. Level of methamphetamine use by arrestees, rural and urban Nebraska

Urinalysis Positive for	Madison County (N=50) %	Hall County (N=46) %	Dawson County (N=42) %	Scotts Bluff County (N=138) %	Omaha (Douglas County) (N=174) %
Any drug (excluding alcohol and tobacco)*	26	30	29	38	54
Methamphetamine ^a	6	13	14	3	7
Cocaine ^{*, a}	–	7	12	18	25
Marijuana [*]	20	22	19	29	38

* Difference between rural counties and Omaha significant at P=< .05.

a. Difference among rural counties significant at P=< .05.

ADAM Outreach

ADAM Outreach, a component of NIJ's Arrestee Drug Abuse Monitoring (ADAM) program, measures substance abuse among special populations of arrestees in particular States. Examples of such populations are arrestees in suburban and rural areas, Native Americans, and members of the military. They are groups that the ADAM program does not ordinarily reach. Outreach data are obtained during a collection period separate from the quarterly collection that is standard in the ADAM program.

The Rural Nebraska project described here was the first ADAM outreach program. In addition to measuring the use of methamphetamine use among arrestees in rural and urban Nebraska, it aimed to test the feasibility of the outreach component of the ADAM program. By 2002, all 35 ADAM sites will be collecting outreach data.

in Omaha than in any of the rural sites. It appeared to be the drug of second choice in urban Nebraska, while in the rural sites this distinction was held by methamphetamine.

Scotts Bluff was the exception to the rural pattern. Here, arrestee drug use was more a reflection of what was happening in Omaha: The rate of cocaine use was higher than in the other rural counties. It is difficult to explain this anomaly, although proximity to Denver may be a contributing factor (see exhibit 7).

Use patterns. Arrestees were asked about their history of methamphetamine use, their current level of use, and the ways they use the drug. Here the findings were similar to what was

Exhibit 2. Characteristics of arrestees who use methamphetamine, rural and urban Nebraska

	Madison County	Hall County	Dawson County	Scotts Bluff County	Omaha (Douglas County)
Percentage Who Ever Used Meth	36% (N=27)	26% (N=14)	35% (N=17)	26% (N=40)	23% (N=47)
Use History					
Age at first use	18.6	18.1	18.1	19.2	21.1
Used in past 12 months	56%	43%	71%	40%	60%
Used in past 30 days	30%	29%	41%	28%	49%
Average number days used in past 30 days	5.6	8.8	5.3	6.3	6.9
Percentage Who Used Meth					
Every day	33	36	41	23	11
2-3 times a week	11	14	18	12	11
Weekends only	19	21	12	3	6
Less than once a week	7	7	12	22	24
Less than once a month	4	7	12	-	6
Other/don't know	26	14	6	40	42
Percentage Who Say They Use Meth By					
Snorting ¹	59	36	35	25	45
Smoking	15	21	12	23	19
Injecting	19	7	24	10	11
Combination*	4	36	29	22	-
(Missing Data)	-	-	-	20	25

1. P=< .10
* P=< .05

learned from urinalysis: There was no statistically significant difference between the rural counties and Omaha in the proportion of arrestees who said they had ever used methamphetamine (see exhibit 2).

In two characteristics of drug use, there were rural-urban differences. Arrestees in Omaha tended to be slightly older when they first used the drug than those in the rural counties. There were also differences among the sites in ways of taking methamphetamine. Again, Omaha and Scotts Bluff

were similar. In both these sites, arrestees were more likely to snort the drug, while arrestees in Madison, Hall, and Dawson were more likely to use a combination of methods, including injection.

Need for drug treatment. Some arrestees said they felt dependent on methamphetamine and needed treatment. But the arrestees from rural areas were neither more nor less likely than those in Omaha to say so. And despite the feelings of dependence and need for treatment, almost no arrestees

were receiving treatment at the time they were interviewed for the Rural Nebraska ADAM project.

There were significant differences from site to site in the proportion of arrestees who had ever been treated for substance abuse. Some said they

had participated in some type of treatment program, with arrestees in Scotts Bluff more likely than those in any other site to have done so. Overall (except in Scotts Bluff), a larger percentage of arrestees said they needed treatment than were currently receiving it or had ever received it.

Characteristics of methamphetamine users

To fill out the picture of methamphetamine users, the study included questions on race/ethnicity, age, marital status, education, and similar characteristics. The analysis focused not only on rural-urban differences but

M Measuring Meth Use in Rural Nebraska

Methamphetamine use by arrestees in four rural counties was compared with use in Omaha. The data were obtained on the basis of voluntarily provided urine samples and interviews with the arrestees.

Choosing the rural sites. Four counties—Madison, Hall, Dawson, and Scotts Bluff—were the rural sites chosen for comparison with the city. The rural character of the counties was confirmed on the basis of population size and economic base. All four are small compared with Omaha, the population center of Douglas County, which numbers close to half a million people. All four are also more racially/ethnically homogeneous than Omaha. The economic base of the selected counties is agriculture and, more recently, manufacturing and meat processing, whereas Omaha’s economy centers largely on services and manufacturing.

The rural sites were also selected on the basis of their widely differing geographic representation of the State: They are in the west, central, and northeast sections (see exhibit 7—map of Nebraska). Time was another selection criterion. All four counties were able to test and interview enough arrestees to produce a useful study sample in a relatively short period. A third criterion was presumed prevalence; that is, law enforcement activity suggested that levels of methamphetamine use were high in these sites.

Collecting data. Information about meth use among arrestees was obtained with the methods used in NIJ’s ADAM program.^a Urine samples are taken from booked arrestees who volunteer to participate, and confidential interviews are conducted to learn about such topics as history of substance abuse. For this study, a supplemental questionnaire about meth in particular was administered.^b

Data were collected in a 2-month period in October and November 1998. Convenience sampling rather than random assignment was used. Arrestees who were released on bond were not necessarily included in the pool of people considered eligible for the study. The size of the sample in the rural sites was between 50 and 150 arrestees (10 to 40 percent of the jail population) and 200 in Omaha. Despite low representa-

tion in some sites, the distribution of race/ethnicity, gender, and age in the sample was not different from that in the general jail population at the time.

a. For details of the ADAM method of collecting information about arrestee drug use, see *1998 Drug Use Forecasting: Annual Report on Adult and Juvenile Arrestees*, Research Report, Washington, D.C.: U.S. Department of Justice, National Institute of Justice, April 1999, NCJ 175656, 5–11.

b. The addendum was adapted from the one used in *Meth Matters: Report on Methamphetamine Users in Five Western Cities*, by S. Pennell et al., Research Report, Washington, D.C.: U.S. Department of Justice, National Institute of Justice, May 1999, NCJ 176331.

Population and racial/ethnic distribution, rural and urban Nebraska

	Madison County	Hall County	Dawson County	Scotts Bluff County	Omaha (Douglas County)
Population	34,585	51,851	23,183	36,109	443,794
Race/Ethnicity	%	%	%	%	%
White	95	92	94	77	84
Hispanic	2	4	6	15	3
African American	1	<1	<1	<1	11
Native American	1	<1	<1	2	1
Other	1	3	–	6	1

Note: Population data are based on census projections for 1997.

Exhibit 3. Criminal involvement of methamphetamine users and nonusers, rural and urban Nebraska

Criminal Offense/History	Madison County		Hall County		Dawson County		Scotts Bluff County		Omaha (Douglas County)	
	Non-users (N=51)	Users (N=27)	Non-users (N=39)	Users (N=14)	Non-users (N=33)	Users (N=17)	Non-users (N=109)	Users (N=40)	Non-users (N=155)	Users (N=47)
Arrested on felony charge	18%	22%	31%	21%	36%	24%	20%	23%	34%	45%
Have prior offenses	29%	63%*	21%	43%	36%	59%	51%	62%	39%	43%
Average number of prior offenses*	1.6	3.5*	1.7	1.8	2.1	2.0	2.0	2.4	1.8	1.9

* P=< .05

also on differences between users and nonusers.

Demographics I—Race/ethnicity, age. The racial/ethnic identity and age of meth users and nonusers in the rural areas and in Omaha were compared. Without exception, among racial/ethnic groups, white arrestees were more likely than Hispanic arrestees to use meth. Users in the rural counties appeared to be slightly younger than those in Omaha: Two-thirds to three-fourths of those in the rural sites were 18 to 27 years of age, whereas in Omaha less than half were in this age category. Comparing the ages of users and nonusers reveals that in Madison and Hall counties, users tended to be younger, whereas in the other rural areas and in Omaha, the difference between the two groups was not significant.

Demographics II—Marital status, housing, education. In marital status and housing type, there were few differences, either among all sites or between the rural sites and Omaha. Whether the arrestees used meth or not, they tended to be single and to live in private-sector housing (rather than public housing). In education, there was one statistically significant difference: In Dawson and Scotts Bluff counties, meth users were better

educated than nonusers; that is, *more* likely to have their high school diploma or GED. But between rural and urban Nebraska, there were no significant differences in the educational attainment of meth users.

Demographics III—Income and drug money. Perhaps not surprisingly, when it came to illegal income, meth users earned more than nonusers. This was the case only in the rural sites, however; in Omaha, the amount of illegal income earned by meth users was no greater than the amount earned by nonusers. Again, it may be no surprise that the amount of money spent on drugs was higher among users than nonusers. This was the case in three of the four rural sites.

In the amount of illegal income and amount of money spent on drugs, there was considerable difference between Omaha and the rural areas, with the rural counties much lower on both counts. Dawson County was the sole exception. Here the average amount spent on drugs was higher than in Omaha. This is because in Dawson a small number of offenders reported amounts as high as \$2,500, skewing the results or perhaps offering evidence that methamphetamine use is more visible in that county.

Involvement in crime. Involvement in crime was measured by the seriousness of the arrestee’s current offense and whether there were prior offenses. No statistically significant differences were found either among the four rural sites or between the city and the rural sites in the proportion of arrestees charged with a felony and the proportion who had at least one prior offense. However, the average *number* of priors was higher in the rural sites than in Omaha (see exhibit 3). The user-nonuser comparison revealed that nonusers of meth were as likely as users to have been involved in previous criminal activity as measured by number of priors, with Madison County the only exception. There, users had been arrested slightly more often than nonusers.

The meth market

When it came to buying methamphetamine, arrestees in rural Nebraska were much like their counterparts in Omaha. Most bought it from a friend or family member; the primary source was likely to be white rather than a member of another racial/ethnic group (see exhibit 4). When meth was unavailable, arrestees said they either went without it or bought it from another dealer. Arrestees in the rural

areas were *more* likely than those in the city to have ever bought meth.⁵

Availability. Evidence about quality, price, and availability indicates that methamphetamine was as prevalent in rural areas as in Omaha. Irrespective of area, arrestees were more likely to say that the quality had recently declined than to say it either increased or remained the same and also more likely to say the price had stayed the same rather than risen or fallen (see exhibit 5). Arrestees in rural areas considered meth easy to obtain, as did arrestees in Omaha. In fact, hardly any arrestees said the drug was very difficult to obtain. They also saw meth as more available or just as available at the time they were interviewed as it was the previous year. This response was consistent with the finding of easy availability: The flow of this drug was unabated.

Selling and manufacturing. Arrestees in the rural areas were more likely to sell methamphetamine than were those in the city. In the city, about one-fourth of the arrestees said they sold meth, in contrast to one-third in Scotts Bluff County, almost one-half in Madison and Dawson counties, and nearly two-thirds in Hall County (see exhibit 6). This finding in particular appears to be further evidence of the role of methamphetamine in Nebraska's rural areas. It may also, however, be the result of intensive law enforcement targeted at meth markets in Omaha.

When it came to percentages of arrestees who said they manufactured the drug, there were no city-county differences and no differences among the rural counties. Hall County was the sole exception. There, no arrestees said they made methamphetamine.

Exhibit 4. *Buying methamphetamine, rural and urban Nebraska*

	Madison County (N=27) %	Hall County (N=14) %	Dawson County (N=17) %	Scotts Bluff County (N=40) %	Omaha (Douglas County) (N=35) %
Ever bought meth¹	78	93	71	61	54
Source					
Friend/family	44	43	47	44	31
Work	-	7	-	-	6
Dealer	33	43	18	15	11
Other/missing	22	7	35	41	52
Source's race/ethnicity¹					
African American	-	-	-	3	3
Hispanic	30	36	12	18	11
White	48	57	35	31	40
Other/missing	22	7	53	48	0
What do you do when source unavailable?					
Different source	22	21	35	26	11
Friend	22	7	-	8	3
Do without	30	57	29	26	37
Other	25	14	36	41	49

1. P=< .10

NIJ Reports on Methamphetamine

NIJ's ADAM program continues to track the use of methamphetamine and other illicit substances. The most recent findings are in the *1999 Annual Report on Drug Use Among Adult and Juvenile Arrestees*, Research Report, Washington, D.C.: U.S. Department of Justice, National Institute of Justice, April 2000 (NCJ 181426). The publication can be downloaded from <http://www.adam-nij.net> or copies can be obtained by calling the National Criminal Justice Reference Service at 800-851-3420.

Other NIJ publications on methamphetamine are:

- *Meth Matters: Report on Methamphetamine Users in Five Western Cities*, by S. Pennell et al. (Research Report, Washington, D.C.: U.S. Department of Justice,

National Institute of Justice, May 1999, NCJ 176331).

- *Methamphetamine Use Among Adult Arrestees: Findings from the Drug Use Forecasting (DUF) Program*, by Thomas E. Feucht and Gabrielle M. Kyle (Research in Brief, Washington, D.C.: U.S. Department of Justice, National Institute of Justice, November 1996, NCJ 161842).

- *1998 Annual Report on Methamphetamine Use Among Arrestees* (Research Report, Washington, D.C.: U.S. Department of Justice, National Institute of Justice, 1999, NCJ 175660).

- *The Rise of Crack and Ice: Experiences in Three Locales*, by Marcia R. Chaiken (Research in Brief, Washington, D.C.: U.S. Department of Justice, National Institute of Justice, 1993, NCJ 139559).

Exhibit 5. Methamphetamine quality, price, and availability, rural and urban Nebraska

	Madison County (N=27) %	Hall County (N=14) %	Dawson County (N=17) %	Scotts Bluff County (N=40) %	Omaha (Douglas County) (N=47) %
How meth quality changed in past year^a					
Worse	44	57	59	36	31
Better	7	14	–	18	6
Same	4	7	12	8	11
Don't know	45	21	29	38	51
In past year, price of meth has^b					
Gone up	11	14	6	15	6
Gone down	4	7	35	5	6
Stayed the same	30	57	18	36	29
Don't know	55	21	41	44	59
How easy is it to get meth?^b					
Very easy	48	79	59	44	37
Somewhat easy	22	7	12	7	3
Somewhat difficult	4	7	–	10	11
Very difficult	–	–	–	–	3
Missing	26	7	29	39	46
Compared with a year ago, how available is meth now?^b					
More available	26	43	29	26	23
Less available	4	14	35	10	9
Same availability	19	21	–	21	9
Don't know	52	21	35	43	60

a. Asked of users only.
b. Asked of buyers only.

Exhibit 6. Methamphetamine distribution and manufacturing, rural and urban Nebraska

	Madison County (N=27) %	Hall County (N=14) %	Dawson County (N=17) %	Scotts Bluff County (N=40) %	Omaha (Douglas County) (N=47) %
Ever sold methamphetamine ¹	41	64	47	31	23
Ever made methamphetamine	11	–	12	8	9

1. P=< .10

Implications for drug control in rural areas

The Rural Nebraska ADAM pilot outreach project offers quantitative evidence that, measured by data from arrestees, the use of methamphetamine, the availability of the drug, and many user characteristics in Nebraska’s rural areas are much the same as in the State’s urban center. A particularly striking finding is that methamphetamine was the only drug whose use in rural areas rivaled urban rates. Whereas in Omaha, arrestees’ use of marijuana and cocaine was much higher than in the rural sites, there were no significant rural-urban differences in use of meth. Arrestees in the rural areas who used meth were indistinguishable from their counterparts in Omaha in several respects, among them their use patterns and their involvement in distribution and manufacturing.

In general, when it comes to providing assistance for crime-related problems, rural areas are often neglected. It is true that drug use and crime are typically higher in urban areas, but their impact is still substantial in rural areas, as this pilot project has shown. Yet, because most Federal and State funds are typically allocated to urban areas, officials in rural areas must seek local sources to fund needed services. To be sure, the size of urban areas justifies their receiving a large portion of the funding pie, but, as this study demonstrates, rural areas face problems similar to those of the cities and have similar needs for services.

Enforcement and treatment policies. Two specific policy areas of interest are drug enforcement and treatment. Currently in Nebraska, interagency drug task forces operate

Exhibit 7. The four “rural Nebraska ADAM” sites



throughout the State.⁶ Their deployment is based largely on narcotics intelligence gathered by law enforcement agencies or on information obtained by law enforcement in other ways. Although these methods can effectively reduce accessibility to methamphetamine, there are opportunities for better deployment. For instance, task forces operating in one area of Nebraska may displace methamphetamine to another, rural area. But because the task forces have limited means of measuring displacement, they may assume success and not respond to the displacement until the markets are entrenched in the new area. Data collection projects similar to NIJ’s ADAM program could help local authorities to better identify their problem and help drug enforcement agencies to respond more quickly.

Treatment providers and their clients in rural areas can benefit from better information about the extent and type of drug use. In planning and implementing treatment programs and related criminal justice programs (such as drug courts), needs assessment

plays a critical role. Data from projects like this one can help rural communities justify their requests for resources from local, State, Federal, and private sources. The data can also inform discussions of proposed changes in the way drug users are processed by the criminal justice system and provision of drug treatment for offenders.

Research

Scientifically based research is an essential component of public policy development. This approach can be successful, however, only to the extent the researchers ask the appropriate questions, study the appropriate populations, and use the appropriate methods of data collection. Research conducted under the auspices of the ADAM program and its Outreach projects illustrates the strength of the approach, as it can bring to light empirically based findings about one of the populations most at risk for substance abuse: arrestees. Those findings can be and have been used by policymakers and in turn can

influence the prevention and control strategies developed by practitioners.

The Rural Nebraska project seems to suggest also that studies of rural areas might benefit from the application of qualitative as well as quantitative methods. Conducting research in rural areas requires devising innovative ways of obtaining information. For that to happen, the ethnographic approach might be useful if we are to fully understand the nature of the drug markets in these areas and the preference for certain drugs over others.

Notes

1. An ADAM study conducted in 1996–1997 showed that in five cities in the West, between 7 and 40 percent of meth users among arrestees tested positive for the drug. Pennell, S., et al., *Meth Matters: Report on Methamphetamine Users in Five Western Cities*, Research Report, Washington, D.C.: U.S. Department of Justice, National Institute of Justice, May 1999, NCJ 176331, 1, 6–7, 21–22.
2. The ranking was based on urine tests. *1998 Annual Report on Methamphetamine Use Among Arrestees*, Research Report, Washington, D.C.: U.S. Department of Justice, National Institute of Justice, 1999 NCJ 175660, 5.
3. *Ibid.*, 5, 7.
4. In the ADAM program, arrestees are tested for 10 drugs: amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, PCP, and propoxyphene. The method is Enzyme Multiplied Immunoassay Testing (EMIT[™]).
5. In the categories used to measure meth markets, a substantial amount of data was missing. This is largely because of the number of arrestees who said they had used or bought meth at one time but no longer did so. In these cases, it was difficult for them to respond on the basis of current use of meth.
6. These task forces are funded by the HIDTA (High Intensity Drug Trafficking Area) program of the Office of National Drug Control Policy. Under the program, certain areas of the country that are experiencing severe drug trafficking receive Federal assistance to help control the problem.

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The support and assistance of Thomas Monaghan, U.S. Attorney for the Nebraska District, and his staff, were essential in making this study possible. The author also wishes to thank Sheriff Vernon Hjorth, Terry

Howell, and Mike Prather in Madison County; Sheriff Terrill Perkins and Joel Dalton in Hall County; Sheriff Gary Reiber and Dottie Anderson in Dawson County; Sheriff James Moore, Ron White, and Mike Moreno in Scotts Bluff County; and Police Chief Donald Carey and Rick Power in Omaha for allowing the ADAM program access to their facilities. Data collection would not have been possible without the commitment of the Omaha ADAM staff: Steven Wilmes, who coordinated and supervised Rural ADAM data collection; and Ben Castinado, Lupe Hickey, Alex Castro, Edna Castro, and Jose Guerrero, who conducted the interviews in the rural sites.

Findings and conclusions of the research reported here are those of the author and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

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

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NCJ 180986

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Percent of Adult Arrestees Testing Positive for Methamphetamine Use, 1995 to 1999

	1995	1996	1997	1998	1999		1995	1996	1997	1998	1999
Northeast						West/Southwest					
New York, NY						Omaha, NE					
Men	0.0	0.2	0.0	0.0	0.0	Men	7.8	4.3	9.7	10.2	7.8
Women	0.2	0.0	0.0	0.0	0.0	Women	10.3	4.9	13.3	13.6	11.1
Philadelphia, PA						Albuquerque, NM**					
Men	0.4	0.5	0.6	0.6	0.2	Men	-	-	-	3.4	5.1
Women	1.1	0.0	0.0	0.3	0.0	Women	-	-	-	2.4	8.9
Washington, DC						Denver, CO					
Men	0.1	0.0	0.3	0.0	0.9	Men	4.1	2.9	5.0	5.2	3.0
Women	0.0	0.0	0.0	0.5	-	Women	3.2	0.7	4.6	4.6	2.4
South						Laredo, TX**					
Atlanta, GA						Men	-	-	-	0.0	0.2
Men	0.4	0.0	0.6	0.0	0.4	Women	-	-	-	0.0	0.0
Women	0.6	0.0	0.7	-	0.8	Las Vegas, NV**					
Birmingham, AL						Men	-	-	-	13.8	16.2
Men	0.1	0.2	0.6	0.0	0.1	Women	-	-	-	24.3	17.9
Women	0.0	1.0	0.5	0.0	0.9	Los Angeles, CA					
Dallas, TX						Men	5.8	4.1	4.7	8.0	8.9
Men	2.2	1.2	2.6	3.3	2.5	Women	11.3	12.3	8.9	11.8	12.0
Women	3.7	1.5	2.8	4.0	3.2	Phoenix, AZ					
Ft. Lauderdale, FL						Men	22.0	11.1	16.4	16.4	16.6
Men	0.1	0.0	0.1	0.0	0.4	Women	21.7	14.0	25.6	22.4	14.3
Women	0.0	0.3	0.0	0.0	0.0	Sacramento, CA**					
Houston, TX						Men	-	-	-	24.6	27.6
Men	0.1	0.1	0.0	0.2	0.1	Women	-	-	-	29.2	32.4
Women	0.9	0.7	0.5	0.0	0.1	Salt Lake City, UT**					
Miami, FL						Men	-	-	-	20.3	24.8
Men	0.0	0.0	0.0	0.2	0.0	Women	-	-	-	31.4	34.1
Women*	-	-	-	-	-	San Antonio, TX					
New Orleans, LA						Men	1.1	1.7	1.7	2.0	1.8
Men	0.0	0.0	0.0	0.2	0.1	Women	2.5	2.8	2.4	1.7	1.4
Women	0.0	0.3	0.0	0.3	0.0	San Diego, CA					
Oklahoma City, OK**						Men	36.0	29.3	39.6	33.2	26.0
Men	-	-	-	8.0	8.7	Women	40.2	31.3	42.4	33.3	30.6
Women	-	-	-	-	11.3	San Jose, CA					
Midwest						Men	16.3	12.1	18.4	19.7	24.4
Chicago, IL						Women	23.6	22.2	24.9	21.1	31.6
Men	0.0	0.2	0.3	0.2	0.0	Tucson, AZ**					
Women	-	-	-	0.0	0.0	Men	-	-	-	4.0	5.8
Cleveland, OH						Women	-	-	-	2.5	9.6
Men	0.0	0.0	0.0	0.0	0.0	Northwest					
Women	0.0	0.0	0.0	0.0	0.0	Anchorage, AK**					
Des Moines, IA**						Men	-	-	-	0.0	0.5
Men	-	-	-	10.2	14.0	Women	-	-	-	0.0	0.0
Women	-	-	-	24.2	22.4	Portland, OR					
Detroit, MI						Men	18.1	11.8	15.9	18.1	19.8
Men	0.0	0.0	0.0	0.2	0.0	Women	19.7	13.5	20.7	22.3	24.8
Women	0.6	0.0	0.0	0.0	0.0	Seattle, WA**					
Indianapolis, IN						Men	-	-	-	6.4	9.0
Men	0.8	0.3	0.2	0.8	0.6	Women	-	-	-	5.2	9.5
Women	0.0	0.2	0.2	0.0	0.5	Spokane, WA**					
Minneapolis, MN**						Men	-	-	-	15.8	20.1
Men	-	-	-	0.8	1.1	Women	-	-	-	22.0	26.6
Women	-	-	-	0.0	2.5						

* Data on women not collected at this site.

** New ADAM site in 1998.

Note: Data are from NIJ's Arrestee Drug Abuse Monitoring program. Data collection in St. Louis was temporarily suspended in 1999; Honolulu replaced St. Louis in 2000 as the 35th ADAM site.