Defining the Disparity -Taking A Closer Look:

Do Drug Use Patterns Explain Racial/Ethnic Disparities in Drug Arrests in Minnesota

INTRODUCTION

This report is produced by the ***Racial Disparity Initiative*** (***RDI***), a multi-year research, policy, and advocacy initiative that was launched by the Council on Crime and Justice in spring 2000. RDI examines the causes and consequences of racial disparities in the Minnesota criminal justice system.

RDI consists of several independent, but interrelated research projects. This research report on drug use and drug arrest patterns is part of the ***Defining the Disparity Project***, which examines why people of color are arrested at much higher rates than Whites in Minnesota. The starting point for the Defining the Disparity Project was the startling difference in arrest rates for Whites and for people of color and Nations. In 2000, for every 100,000 people, the arrest rate for Part 1 Crimes[1] was 5,006 for African Americans, 4,708 for Latinos, 3,096 for American Indians, 594 for Asians, and 408 for Whites. Compared to Whites, the arrest rate was twelve times higher for African Americans, eleven times higher for Latinos, seven times higher for American Indians, and less than twice as high for Asians.

Racial disparities in arrests in Minnesota are exceptionally high compared to other states, and at least double the national average. The question begs to be answered: Why does Minnesota have such an unusually high racial/ethnic disparity in arrests?

This report focuses on describing and explaining racial/ethnic disparities in drug-related arrests. Using existing national and local data on drug use from various sources, racial/ethnic patterns in drug arrests will be analyzed through racial/ethnic patterns in drug use, which will be treated as the best measure of the actual amount of drug-related crime. The main research goals are summarized in the following questions:

- Do drug use patterns in Minnesota vary from national drug use patterns?
- Do drug use patterns in Minnesota vary from drug use in similar midwestern states?
- To what extent do differences in drug use across racial/ethnic groups explain the variation in arrest rates?

Section I discusses drug-related arrest statistics and their use as a measure of actual drug-related crime. Section II focuses on the problems of studying drug use and difficulties in obtaining reliable information. Section III examines different data sources on drug use to answer the research questions stated above. Recommendations are presented in section IV.

I. DISPARITIES IN DRUG-RELATED ARRESTS

In Minnesota, the far greatest disparity in drug-related arrests is evidenced between Whites and African Americans. In 2000, for every 100,000 people, the arrest rate was 4,138 for African Americans, 1,720 for Latinos, 1,277 for American Indians, 188 for Asians, and 404 for Whites. The arrest rate ratio of African American to White was 10 to 1, 4 to 1 for Latinos and Whites,

[1] Part 1 Crimes include murder, manslaughter, rape, robbery, assault, burglary, larceny, auto theft, and arson. Statistics are calculated from 1999 Minnesota Bureau of Criminal Apprehension and 2000 U.S. Census Bureau data.

and 3 to 1 for American Indians and Whites. Again, these disparities are exceptionally high: the national disparity between African Americans and Whites was 4 to 1 in 1998, which means that the disparity in Minnesota is more than twice the national average.

Responses to drug offenses vary from state to state, and in national comparisons, Minnesota ranks very low in the overall use of imprisonment for drug offenders. According to the Human Rights Watch (2000), Minnesota admission rate for drug offenses was 12 per 100,000, the fourth lowest among states in 1996. However, there are astonishing disparities in who actually goes to prison for drug offenses in Minnesota. The admission rate for Black drug offenders was 424 per 100,000, while the admission rate for White drug offenders was 11 per 100,000—a disparity of 39 to 1. After analyzing drug use and sales data from 26 states, the report found no correlation between drug-related offending and drug-related incarceration. In other words, states with high level of drug use were not necessarily states with high imprisonment. Similarly, low overall drug use did not correlate with low prison admissions.

Explanations for racial disparities in arrests tend to be polarized. Some are convinced that they are the result of bias and discrimination by law enforcement, while others believe that people of color and Nations actually commit more crimes (e.g., Smith, Visher, and Davidson, 1984). Research in this area is inconclusive and supports partly or simultaneously both views (Cureton, 2000).

However, specifically for drug offenses, there is more agreement that arrest rates are a poor indicator of actual involvement in drug-related crime. First, a vast majority of drug-related crimes never come to the attention of police and therefore do not appear in arrest or any other official statistics. Second, relative to other crimes with a clear victim, the detection of drug offenses often arises from police-initiated activity in contrast to citizen-initiated activity. This makes the choice of whom to arrest specifically susceptible to racial bias. Third, there tends to be more police presence in minority neighborhoods and law enforcement efforts may specifically target these neighborhoods for a variety of reasons including response to resident requests. Fourth, there is some evidence that race is being used at least implicitly in police profiles on drug couriers (see Blumstein, 1983, 1993; Human Rights Watch, 2000; Johnson, Petersen, and Wells, 1977).

For all of these reasons, it is important <u>not to use</u> drug arrests as a direct measure of drug-related crime. Similarly, it cannot be expected that racial/ethnic differences in drug arrests necessary reflect similar racial/ethnic differences in committing drug-related crimes. A better way to estimate the amount of drug-related crime is to estimate actual drug use. This can, of course, be done in many different ways.

Surveys typically select people randomly and inquire about self-reported drug use. Surveillance studies rely on drug use data collected for other purposes, for example, on emergency room or drug treatment data. People can also be tested for drug use by analyzing hair or urine samples. Estimates can be drawn from the general population, including overall household, adult, and youth surveys or from special populations, including arrestees, drug treatment clients, emergency room patients, and so on. No matter the type of drug use study, estimating the frequency and

patterns of drug use is methodologically demanding and complex, and some of the challenges are described below.

II. COMPLEXITY OF STUDYING DRUG USE

It is difficult to study drug use for many reasons. The main methodological challenges include the rare incidence of drug use, underreporting of sensitive information, and controlling for other than individual-level characteristics, such as neighborhood and family effects.

Drug Use Is a Relatively Rare Phenomenon

If the goal is to measure drug-related crime through drug use estimates, the best option is to analyze drug use in the general population. Surveillance or drug testing studies that by their nature focus on specific populations, such as arrestees, are not as useful in this case. Self-reporting, i.e., surveys that ask questions about respondents' drug use, is the only viable way to estimate drug use in the general adult population. However, these surveys introduce a set of methodological problems that center on the rare incident of drug use in the first place, and the tendency to underreport sensitive issues or illegal activity in the second.

Except for marijuana, drug use is a very rare phenomenon. Various sources report no more than 5 percent use rate (past 12 months) for any drug other than marijuana. Therefore, a very large number of persons need to be contacted in order to analyze drug use by the type of drug, and even a larger sample size is needed if this analysis needs to be broken down by race and ethnicity (Miller, 1997). In Minnesota, racial/ethnic analyses are especially challenging because less than 12 percent of Minnesota residents are people of color or Nations. Minnesota Department of Human Services conducted a household survey on drug use in 1996-1997. In order to complete approximately 3,000 phone interviews with people of color and Nations, calls had to be made to 75,000 phone numbers (see Kroliczak, Chattopadhyay, Cheoleon, and Larsen, 1998). Similarly, a drug use survey in Iowa made more than 56,000 phone calls and completed 6,200 household interviews, but was yet unable to reach enough people of color and Nations to analyze the results by race and ethnicity (Lutz, Gonnerman, Crew, Turner, and Ingram, 1999).

Underreporting of Drug Use

Many studies have focused on the tendency to underreport drug use, and found that underreporting varies by the type of survey, by the type of drug, by race and ethnicity, and by distance in time from the last use. Mail surveys present problems in response rates, but once the surveys are filled out, they tend to provide more accurate information on drug use than telephone surveys or personal interviews. Mail surveys provide more anonymity and do not expose respondents to potential adverse reactions by interviewers (Harrell, 1997; Johnston and O'Malley, 1997).

Compared to other drugs, marijuana use is typically seen as less harmful or wrong. It is understandable that people tend to report marijuana use more accurately than use of other drugs, including cocaine, hallucinogens, and heroin (Harrell, 1997).

Research shows that people of color may be more likely to underestimate drug use than Whites. Some studies have found that especially African Americans deny drug use more often than other racial groups (e.g., Johnston and O'Malley, 1997; Magura and Kang, 1997).

In general, people are less likely to report accurately recent or potential drug use, but more honest in telling about drug use that occurred in the distant past (McAllister and Makkai, 1991).

Controlling for Environmental and Social Factors

Simplistic comparisons of drug use by race and ethnicity may be misleading because they often fail to account for differences in the social environments experienced by respondents or for other determinants of drug use. Such basic comparisons may reinforce racial prejudices and draw public attention away from neighborhood characteristics or other factors that may better explain patterns of drug use.

For example, Lillie-Blanton, Anthony, and Schuster (1993) found that racial differences in crack cocaine use were explained by variations in environmental factors rather than by race or ethnicity. Their study compared 138 crack users to 801 individuals who did not use crack cocaine. Once survey respondents were grouped into neighborhood clusters, in effect holding constant such characteristics as drug availability and social conditions, the odds of crack cocaine use did not differ significantly by race or ethnicity. In short, given similar social conditions, crack cocaine smoking did not depend strongly on race per se as an individual characteristic. Neighborhood conditions were more significant, and disproportionate shares of people of color live in social environments that increase risk of drug use.

Parker, Weaver, and Calhoun (1995) examined the influence of socioeconomic status and demographic differences on drug use, based on the results of the National Household Survey on Drug Abuse. When race effects were analyzed together with other factors, full-time employment turned out to be the most powerful predictor of drug use, followed by marital status, age, race, population size, and region. These findings proved false a typical stereotype of drug users: for African Americans, Latinos, and Whites, those employed full-time reported the highest amount of drug use.

For the youth, the most cited risk factors for drug use include availability of drugs, friends who use drugs, and parental tolerance of substance abuse. Maddahian, Newcomb, and Bentler (1986) found that when the availability of drugs for youth was controlled for, the effect of race and ethnicity became insignificant and racial differences in drug abuse disappeared. A study based on data collected for the Seattle Social Development Project demonstrated that White 5th graders were the most likely to report the greatest marijuana availability and more intentions to use substances as an adult (Gillmore, Catalano, Morrison, Wells, Iritiani, and Hawkins, 1990). Some other studies have not found strong differences between racial groups. A study by Williams, Ayers, Abbott, Hawkins, and Catalano (1999) found that low academic and social skills, peer influence, and sibling influence were significant predictors of drug use for both African American and White youth.

Different Damages
Frequency and severity of drug use vary. One way to categorize drug use is to differentiate among first-time use, continued use, and drug abuse. Although the overall drug use is now well below the peak of the early 1980's, many agree that the severity of drug-related problems has not declined as much—drug problems can increase even as drug use stabilizes or declines (Reuter, 1999). Health and other consequences of drug use are the most damaging for drug abusers, who now tend to be older. They are also more likely to be urban poor, whose use has serious economic and health consequences for themselves and for society. In contrast, the decline of drug use is most significant among the more educated segments of the population (Reuter, 1999).

III. ADDRESSING THE RESEARCH QUESTIONS

For this report, results of several different drug use studies were accessed through publications, web sites, or original data. The ultimate goal is to compare racial/ethnic patterns in drug arrests for adults in Minnesota to racial/ethnic patterns in adult drug use in Minnesota. Therefore, the focus will be on drug use studies that can be generalized to the overall adult population. The report will address each of the three research questions in turn.

Do drug use patterns in Minnesota vary from national drug use patterns?
The most comparable data to examine drug use patterns between the nation and Minnesota comes from the 1999 ***National Household Survey on Drug Abuse*** (***NHSDA***) where both were examined. The Substance Abuse and Mental Health Services Administration have conducted the NHSDA periodically from 1971 to 1990 and annually since then. Households are selected randomly and from each household, a person who is at least 12 years old is interviewed personally. NHSDA results can be generalized to the U.S. population, excluding special institutions (hospitals, prisons, active military personnel). Prior to 1999, approximately 25,000 interviews were completed per year and the sample design was strictly national. In 1999, NHSDA was redesigned with three major changes. First, the sampling was changed to a state-based design that allowed the production of state level estimates of substance abuse. Second, the number of completed interviews was increased to approximately 70,000. Third, the data collection method was changed from a personal paper-and-pencil interview (PAPI) to a personal computer-assisted interview (CAI) that includes self-interview components. Because of these changes, results from 1999 on are not directly comparable to previous NHSDA findings.

In 1999, the NHSDA for the first time reported some results for individual states. However, these results are limited by the type of drug and do not allow analysis by race within each state. Also, a programming error that was discovered in the1999 NHSDA means that these absolute prevalence rates are slightly incorrect, but the effect of the error is similar for all states and the nation and makes them comparable to each other. Thus, as the error is not important for comparison purposes, the results are reported in Table 1 in order to compare past month drug use nationally and in Minnesota. As can be seen in Table 1, marijuana use is higher and other drug use lower in Minnesota than nationally. However, all differences between Minnesota and the nation are small. This suggests that national and Minnesotan drug use patterns are, in fact, comparable to each other.

Table 1. Percent Reporting Past Month Drug Use in Minnesota and the USA, 1999

	Minnesota	USA
Any Illicit Drug	6.7	6.7
Marijuana	5.9	5.1
Any Drug Other than Marijuana	2.7	2.9

Note: Population 12 or older
Source: National Household Survey on Drug Abuse, 1999

The results from the NHSDA can also be compared to its local counterpart, the ***Minnesota Adult Household Survey (Minnesota Survey)***, conducted by the Minnesota Department of Human Services in 1996-1997. At least 18-year-old members of randomly selected households were interviewed over the telephone. The Minnesota Survey included two samples: 7,508 interviews were completed statewide and 2,910 interviews were completed in the Twin Cities metro area to reach people of color and Nations.

As the Minnesota Survey took place in 1997, the results are compared to the 1997 NHSDA. Table 2 shows past year drug use in Minnesota and the USA. Contrary to Table 1 that relied solely on NHSDA data, there now appear to be significant differences in drug use between Minnesota and the rest of the country. In Minnesota, use for any drug is less than half the national rate, 4.3 percent compared to 10.3 percent. Differences are similar for marijuana use and even larger for some other types of drugs, for example, cocaine and hallucinogens. However, it is possible that these seemingly significant differences are related to inconsistent survey methods. The Minnesota Household Survey was a telephone survey, which is likely to yield lower reporting of drug use than the NHSDA, which is based on personal interviews combined with a self-administered questionnaire, which provide the most anonymity in answering sensitive questions.

Table 2. Percent Reporting Past Year Drug Use in Minnesota (1996-1997) and the USA (1997)

	Minnesota	USA
Any Drug	4.3	10.3
Marijuana	4.1	8.2
Cocaine	0.3	1.9

Table 2 continued. Percent Reporting Past Year Drug Use in Minnesota (1996-1997) and the USA (1997)

	Minnesota	USA
Hallucinogens	0.5	1.6
Inhalants	0.1	0.7
Sedatives	0.3	0.3
Heroine	0.1	0.3

Note: Population 18 or older
Source: Minnesota Adult Household Survey 1996-1997
National Household Survey on Drug Abuse 1997

Tables 3 and 4 compare results by race/ethnicity from the Minnesota Survey to the 1997 NHSDA. Rates are for the adult population and report past year use. Again, drug use appears to be lower in Minnesota than nationally regardless of race/ethnicity, although the significance of the difference varies by race/ethnicity. For example for Latinos, the rates are only slightly lower in Minnesota than nationally. For African Americans and American Indians, there is more difference, and even more difference for Whites and Asians.

Table 3: Percent Reporting Past Year Drug Use by Race/Ethnicity, Minnesota (1996-1997)

	White	African American	Latino	American Indian	Asian
Any Drug	4.1	7.6	7.7	13.7	2.0
Marijuana	3.9	7.3	6.3	12.7	1.6
Cocaine	0.3	0.4	1.3	2.0	0.3
Hallucinogens	0.5	0.4	0.4	1.9	0.2
Stimulants	0.5	0.3	0.7	1.2	0.1
Sedatives	0.3	<0.1	1.0	<0.1	0.4

Note: Population 18 or older
Source: Minnesota Adult Household Survey 1996-1997

Table 4: Percent Reporting Past Year Drug Use by Race/Ethnicity, USA (1997)

	White	African American	Latino	American Indian	Asian
Any Drug	10.4	11.6	8.8	20.5	6.1
Marijuana	8.3	9.4	6.4	17.7	4.6
Cocaine	1.8	2.8	2.0	3.1	0.2
Hallucinogens	1.7	0.6	1.4	2.6	1.1
Stimulants	0.7	0.6	0.5	8.2	0.4
Sedatives	0.3	0.3	0.1	0.1	0.1

Note: Population 18 or older
Source: National Household Survey on Drug Abuse 1997

The available data provides inconsistent evidence as to the similarity between national and Minnesota drug usage trends. The NHSDA data suggests that usage trends are similar. However, when the Minnesota Survey is taken into consideration, then drug usage appears to be half as frequent in Minnesota than nationally. It is unclear whether the differences found are the result of true variations in drug usage or the result of differences in study design. If true differences do exist, they appear to be least significant for Latinos and most significant for Asians and Whites.

Do drug use patterns in Minnesota vary from drug use in similar midwestern states?
In order to compare Minnesota to other similar midwestern states, we can return to the 1999 NHSDA. As can be seen in Table 5, drug use in Minnesota and Wisconsin appears to be similar. Drug use in Iowa is less than in both Minnesota and Wisconsin.

Table 5: Percent Reporting Past Year Drug Use in Minnesota, Wisconsin, and Iowa, 1999

	Minnesota	Wisconsin	Iowa
Any Illicit Drug	6.7	7.0	5.5
Marijuana	5.9	5.9	3.5
Any Drug Other than Marijuana	2.7	2.7	2.4

Note: Population 12 or older
Source: National Household Survey on Drug Abuse, 1999

We can also compare the Minnesota survey to two other midwestern state surveys: the ***Wisconsin Statewide Household Survey*** (***Wisconsin Survey***) and the ***Iowa Adult Household Survey*** (***Iowa Survey***). For the Wisconsin Survey, 9,354 interviews were completed in 1996-1997 by telephone. Household members who were at least 12 years old were eligible for the survey. The Iowa Survey was conducted by telephone in 1997-1998 and included 6,163 completed interviews with household members who were 18 years or older.

Table 6 shows rates for selected drugs in the Minnesota, Wisconsin, and Iowa Surveys. Minnesota's overall drug use rates is lower than Wisconsin's (Iowa didn't report overall drug use), but the difference may be caused by inconsistent data collection periods and reporting techniques. In Minnesota, respondents were asked about past 12-month drug use, while in Wisconsin and Iowa they reported past 18-month drug use. Looking at specific drugs, Iowa reports the greatest drug use. This is in direct contrast to the 1999 NHSDA where Iowa reported the least drug usage (see Table 5). Wisconsin reports greater marijuana use than Minnesota, but Minnesota reports higher use than Wisconsin of all other drugs (see Table 6).

Table 6. Percent Reporting Past Year Drug Use in Minnesota (1996-1997), Wisconsin (1996-1997), and Iowa (1997-1998)

	Minnesota	Wisconsin	Iowa
Any Drug Use	4.3	6.0	N/A
Marijuana	4.1	5.0	5.2
Cocaine	0.3	<1.0	0.9
Hallucinogens	0.5	<1.0	0.6
Stimulants	0.5	<1.0	2.5
Sedatives	0.3	<1.0	0.7
Inhalants	0.1	<1.0	N/A
Heroine/Opiates	0.1	<1.0	0.4

Note: Population 18 or older
Source: Minnesota Adult Household Survey, 1996-1997
Wisconsin Statewide Household Survey, 1996-1997
Iowa Adult Household Survey, 1997-1998

Once again, the data provides conflicting evidence as to the similarity between drug usage trends in Minnesota and other midwestern states. The NHSDA survey suggests that drug usage in Minnesota and Wisconsin are similar and that drug usage in Iowa is somewhat lower. Looking at separate surveys for these states, Minnesota drug usage appears to be lower than either Iowa or Wisconsin. This, however, is likely due to differences in reporting time (12 months for Minnesota, 18 months for Iowa and Wisconsin). Given this, the results are probably more similar than they appear.

To what extent do differences in drug use across racial/ethnic groups explain the variation in arrest rates?

In order to determine the extent to which differences in drug use across racial/ethnic groups explain the variation in arrest rates, we must first determine whether there are differences in drug use across racial/ethnic groups. The most recent Minnesota data comes from the 1997 Minnesota Survey described earlier. As can be seen in Table 7, in terms of overall drug use, American Indians report the most drug use, followed by African Americans and Latinos who report similar levels of drug use, followed by Whites and then Asians. This pattern continues to be true for marijuana use. In fact, much of the difference between White and African American drug usage is attributable to differences in marijuana usage. For cocaine, Whites, African Americans, and Asians show similar dug usage. Latinos are using at a significantly higher rate and American Indians are using at a rate still higher than that. For hallucinogens, American Indians continue to report the highest drug usage, followed by Whites, African Americans, and Latinos who show similar usage, and Asians who report the least usage. American Indians also report the greatest use of stimulants, followed by Latinos, then Whites, then African Americans, and then Asians. In contrast, Latinos report the highest usage of sedatives, followed by Asians, then Whites. African Americans and American Indians both report less than .1% sedative usage. In sum, for specific drug usage American Indians most often report the greatest drug usage and Asians the least. The relative placement of Whites, African Americans, and Latinos' drug use varies according to the type of drug.

Table 7: Percent Reporting Past Year Drug Use by Race/Ethnicity, Minnesota (1996-1997)

	White	African American	Latino	American Indian	Asian
Any Drug	4.1	7.6	7.7	13.7	2.0
Marijuana	3.9	7.3	6.3	12.7	1.6
Cocaine	0.3	0.4	1.3	2.0	0.3
Hallucinogens	0.5	0.4	0.4	1.9	0.2
Stimulants	0.5	0.3	0.7	1.2	0.1
Sedatives	0.3	<0.1	1.0	<0.1	0.4

Note: Population 18 or older
Source: Minnesota Adult Household Survey, 1997

The Wisconsin Survey compared overall drug use across races/ethnicity. Once again, American Indians reported the greatest drug use (11.6%) and Asians the least (5.7%). African Americans reported the second highest drug use (9.8%) followed by Latinos (6.3%) and Whites (5.9%).

National data may or may not be representative of Minnesota trends. The 2000 NHSDA (see Table 8) also shows American Indians reporting the highest overall drug usage and Asians the least. In contrast to the Minnesota study, African Americans and Whites report the same overall drug usage and Latinos report slightly less. For marijuana use, this pattern remains the same. For use of any drug other than marijuana, American Indians report the greatest drug use, followed by Latinos, then Whites, then African Americans, and then Asians.

Table 8: Percent Reporting Past Year Drug Use by Race/Ethnicity, USA (2000)

	White	African American	Latino	American Indian	Asian
Any Drug	10.3	10.3	8.8	16.7	4.4
Marijuana	8.0	8.5	5.5	12.3	2.4
Any Other Drug Than Marijuana	5.4	3.9	5.6	9.9	2.6
Cocaine	1.5	1.5	1.5	4.3	0.2
Hallucinogens	1.5	0.5	0.9	2.8	0.6
Inhalants	0.6	0.3	0.5	N/A	0.2

Note: Population 18 or older
Source: National Household Survey on Drug Abuse, 2000

The 1998 NHSDA allows for comparison by race/ethnicity, by gender and by age of usage for any drug and for specific drugs. (As mentioned, the 2000 NHSDA does not yet allow for these comparisons and the 1999 NHSDA data is inaccurate due to an error in the absolute prevalence rates.) As can be seen in Table 9, by race/ethnicity alone, for any drug, American Indians again report the highest usage and Asians the lowest. African Americans show the next highest usage after American Indians followed by Whites and Latinos who report similar usage. As was the case in the Minnesota Survey, the difference between White and African American drug usage is attributable to differences in marijuana usage. For any drug other than marijuana, Whites, African Americans and Latinos report similar usage with American Indians reporting greater usage and Asians reporting less.

Table 9: Percent Reporting Past Year Drug Use by Race/Ethnicity, USA (1998)

	White	African American	Latino	American Indian	Asian
Any Drug	9.8	12.8	9.4	15.8	4.1
Marijuana	7.8	10.4	7.2	15.1	3.4
Any Other Drug Than Marijuana	4.7	4.4	5.0	7.8	1.6
Cocaine	1.7	2.1	2.2	5.7	0.1
Hallucinogens	1.5	0.4	1.4	4.0	0.9
Inhalants	0.8	0.2	0.6	1.3	0.1

Note: Population 18 or older
Source: National Household Survey on Drug Abuse, 1998

Racial patterns of drug use are even clearer when rates are reported separately for men and women. African American men report an overall higher drug use rate than Latino men or White men, but the difference is caused by marijuana use (see Table 10). For all other drugs combined, the rate of use is the same for African American and White men, and higher for Latino men.

Table 10: Percent of Men Reporting Past Year Drug Use by Race/Ethnicity, USA (1998)

	White	African American	Latino	American Indian	Asian
Any Drug	12.2	18.4	12.5	27.6	5.0
Marijuana	10.0	15.0	9.8	26.4	4.4
Any Other Drug Than Marijuana	5.9	5.9	6.9	21.1	2.0
Cocaine	2.2	2.9	3.4	16.1	0.3
Hallucinogens	1.8	0.7	2.1	10.3	1.5
Inhalants	1.2	0.3	1.0	3.8	<0.1

Note: Population 18 or older
Source: National Household Survey on Drug Abuse, 1998

American Indian women report the highest overall drug use, followed by African American women, then White women, then Latino women, and finally Asian women (see Table 11). This pattern is attributable to differences in marijuana use. For any drug other than marijuana, White women report the greatest usage followed closely by African American and Latino women. Asian women report the next highest usage and American Indian women the least.

Table 11: Percent of Women Reporting Past Year Drug Use by Race/Ethnicity, USA (1998)

	White	African American	Latino	American Indian	Asian
Any Drug	7.5	8.4	6.2	9.7	3.2
Marijuana	5.8	6.7	4.5	9.3	2.4
Any Other Drug Than Marijuana	3.7	3.3	3.1	0.9	1.2
Cocaine	1.2	1.5	1.0	0.3	<0.1
Hallucinogens	1.2	0.2	0.7	0.8	0.3
Prescription Drugs	2.0	1.6	2.2	0.1	1.1
Inhalants	0.4	0.2	0.2	0.1	0.2

Note: Population 18 or older
Source: National Household Survey on Drug Abuse, 1998

Tables 12 and 13 show drug use rates by age and gender for Whites, African Americans, and Latinos[2]. Young adults who are 18 to 25 years old are the most likely to use drugs. When drug use is also broken down by race and gender, the overall drug use in this age group is actually the highest for White men and White women (see Table 12). Moreover, White men are almost three times more likely than African American men to use drugs other than marijuana. Similarly, White women are three times more likely than African American women to use drugs other than marijuana. However, these substantial differences disappear and are partly reversed when respondents grow older (see Table 13). In the age group 26 or over, African American men and women have the highest rate of use for any drug, for marijuana, and for all other drugs than marijuana combined. The pattern seems to be that African American men and women are more likely than Whites and Latinos to continue drug use in later adulthood.

[2] Since the number of American Indian and Asian respondents was so small, they were excluded from this analysis.

Table 12. Percent Reporting Past Year Drug Use by Race and Gender, U.S.A. Population 18-25 years old, 1998

	Men				Women		
	White	**African American**	**Latino**		**White**	**African American**	**Latino**
Any Drug	35.4	33.1	23.5		25.3	20.0	14.2
Marijuana	29.8	31.2	20.9		23.1	18.2	12.0
Any Drug Other Than Marijuana	20.4	7.1	11.5		12.6	4.0	6.8
Cocaine	6.7	1.9	6.9		4.3	0.9	3.1
Hallucinogens	10.9	2.1	5.4		7.4	0.9	3.4
Inhalants	6.1	1.2	2.1		2.4	0.6	0.7

Source: National Household Survey on Drug Abuse, 1998

Table 13. Percent Reporting Past Year Drug Use by Race and Gender, U.S.A. Population 26 Years or Older, 1998

	Men				Women		
	White	**African American**	**Latino**		**White**	**African American**	**Latino**
Any Drug	8.6	14.7	9.6		5.1	6.1	4.3
Marijuana	6.8	11.0	6.8		3.5	4.4	2.7
Any Drug Other Than Marijuana	3.6	5.6	5.7		2.5	3.1	2.2
Cocaine	1.5	3.2	2.5		0.8	1.7	0.5
Hallucinogens	0.4	0.3	1.3		0.4	0.1	<0.1
Inhalants	0.5	0.1	0.7		0.1	0.1	0.1

Source: National Household Survey on Drug Abuse, 1998

In sum, there are some clear racial/ethnic differences in drug use. Consistently, American Indians report the greatest drug use and Asians the least. The relationship between White, African American, and Latino drug use is less clear. There is evidence that African Americans report greater drug use than Whites. This appears largely attributable to differences in marijuana use specifically by adults 26 and older. For other specific drugs, Whites report greater usage than African Americans as often as African Americans report greater usage than Whites. Similarly, the relative magnitude of Latino drug use varies by drug.

With this information, we are ready to address the question; to what extent do differences in drug use across racial/ethnic groups explain the differences in arrest rates. Differences in drug use across racial/ethnic groups varied by drug and by survey. However differences in drug usage were never as large as differences in the rates of arrests for drug related crimes. Take for example, the 1996-1997 Minnesota Survey. The differences in drug usage were not anywhere near as great as the differences in the narcotics arrest rates for adults (age 18 or older) in Minnesota that year (1997). African Americans reported overall drug use at a rate 66% higher than Whites but were arrested at a rate 817% higher. American Indians reported overall drug use at a rate 97% higher than Whites but were arrested at a rate 201% higher. Finally, Latinos reported overall drug use at a rate only 7% higher than Whites but were arrested at a rate 229% higher. Moreover, while American Indians consistently reported the most drug use, they were arrested at a lesser rate than both African Americans and Latinos. In contrast, Asians reported less drug usage than Whites and were arrested at a rate less than Whites.

Most arrestees are men. Perhaps drug use across racial/ethnic groups varies more greatly for men than for men and women combined. The 1998 NHSDA allows for these comparisons (see Tables 8 and 9). Once again, the differences in drug usage vary significantly from the differences in arrest rates. For example, African American men reported drug use at a rate 51% greater than White men but African Americans were arrested at a rate 400% higher nationally and over 1000% higher in Minnesota. American Indian men reported drug use at a rate 126% greater than White men but American Indians were arrested at a rate 22% lower nationally and 190% higher in Minnesota. Latino men reported drug use at a rate 2% higher than Whites but Latinos were arrested at a rate 305% higher in Minnesota (national data is not available). Once again, American Indians reported the greatest drug use but have lower arrest rates than African Americans and Latinos

The evidence suggests that differences in arrest rates across racial/ethnic groups are not solely attributable to differences in drug usage. First, both locally and nationally, the disparities in arrest rates are far greater than disparities in drug usage. For example, in Minnesota in 1997, the disparity in drug-related arrests between Latinos and Whites was 32 times higher than the disparity in drug usage between Latinos and Whites. Similarly the disparity between drug-related arrests for African Americans and Whites was 12 times higher than the disparity in drug usage between African Americans and Whites. The disparity between drug-related arrests for American Indians and Whites was 2 times higher than the disparity in drug usage between American Indians and Whites. Moreover, while the racial/ethnic disparities existed on use of any drug, these disparities disappeared or even reversed for use of specific drugs. For example, African Americans only reported greater drug use than Whites for marijuana, usage of all other drugs was remarkably similar.

Second, while American Indians consistently report the greatest drug usage, both African Americans and Latinos are arrested for narcotic offenses at a significantly higher rate. In Minnesota in 1997, American Indians reported 44% greater use of any illicit drug than African Americans and Latinos, but African Americans were arrested for drug-related crimes at a rate 817% greater and Latinos were arrested at a rate 227% greater than American Indians.

The evidence strongly suggests that we look for other causes of the racial/ethnic disparities in drug-related arrests than racial/ethnic differences in drug usage. It is likely that some of these causes will be found in individuals, some in the community and some in the criminal justice system. Finding and alleviating these causes is essential to strengthening individuals against drug usage, strengthening communities against drug-related crimes, and attaining a truly just criminal justice system.

IV. RECOMMENDATIONS

- Further examine differences in individual drug-related behaviors.
    - More recent information is needed on drug usage by race/ethnicity in Minnesota.
    - More recent information is needed for Minnesota by racial/ethnic group on severity of use and frequency of use
    - Information is needed on other drug-related behaviors that may contribute to the racial/ethnic disparities in drug-related arrests such as where drugs are purchased (i.e., indoors or outdoors) and from whom drugs are purchased (i.e., acquaintance or stranger)

- Examine drug usage and its community-level causes and consequences in communities of color.
    - Examine possible risk factors in communities of color for drug usage and drug-related crime.
    - Identify a neighborhood with a significant number of drug arrests. Look at strategies this neighborhood can use other than arrests that deal adequately with drug-related concerns from both the neighborhood and law enforcement perspective.

- Examine possible causes in the criminal justice system of the arrest disparity
    - Examine police practices in drug arrests. For example, are police targeting specific neighborhoods or areas? Are certain types of drug use over-enforced or under-enforced? What percentage of arrests is accounted for by police stops
    - Examine the disposition of drug arrests. Are arrests leading to convictions? Do the racial/ethnic disparities narrow or widen from arrest to conviction? Does it vary by type of drug offense?

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