

CESAR *FAX*

February-December 1992

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

CESAR FAX Annual Volume

Volume 1 1992

CESAR
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ACKNOWLEDGMENTS

In October, 1991, Jim Hall, Director of Up Front Drug Information Center in Miami, discussed with me his idea of creating a "Drug Fax," to be transmitted periodically to persons who were interested in substance abuse research. With Jim's permission, I "borrowed" his idea and presented it to CESAR staff for possible adoption in Maryland. Thomas Gray took responsibility for launching the new system, and the first CESAR FAX was transmitted to about 150 persons on February 17, 1992. In October, 1993, Maggie Hsu took over the responsibility for maintaining the CESAR FAX. Funded by a grant from Governor Schaefer's Drug and Alcohol Abuse Commission, and with the strong support of the Commission's Executive Director, Floyd Pond, the CESAR FAX is currently transmitted weekly to over 600 recipients.

Eric D. Wish,
Director
2/9/93

CESAR FAX

Volume I (February to December, 1992)

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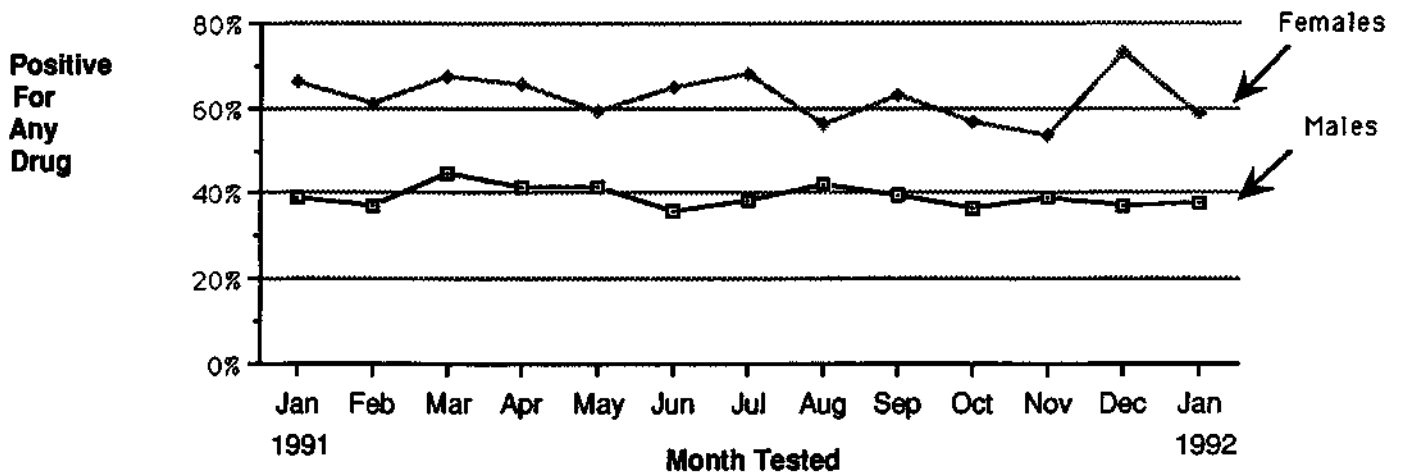
University of Maryland At College Park*

Drug Problem Continues in Female Arrestees in Prince George's County

The percentage of female arrestees who tested positive for one or more drugs ranged from 53% to 73% in the past 13 months; considerably more than was found for male arrestees. While down from the levels reached in 1989, drugs (mainly cocaine) continue to be found in many male and female arrestees. Continued support is needed for programs to address drug use in all arrestees, and especially in females, who are at considerable risk of contracting and transmitting HIV (AIDS).

Drug Test Results for Booked Arrestees in Prince George's County**

(N = 993 female and 8127 male arrestees tested between January 1991 and January 1992)



** Drugs tested for by urinalysis are: cocaine, opiates, and PCP

SOURCE: Adapted by CESAR from data from the Prince George's County Pre-Trial Release Unit

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* CESAR FAX is supported by a grant from the Governor's Drug and Alcohol Abuse Commission.

A Weekly FAX From the Center For Substance Abuse Research

University of Maryland At College Park*

Use of Alcohol and Cigarettes Surpasses the Use of Other Drugs by Maryland Public School Students

More than 60,000 6th, 8th, 10th and 12th grade students are estimated to have used alcohol in the 30 days prior to the 1990-91 Maryland Adolescent Survey. More than 30,000 of these youths drank five or more servings of alcohol on the same occasion. An estimated 1,600 6th graders and a total of 29,500 students in the four grades smoked cigarettes in the prior 30 days. Marijuana, inhalants and crack cocaine were used by smaller numbers of students. Underage alcohol and cigarette use by Maryland public school students deserves the type of attention and prevention programs that have been targeted towards the use of illicit drugs.

STATEWIDE ESTIMATES* OF THE NUMBER OF MARYLAND PUBLIC SCHOOL STUDENTS WHO USED SELECTED DRUGS IN THE PRIOR 30 DAYS IN 1990-91

Drugs Used in Prior 30 days	Students in Grade				Total
	6	8	10	12	
Alcohol	4,800	13,800	20,400	21,400	60,400
Binge Drinking**	1,400	5,100	10,900	13,100	30,500
Cigarettes	1,600	6,400	10,500	11,000	29,500
Marijuana	800	1,500	4,100	5,600	12,000
Inhalants***	2,400	3,700	3,200	1,900	11,200
Crack Cocaine	200	300	400	400	1,300
Total Students enrolled, 1990-91	53,811	49,864	46,389	40,529	190,593

* Estimates rounded to nearest hundred.

** Drank 5 or more servings of alcohol on the same occasion.

*** Excludes amyl or butyl nitrates.

Source: Adapted by CESAR from Maryland Biennial Adolescent Survey, 1991.

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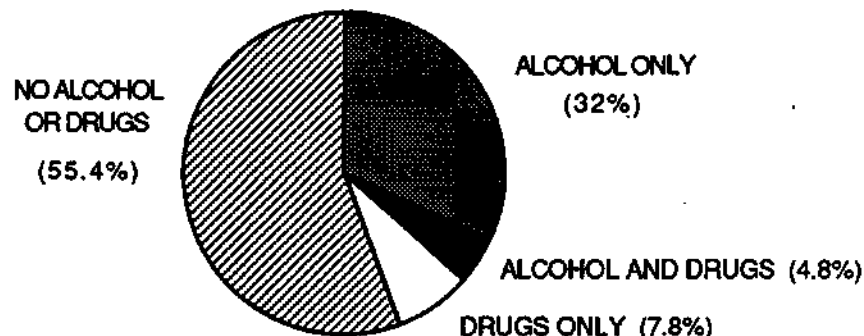
University of Maryland At College Park *

Alcohol and Drugs Factor in Maryland Vehicular Crashes

Forty-five percent of car/truck drivers who were treated at the Shock Trauma Center in Baltimore from July 1987 - June 1990 tested positive for alcohol and/or drugs. Of the 2,182 drivers tested during this three-year period, about one-third tested positive for alcohol only, 8% for drugs only, and 5% for both alcohol and drug. The Shock Trauma Center of the Maryland Institute for Emergency Medical Services Systems (MIEMSS) of the University of Maryland in Baltimore receives severely injured patients from counties throughout Maryland and occasionally from contiguous states. These statistics highlight the apparent connection between alcohol and other drugs and vehicular crashes leading to serious injury.

Presence of Alcohol and Drugs* in Drivers Treated at the Shock Trauma Center in Baltimore

(2,182 Tested from July 1, 1987 - June 30, 1990)



* Amphetamines, Barbiturates, Cocaine, Methadone, Opiates, and PCP.

Source: Adapted by CESAR from Patricia Dischinger, National Study
Center for Trauma and Emergency Medical Systems, 1992.

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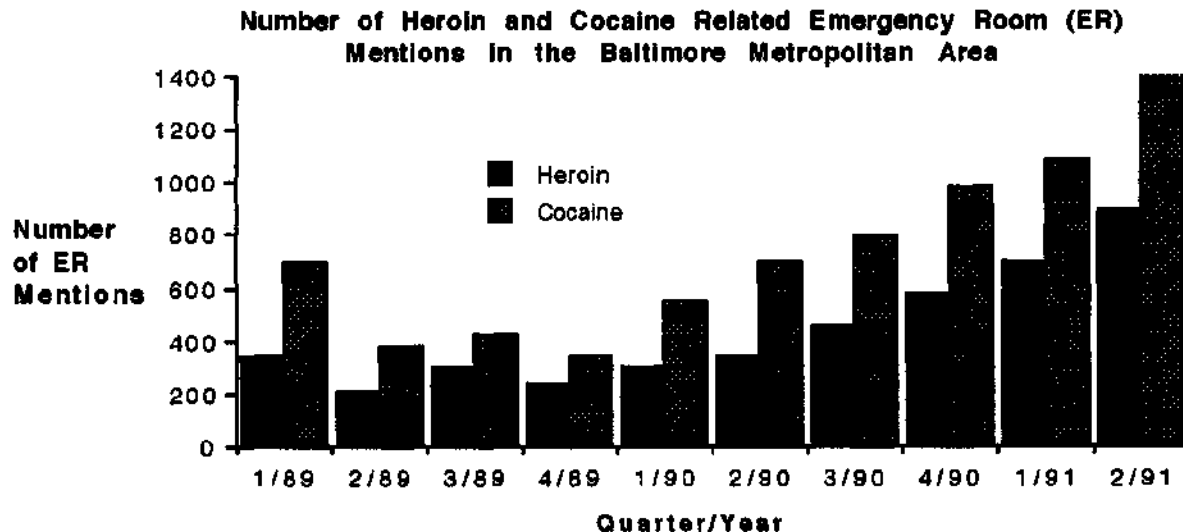
*******SPECIAL ADDITION TO THE CESAR SPEAKER SERIES*******
Dr. Douglas Anglin will be lecturing on "Evaluating Drug Treatment Programs"
Center for Adult Education, University of Maryland at College Park
March 9, 1992 at ten o'clock a.m. Open to the public.

A Weekly FAX From the Center for Substance Abuse Research

University of Maryland At College Park *

Baltimore Leads Country With Largest Increases in Heroin and Cocaine Related Hospital Emergency Room Mentions

Baltimore had the largest increase in heroin Emergency Room (ER) mentions from 2nd quarter 1990 through 2nd quarter 1991 of any of the 21 cities participating in the national Drug Abuse Warning Network (DAWN). Baltimore ranked 2nd, behind San Francisco, in increases in cocaine ER mentions over the same period. The consistent increasing trend in cocaine and heroin ER mentions signals a potentially large and growing population of dysfunctional users of these drugs in Baltimore.



SOURCE: NIDA, Drug Abuse Warning Network (October 1991 data file; estimates for 1991 are provisional)

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******* CESAR SPEAKER SERIES*******

Dr. Paul J. Goldstein will be lecturing on "The Relationships Between Drugs and Violence" Stamp Union Room 2111, University of Maryland at College Park
March 25, 1992 at three o'clock p.m. Open to the public.

For further information about today's topic or to be placed on the distribution list, please call CESAR at 301-403-8329

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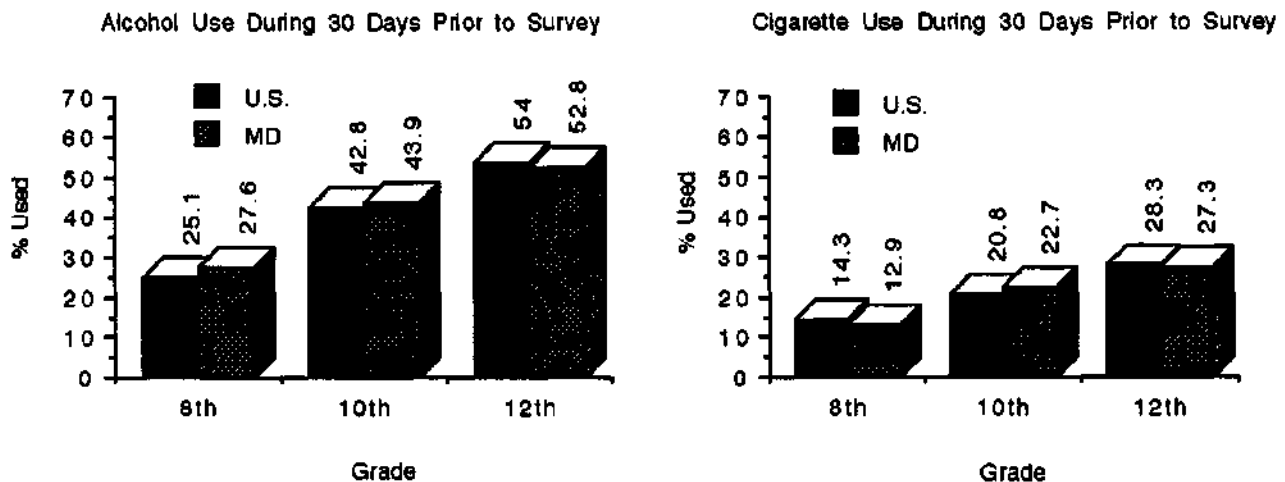
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National and Maryland Student Surveys Find Large Increases in Current Alcohol and Cigarette Use Between 8th and 12th Grade Students

Maryland public school students in grades 8, 10, and 12 were about as likely to have used alcohol or cigarettes in the prior 30 days as students in a national sample. Moreover, rates of alcohol and cigarette use nearly doubled between 8th and 12th grade students. Use of stimulants, inhalants, LSD, cocaine, steroids, and PCP was somewhat higher in Maryland students than students in the national sample (data not shown). The progressive use of alcohol and cigarettes by students suggests that prevention programs should target students early in their school careers.

Current Alcohol and Cigarette Use in the National and Maryland Surveys of 8th, 10th and 12th Grade Students, 1990-1991**



** National survey conducted in 1991; Maryland survey conducted in 1990-91 school year.

Source: Adapted by CESAR from "Monitoring the Future" study press release by the National Institute on Drug Abuse, January, 1992 and Maryland Biennial Adolescent Survey, 1991.

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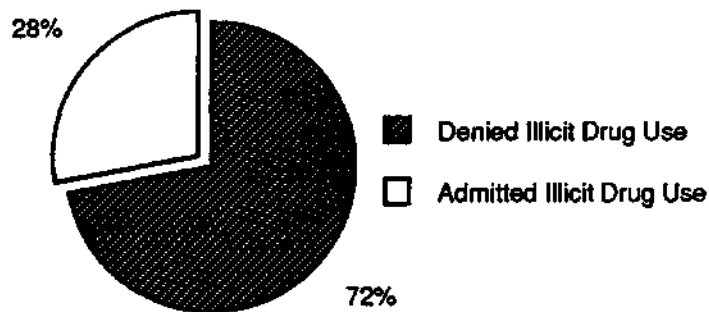
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University of Maryland At College Park *

New Study Shows Medical Patients Unlikely to Report Recent Illicit Drug Use

Only 28% of patients who tested positive for cocaine had admitted their recent drug use in a clinical interview administered by medical staff. The patients were seeking treatment for primarily respiratory, rheumatologic, and dermatologic conditions at a hospital clinic in Atlanta, Georgia. Health care providers need to be aware of the potential unreliability of patient self reports of illicit drug use, even when persons are presenting themselves for treatment. The authors also suggest that interview surveys of illicit drug use may seriously underestimate the use of illicit drugs.

**Self Report of Illicit Drug Use in Last 3 Days
by Patients Testing Positive for Cocaine****



** N = 415 for total study. 160 patients tested positive for cocaine.

SOURCE: Adapted by CESAR from McNagny, Sally E., and Ruth M. Parker. 1992. High Prevalence of Recent Cocaine Use and the Unreliability of Patient Self-report in an Inner-city Walk-in Clinic. *The Journal of the American Medical Association* 267:1106-1108.

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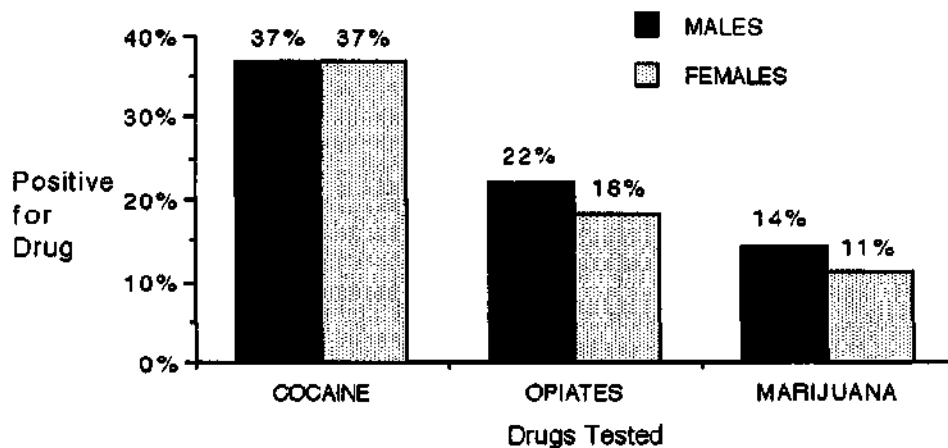
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Drug Tests From Pretrial Releasees in Baltimore Indicate Use of Cocaine, Opiates, and Marijuana

The Baltimore Pretrial Services Division routinely tests pretrial releasees for marijuana, cocaine, opiates, PCP, benzodiazepines, and propoxyphene. The most frequently detected drugs are cocaine, opiates, and marijuana. While these results only apply to pretrial releasees, they do provide an indication of drugs used by apprehended criminals in the Baltimore area.

Drug Test Results for Pretrial Releasees in Baltimore

(N=375 males and 95 females tested during February 1992**)



** Only 344 males and 88 females were tested for marijuana. In cases of persons with multiple tests, only the first test has been counted.

SOURCE: Adapted by CESAR from Baltimore Pretrial Services Division

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***** CESAR SPEAKER SERIES*****

Dr. Ethan Nadelmann will be lecturing on "Drug Prohibition and Its Alternatives"
Stamp Union Room 2111, University of Maryland at College Park
April 21, 1992 at three o'clock p.m. Open to the public.

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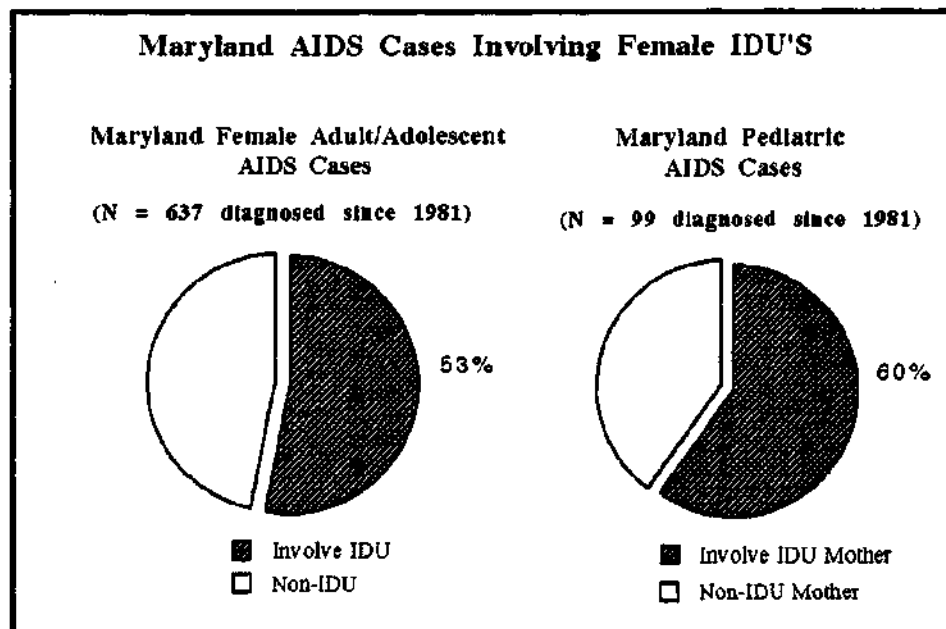
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A Weekly FAX From the Center for Substance Abuse Research

University of Maryland At College Park *

Majority of Female and Pediatric AIDS Cases in Maryland Involve an Injecting Drug User

Females comprise 16% of the 4,328 AIDS cases diagnosed in Maryland since 1981. These females tend to be injecting drug users (IDU's) at risk of transmitting HIV to other needle users, their sexual partners, and to their babies *in utero* (or during passage through the birth canal). 53% of the female adult/adolescent AIDS cases involve IDU's and 60% of all pediatric AIDS cases were born to an IDU mother. Female IDU's, many of whom repeatedly show up in urban arrestee booking facilities, should be the subject of intensive outreach, prevention, and treatment efforts.



SOURCE: Adapted by CESAR from the Maryland AIDS Update, February 1992, Maryland Department of Health and Mental Hygiene (DHMH).

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Widespread Drug Use Found in New York City's Homeless Shelters

For the first time, researchers have gone into shelters in New York City to obtain voluntary and anonymous urine specimens from residents. Around two thirds (65%) of the residents in single shelters tested positive for a drug, twice the rate found in family shelters. Much more drug use was detected by the drug tests than by the anonymous interview survey of the same population. The rates of drug use in the shelter population rival those found in tested arrestees in Manhattan. Policy makers should consider establishing drug testing and treatment programs for shelter residents in large cities across the country.

Drug Test Results for Residents of 15 Family and Single Shelters in New York City*

	Residents in Family Shelters (N=495)	Residents in Single Shelters (N=525)
Positive for:		
Cocaine	15%	54%
Marijuana	10%	20%
Alcohol	3%	7%
Positive for:		
Any Drug	29%	65%
Positive for:		
Two or More Drugs	5%	19%

* Persons were tested in January, 1992 for cocaine, marijuana, alcohol, amphetamines, opiates, and phencylidine.

SOURCE: Adapted by CESAR from "The Way Home: A New Directory in Social Policy"--- a report of the New York City Commission on the Homeless. February 1992.

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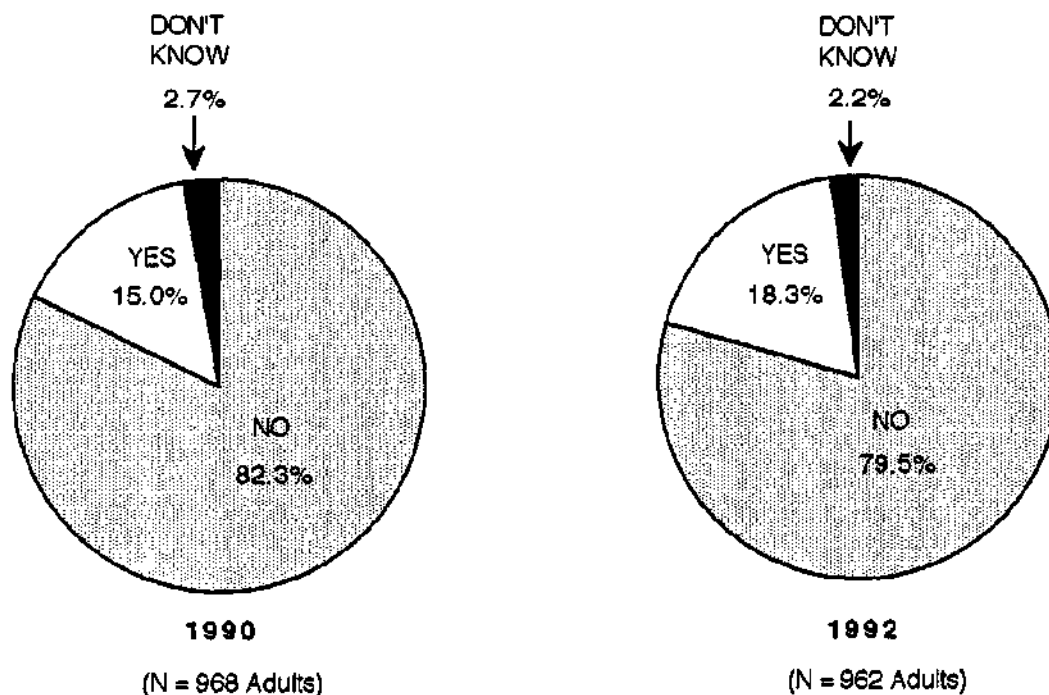
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University of Maryland At College Park *

'92 Poll Finds Most Marylanders Are Still Against Decriminalization of Marijuana

Should Adults Be Able to Possess Small Quantities of Marijuana for Personal Use Without Legal Penalty?



SOURCE: Statewide telephone polls of adults age 18 or older, conducted for CESAR by the University of Maryland Survey Research Center, College Park. Margin of error \pm 3%. 1992 results are preliminary.

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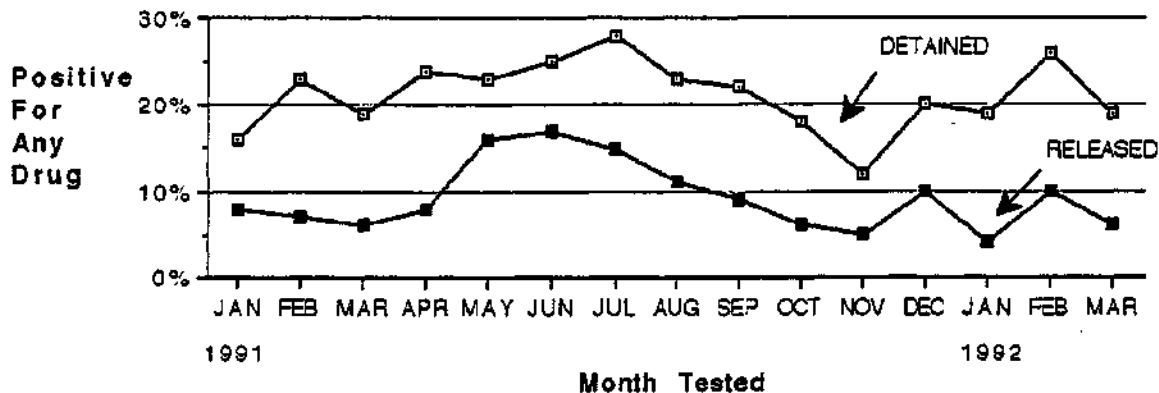
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Test Results From Juvenile Detainees in Washington, D.C. Indicate Drug Use is Continuing in Serious Youth Offenders

About one quarter of the juveniles arrested and detained in the District of Columbia in the past year tested positive for a drug, primarily marijuana. Detained juveniles, youths typically charged with serious offenses or with no available parent or guardian to be released to, were about twice as likely to test positive than the minority of juveniles released to the community without detention. (A separate study of drug use in juvenile detainees in another city showed that drug positive juvenile detainees were at greater risk for rearrest and involvement in drug distribution activities; Dembo, see below). To learn whether high rates of recent drug use exist in juvenile detainees in Maryland, CESAR staff will initiate voluntary, anonymous (DUF-like) drug testing programs in selected Department of Juvenile Services facilities this summer.

Drug Test Results from Juvenile Offenders in Washington, D.C.**

(N = 668 released and 4,163 detained juveniles tested between January, 1991 and March, 1992)



** Drugs tested for by urinalysis are cocaine, marijuana, opiates, PCP

SOURCE: Adapted by CESAR from D.C. Pretrial Services Agency

Dembo, R., et al. 1990. Urine Testing of Detained Juveniles to Identify High-Risk Youth. *National Institute of Justice Research in Brief*, May 1990.

D.C. Pretrial Drug Test Results are Updated Monthly on the CESAR Board

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Demographic Characteristics of 23 Fentanyl Related Deaths in Maryland in 1992

Two-thirds of Fentanyl related deaths in Maryland involved a black male or female and were over 30 years of age. Almost all of the incidents occurred in Baltimore City or Baltimore County in February or March. 550 envelopes containing Fentanyl have been seized by the state police. State police indicate the Fentanyl to be licitly manufactured rather than produced in clandestine labs. Heroin addicts should be alerted that drugs sold as heroin may contain Fentanyl ("China White").

Demographics of Maryland Fentanyl Incidents

RACE:	f	%	AGE:	f	%
Black Male	13	57	18-20	2	9
Black Female	2	9	21-25	3	13
White Male	7	30	26-30	3	13
White Female	<u>1</u>	<u>4</u>	31-35	4	17
	23	100%	36-40	9	39
			41-61	<u>2</u>	<u>9</u>
				23	100%

COUNTY:	f	%	MONTH:	f	%
Baltimore City	17	74	January	1	4
Baltimore County	3	13	February	12	52
Montgomery	1	4	March	10	43
Prince George's	1	4		23	99%*
Carroll	<u>1</u>	<u>4</u>			
	23	99%*			

* Percentages do not add to 100 due to rounding.

SOURCE: Adapted by CESAR from information provided by the Office of the Chief Medical Examiner and Maryland State Police

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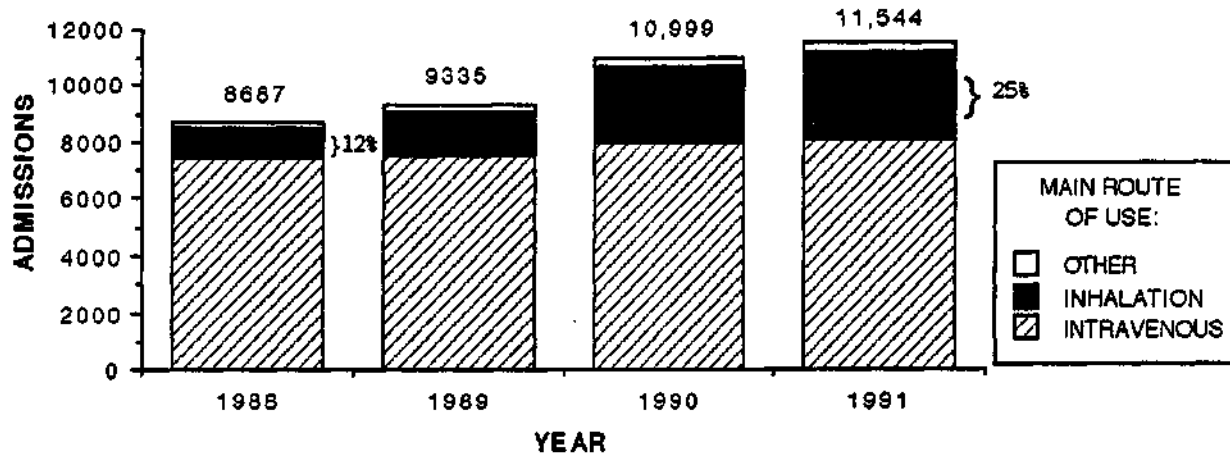
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Heroin Users Seeking Treatment are Increasingly Likely to Snort the Drug

About 25% of heroin users admitted to drug treatment programs in Maryland in FY 1991 report mainly snorting the drug, up from 12% in FY 1988. During the same period admissions for those injecting heroin remained relatively constant, although early data for FY 92 indicates an increase in this group. Most of the increase in heroin using clients appears to be attributable to this increase in snorters. Information from the Alcohol and Drug Abuse Administration SAMIS system suggests that compared with injectors, inhalers are more likely to be younger, less experienced addicts who appear in treatment earlier in their addiction careers. Perhaps new heroin users prefer to inhale the drug as a way of reducing their risk of exposure to HIV.

PRIMARY METHOD OF HEROIN USE BY PERSONS ADMITTED TO MARYLAND ALCOHOL AND DRUG ABUSE TREATMENT PROGRAMS FISCAL YEARS 1988 - 1991



SOURCE: Maryland Alcohol and Drug Abuse Administration Substance Abuse Management Information System (SAMIS)

CESAR SPEAKER SERIES TO AIR ON TV

Monday May 11th thru Thursday May 14th at 1:00 pm and 8:30 pm
Channel 59 in Montgomery County and Channel 38B in Prince George's County

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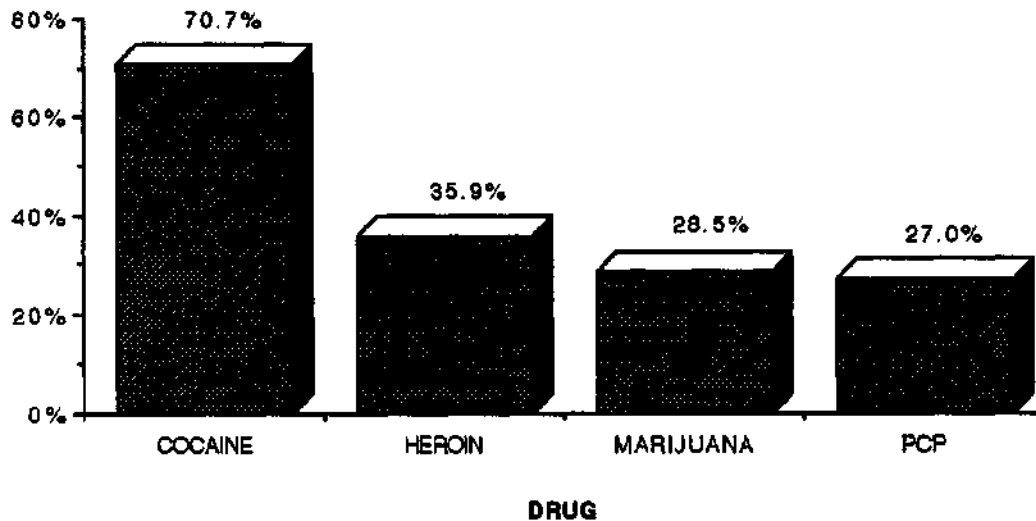
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Majority Feel Cocaine Use Is Still Increasing In Maryland

Over 70% of the Marylanders interviewed for the 1992 Maryland Poll believe that cocaine use is still increasing in Maryland. The perception of increased drug use is greatest among residents of Baltimore City, 80% of whom think the use of cocaine is increasing (52% think heroin is increasing). Only a minority of all persons polled believe that the use of marijuana (19%), heroin (12%), or PCP (17%) is decreasing in the state. To most Marylanders, the war on drugs has a long way to go.

PERCENT OF RESPONDENTS WHO BELIEVE DRUG USE IS INCREASING IN MARYLAND, BY DRUG



SOURCE: Statewide telephone poll of adults age 18 or older, conducted for CESAR by the University of Maryland Survey Research Center, College Park in March and April. Margin of error $\pm 3\%$.

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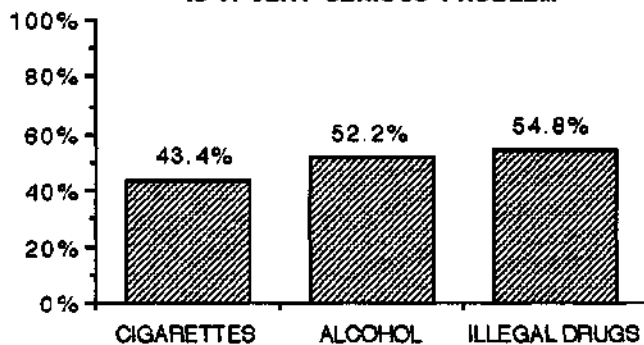
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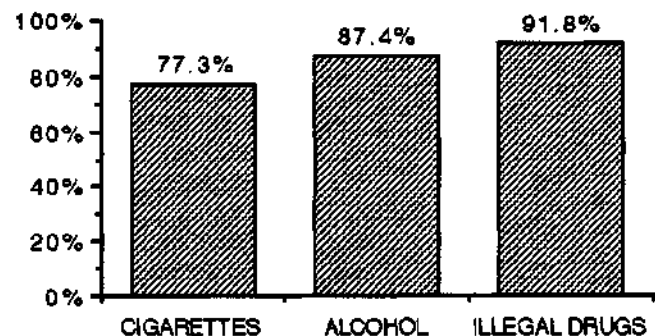
Most Marylanders Believe That The Schools Have A Role To Play In Addressing Student Use of Cigarettes, Alcohol, And Illegal Drugs

A majority of Marylanders think that the use of alcohol and illegal drugs is a very serious problem for middle school and high school students. Almost as many (43.4%) believe cigarette use to be a very serious problem. Three quarters or more of all the persons polled indicated that the schools should provide classroom education on the consequences of the use of cigarettes, alcohol, and illegal drugs.

PERCENT WHO BELIEVE USE OF DRUGS BY MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS IS A VERY SERIOUS PROBLEM



PERCENT WHO THINK THAT IT IS VERY IMPORTANT FOR STUDENTS TO RECEIVE CLASSROOM EDUCATION ON CONSEQUENCES OF DRUG USE



SOURCE: Statewide telephone poll of 1,001 adults age 18 or older, conducted for CESAR by the University of Maryland Survey Research Center, College Park in March and April. Margin of error $\pm 3\%$.

CESAR SPEAKER SERIES BROADCAST ON UMCP FLAGSHIP CHANNEL

May 25th at 6:00 p.m., May 26th and 27th at 5:00 p.m., May 29th at 7:00 p.m.,
May 30th at 12:00 p.m. and May 31st at 2:00 p.m.

Montgomery County Cable Channel 59/12 and Prince Georges County Cable Channel 38-B

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SAMIS Data Uncovers Differences Between Heroin Snorters and Injectors Entering Maryland Drug Treatment Programs

An earlier edition of the CESAR FAX (Issue 13) showed a trend towards snorting among persons seeking treatment for heroin. ADAA ran a special analysis of SAMIS data to further compare snorters with injectors. While snorters are younger at treatment entry, they began to use heroin at about the same age as injectors. Both snorters and injectors tend to also have a problem with cocaine. Problems with marijuana are more common among snorters. Almost all heroin snorters are black; only 8% of snorters are white. Most snorters and injectors come from Baltimore City and are unemployed at the time of treatment admission. Heroin snorters are much more likely to be treated in outpatient programs while injectors are more likely to receive methadone maintenance. The growing population of heroin snorters seeking treatment may require an expansion of outpatient drug programs.

HEROIN-RELATED ADMISSIONS TO MARYLAND ALCOHOL AND DRUG ABUSE TREATMENT PROGRAMS, BY PRIMARY ROUTE OF USE JULY, 1991 - FEBRUARY 1992

	PRIMARY ROUTE OF ADMINISTRATION	
	SNORTING (N = 2,424)	INJECTION (N = 6,245)
Average Age at First Use:	21.1 years	20.5 years
Average Age at Admission:	27.5 years	34.9 years
Male:	67%	68%
Race:		
White:	8	33
Black:	91	66
Other:	≤1	≤1
	100%	100%
Also Has A Problem With:		
Cocaine:	64%	68%
Alcohol:	30%	38%
Marijuana:	30%	10%
Residence:		
Baltimore City:	80	65
Baltimore County:	11	13
Other:	9	22
	100%	100%
Unemployed:	65%	70%
Treatment Type:		
Outpatient:	51	26
Methadone Maintenance:	8	33
Other:	41	41
	100%	100%

SOURCE: Maryland Alcohol and Drug Abuse Administration, Substance Abuse Management Information System (SAMIS)

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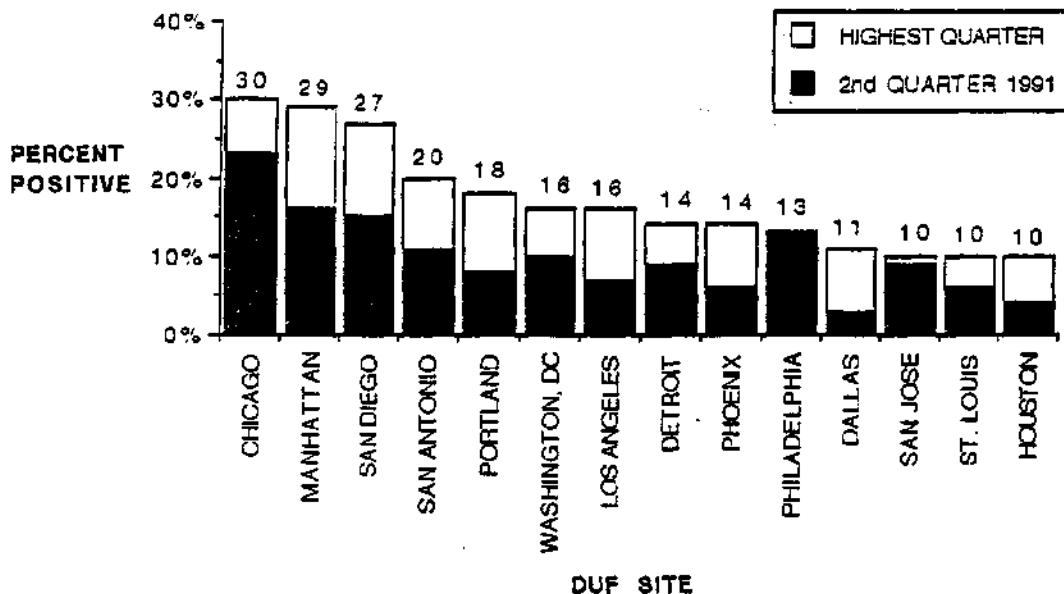
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National DUF Data Show No Evidence of an Increase in Heroin Use in Booked Arrestees

In the past, arrestee urine test trends have provided advance warning of drug epidemics. Illegal drugs tend to be used first by persons committing other illegal behaviors. The heroin epidemic in the District of Columbia in the late 1970's and the cocaine epidemic in the 1980's showed up early in the drug test results from arrestees. Contrary to recent media reports of an imminent upswing in heroin use in the United States, the DUF results from the 14 cities where heroin use is most prevalent, show no signs of an increase in use. In twelve of the 14 cities, the percentage positive for opiates in the 2nd quarter, 1991 is considerably below the highest level reached in any quarter since the testing program began in 1987-88. While Philadelphia and San Jose appear to be at their highest levels, their results are at the same levels that were found in arrestees tested in these cities in 1990 and show no consistent increase.

PERCENTAGE OF ADULT MALE BOOKED ARRESTEES TESTING POSITIVE FOR OPIATES IN THE 2ND QUARTER, 1991 AND IN THE HIGHEST QUARTER SINCE TESTING BEGAN



SOURCE: Drug Use Forecasting Program, National Institute of Justice.

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Survey of University Students Uncovers Underage Drinking Practices

A survey of undergraduate and graduate students at the University of Maryland, College Park in November and December 1991 indicated that the consumption of alcohol was widespread. The table below presents findings for students under age 21. These students find it easy to obtain alcohol and about half have used a fake ID. Drinking is often heavy, and a significant minority of students were present in a vehicle where drinking was a factor. Their drinking did not begin in college, however. The median age of first alcohol use was 14 and the median age of first regular use was 16. Alcohol prevention programs should be targeted towards both college and grade school students.

USE OF ALCOHOL BY COLLEGE STUDENTS UNDER AGE 21 (N = 543 students)

Indicated it was "very easy" to get alcohol on campus:	89%
Ever used or possessed with intent to use, a fake ID:	50%
Used alcohol in the last month:	64%
When drinking, typically has 5 or more drinks at a time:	43%
During the past year, drove a vehicle on 3 or more occasions within one hour of having a drink:	11%
During the past year, was driven on 3 or more occasions by someone drinking within the past hour:	20%

SOURCE: Student Opinion Survey 1991-92. Sponsored by the University of Maryland's Health Center.

NOW AVAILABLE

Complete set of the substance abuse responses to the 1992 telephone survey of Maryland residents.
Call CESAR at 301-403-8329 to request your complimentary copy.

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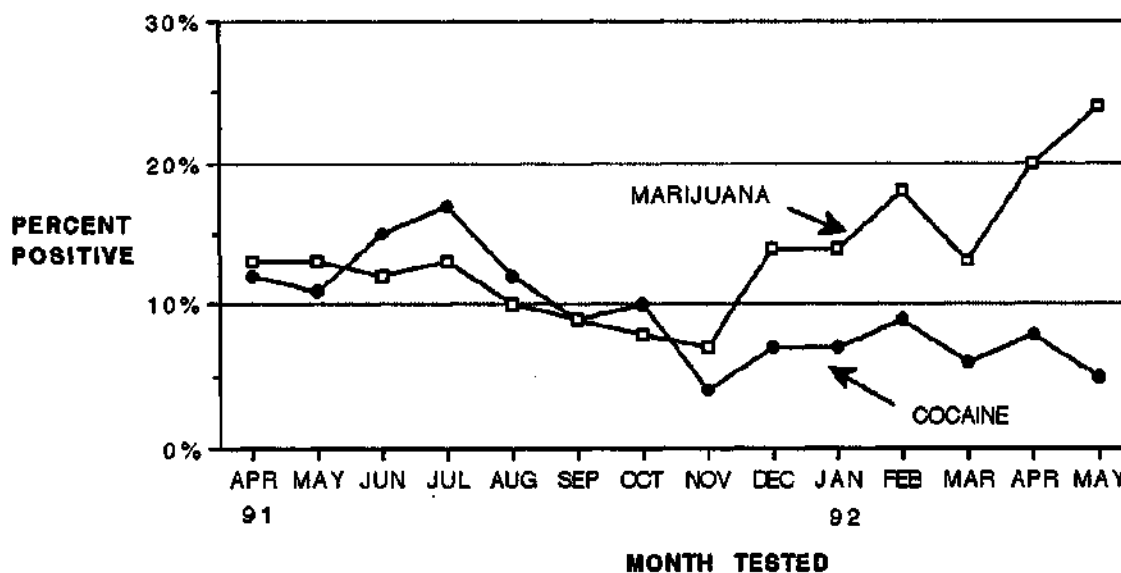
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Marijuana Surpasses Cocaine Among Juvenile Arrestees in Washington, D.C.

Since November, 1991 juvenile arrestees have consistently been more likely to test positive for marijuana than cocaine. Cocaine has stabilized at low levels (below 10%) while marijuana use has increased. The 25% of juveniles who tested positive for marijuana in May 1992 was the highest since the summer of 1987 when both PCP and marijuana were at high levels (PCP is rarely detected these days). While a reduction of cocaine use in the population is a welcome event, we should not forget that these youths remain at high risk for the use of other drugs.

Drug Test Results for Marijuana and Cocaine from Juvenile Arrestees in Washington, D.C.

(N = 4,490 juveniles tested by urinalysis between April 1991 and May 1992)



SOURCE: D.C. Pretrial Services Agency.

NOTICE: MDR-TB CASE REPORTED IN MARYLAND

Maryland has now had a case of Multi-Resistant Tuberculosis (MDR-TB) reported in a prison inmate. This problem seems to have spread from its original focus in New York and Florida. Jails, prisons, and drug treatment programs should be reviewing their TB screening and follow-up protocols to be sure they are in compliance. If unsure of these protocols check with your local Health Department. Thanks to Alan Trachtenberg at NIDA for this information.

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Baltimore City Residents Most Likely to Perceive Drug Problem

The majority of Baltimore City residents interviewed for the 1992 Maryland Poll believed that the use of illegal drugs, especially cocaine (81%), was increasing in the state. While responses from residents of other counties reflected the same sentiment, Baltimore City had the highest percentage of respondents who think that cocaine and heroin are being sold in their neighborhood. Whether the perceptions of these residents are shaped by an actual exposure to the drug problem or are unduely influenced by other factors remains to be determined. The psychological toll of these perceptions on Baltimore residents must be large.

SELECTED COUNTY RESPONSES TO QUESTIONS FROM THE MARYLAND POLL** (Includes counties where more than 50 responses were available)

Percentage of Respondents Who Report:	Anne Arundel (N = 69)	Baltimore (N = 160)	Baltimore City (N = 118)	Harford (N = 69)	Howard (N = 68)	Montgomery (N = 149)	Prince George's (N = 149)
Cocaine use, including crack cocaine, in Maryland is increasing	66%	74%	81%	74%	65%	60%	73%
Heroin use in Maryland is increasing	29%	42%	52%	33%	28%	27%	38%
Cocaine or crack cocaine is being sold in their neighborhood	43%	40%	57%	30%	30%	34%	45%
Heroin is being sold in their neighborhood	15%	21%	48%	9%	15%	15%	21%
Illegal use of drugs, other than alcohol, among middle school and high school students is a very serious problem	54%	54%	60%	58%	41%	51%	65%

Source: CESAR, *Responses to Substance Abuse Questions Included in a 1992 Telephone Survey of Maryland Residents*, June 1992

**** MD. POLL RESULTS NOW AVAILABLE!!**

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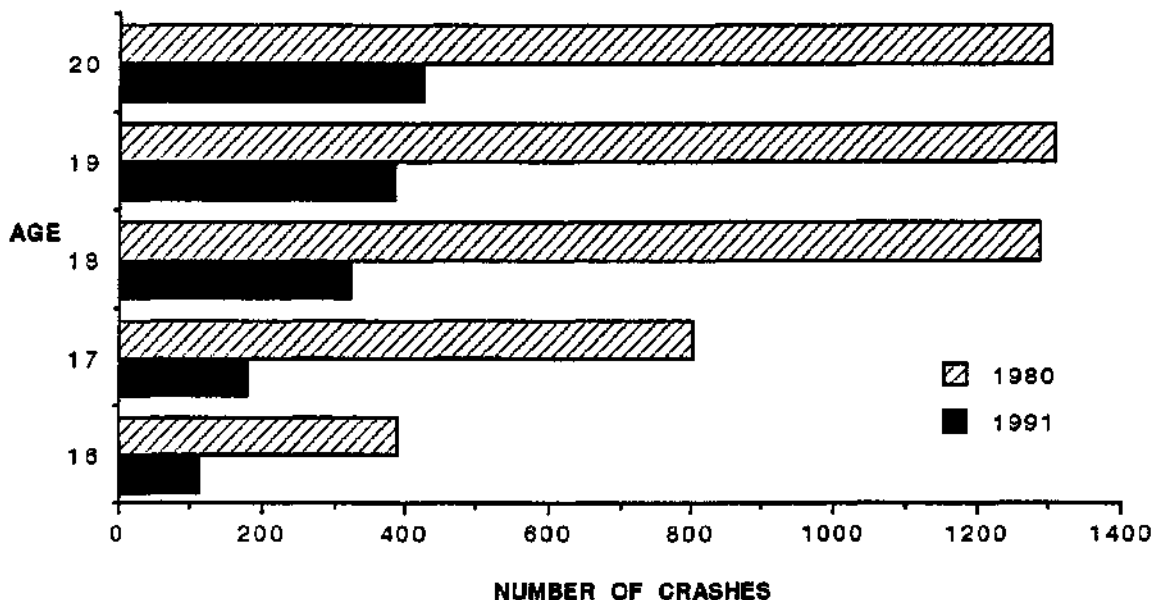
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Reported Alcohol and Drug Related Crashes Decline in Maryland

The number of reported alcohol or drug (AOD) related motor vehicle crashes in Maryland that involve persons under the age of 21 has decreased significantly since 1980. For the 16 to 20 age group 1,424 crashes were AOD related in 1991, a decline from the 5,092 in 1980. The total number of AOD crashes in Maryland among all age groups declined from 30,866 in 1980 to 14,631 in 1991. The reduction in AOD crashes coincided with a decade in which a substantial shift in societal attitudes towards drinking occurred. The increase in the legal drinking age from 18 to 21, the emergence of organizations such as MADD, education and prevention programs targeting school children, and the increased penalties within the criminal justice system have probably had a marked effect on the problem. Regardless of what caused the decline, this reduction is welcome news in the fight against alcohol and drug abuse.

REPORTED ALCOHOL OR DRUG (AOD) RELATED CRASHES INVOLVING MARYLAND DRIVERS UNDER AGE 21: 1980-1991



Figures are for crashes in which alcohol or drugs were a factor for any party involved, not solely for the driver under 21 years old
SOURCE: Maryland Automated Accident Reporting System

MD. POLL RESULTS NOW AVAILABLE!!
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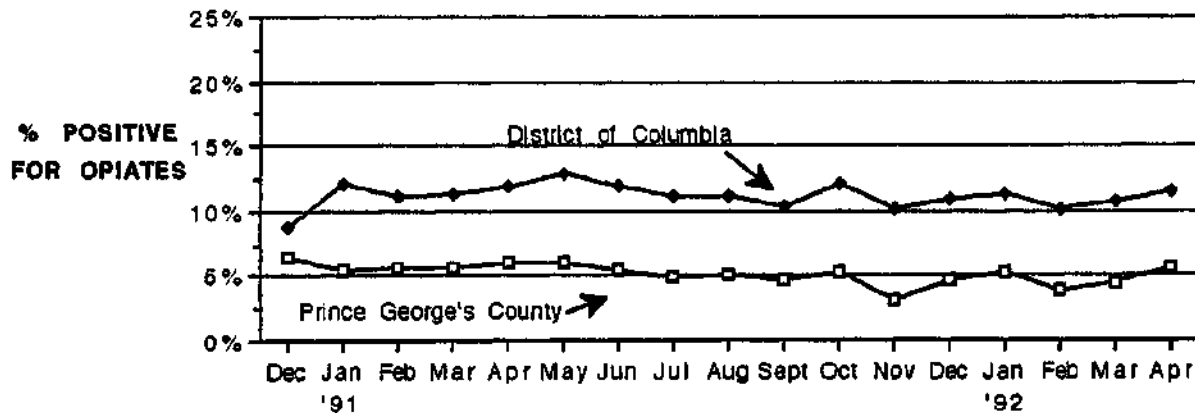
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Who is Using All That Heroin?

Despite recent reports of a higher grade of heroin available in cities across the country, there has been no evidence of an increase in heroin use among arrestees tested in the DUF program or similar programs across the country, including Maryland. The increased use of illicit drugs in a community is often detected first in high risk persons already involved in other illegal activities. However, the chart below indicates that the trends in opiate use in arrestees tested in programs local to Maryland have remained flat. We will continue to monitor these indicators for signs of increased heroin use in Maryland.

PERCENTAGE OF BOOKED ARRESTEES IN THE DISTRICT OF COLUMBIA AND PRINCE GEORGE'S COUNTY TESTING POSITIVE FOR OPIATES

(N = 30,145 male and female arrestees tested in the District of Columbia and 11,717 tested in Prince George's County, December 1990 - April 1992)



Source: District of Columbia Pretrial Services Agency and the Prince George's County Pre-Trial Release Unit.

SPRING ISSUE OF CESAR REPORTS NOW AVAILABLE

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Maryland Adolescent Alcohol Use Increases Dramatically With Grade Level

Results from the most recent Maryland Adolescent Survey conducted in the 1990-91 school year reveal a dramatic increase in alcohol use by students as they progress through the junior high and high school level. Use of alcohol by students in the 30 days prior to the survey increases from 9% of 6th grade students to over 50% of high school seniors. Primarily, this use involves the consumption of beer, wine or wine coolers. In addition to the prevalence of alcohol use, 'binge drinking', the consumption of 5 or more servings of alcohol on at least one occasion, increases with grade level. Nearly one third of those reporting current alcohol use in grade 6 reported binge drinking. This ratio increases to about two out of three drinkers by grade 12. Given these levels of alcohol use among students, alcohol prevention programs need to target students at all grade levels.

PREVALENCE OF CURRENT ALCOHOL USE ACROSS GRADE LEVELS FOR MARYLAND YOUTH 1990-91 SCHOOL YEAR

Type of Alcohol	6th Grade	8th Grade	10th Grade	12th Grade
Beer, Wine or Wine Coolers	7.8%	25.2%	42.1%	50.8%
Liquor	2.5%	13.0%	25.2%	30.6%
5 or More Servings (Binge)	2.6%	10.2%	23.4%	32.3%
Any Form of Alcohol	9.0%	27.6%	43.9%	52.8%

Source: Maryland Adolescent Survey Report; October 1991. To obtain a copy, please contact the Governor's Drug and Alcohol Abuse Commission at 410-321-3521 or CESAR at 301-403-8329.

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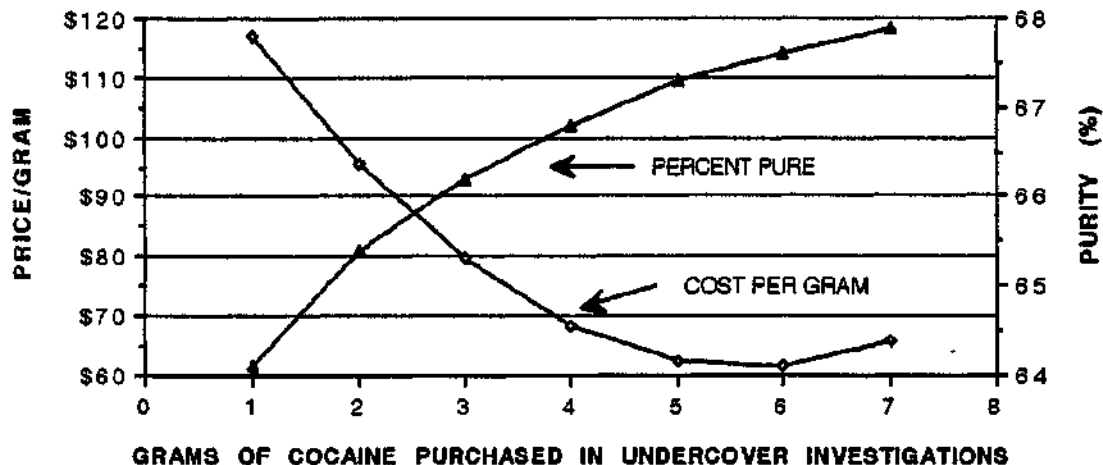
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The Economics of Cocaine in Maryland

A recent report released by the Maryland State Police Criminal Intelligence Division which details the price and purity of marijuana, crack, and cocaine reveals that the illegal drug market in Maryland responds to basic economic principles which effect the price and quality of goods. Based upon undercover drug purchases by Maryland law enforcement agencies and laboratory tests of the drugs purchased/seized by police, information regarding price and purity of these substances was summarized. For the time period studied, the chart below indicates that the purity of cocaine increases and the price/gram decreases when larger amounts of cocaine are purchased. The average cost per gram for cocaine in the state was \$104.49 and the average purity was 69.2%. The Criminal Intelligence Division (CID) report also provides regional differences in the price and purity of illegal substances and their relationship to supply, demand and trafficking patterns. CID is currently preparing an updated price/purity report that incorporates data from the DEA.

AVERAGE COST AND PURITY OF COCAINE IN MARYLAND, 1991

(Price data collected 7/90 thru 9/91. Purity data from 1/91 thru 9/91.)



Source: Adapted from *Price/Purity: A Forensic Assessment of the Illegal Drug Market in Maryland*, Maryland State Police, Criminal Intelligence Division (1992). Reference W-97-00521

CORRECTION

The concluding sentence in Dr. Inciardi's editorial "Revisiting the Great Drug Debate" which appeared as the Invited Perspective section of the Spring 1992 issue of CESAR Reports should have read: "Our energies should be focused on more pragmatic and workable ideas: developing the criminal justice system to have more humane applications for those arrested for drug use; lobbying against the draconian laws that prosecute pregnant addicts; opposing mandatory state prison sentences for possession of small amounts of drugs; and, most importantly, shifting the emphasis of the great drug war from supply reduction and interdiction to increased treatment and prevention." CESAR apologizes for the error and any inconvenience that resulted.

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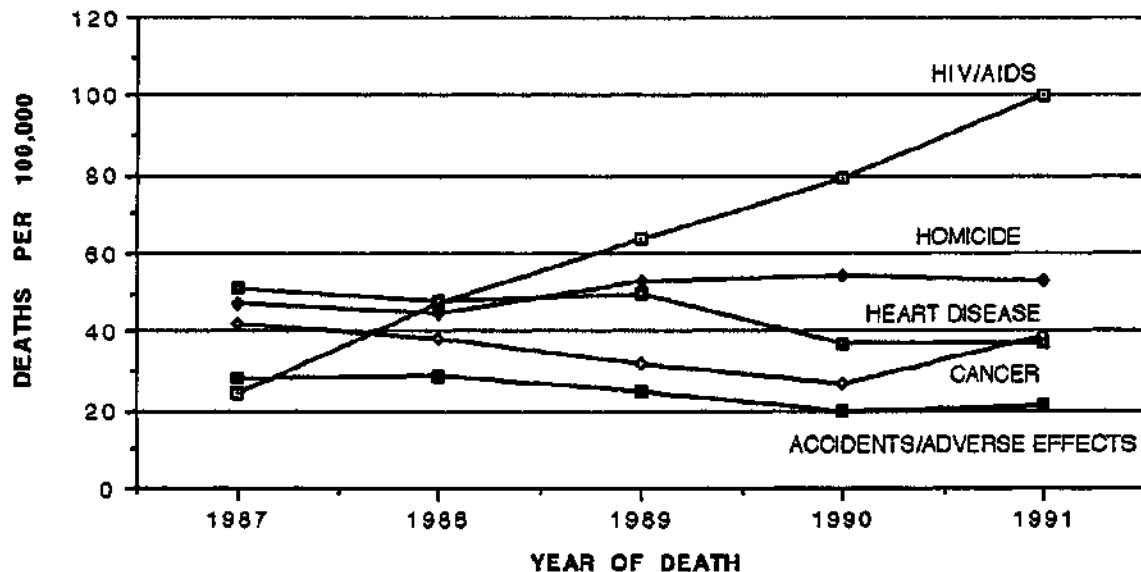
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AIDS: Mortality Rate for Persons 25 - 44 in Baltimore Increases

Since 1987, the AIDS mortality rate for persons age 25 - 44 in Baltimore has increased from 24 per 100,000 in 1987 to 100 in 1991. Other leading mortality rates for this age group were surpassed by AIDS in 1989. In contrast, the mortality rates for homicide, heart disease, cancer, and accidents have remained relatively stable or declined during the same time period.

LEADING CAUSES OF DEATH FOR PERSONS AGE 25-44 IN BALTIMORE, 1987-1991

(Deaths per 100,000 population)



Source: AIDS Surveillance Unit, Baltimore Health Department.

CLARIFICATION: CESAR FAX, ISSUE 24

In last week's edition of the CESAR FAX, "New Report Describes Drug Price and Purity Relationships in Maryland", the average price per gram and average purity for cocaine in Maryland were presented in the text. These figures did not correspond directly to data presented in the price/purity graph because the state averages were calculated based upon all amounts of cocaine seized or purchased, not just the amounts presented in our graph.

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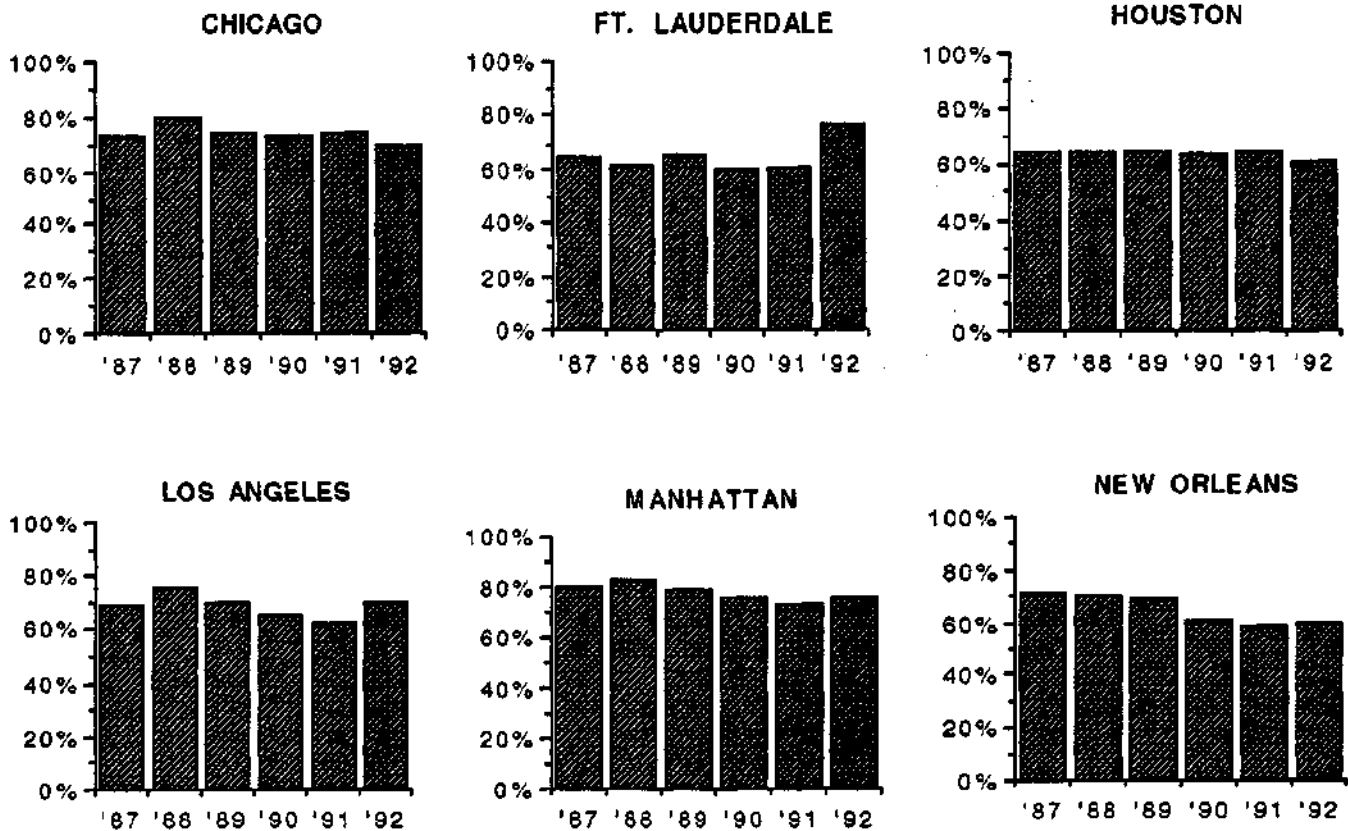
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Illicit Drug Use Continues Unabated in Booked Arrestees in Large Cities

While illicit drug use may have peaked in student and household populations, it continues unabated in arrestees in large cities. The charts below present annual drug test results for six cities that have participated in the National Institute of Justice Drug Use Forecasting (DUF) program since 1987. In these DUF sites, 60% or more of the booked arrestees continue to test positive for one or more drugs at arrest.

PERCENTAGE OF MALE BOOKED ARRESTEES TESTING POSITIVE FOR ILLICIT DRUGS BY URINALYSIS IN SELECTED DUF SITES, 1987-1992*****



** Positive for one or more of the following: cocaine, opiates, PCP, marijuana, amphetamines, methadone, methaqualone, benzodiazepines, barbiturates, and propoxyphene.

*** Data for 1992 represents only the first two quarters of the year.

Source: National Institute of Justice Drug Use Forecasting Program, draft results.

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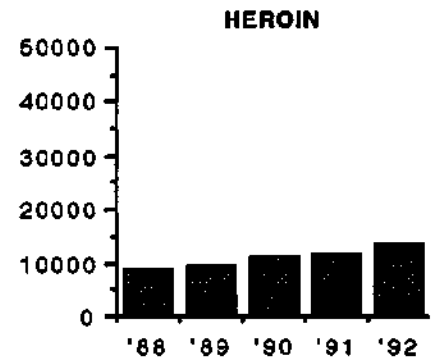
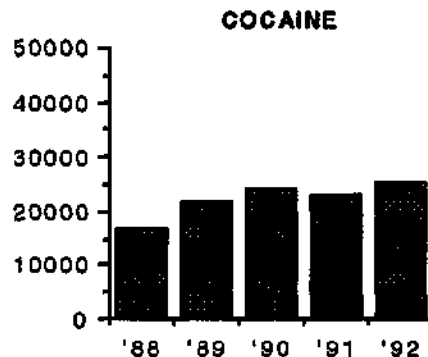
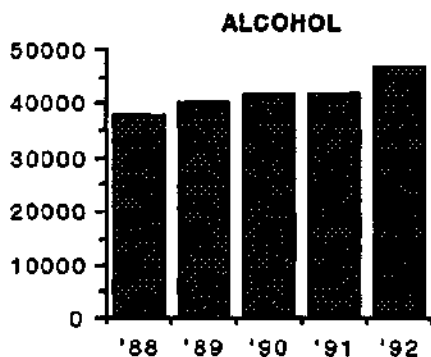
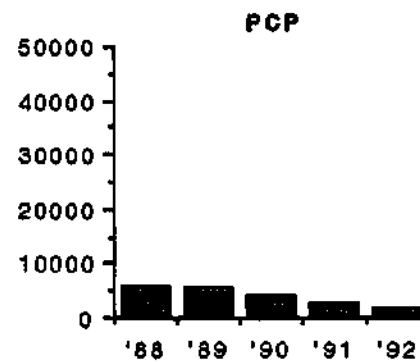
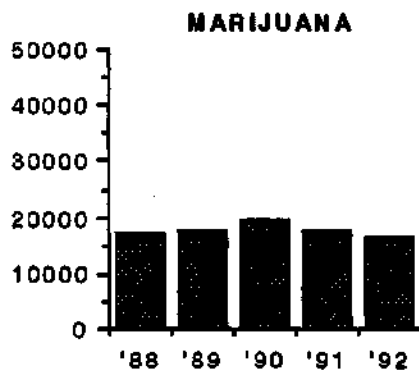
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Disparate Trends Found in Primary Drugs of Abuse of Clients Admitted to Treatment Programs in Maryland

Data from the Substance Abuse Management Information System (SAMIS) maintained by the Maryland Alcohol and Drug Abuse Administration show trends in drug problems in clients admitted to treatment programs. Mentions of marijuana and PCP have declined over the five year period from FY 1988 through FY 1992, while alcohol, cocaine, and heroin mentions have increased. Alcohol continues to be the most common drug of abuse in admissions.

PRIMARY DRUG MENTIONS OF CLIENTS ADMITTED TO MARYLAND SUBSTANCE ABUSE TREATMENT PROGRAMS FISCAL YEARS 1988 - 1992**



** FY92 figures projected based on data for July, 1991 - March, 1992.

SOURCE: Maryland Alcohol and Drug Abuse Administration, Substance Abuse Management Information Systems (SAMIS).

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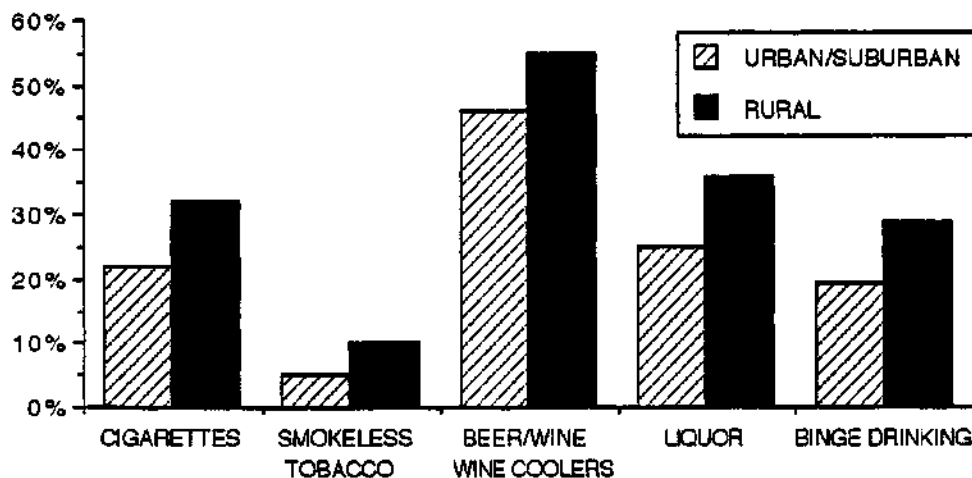
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New Report Compares Rural and Urban/Suburban Drug Use in Public School Students in Maryland

Supplemental analyses conducted by Tracy Myers, M.S. and Raymond Lorion, Ph.D. of the December 1990 Maryland Adolescent Survey (MAS) reveal that students in the rural areas of the State reported higher rates of alcohol and tobacco use in the year prior to the survey than their urban/suburban counterparts. For these analyses, Baltimore City, Baltimore County, Montgomery County, and Prince George's County were defined as urban/suburban areas; all other areas of the State were defined as rural areas. The analyses of the MAS, which was administered to students in 6th, 8th, 10th and 12th grade, also indicate higher rates of use by rural youth for most illicit drugs. These and other findings in the report highlight the need to continue to offer drug and alcohol prevention programs for youths living in rural areas of the State. See the box below to find out how to obtain the report.

PERCENTAGE OF MARYLAND STUDENTS WHO USED ALCOHOL OR TOBACCO IN THE YEAR PRIOR TO THE 1990 SURVEY, BY REGION

(N = 13,654 students surveyed in 6th, 8th, 10th, and 12th grades)



SOURCE: Myers, T. and Raymond P. Lorion, *Substance Use Patterns in the State of Maryland: Racial and Regional Comparisons* July 1992. CESAR, University of Maryland at College Park.

Substance Use Patterns in the State of Maryland: Racial and Regional Comparisons Tracy Myers, M.S. and Raymond P. Lorion, Ph.D.

This report compares drug use in selected segments of the student population in Maryland. Areas examined include comparisons by race, region, urbanicity, and grouped grade levels. To obtain a copy of this report, please call CESAR at (301) 403-8329.

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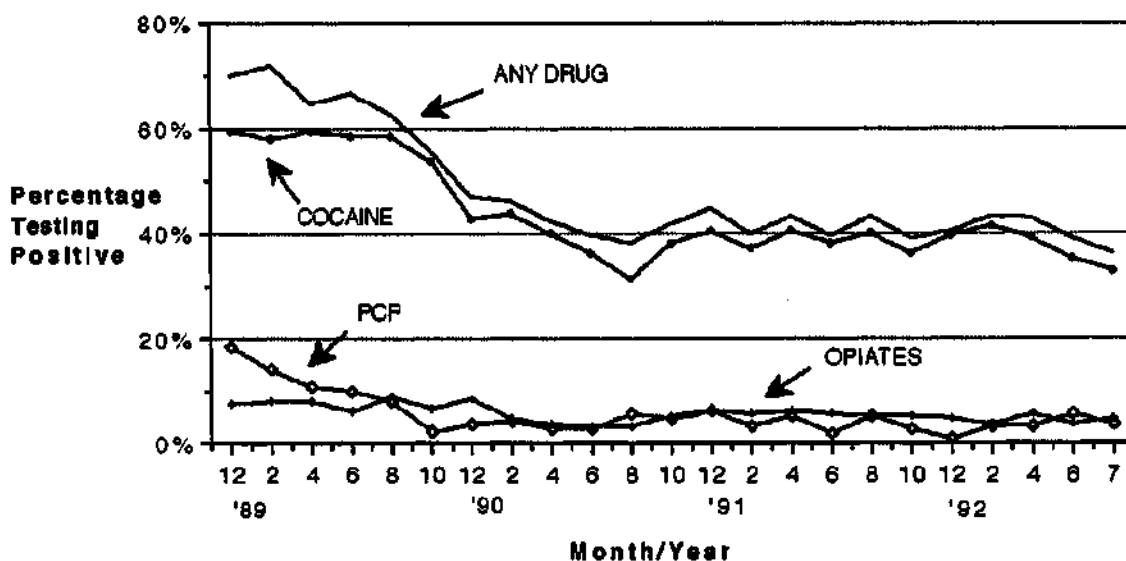
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Prince George's County Pre-Trial Testing Program Tracks Decline in Arrestee Drug Use

Drug use in male and female arrestees tested by the Prince George's County Pre-Trial Release Unit continues at a level far below the peak reached in February 1989. It should be noted, however, that female arrestees continue to test positive at higher rates than male arrestees (about 60% of female arrestees in Prince George's County test positive, see CESAR FAX issue 1; February 17th). The sizable declines in drug use found in tested arrestees in Prince George's County and the District of Columbia contrast with the stable high rates found among arrestees tested in other cities as part of the national Drug Use Forecasting (DUF) program. Jay Carver, Director of the District of Columbia Pretrial Services Agency, has suggested that one of the reasons that drug use has declined in arrestees in Washington, D.C. and Prince George's County may be that these jurisdictions use drug testing to identify, monitor, and refer to treatment arrestees who test positive.

PERCENTAGE OF BOOKED MALE AND FEMALE ARRESTEES IN PRINCE GEORGE'S COUNTY TESTING POSITIVE FOR COCAINE, OPIATES, AND PCP



SOURCE: Adapted by CESAR from data from the Prince George's County Pre-Trial Release Unit.

ANNOUNCING THE 1992 SPEAKER SERIES

The 1992 CESAR Speaker Series will begin October 16th at 10:00 a.m. with a panel discussion on the subject of needle exchange programs. Scheduled panelists include Drs. Don DesJarlais and David Vlahov. Further information will be forthcoming in future editions of CESAR FAX.

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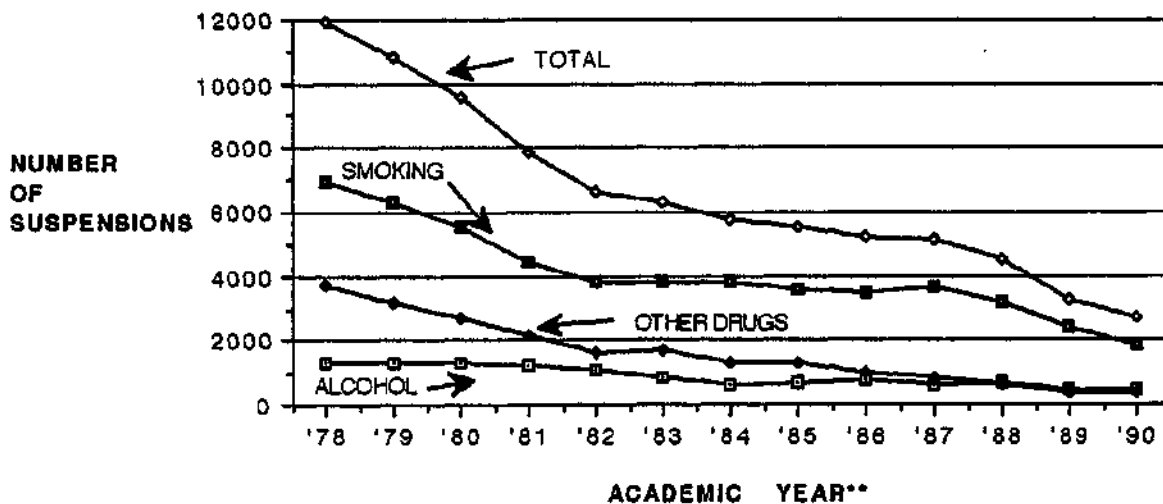
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University of Maryland At College Park *

Maryland Public School Suspensions for Substance Violations Continue to Decline

Maryland State Department of Education (MSDE) records for suspensions show a continuing decline in suspensions due to possession, use, or distribution of dangerous substances. The total number of public school suspensions for dangerous substances in 1990 was the lowest number since record-keeping began in 1978. According to MSDE there were 2,734 suspensions for dangerous substances (including alcohol, cigarettes, and other drugs) in 1990. These suspensions included 1,866 suspensions for smoking, 483 suspensions for alcohol, and 385 suspensions for other drugs. MSDE information for suspensions is updated annually in the Maryland Compendium of Drug Abuse Indicators, which is published by CESAR.

SUSPENSIONS FOR DANGEROUS SUBSTANCES IN MARYLAND PUBLIC SCHOOLS, ACADEMIC YEARS 1978 - 1990



** Academic year refers to the year in which the school year began.

SOURCE: Maryland State Department of Education and Maryland Compendium of Drug Use Indicators.

CESAR SPEAKER SERIES

Videotaped productions are now available to the public through the Flagship Channel at the University of Maryland at College Park. For \$52.00, you may receive a set of four video tapes featuring the Spring 1992 speakers. Individual tapes are available at a cost of \$13.00 per tape. For more information call Dan Kolb at (301) 405-3610.

For further information about today's topic or to be placed on the distribution list, please call CESAR at 301-403-8329.

* CESAR FAX is supported by a grant from the Governor's Drug and Alcohol Abuse Commission.

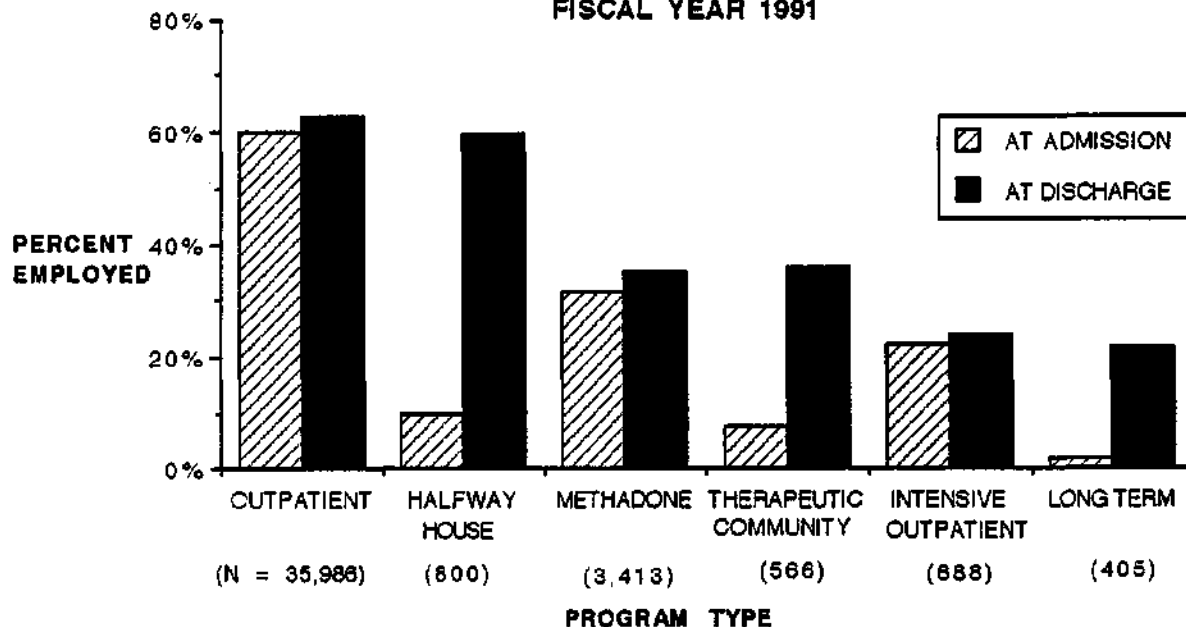
A Weekly FAX From the Center for Substance Abuse Research

University of Maryland At College Park *

Dramatic Increases in Employment Found Among Clients Discharged from Maryland Substance Abuse Residential Treatment Programs

Data from the Substance Abuse Management Information System (SAMIS) maintained by the Maryland Alcohol and Drug Abuse Administration show an increase in employment in clients discharged from treatment, compared to when they were admitted to treatment. The largest increases in employment occurred in clients in the residential based programs (Halfway House, Long Term residential, and Therapeutic Community), which often provide employment counseling and job location services. In most cases, employment is targeted as one of the goals individuals set as part of their treatment plan. These statistics demonstrate considerable gains in employment for clients in residential treatment programs, typically persons with serious drug abuse problems.

**EMPLOYMENT AT ADMISSION AND DISCHARGE, BY PROGRAM TYPE
MARYLAND SUBSTANCE ABUSE TREATMENT PROGRAMS
FISCAL YEAR 1991**



SOURCE: Maryland Alcohol and Drug Abuse Administration, Substance Abuse Management Information Systems (SAMIS).

1992 CESAR SPEAKER SERIES BEGINS OCTOBER 16th

CESAR is proud to announce the opening presentation of the 1992 Speaker Series. Scheduled panelists for the discussion on needle exchange programs are Dr. Don DesJarlais, Director of Research at the Chemical Dependency Unit of Beth Israel Medical Center; The Honorable Stuart Simms; State's Attorney for Baltimore City; and Dr. David Vlahov, Associate Professor of Epidemiology and Medicine at The Johns Hopkins University. The discussion is scheduled for October 16, 1992 at the Center for Adult Education, Room 0105 from ten a.m. to twelve noon. The Speaker Series is open to the general public.

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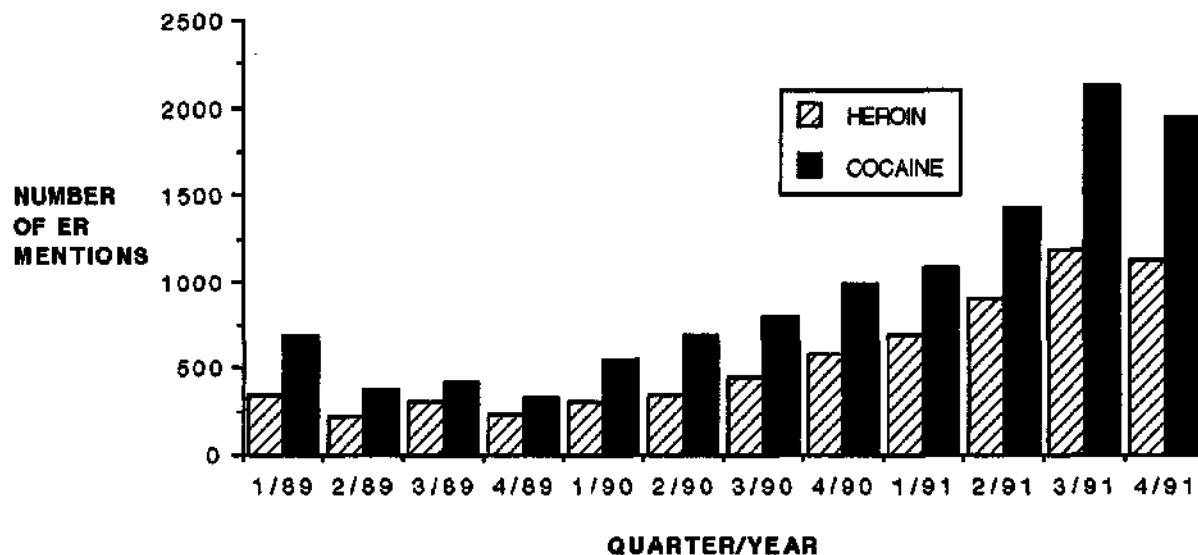
A Weekly FAX From the Center for Substance Abuse Research

University of Maryland At College Park *

Have Heroin and Cocaine Mentions in Baltimore Emergency Rooms Peaked?

Data from the national Drug Abuse Warning Network (DAWN), which is administered by NIDA, show a slight decrease in emergency room (ER) mentions for heroin and cocaine in reporting hospitals in Baltimore in 4th quarter 1991. Nevertheless, compared with the 4th quarter of 1990, current estimates for both heroin and cocaine mentions have doubled. Heroin episodes increased from 575 in 4th quarter 1990 to an estimated 1,128 for 4th quarter 1991. This rise in heroin-related episodes parallels reports of the availability of higher purity heroin on the street, which may create more serious health-related consequences for users. Time will tell whether the 2 year increase in these statistics has ended.

ESTIMATES OF HEROIN AND COCAINE RELATED EMERGENCY ROOM (ER) MENTIONS IN THE BALTIMORE METROPOLITAN AREA (FIRST QUARTER 1989 - FOURTH QUARTER 1991)



SOURCE: NIDA, Drug Abuse Warning Network (estimates for 1991 are preliminary).

1992 CESAR SPEAKER SERIES: NEEDLE EXCHANGE PROGRAMS, OCTOBER 16th

CESAR is proud to announce the opening presentation of the 1992 Speaker Series. Scheduled panelists for the discussion on needle exchange programs are Dr. Don DesJarlais, Director of Research at the Chemical Dependency Unit of Beth Israel Medical Center; The Honorable Stuart Simms, State's Attorney for Baltimore City; and Dr. David Vlahov, Associate Professor of Epidemiology and Medicine at The Johns Hopkins University. The discussion is scheduled for October 16, 1992 at the Center for Adult Education, Room 0105 from ten a.m. to twelve noon. The Speaker Series is open to the general public.

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*Federal Study Finds School Dropout Rate in Baltimore City Among the Highest in the Northeast***

CESAR staff obtained the full report of the study cited by the recent Washington Post article on school dropout rates. The report to Congress by the National Center for Education Statistics revealed that the status dropout rate for all Maryland residents age 16 - 19 in 1990 was 11.0%, slightly below the national average of 11.2%. The *status* dropout rate measures the proportion of the population who have not completed high school and are not enrolled at one point in time, regardless of when they dropped out. Rates are calculated from the 1990 Decennial Census file. For individual counties in Maryland (presented in the table below), the status dropout rates ranged from a low of 4.2 % in Howard County to 22.8% in Baltimore City. School dropouts are at high-risk for substance abuse and should be a continued focus of prevention and treatment efforts.

1990 STATUS DROPOUT RATES FOR MARYLAND COUNTIES (RATES CALCULATED BASED ON PERSONS AGE 18 - 19)

<u>COUNTY</u>	<u>RATE</u>	<u>COUNTY</u>	<u>RATE</u>
Baltimore City	22.8%	Talbot	10.2%
Dorchester	20.2%	Prince George's	9.3%
Caroline	18.8%	Baltimore County	9.2%
Somerset	18.7%	Garrett	8.3%
St. Mary's	15.5%	Carroll	8.2%
Wicomico	14.4%	Charles	7.6%
Washington	13.9%	Harford	7.6%
Queen Anne's	11.9%	Worcester	7.0%
Anne Arundel	11.8%	Montgomery	5.5%
Kent	10.9%	Allegany	5.2%
Cecil	10.7%	Calvert	4.5%
Frederick	10.2%	Howard	4.2%

SOURCE: U.S. Department of Education, Office of Educational Research and Improvement, "Dropout Rates in the United States: 1991". (NCES) 1-800-424-1616 ** The Washington Post, September 17, 1992. (A-1,14).

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Employee Drug Tests Indicate 4.3% Positive for Drugs

Statistics from the Maryland Medical Laboratory show that 4.3% of the 138,123 specimens from employees and job applicants tested positive for some drug. Cocaine was the drug most frequently detected (1.5%), followed by Cannabinoids (marijuana, 1.3%). These persons were tested by government and private industry in and around Maryland. The tested population excludes Maryland State employees, persons tested for clinical or medical reasons, and persons referred by the criminal justice system. The rates of drug use in the employee population contrast greatly with the rates found among booked arrestees in large cities, where 50% or more test positive for a drug, typically cocaine.

URINALYSIS RESULTS FOR JOB RELATED DRUG TESTING

(N = 138,123 specimens tested between June, 1991 and May, 1992)

<u>Drug/Metabolite</u>	<u>Number of Positives</u>	<u>Percent Positive</u>
Cocaine (Metabolite)	2044	1.5
Cannabinoids	1734	1.3
Opiates	1047	.8
Ethyl Alcohol	433	.3
Phencyclidine	218	.2
Amphetamines	151	.1
Benzodiazepines	147	.1
Barbiturates	96	.1
Propoxyphene	40	<.1
Methadone	23	<.1
Methaqualone	4	<.1

SOURCE: National Center for Forensic Science, a division of Maryland Medical Laboratories, 1901 Sulphur Spring Rd., Baltimore, MD. 21227.

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DWI Assesment Statistics for Maryland Counties, FY 1992

ADAA-maintained statistics show that DWI assessments were administered to 21,531 DWI/DUI offenders in FY 92 by local health department assessors, the Motor Vehicle Administration, and private providers in Maryland. Clients were classified as: *social drinkers*—those not appearing to have a serious problem with alcohol other than the immediate DWI/DUI offense; or *problem drinkers*—those appearing to have a serious enough problem to warrant a recommendation for alcoholism treatment. Presented below are the number and rate per 100,000 licensed drivers, of Maryland DWI/DUI offenders assessed as problem and social drinkers.

FY 1992 DWI ASSESSMENT DETERMINATIONS (Total Maryland Assessments = 21,531)

County of Residence	PROBLEM DRINKERS		SOCIAL DRINKERS	
	N	Rate Per 100,000 Licensed Drivers**	N	Rate Per 100,000 Licensed Drivers**
Allegany	261	493.3	107	202.2
Anne Arundel	1999	629.9	416	131.1
Baltimore	1791	336.7	645	121.3
Calvert	438	1113.7	49	124.6
Caroline	137	683.3	35	174.6
Carroll	446	470.8	212	223.8
Cecil	426	811.8	81	154.4
Charles	529	724.2	131	179.3
Dorchester	133	612.0	75	345.1
Frederick	702	619.2	340	299.9
Garrett	114	599.7	43	226.2
Harford	678	491.4	288	208.7
Howard	498	336.6	244	164.9
Kent	63	478.1	24	182.1
Montgomery	2081	352.9	1562	264.9
Prince George's	1474	293.1	637	126.6
Queen Anne's	162	648.9	42	168.2
St. Mary's	249	518.9	52	108.4
Somerset	77	556.4	18	130.1
Talbot	109	467.6	46	197.3
Washington	395	461.9	189	221.0
Wicomico	365	672.4	78	143.7
Worcester	235	765.0	37	120.4
Baltimore City	837	212.6	234	59.4
State Total	15383	452.2	6148	180.7

** Estimates (12/91 data) from MVA report "Distribution of Licensed Drivers According to Residence, Race, Sex, and Age".

SOURCE: Alcohol and Drug Abuse Administration (ADAA).

**1992 CESAR SPEAKER SERIES: NEEDLE EXCHANGE PROGRAMS, OCTOBER 16th
Room 0105, Center for Adult Education 10:00 a.m. to 12:00 noon**

Scheduled panelists include: Dr. Don DesJarlais, Beth Israel Medical Center; The Honorable Stuart Simms, State's Attorney for Baltimore City; and Dr. David Vlahov, Johns Hopkins University.

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A Weekly FAX From the Center for Substance Abuse Research

University of Maryland At College Park *

Drug Use Among College Students: U.S. Students Compared with Students at the University of Maryland at College Park

CESAR recently received results from a 1989-91 survey of drug use among students attending colleges and universities across the United States. We thought it might be interesting to compare results from the national survey with the results from a recent survey conducted at the University of Maryland at College Park. In spite of the time differences in the two surveys, the results appear quite similar. Alcohol and marijuana were the drugs most likely to be used in the past year. Use of all drugs except hallucinogens was slightly higher in the national sample. These variations may be the result of several differences in the demographic characteristics of the two samples.

Drug Use in Year Prior to Survey Among College Students: U.S. Sample and University of Maryland at College Park Sample*****

<u>Drugs Used In Prior Year</u>	<u>1989-91 U.S. Sample (N = 56,361)</u>	<u>1991-92 U of MD Sample (N = 1,286)</u>
Alcohol	85.4%	72.9%
Marijuana	27.0%	21.3%
Cocaine	6.1%	2.6%
Amphetamines	4.9%	1.3%
Hallucinogens	4.9%	6.8%
Sedatives	2.2%	<1%
Designer Drugs	2.0%	1.9%
Opiates	<1%	<1%

SOURCE: ** Presley, C. and Meilman, P. *Alcohol and Drugs on American College Campuses: A Report to College Presidents*. Based on 1989-91 data collected from the CORE Alcohol and Drug Survey sponsored by the Fund for the Improvement of Postsecondary Education (FIPSE).

*** 1991-92 Student Opinion Survey sponsored by the University of Maryland's Health Center.

The Maryland Compendium of Drug Abuse Indicators Available!

A limited number of Maryland Compendia are now available on a first come, first served basis. This document serves as a single source of information on state drug use trends and patterns; its modular design in a three ring binder enables CESAR staff to update sections in a timely manner. Request your copy in writing and designate the person to whom updates should be sent. Send requests to CESAR, 4321 Hartwick Road, Suite 501, College Park, Maryland 20740.

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A Weekly FAX From the Center for Substance Abuse Research

University of Maryland At College Park *

***Most Persons Admitted to Maryland
Treatment Programs Have an Alcohol Problem***

Data from the Substance Abuse Management Information System (SAMIS) maintained by the Maryland Alcohol and Drug Abuse Administration show that in FY 92, most clients had a problem with alcohol, or with alcohol and another drug. Baltimore City had the most clients (47%) with a "drugs only" problem. Statewide, alcohol is a problem in 75% of all admissions to treatment.

**Drug and Alcohol Problems Among Maryland Residents
Admitted to Treatment Facilities, by County, FY 1992****

County of Residence (N of Admissions)	Alcohol Only	Drugs & Alcohol	Drugs Only
	%	%	%
Allegany (689)	56	40	3
Anne Arundel (4,160)	39	48	14
Baltimore City (17,551)	17	36	47
Baltimore County (7,293)	36	40	23
Calvert (1,039)	60	34	6
Caroline (424)	51	43	6
Carroll (1,214)	43	48	9
Cecil (1,133)	50	45	5
Charles (1,533)	53	36	11
Dorchester (554)	35	55	10
Frederick (1,892)	45	43	11
Garrett (264)	67	28	5
Harford (1,678)	46	42	12
Howard (1,199)	47	40	13
Kent (357)	47	36	17
Montgomery (5,698)	45	34	21
Prince George's (5,286)	38	38	24
Queen Anne's (517)	50	41	9
St. Mary's (1,065)	39	51	9
Somerset (360)	54	43	3
Talbot (472)	44	51	4
Washington (1,654)	47	44	8
Wicomico (1,318)	42	47	10
Worcester (531)	58	36	6
State Total*** (57,881)	35	40	25

** Due to rounding, numbers may not add up to 100%.

*** Only includes Maryland residents admitted to a Maryland treatment facility because of a drug/alcohol problem.

SOURCE: Substance Abuse Management Information System (SAMIS), Alcohol and Drug Abuse Administration (ADAA).

CESAR SPEAKER SERIES: DR. DAVID NURCO

November 16, 1992, Room VFFR, Center for Adult Education, 10:00 to 11:00 a.m.

Dr. David Nurco, Research Professor of Psychiatry, University of Maryland School of Medicine, will be lecturing on "A Quarter Century of Psycho-Social Drug Abuse Research in Maryland"

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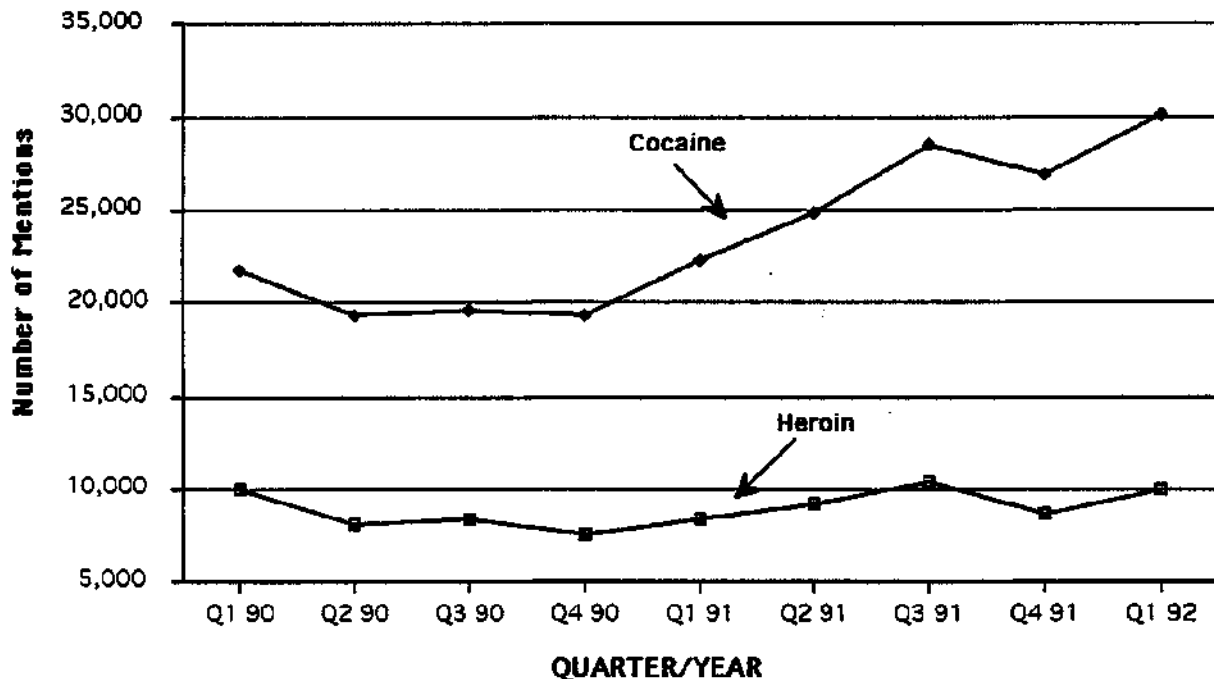
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Latest DAWN Data Show Increases in Heroin and Cocaine Emergency Room (ER) Mentions

Drug Abuse Warning Network (DAWN) data show an increase in heroin and cocaine ER mentions in the first quarter of 1992 over the prior quarter. Compared with the first quarter of 1991, current estimates of heroin mentions have increased by 18.6% while cocaine mentions have increased by 34.8%. Cocaine ER mentions during the first quarter of 1992 are the highest they have been since 1989, when NIDA began weighting data from a nationally representative sample of emergency rooms.

**ESTIMATES OF HEROIN AND COCAINE-RELATED
EMERGENCY ROOM MENTIONS IN THE U. S. , BY QUARTER**
(First Quarter 1990 To First Quarter 1992**)



** Estimates for first quarter 1992 are preliminary. Final estimates will be available in July, 1993.

SOURCE: Drug Abuse Warning Network (July, 1992 Files), National Institute on Drug Abuse (NIDA) and Substance Abuse and Mental Health Services Administration (SAMHSA)

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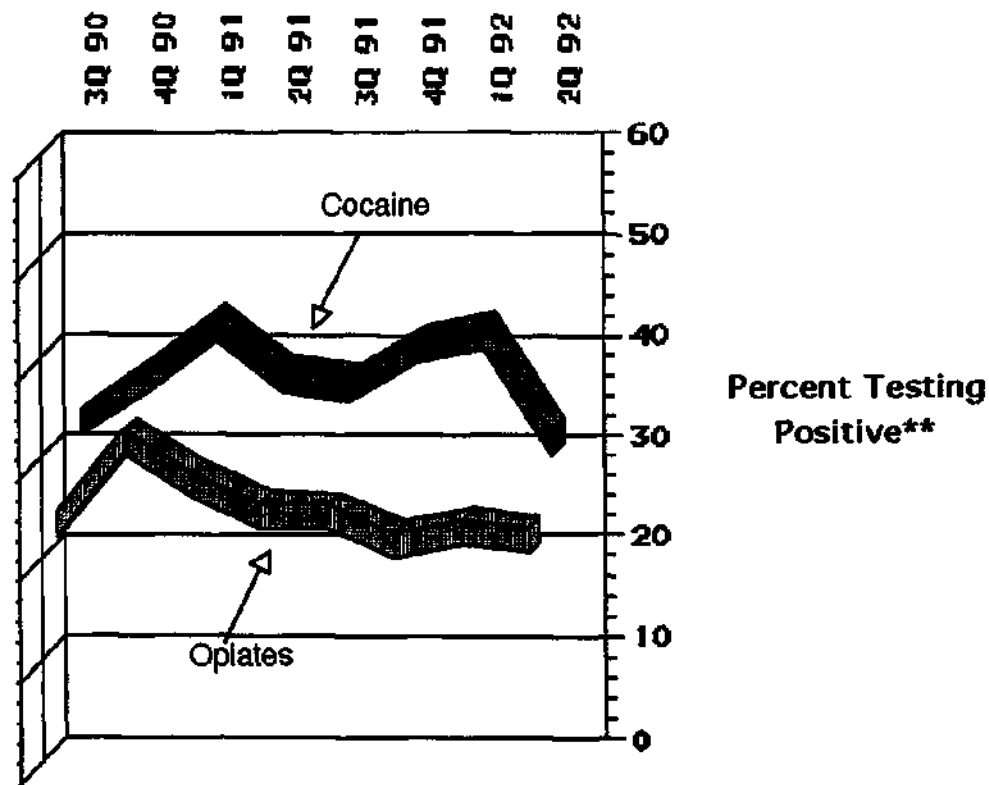
A Weekly FAX From the Center for Substance Abuse Research

University of Maryland At College Park *

Pretrial Drug Test Results Indicate Sizable Drug Abuse Problem in Criminals in Baltimore City

The Baltimore City Pretrial Release Services Program monitors pretrial releasees for drug use, by urinalysis. Over the past year, CESAR staff have been automating the results from the monitoring program. The results below show that about 20% of female and male releasees test positive for opiates, typically heroin. Cocaine positive rates fluctuate between 30% and 40%. These findings suggest a sizable cocaine and opiate use problem among apprehended criminals in Baltimore.

Drug Test Results from Pretrial Releasees in Baltimore
Third Quarter 1990 to Second Quarter 1992
(N = 5,384 Male and Females)



** Results are calculated using each person's first test record in a data file.

SOURCE: Baltimore City Pretrial Release Services Program.

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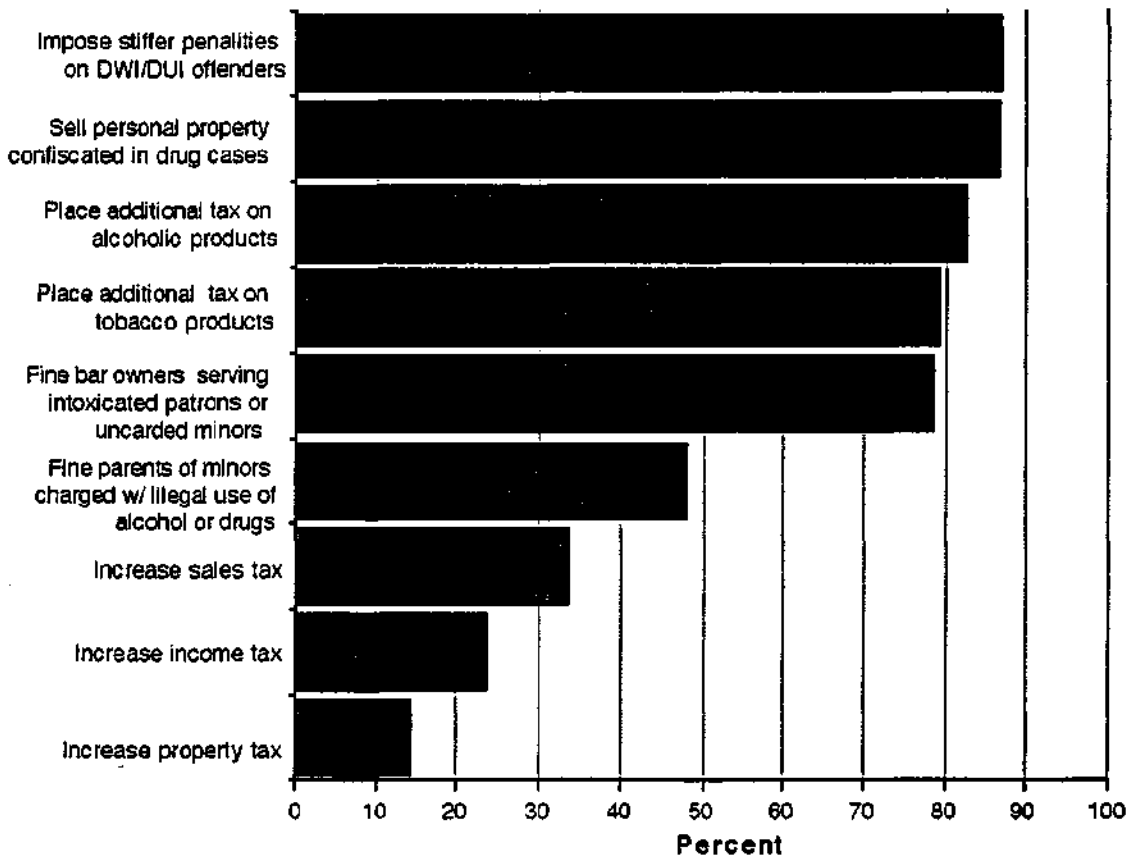
A Weekly FAX From the Center for Substance Abuse Research

University of Maryland At College Park *

87% of Montgomery County Residents Favor Increasing Money for Drug Treatment by Imposing Stiffer Penalties on DWI/DUI Offenders

Results from the 1991 Montgomery County Household Telephone Survey of Drug Abuse, sponsored by the Montgomery County Department of Family Resources, show that a majority of respondents want money for drug treatment to be increased through means that are directly related to drug and alcohol use. Across the board tax increases were far less popular means for raising revenue for treatment.

Percentage of Respondents Favoring Measures Below for Increasing Drug Treatment Funds
(N = 1,003 Persons in Montgomery County Households, Age 18 or Older)



SOURCE: Montgomery County Household Survey of Drug Abuse (1991), Montgomery County Department of Family Resources, March 17, 1992.

CESAR SPEAKER SERIES: DR. JAMES INCIARDI

Dr. James Inciardi, Professor and Director for the Center for Drug and Alcohol Studies, University of Delaware, will be lecturing on "Recent Research on the Drugs Crime Connection" at 3:00 p.m. on January 28, 1993, in the Atrium of the Stamp Student Union.

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A Weekly FAX From the Center for Substance Abuse Research

University of Maryland At College Park *

***Alcohol is Most Frequently Mentioned Substance of Abuse
Among State Residents Entering Maryland Treatment Programs *****

Data from the Substance Abuse Management Information System (SAMIS) maintained by the Maryland Alcohol and Drug Abuse Administration (ADAA), show that in all 23 Maryland counties but Baltimore City, alcohol abuse was mentioned by more clients than any other drug. In Baltimore City, more clients reported abuse of cocaine or heroin than alcohol.

**Selected Drugs of Abuse Among Client Admissions, by County of Residence
Fiscal Year 1992**

County of Residence (N of Admissions***)	Alcohol	Cocaine	Marijuana	Heroin	PCP
Allegany (691)	665	73	240	10	6
Anne Arundel (4,295)	3,604	1,509	1,347	362	283
Baltimore City (17,797)	9,330	10,688	3,462	9,461	149
Baltimore County (7,470)	5,609	2,776	1,883	1,490	231
Calvert (1,075)	976	251	227	17	36
Caroline (454)	397	65	166	7	5
Carroll (1,242)	1,100	307	475	68	27
Cecil (1,145)	1,079	289	430	12	2
Charles (1,597)	1,365	429	467	36	136
Dorchester (563)	500	271	239	6	3
Frederick (1,918)	1,675	629	595	43	102
Garrett (287)	251	21	71	0	1
Harford (1,693)	1,482	451	631	96	20
Howard (1,233)	1,045	363	347	82	63
Kent (361)	297	133	114	13	0
Montgomery (5,832)	4,509	2,084	1,021	575	224
Prince George's (5,403)	3,992	2,381	1,336	528	520
Queen Anne's (544)	472	149	165	11	9
St. Mary's (1,119)	992	393	383	32	32
Somerset (381)	350	87	139	1	1
Talbot (479)	451	133	190	7	2
Washington (1,692)	1,528	422	618	45	22
Wicomico (1,409)	1,184	466	498	42	9
Worcester (540)	500	112	137	10	4
State Total **** (62,651)	46,130	25,880	15,810	13,376	1,948

** All certified public and private drug and alcohol treatment programs in Maryland are required to report to SAMIS.

*** Each client may report up to 3 substances of abuse at time of admission to a treatment facility.

**** County totals do not add up to State Totals. State Totals include "Other" (i.e., "no fixed address" or "out-of-state").

SOURCE: Substance Abuse Management Information System (SAMIS), Alcohol and Drug Abuse Administration (ADAA).

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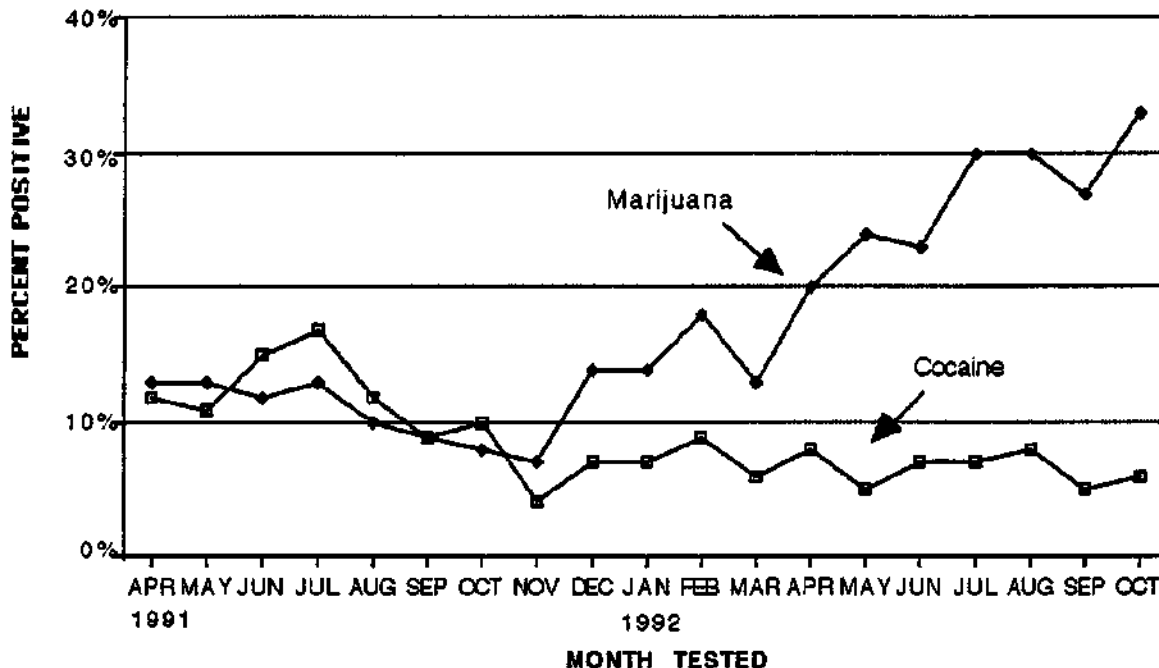
University of Maryland At College Park *

Gap between Marijuana and Cocaine Use Among Juveniles Arrested in Washington, D.C. Continues to Grow

Juvenile drug test results from the D. C. Pretrial Services Agency, show that since November 1991, cocaine positives among juvenile arrestees have stabilized at between 4% and 9%, while marijuana positives have continued on an upward trend. Thirty-three percent of juvenile arrestees tested positive for marijuana in October, 1992, the highest level ever.

Drug Test Results for Marijuana and Cocaine from Juvenile Arrestees in Washington, D.C.

(N = 6,035 juveniles tested by urinalysis between April 1991 and October 1992)



SOURCE: D. C. Pretrial Services Agency, Jay Carver, Director.

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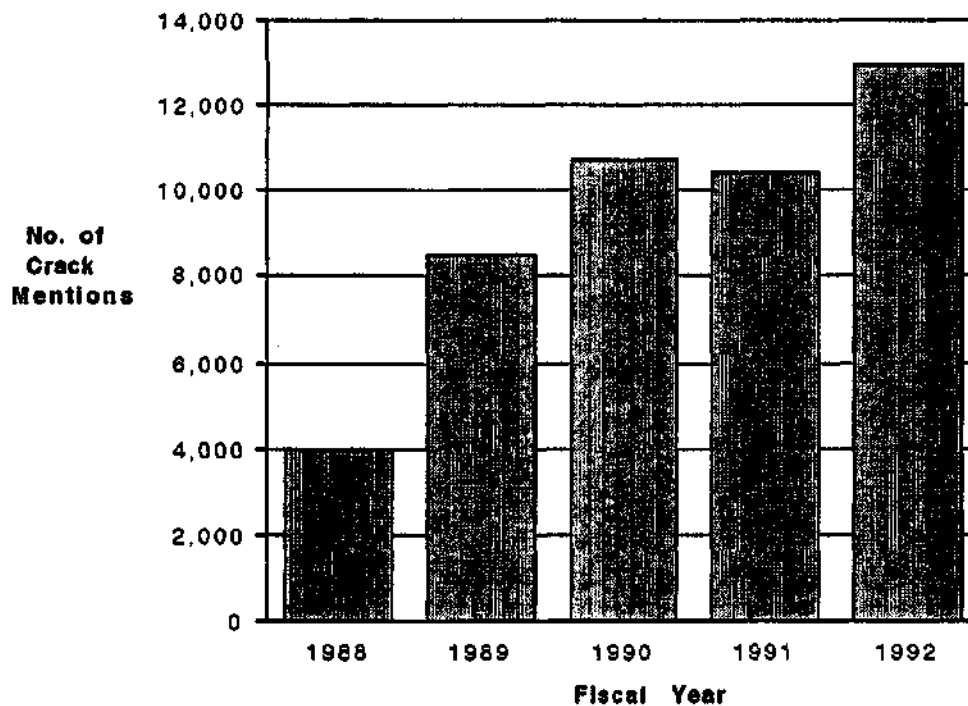
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University of Maryland At College Park *

Crack Mentions Among Maryland Treatment Admissions Reaches Record High in FY 1992

Data from the Substance Abuse Management Information System (SAMIS) maintained by the Alcohol and Drug Abuse Administration (ADAA), show that in FY 92, crack was mentioned by 12,946 admissions to Maryland substance abuse treatment programs. Among clients reporting cocaine abuse at time of admission to treatment, crack use accounted for 50% of total cocaine mentions in FY 92 as compared to only 24% in FY 88.

Crack Mentions Among Clients Admitted to Maryland Substance Abuse Treatment Programs FY 1988 to FY 1992



SOURCE: Substance Abuse Management Information System (SAMIS), Alcohol and Drug Abuse Administration (ADAA).

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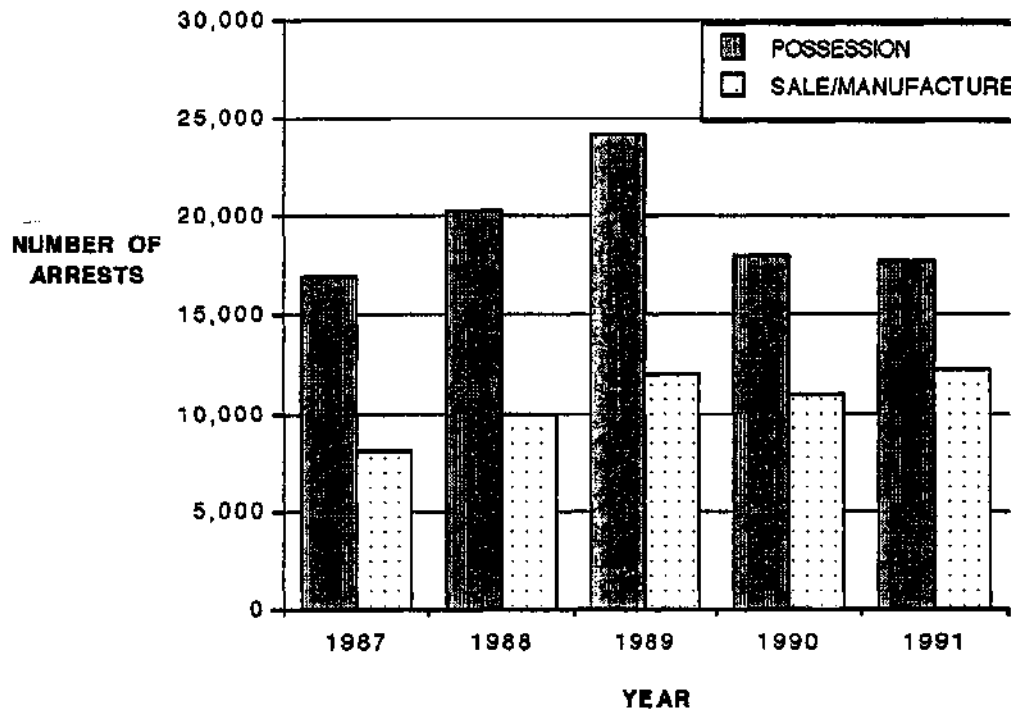
A Weekly FAX From the Center for Substance Abuse Research

University of Maryland At College Park *

Maryland UCR Data Show a Decline in Drug Possession Arrests Since its Peak in 1989

According to 1991 data from the Maryland State Police's Uniform Crime Reporting Program, arrests for drug possession have dropped from a peak of 24,208 in 1989 to 17,690 arrests in 1991. During the same time period, arrests for the sale/manufacture of drugs have remained relatively stable. The reasons for the decline in arrests for possession are unclear.

Arrests for Sale/Manufacture and Possession of Drugs, 1987 to 1991



SOURCE: 1991 State of Maryland Uniform Crime Reports (UCR), Maryland State Police.

CESAR SPEAKER SERIES: DR. JAMES INCIARDI

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Khat: Origin and Pharmacology

U. S. Forces in Somalia have been coming into contact with local use of "khat," a plant which contains a form of amphetamine. Khat (or qat) is botanically known as *catha edulis*. It is an evergreen shrub that grows in Somalia, Yemen, Ethiopia, and the Arabian peninsula. (1) Several million people use it within that geographical area, and residents who travel or live abroad go to considerable trouble to obtain it. (1)

The khat plant has fleshy brownish-green leaves with serrated edges and glossy upper surfaces. (2) It has been used socially for hundreds of years in the countries of Northeast Africa and Arabia in much the same way that coffee is used in North America. Khat leaves or twigs are usually chewed in social gatherings of men. (1,2) In 1989, khat users in Rome reported the price of a 400-gram bundle of khat twigs at about \$50. (3)

Cathinone, the main active alkaloid of the khat plant, closely resembles amphetamine in its chemical structure. While cathinone can be isolated from the plant material, it is chemically unstable and degrades rapidly. (3) For this reason, khat bark or twigs must be chewed while still green and fresh from the plant to have a pharmacological effect.

Subjectively, khat chewing increases alertness, concentration, friendliness and talkativeness. (1) Occasional khat use in traditional social settings yields only minor adverse effects. However, khat dependence does occur wherever it is used. In several cases, Yemeni and Somali nationals living abroad have used khat continuously and developed amphetamine-like psychoses with grandiose or paranoid delusions. (1) In reported cases, psychoses ceased completely 5 hours to 6 weeks after cessation of khat use. (1) In Eastern Ethiopia, khat psychoses and delusions are common enough to have the term "jezba" associated with them. (2) Side effects from chronic use include stained gums and teeth, constipation, raised blood pressure and impotence. (2)

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SOURCE: Trent Tschirgi, PD, a registered pharmacist and Assistant Director of Drug Abuse Information at the Office of Substance Abuse Studies, University of Maryland At Baltimore, School of Pharmacy. He can be contacted at (410) 706-7513.

This concludes Volume I of the CESAR FAX!
We will resume with Volume II, Issue 1 on January 11, 1993.
We at CESAR wish you a very happy holiday season!

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