Methamphetamine Use by Adult and Juvenile Arrestees in 2009

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Cynthia Burke, Ph.D.
Division Director

Criminal Justice Research Division, SANDAG

401 B Street
Suite 800
San Diego, CA 92101
(619) 699-1900
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FAST FACTS

• **Use Trends:** Along with more adult arrestees testing positive for meth in 2009, fewer reported the price had increased, the quality was worse, or it was harder to obtain.

• **Risk Behaviors:** Over half (58%) of the meth-using arrestees reported going to work under the influence. In addition, arrestees who used meth were significantly more likely to report driving a car while under the influence, compared to arrestees who reported drug use other than meth.

• **Use History:** The “typical” meth-using arrestee had been using the drug for about eleven years, usually smokes it (but sometimes snorts or injects it), and typically uses it around four times a day for four days in a row.

• **Consequences:** The most commonly reported side effects of meth use included sleeplessness, weight loss, legal problems, and family problems.

• **Supply and Distribution:** Meth users were almost equally divided in whether or not they had a main source for obtaining the drug, and those who did were more likely to report carrying a weapon with them when obtaining the drug.

• **Treatment:** While just around half (54%) of the meth-using arrestees reported trying to get drug treatment for meth in the past, most who had tried were able to get into a program.

SOME THOUGHTS FROM METH-USING ARRESTEES IN 2009

- **“Don’t do it. Don’t start. The craving is too tremendous.”**
  - 44-year-old female, arrested for selling drugs

- **“It kills you slowly.”**
  - 46-year-old female, arrested for being under the influence

- **“Wouldn’t give it to my worst enemy.”**
  - 51-year-old female, arrested for burglary

- **“Don’t start because it makes you think you can function, but eventually it consumes you.”**
  - 33-year-old female, arrested for driving under the influence

- **“It does damage to your body, family, and mind.”**
  - 21-year-old male, arrested for motor vehicle theft

- **“I was married for 17 years until I met this drug.”**
  - 52-year-old male, arrested for drug possession

- **“It’s a drug that’s ruining a lot of people’s lives.”**
  - 44-year-old male, arrested for being under the influence

- **“Once you try it, no matter how bad you want to stop, it’s really hard.”**
  - 23-year-old male, arrested for being under the influence
Interviews with adult and juvenile arrestees regarding drug use and other risky behaviors have been conducted by the San Diego Association of Governments (SANDAG) in San Diego since 1987. This CJ Bulletin is the third in a series of four presenting Substance Abuse Monitoring (SAM) data collected in calendar year 2009. Information collected from the SAM project provides useful, objective indicators regarding methamphetamine (meth) use trends over time, as well as other information regarding treatment access, distribution, and other risky behaviors of concern.

As part of this effort, all arrestees randomly selected to participate in the SAM project who report methamphetamine use in the past 30 days are asked to complete a meth addendum. In 2009, 172 adults and 6 juveniles completed the addendum, which includes questions that pertain to how the arrestees obtain meth, use it, their involvement in distribution, the effect it has on their lives, and their participation in treatment services. In 2009, this data collection effort was generously supported by the California Border Alliance Group (CBAG), County of San Diego Alcohol and Drug Services, the District Attorney’s Office, and the Public Safety Group. Their support, as well as the cooperation of the San Diego County Sheriff’s and Probation Departments, is gratefully acknowledged.

All addendum questions, along with aggregated responses by percent and raw numbers for 2006 through 2009, are available on the SANDAG Web site at www.sandag.org/cj, as well as more information about the SANDAG SAM project. For additional information or to ask questions, please contact the Criminal Justice Research Division at (619) 699-1900.
METH AVAILABILITY: THEN AND NOW

With meth costing society an estimated $23.4 billion nationally in 2004\(^1\) and recent use nationwide in 2009\(^2\), this drug remains a significant issue for many communities. As described in the first two bulletins in this SAM series, meth use was up in 2009, compared to 2008 for both adult female (from 31% to 38%) and male (from 20% to 22%) arrestees, but was down for juveniles (from 10% to 6%) (not shown). To supplement these urinalysis results, questions are included on the meth addendum regarding how available meth was in the past year. From a supply point of view, one would want to see that the price of meth has increased, while the quality and availability have decreased. However, as Figures 1, 2, and 3 show, each of the three measures indicated that, in addition to more arrestees testing positive for meth in 2009, a slightly greater percentage of arrestees reported increased availability. That is, compared to 2008, fewer individuals said the price of meth was higher in the past year (67% versus 76%), indicated the quality was worse (50% versus 56%), and that it was harder to obtain (33% versus 35%).


As part of the meth addendum, questions are posed to the arrestees about their reasons for first trying meth, why they still use, and how they currently use. As Table 1 shows, almost half (42%) of those interviewed reported they first tried meth to experiment. However, as time passed and their use continued, more individuals reported being addicted (30%) or wanting to escape from something in their lives (21%); about one-quarter (27%) reported they just wanted to “get high.”

Most arrestees reported that their most common method of using the drug was smoking (76%), but just under half (48%) also reported they had snorted the drug and 20 percent said they had injected it in the past year. The median number of times arrestees reported using meth per day was 4.0, with the “typical” user reporting s/he “binged” (number of days used consecutively) for 4.0 days in the past 30.

On average, the adults interviewed as part of this study reported using meth for a median of 14.0 years (range 0 to 31 years) and the juveniles reported a median of 2.0 years of use (range 0 to 10).

Table 1
METH-USING ARRESTEES SHARE NUMBER OF CHARACTERISTICS

<table>
<thead>
<tr>
<th>Top 3 Reasons for First Trying Meth</th>
</tr>
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<tbody>
<tr>
<td>To experiment (42%)</td>
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<tr>
<td>Friends/peer use (32%)</td>
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<tr>
<td>To get high (11%)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Top 3 Reasons for Still Using Meth</th>
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</thead>
<tbody>
<tr>
<td>Addicted (30%)</td>
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<tr>
<td>To get high (27%)</td>
</tr>
<tr>
<td>To escape (21%)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Most Common Mode of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking (76%)</td>
</tr>
<tr>
<td>Snorting (14%)</td>
</tr>
<tr>
<td>Injecting (9%)</td>
</tr>
<tr>
<td>Eating (1%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mode Used at All in Past Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking (93%)</td>
</tr>
<tr>
<td>Snorting (48%)</td>
</tr>
<tr>
<td>Injecting (20%)</td>
</tr>
<tr>
<td>Eating (6%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Median Number of Times Used Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0 (range 1 to 40)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Median Number of Consecutive Days Used in Past Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0 (range 1 to 30)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mean Number of Grams Used per Day</th>
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<tbody>
<tr>
<td>0.5 (range .02 to 5.0)</td>
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</table>

<table>
<thead>
<tr>
<th>Median Number of Years of Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults: 14.0 (range 0 to 31)</td>
</tr>
<tr>
<td>Juveniles: 2.0 (range 0 to 10)</td>
</tr>
</tbody>
</table>

3 The median is used as the measure of central tendency when a distribution is either positively or negatively skewed.
How Do Arrestees Obtain Meth?

To gather information about individuals involved in meth distribution, arrestees are asked a series of questions about the people who supply their meth\(^4\). Two in every five (40%) of the arrestees reported having a main source for obtaining the drug. When asked to provide specific information about this source:

- 94 percent reported obtaining meth within San Diego County, as opposed to another county, state, or country;
- 41 percent reported their main source was Hispanic, and 48 percent that the individual was White; 68 percent reported buying meth from someone who was the same ethnicity as they were;
- 75 percent reported their main source was male, 18 percent female, and 7 percent a couple;
- on average (median), the arrestees had been using their main source for 1.0 year (range 2 days to 21 years);
- 78 percent said the only drug they bought from this main source was meth;
- 42 percent reported that they would buy from someone else if their main source did not have meth available and 44 percent said they have previously bought meth from someone they did not know; and
- 29 percent reported carrying a gun, knife, or other weapon with them when obtaining meth (those who have a main source were more likely to do so) (not shown).

How Many Arrestees Are Involved in Distributing Meth?

Thirty-seven percent (37%) of the arrestees reported that they had either sold meth or acted as a middleman in the past year. For most of these individuals, this involvement was limited to San Diego County (85%) and did not progress outside the region, state, or country. On average, those who reported they currently sold meth said they had sold to an average (median) of 2.0 people in the past week (range 0 to 105) and that they had made $10 (range $0 to $30,000) in the past 30 days (not shown). When asked if they thought demand for the drug had increased, 48 percent responded affirmatively, a slight increase from 2008 (Figure 4).

\(4\) Drug market information questions are also included in the adult SAM instrument, and similar information for a somewhat different sample is presented in the second bulletin of this series.
How Many Arrestees Are Involved in Making Meth?

Only 7 percent of the arrestees who completed the addendum reported being involved in the production of meth in the past, with their first involvement occurring a median of 10.0 years (range 1 to 24) ago. Of these 13 individuals (11 adults and 2 juveniles), 8 reported they had obtained chemicals, 8 cut or packaged it, 7 cooked it, 7 found a location to make it, and 5 obtained cooking equipment. When asked how they learned to cook the drug, the most common response was from friends (7), followed by dealers (2), other family members (1), spouse/partner (1), and parents (1). When asked how often they made it, the most common response was less than once a month (3 of 8 respondents). Only 4 of the 13 reported participating in the production process in the past 12 months and none in the past 30 days (not shown).

When asked how they obtained the ingredients to make meth, five said from a store or through a business transaction and three from family or friends. Four of seven respondents said it was harder to obtain the ingredients to make meth in the past year (not shown).

In terms of the specifics on a “typical” batch of meth, these arrestees reported that it costs a median of $300 to produce approximately 3.5 grams, which resulted in a product that would sell on the street for about $3,000 (not shown).
EFFECTS OF METH USE

What Effect Does Meth Have on Arrestees’ Lives?

Meth can have a number of significant negative effects on those who use it. As Table 2 shows, the four most common effects include sleeplessness (85%), weight loss (74%), legal problems (67%), and family problems (61%). In addition, one-third or more also reported financial problems, dental problems, work problems, and paranoia.

<table>
<thead>
<tr>
<th>Effect</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleeplessness</td>
<td>85%</td>
</tr>
<tr>
<td>Weight loss</td>
<td>74%</td>
</tr>
<tr>
<td>Legal problems</td>
<td>67%</td>
</tr>
<tr>
<td>Family problems</td>
<td>61%</td>
</tr>
<tr>
<td>Financial problems</td>
<td>54%</td>
</tr>
<tr>
<td>Dental problems</td>
<td>50%</td>
</tr>
<tr>
<td>Work problems</td>
<td>35%</td>
</tr>
<tr>
<td>Paranoia</td>
<td>33%</td>
</tr>
<tr>
<td>Hallucinations</td>
<td>28%</td>
</tr>
<tr>
<td>Skin problems</td>
<td>28%</td>
</tr>
<tr>
<td>Violent behavior</td>
<td>25%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>178</strong></td>
</tr>
</tbody>
</table>

NOTE: Percentages based on multiple responses.
SOURCE: SANDAG SAM Program, 2009

Arrestees were also asked if they had engaged in any sexual practices related to meth use that could increase their risk for contracting sexually transmitted diseases (STDs). Overall, most of the arrestees reported they had engaged in sex while high at least once in the past six months (85%). In addition, almost one in three (29%) said they had engaged in sexual practices while high on meth that they would not normally do, and 21 percent said they had been somewhat worried that their behavior may be putting them at risk for getting HIV or another STD (not shown).

What Effect Does Meth Use Potentially Have on Others?

When individuals in our communities use meth, they may also be putting others at risk with their erratic and unpredictable behavior. This impact is demonstrated by the fact that over half (58%) of the adult arrestees reported using meth before work. When asked what their current job was, responses included working in the construction industry, restaurants, offices, auto repair establishments, and other retail locations (not shown).

An additional potential effect on the community is the production of meth and how resulting chemical wastes are disposed of. When the individuals ever involved in the production of meth were asked where they had made it, 8 of the 11 said a private residence, possibly having health effects on other individuals who live in the home or nearby. When asked how the ingredients were disposed of, the most common response (7 of 10 respondents) was dumping them in the trash or outside (not shown).
According to statistics from the County of San Diego, the percent of local substance abuse treatment admissions reporting meth as their primary drug of choice was 34 percent in 2009, making it more common than alcohol, marijuana, cocaine, or heroin (not shown).

In 2009, 54 percent of arrestees who completed the meth addendum reported they had tried to get drug treatment for meth in the past. Those who had not accessed treatment services most often reported they thought they could quit on their own (52%) or they did not want to quit (25%); and 16 percent reported they wanted to get treatment but had not yet done so (not shown).

Of the 96 arrestees who had sought treatment, most (84%) said they had been successful in getting into a program. For almost 62 percent of these individuals, treatment was in-patient; another 34 percent were involved in an out-patient program; and 4 percent in another type which included detox, or a jail/prison program. Forty-seven percent (47%) who reported entering treatment said they completed the program. Those who did not complete treatment were asked why and the most common responses included they wanted to use again or they were kicked out (not shown).

When the 15 individuals who said they did not get into a program were asked why, they gave a number of reasons, including it was too expensive, they changed their mind, they were placed on a waiting list, or they were arrested (not shown).
Of the 766 adult arrestees who completed a valid SAM interview and provided a testable urine sample, 578 did not report meth use in the past 30 days, 170 reported meth use and completed the addendum, and 18 reported use but did not complete the addendum. Of the 578 individuals who reported no meth use, 61 tested positive for meth and were excluded from these analyses, leaving 517 individuals – 312 who reported not using any drug in the past 30 days and 205 who reported using marijuana, crack, cocaine, and/or heroin (but not meth) (in addition to the 188 who had used meth).

Table 3 shows how the 188 adult arrestees who reported recent meth use (whether they completed the addendum or not) significantly differed from those who did not use any drugs or used different types of drugs in the past 30 days. With many of these individuals never having received treatment and meth being the most common primary substance of use reported in publicly funded treatment programs in the county, this information may be useful in better understanding the background and needs of this population. Specifically, meth users were more likely to:

- be female, compared to those who did not use drugs recently or used other types of drugs;
- be White, not married, homeless at some point in their life, have no degree, and be unemployed;
- have prior justice system contact and be arrested for a drug offense; and
- have had work-related issues related to drug use, have driven under the influence, and had health problems.

Table 3
ADULT METH USERS DIFFER FROM OTHER ARRESTEES IN NUMEROUS WAYS*

<table>
<thead>
<tr>
<th></th>
<th>No Drug Use</th>
<th>Other Drug Use</th>
<th>Meth Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>32%</td>
<td>27%</td>
<td>48%</td>
</tr>
<tr>
<td>White</td>
<td>32%</td>
<td>42%</td>
<td>46%</td>
</tr>
<tr>
<td>Black</td>
<td>24%</td>
<td>32%</td>
<td>11%</td>
</tr>
<tr>
<td>Married</td>
<td>22%</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>Ever homeless</td>
<td>32%</td>
<td>48%</td>
<td>67%</td>
</tr>
<tr>
<td>No degree</td>
<td>23%</td>
<td>23%</td>
<td>30%</td>
</tr>
<tr>
<td>Mean age</td>
<td>32.9</td>
<td>29.8</td>
<td>35.3</td>
</tr>
<tr>
<td>Unemployed</td>
<td>49%</td>
<td>52%</td>
<td>65%</td>
</tr>
<tr>
<td><strong>Justice System</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever arrested</td>
<td>63%</td>
<td>75%</td>
<td>94%</td>
</tr>
<tr>
<td>Ever in jail</td>
<td>54%</td>
<td>70%</td>
<td>88%</td>
</tr>
<tr>
<td>Ever prison</td>
<td>16%</td>
<td>22%</td>
<td>37%</td>
</tr>
<tr>
<td>Current drug offense</td>
<td>35%</td>
<td>37%</td>
<td>49%</td>
</tr>
<tr>
<td>Current violent</td>
<td>29%</td>
<td>24%</td>
<td>13%</td>
</tr>
<tr>
<td>offense</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Went to work or school under the influence</td>
<td>10%</td>
<td>29%</td>
<td>60%</td>
</tr>
<tr>
<td>Missed work or school due to use</td>
<td>8%</td>
<td>15%</td>
<td>28%</td>
</tr>
<tr>
<td>Drive under influence of drugs</td>
<td>8%</td>
<td>38%</td>
<td>59%</td>
</tr>
<tr>
<td>Health problems related to drug use</td>
<td>6%</td>
<td>7%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>244</td>
<td>154</td>
<td>115</td>
</tr>
<tr>
<td></td>
<td>312</td>
<td>205</td>
<td>188</td>
</tr>
</tbody>
</table>

*Significant at p < .05
NOTE: Cases with missing information not included.
SOURCE: SANDAG SAM Program, 2009

5 An additional two adults completed a meth addendum but were unable to provide a urine sample.
In 2009, 190 adult arrestees admitted to using meth at least once in the past 30 days (of the 778 interviewed, which includes 12 individuals who did not provide a urine sample). Of these, 91 percent, or 172, completed the additional meth addendum. One hundred seventy (170) of these individuals provided a urine sample and 2 could/did not. For the juveniles, 7 admitted to meth use in the past 30 days and 6 of these youth completed an addendum and also provided a urine sample.

There were no differences for adults in their willingness to complete an addendum based on gender, age, race, highest educational level, work status, marital status, or current offense.