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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

CESAR FAX Annual Volume

2001

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ACKNOWLEDGMENTS

CESAR is pleased to provide this 2001 Annual Volume of the *CESAR FAX*. To assist you in using this volume, the Table of Contents indexes the 2001 faxes by issue title and subject area.

The *CESAR FAX* is produced and maintained by Wanda Hauser, with the assistance of Kara Johnson. Other CESAR staff provide valuable assistance in the selection of *CESAR FAX* topics by continuously monitoring crime and drug abuse issues and data sources. Special thanks to our web team for maintaining the *CESAR FAX* issues on our web site.

Since the first transmission to 150 recipients on February 17, 1992, the *CESAR FAX* audience has grown to more than 5,200 recipients worldwide. With the ongoing support of the Maryland Governor's Office of Crime Control & Prevention, the *CESAR FAX* continues to provide timely and relevant crime and drug abuse information in an easy-to-read format.

CESAR FAX
Volume 10
2001

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University of Maryland, College Park

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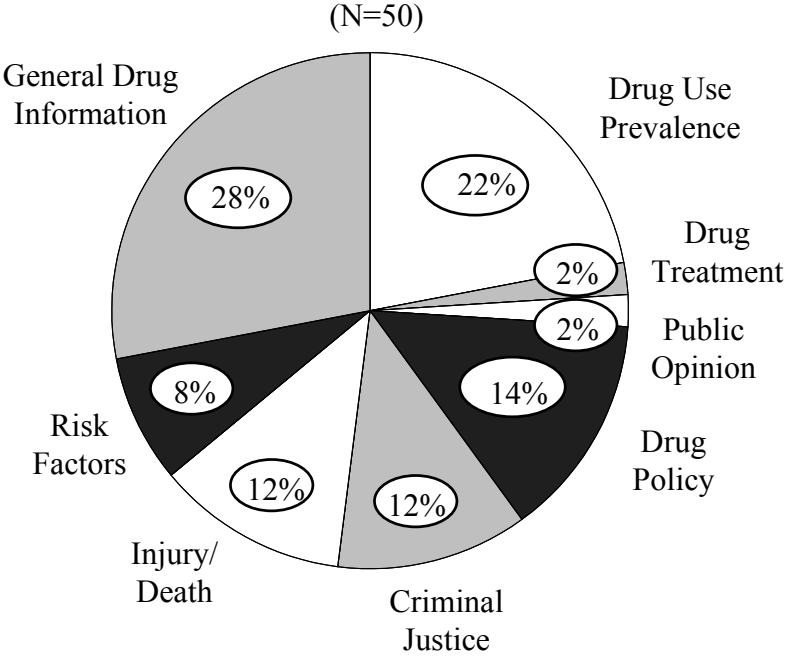

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CESAR FAX

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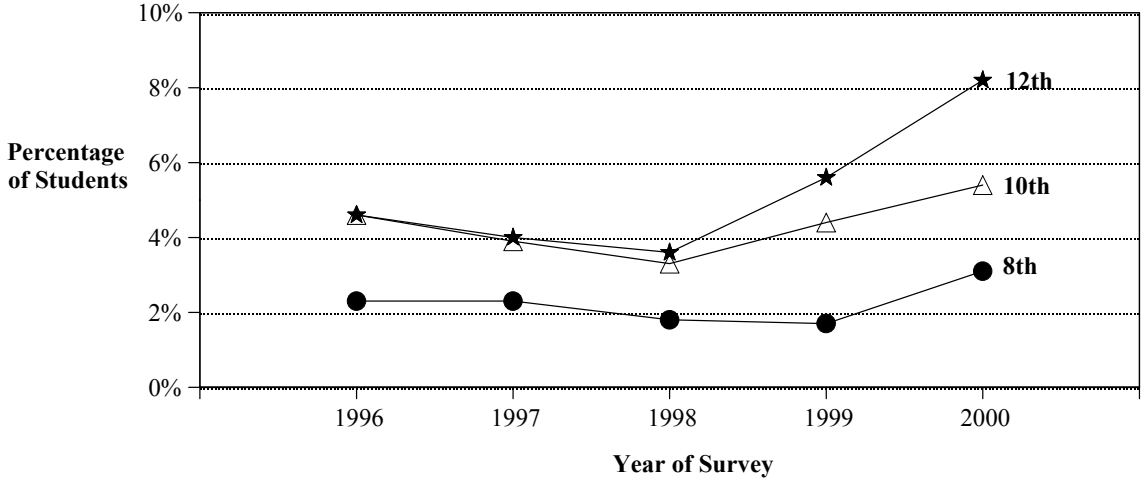
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Ecstasy Use Increases Among U.S. 8th, 10th, and 12th Grade Students

The growing popularity of ecstasy (MDMA) is now evident among 8th graders, according to data from the national Monitoring the Future survey. The percentage of 8th grade students reporting ecstasy use in the past year increased from 1.7% in 1999 to 3.1% in 2000. Increases in use were also evident among 10th (from 4.4% to 5.4%) and 12th graders (from 5.6% to 8.2%). Ecstasy is now one of the five most popular illicit drugs among 8th, 10th, and 12th graders. This increase in ecstasy use coincides with an increase in perceived availability of the drug—the percentage of high school seniors who reported that ecstasy is fairly or very easy to obtain increased from 40.1% in 1999 to 51.4% in 2000. Ecstasy use in Maryland was first detected by the state's Drug Early Warning System (DEWS) in 1999 (see *DEWS Fax*, Volume 1, Issue 10).

Percentage of U.S. Eighth, Tenth, and Twelfth Grade Students Reporting Ecstasy (MDMA) Use in the Past Year, 1996-2000



NOTE: The difference between the 1999 and 2000 prevalence rate for 8th graders was statistically significant at $p < .001$; for 12th graders at $p < .01$.

SOURCE: Adapted by CESAR from data from University of Michigan, Monitoring the Future Study Press Release, "'Ecstasy' Use Rises Sharply Among Teens in 2000; Use of Many Other Drugs Stays Steady, But Significant Declines Are Reported for Some," December 13, 2000. For more information, contact Lloyd Johnston at 734-763-5043 or visit the Monitoring the Future website at www.monitoringthefuture.org.

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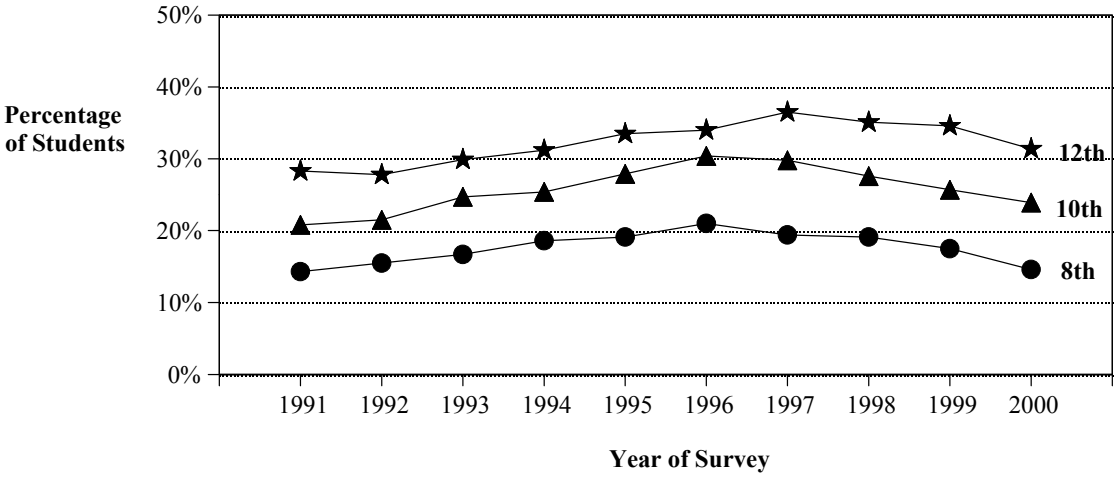
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Cigarette Use Continues to Decline Among U.S. Youths

Following sharp increases in the early 1990s, cigarette use among U.S. 8th, 10th, and 12th grade students has steadily declined over the past several years. According to data from the most recent Monitoring the Future survey, 31% of 12th grade students reported cigarette use in the past thirty days, down from the peak of 37% in 1997. Similar declines have occurred among 8th and 10th grade students. The authors' suggest that these decreases may be a result of many factors, including the adverse publicity surrounding the tobacco settlement, state efforts to reduce teen smoking, the cessation of specific advertising practices, and increases in the price of cigarettes.

Percentage of U.S. Eighth, Tenth, and Twelfth Grade Students Reporting Cigarette Use in the Past Thirty Days, 1991-2000



NOTE: The difference between the 1999 and 2000 prevalence rate for 8th graders was statistically significant at $p < .001$; for 12th graders at $p < .01$.

SOURCE: Adapted by CESAR from data from University of Michigan, Monitoring the Future Study Press Release, "Cigarette Use and Smokeless Tobacco Use Decline Substantially Among Teens," December 13, 2000. For more information, contact Lloyd Johnston at 734-763-5043 or visit the Monitoring the Future website at www.monitoringthefuture.org.

School Violence and Delinquency Conference to Be Held February 15 & 16

The National Center on Education, Disability, and Juvenile Justice (EDJJ) is sponsoring the conference, "Preventing School Violence & Delinquency: Research to Practice" on February 15th and 16th at the Inn and Conference Center at the University of Maryland, College Park. For more information, visit the EDJJ website at www.edjj.org.

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Overview and Outcomes of Year 2000 Drug-Related State Ballot Initiatives

State/Initiative	Description	Passed?	Percent Approved
Legalization of Marijuana			
Alaska Measure 5	Legalizes possession, cultivation, distribution, and sale in liquor stores of marijuana, hemp, and cannabis for people over 18. Grants amnesty to persons already convicted of marijuana crimes.	No	41%
Medical Use of Marijuana			
Colorado Amendment 20	Approves medical use of marijuana. Permits possession of up to two ounces and cultivation of up to six plants for medical use.	Yes	54%
Nevada Question 9	Permits patients to use marijuana upon the recommendation of a physician. Directs legislature to create legal supply for medical marijuana and to create a state-run, confidential registry of patients immune from marijuana possession and cultivation laws.	Yes	65%
Diversion of Drug Offenders from Prison to Treatment			
California Proposition 36	Mandates probation with drug treatment for first- or second-time nonviolent drug offenders. Excludes those caught selling drugs, manufacturing drugs, or in possession of, or under the influence of, drugs while using a firearm.	Yes	61%
Massachusetts Petition P	Allows first- or second-time nonviolent drug offenders to request placement in drug treatment or education programs, rather than prison. Includes those charged with manufacturing and selling. Fines in drug cases and proceeds from forfeiture of assets used in the commission of drug violations will assist in the funding of drug treatment programs.	No	47%
Seizure of Property			
Oregon Measure 3	Bars confiscation of property without conviction of crime. Sets priorities for distribution of profits from the sale of forfeited property to state drug treatment.	Yes	67%
Utah Initiative B	Forbids forfeiture of property involved in drug arrests and other crimes in which innocent owners neither knew of nor consented to the crime.	Yes	69%

SOURCE: A complete list of sources is available online at http://www.cesar.umd.edu/www2root/prod/csrfax/fax10/docs/FAX10-4sources.htm

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CESAR FAX

February 5, 2001
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A Weekly FAX from the Center for Substance Abuse Research

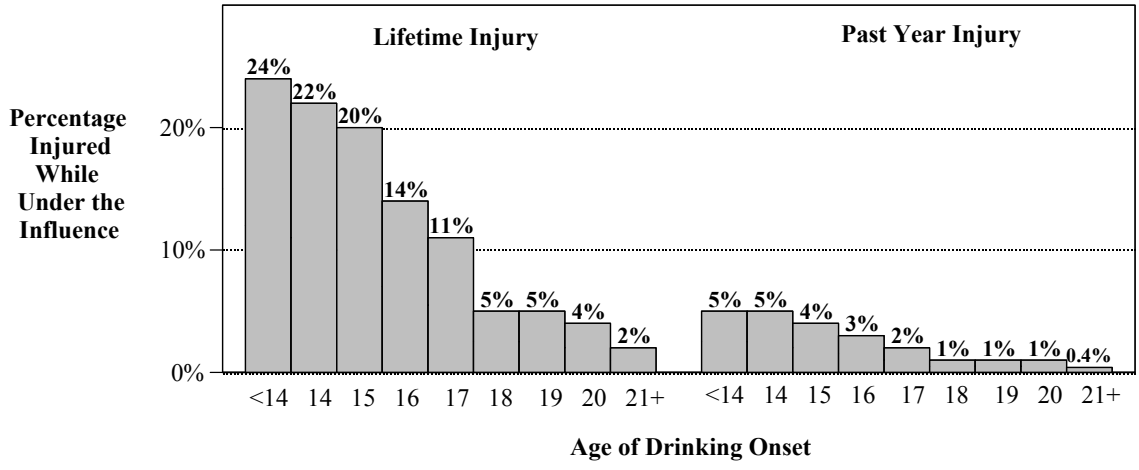
University of Maryland, College Park

Early Age of Drinking Onset Linked to Increased Likelihood of Alcohol-Related Injury

The earlier a person begins drinking, the more likely they are to be injured while under the influence of alcohol, according to a recent study published in the *Journal of the American Medical Association*. An analysis of data from the National Longitudinal Alcohol Epidemiology Survey showed that 24% of adults who began drinking before age 14 had ever experienced an alcohol-related injury. However, only 2% of adults who began drinking at age 21 or older had ever experienced the same. Similar results were found for alcohol-related injuries occurring in the past year. The authors suggest that these findings might indicate that "those who begin drinking at an early age may be less fearful of injury and situations that pose risk of injury," and "…persons who start drinking at earlier ages may not be as aware or appreciate how alcohol increases injury risk" (p. 1532). The authors recommend that physicians and health care providers discuss the risks associated with the initiation of drinking at a young age with their adolescent patients.

Percentage of People Injured in Their Lifetime and in the Past Year While Under the Influence, by Age of Drinking Onset

(N=26,797)



NOTE: To determine occurrence of alcohol-related injury, respondents were asked, "In your entire life, did you ever accidentally injure yourself under the influence of alcohol, for example have a bad fall, or cut yourself badly, get hurt in a traffic accident, or anything like that? Did this happen in the past 12 months?"

SOURCE: Adapted by CESAR from Hingson R.W., Heeren T., Jamanka A., Howland J., "Age of Drinking Onset and Unintentional Injury Involvement After Drinking," *Journal of the American Medical Association* 284(12):1527-1533, September 27, 2000. For more information, contact Dr. Ralph Hingson at rhingson@bu.edu.

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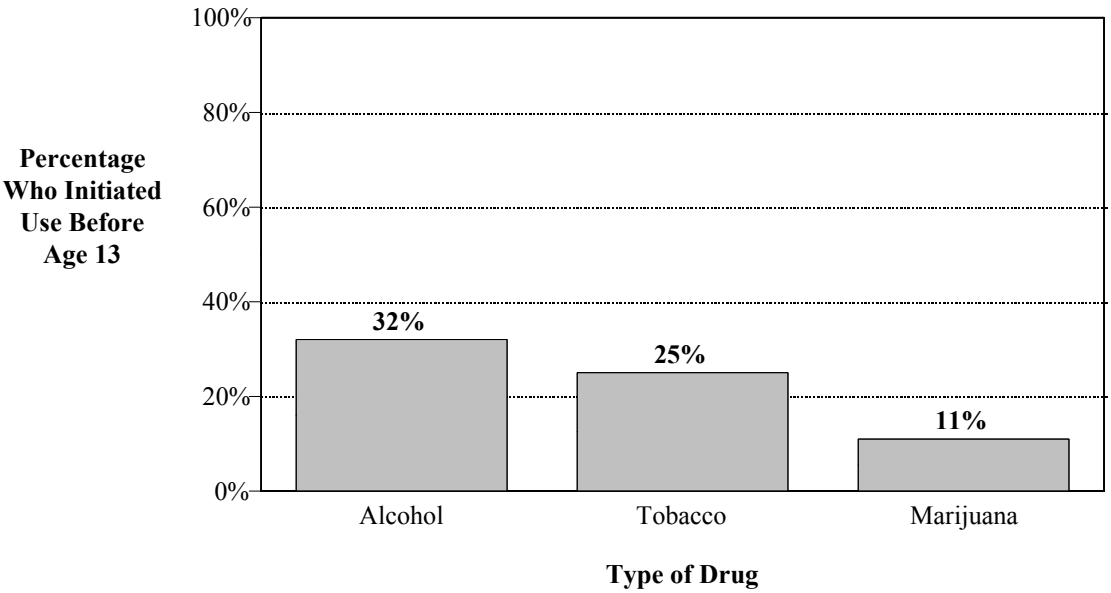
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Nearly One-Third of U.S. High School Students Initiated Alcohol Use and One-Fourth Began Tobacco Use Before Age 13

According to the 1999 National Youth Risk Behavior Surveillance Survey, a large number of high school students reported using alcohol or tobacco for the first time before they were teenagers. Twenty-five percent of students reported first using tobacco before the age of 13 and 32% reported first using alcohol before that age. More than one in ten students reported using marijuana before age 13. A recent study found that using alcohol for the first time before age 14 increased the likelihood of experiencing an alcohol-related injury (see *CESAR FAX*, Vol. 10, Issue 5).

Percentage of High School Students Who Began Using Alcohol, Tobacco, or Marijuana Before Age 13, 1999



NOTE: Alcohol use is defined as having more than a few sips of alcohol; tobacco use is defined as having smoked a whole cigarette; and marijuana use is defined as having tried marijuana.

SOURCE: Adapted by CESAR from the Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance – United States, 1999," *Morbidity and Mortality Weekly Report* 49(SS05):1-96, June 9, 2000.

Senior Research Analyst Position Available

CESAR is seeking a full-time Senior Research Analyst to assist with a federally-funded project on alcohol and other drug abuse treatment outcomes. Interested applicants should send resume to Amelia M. Arria, Deputy Director of Research, CESAR, 4321 Hartwick Rd, Ste 501, College Park, MD 20740; 301-403-8342 (fax); aarria@cesar.umd.edu.

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Report Discusses Baltimore City's Treatment Strategy to Reduce Its Drug Problem

Alcohol and illicit drug abuse is one of the most serious problems confronting Baltimore City according to the Drug Strategies report *Smart Steps: Treating Baltimore's Drug Problem*. Based on calculations by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA), the cost of drug abuse in Baltimore exceeds $2.5 billion a year. Baltimore has responded to this epidemic by launching a collaborative effort to make high-quality treatment available on request to all who need it. Among the efforts and initiatives discussed in the report:

- Baltimore Substance Abuse Systems (BSAS), the single substance abuse authority for the city since 1995, has made ready access to treatment for all who request it a priority.
- The city government has dramatically increased its financial commitment to substance abuse treatment in the last decade. In 1995, the city devoted only $350,000 of city money to drug treatment. In 1999, Baltimore budgeted $2.5 million for treatment.
- A Scientific Advisory Committee, composed of 14 nationally recognized treatment professionals, was convened to identify gaps in the city's treatment system and suggest strategies for improving services and for adopting state-of-the-art practices.
- "Baltimore has been particularly creative in attempting to extend treatment to hard-to-reach populations, increasing the intensity of treatment counseling services, maximizing available methadone maintenance slots, and including treatment in criminal justice settings" (p. 19).

Even with these advances, Baltimore still has considerable challenges. Currently, the city only serves one-third of the estimated 60,000 residents who need treatment. In addition, "wrap around" services, including psychiatric care, childcare, job training, and housing assistance are seldom provided, even though they are proven to enhance treatment success. Recommendations from *Smart Steps* include tapping the state's alcohol excise tax revenue for treatment, increasing funding for treatment from the state's general fund revenue, strengthening outreach to drug users with little or no history of treatment, and educating the public about the benefits of an aggressive treatment strategy.

SOURCE: Adapted by CESAR from Drug Strategies, *Smart Steps: Treating Baltimore's Drug Problem*, 2000. Available online at www.drugstrategies.org.

Senior Research Analyst Position Available

CESAR is seeking a full-time Senior Research Analyst to assist with a federally-funded project on alcohol and other drug abuse treatment outcomes. Interested applicants should send resume to Amelia M. Arria, Deputy Director of Research, CESAR, 4321 Hartwick Rd, Ste 501, College Park, MD 20740; 301-403-8342 (fax); aarria@cesar.umd.edu.

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CESAR FAX

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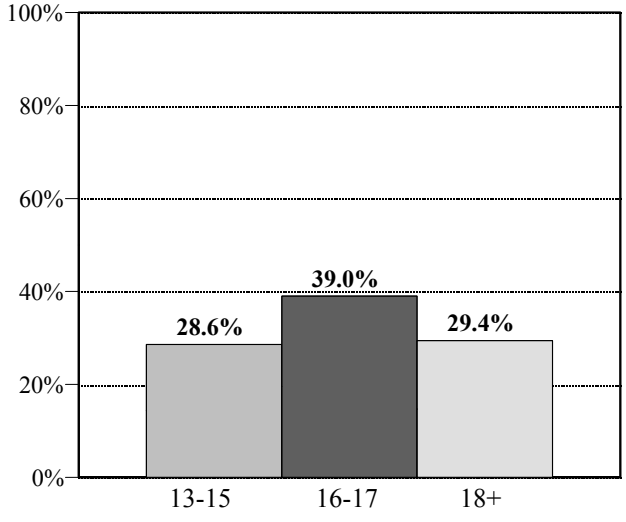
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

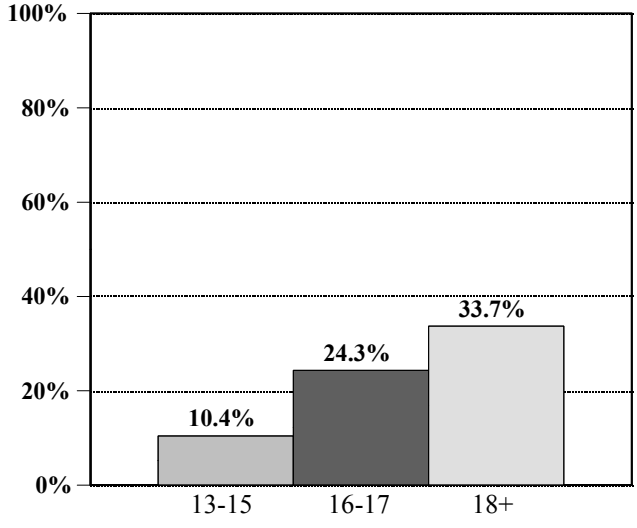
About One-Third of Marijuana-Using College Students Do Not Begin Using Regularly Until Age 18 or Older

A study examining patterns of marijuana use among U.S. college students found that while the majority of students who use marijuana started using prior to age 18, many users did not start using regularly until they were 18 or older. Just over one-third of college students who had used marijuana in the past 30 days reported that they started using marijuana regularly when they were age 18 or older, compared to 24% who started regular use at age 16 or 17 and 10% who started at ages 13 to 15. The authors point out that "…the findings demonstrate the need for intervention efforts to be carried out in the college years to prevent experimental illicit drug users from becoming regular users" (p. 1666).

While the Majority of U.S. College Students Who Use Marijuana First Tried Marijuana Before Age 18 . . .



. . . Many Current Users Did Not Start Using Marijuana Regularly Until They Were 18 or Older



SOURCE: Adapted by CESAR from Gledhill-Hoyt J., Lee H., Strote J., Wechsler H., "Increased Use of Marijuana and Other Illicit Drugs at US Colleges in the 1990s: Results of Three National Surveys," *Addiction* 95(11):1655-1667, 2000.

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CESAR FAX

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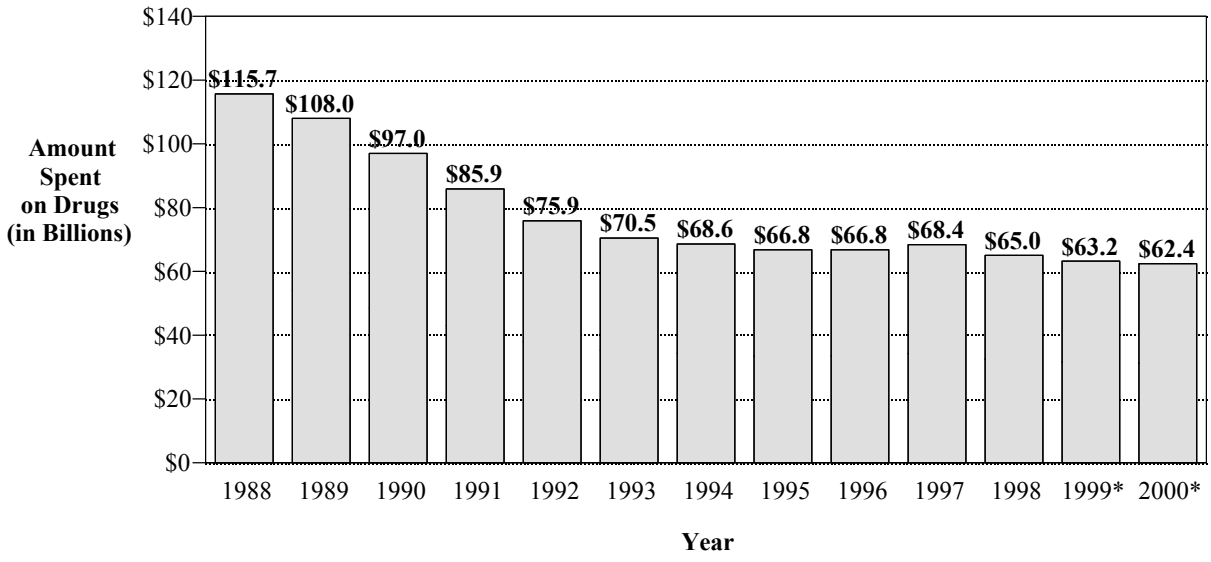
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

U.S. Illicit Drug Expenditures Stable at About $65 Billion

U.S. residents spent an estimated $62.4 billion on illicit drugs in 2000, according to the recently released *National Drug Control Strategy: 2001 Annual Report*. Following a sharp decrease from $115.7 billion in 1988 to $70.5 billion in 1993, illicit drug expenditures in the U.S. have remained relatively stable at around $65 billion. It is estimated that the majority of this money was spent on the purchase of cocaine ($36.1 billion), followed by heroin ($11.9 billion) and marijuana ($10.4 billion) in 2000. A full copy of the report is available online at http://www.whitehousedrugpolicy.gov/policy/ndcs01/strategy2001.pdf.

Total U.S. Expenditures on Illicit Drugs, 1988-2000



*Estimates for 1999 and 2000 are projections.

NOTE: Amounts are in constant 1998 dollars.

SOURCE: Adapted by CESAR from Office of National Drug Control Policy (ONDCP), *The National Drug Control Strategy: 2001 Annual Report*, January 2001. Available online at www.whitehousedrugpolicy.gov/policy/ndcs01/strategy2001.pdf.

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CESAR FAX

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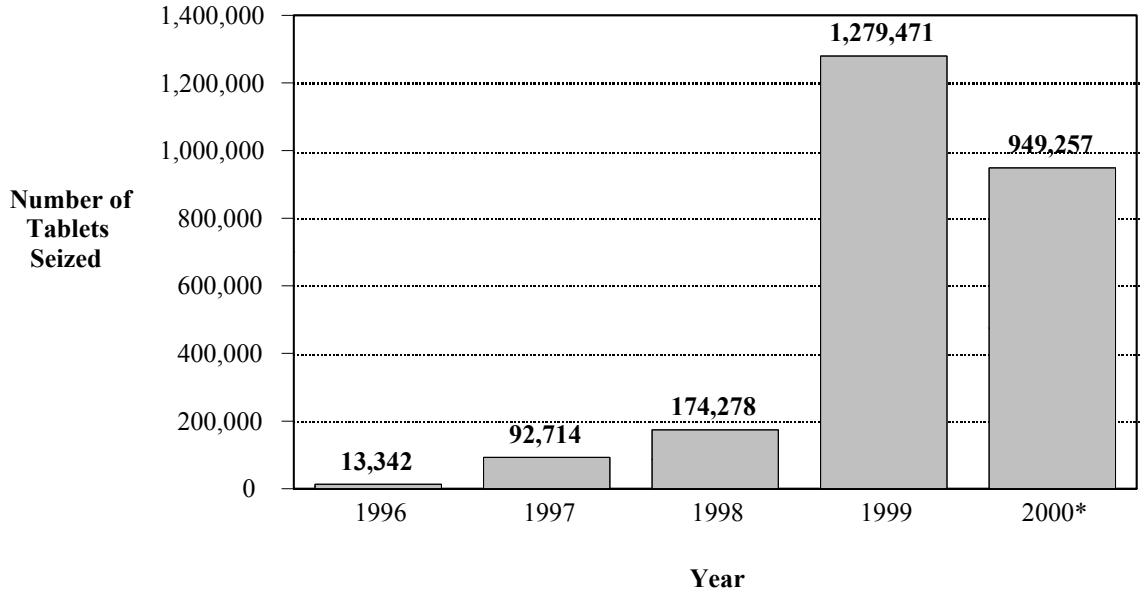
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

DEA Seizes Nearly One Million Ecstasy Tablets in 2000

Nearly one million ecstasy tablets were seized by the federal Drug Enforcement Administration (DEA) in 2000, according to the *National Drug Control Strategy: 2001 Annual Report*. While this is a 26% decrease from the number seized in 1999, it is still substantially larger than the number seized in previous years. Other federal agencies have experienced similar increases in ecstasy seizures. For example, the United States Customs Service (USCS) reports that its ecstasy seizures increased from 750,000 in FY 1998 to approximately 9.3 million in FY2000. According to the report, "law enforcement agencies consider MDMA to be among the most immediate threats to youth and to law enforcement" (p. 24).

Number of Ecstasy (MDMA) Tablets Seized Domestically By the Drug Enforcement Administration (DEA), 1996-2000



*2000 data is projected using data collected through March 2000.

NOTE: Seizures were reported in weight units (grams) or as tablet counts. Tablets are calculated at 0.125 grams per tablet.

SOURCE: Adapted by CESAR from Office of National Drug Control Policy (ONDCP), *The National Drug Control Strategy: 2001 Annual Report*, January 2001. Available online at www.whitehousedrugpolicy.gov/policy/ndcs01/strategy2001.pdf.

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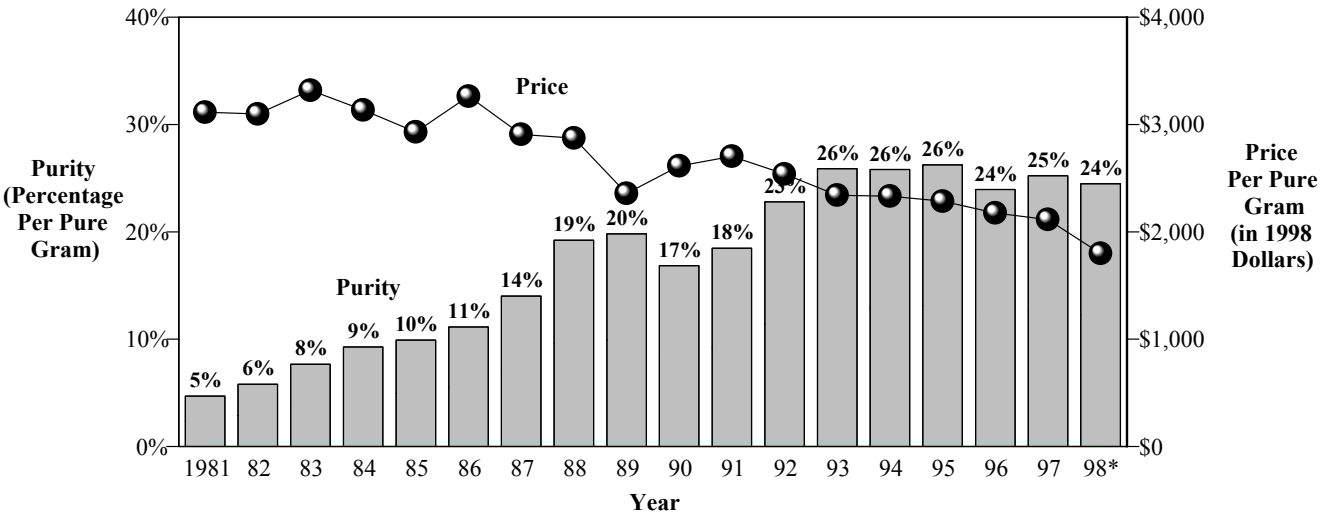
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Retail Heroin Purity Has Quintupled; Price Halved Since 1980s

The purity of heroin has increased dramatically since the early 1980s while the price has decreased, according to data from the *National Drug Control Policy: 2001 Annual Report*. The average purity of heroin sold in the U.S. at the retail level has increased from 5% in 1981 to 24% in 1998. At the same time, the average price per pure gram decreased from $3,115 to $1,799. According to the report, "Unprecedented retail purity and low prices in the United States indicate that heroin is readily accessible" (p. 18).

Average Heroin Purity and Price at the Retail Level (Purchases of 1 Gram or Less), 1981-1998



*1998 data are projected based on data collected through June 1998.

NOTE: Data are from the System To Retrieve Information From Drug Evidence (STRIDE), which compiles data on illegal substances purchased, seized, or acquired in DEA investigations.

SOURCE: Adapted by CESAR from Office of National Drug Control Policy (ONDCP), *The National Drug Control Strategy: 2001 Annual Report*, January 2001. Available online at www.whitehousedrugpolicy.gov/policy/ndcs01/strategy2001.pdf.

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CESAR FAX

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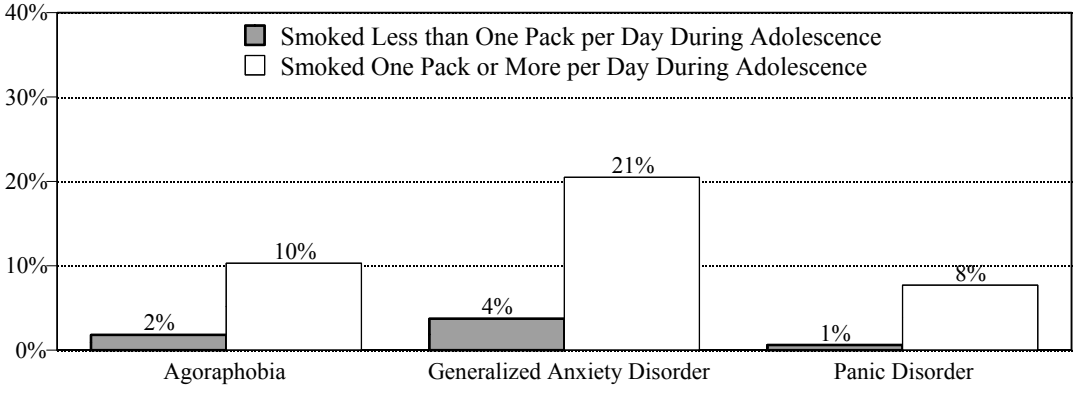
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Heavy Cigarette Smoking During Adolescence Associated with Higher Risk of Anxiety Disorders

A recent study published in the *Journal of the American Medical Association* revealed that heavy cigarette smoking (one pack or more per day) during adolescence is associated with a higher risk of developing agoraphobia, generalized anxiety disorder, and panic disorder in early adulthood. For example, while 4% of young adults who smoked less than one pack per day during adolescence developed generalized anxiety disorder, 21% of those who smoked one pack or more per day developed the same. Previous research indicates that impaired respiration may be associated with agoraphobia, generalized anxiety disorder, and panic disorder. The authors suggest that "by providing adolescents with information indicating that cigarette smoking may increase risk for the onset of anxiety disorders, it may be possible to increase the effectiveness of interventions that are designed to persuade young people to stop smoking cigarettes and to avoid initiating cigarette use" (p. 2350-2351).

Percentage of Young Adults With Anxiety Disorders, by Amount of Cigarettes Smoked During Adolescence



NOTES: Data is from a community-based sample of 688 youths from upstate New York interviewed in the years 1985-86 (at a mean age of 16 years) and in the years 1991-93 (at a mean age of 22 years). Findings controlled for age, sex, difficult childhood temperament, parental educational level, parental smoking, parental psychopathology, adolescent alcohol and drug use, and adolescent anxiety and depressive disorders.

SOURCE: Adapted by CESAR from Johnson J.G., Cohen P., Pine D.S., Klein D.F., Kasen S., Brook J.S., "Association Between Cigarette Smoking and Anxiety Disorders During Adolescence and Early Adulthood," *Journal of the American Medical Association* 284(18):2348-2351, 2000. For more information, contact Dr. Jeffrey Johnson at jjohnso@pi.cpmc.columbia.edu.

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CESAR FAX

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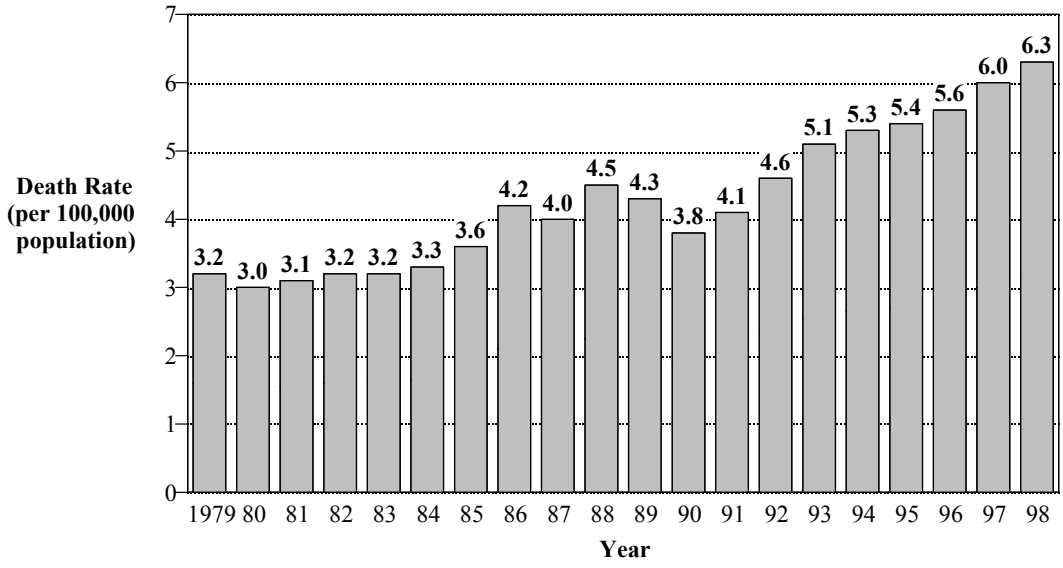
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Drug-Induced Death Rate Has Doubled Over Past Two Decades

The death rate for drug-induced causes has doubled since 1979, from 3.2 deaths per 100,000 population to 6.3 deaths per 100,000 in 1998 (the most recent year for which death data is available). The majority of this increase has occurred since 1990; the drug-induced death rate has increased every year since this time. This increase is largely due to an increase in the drug-induced death rate among males (see *CESAR FAX*, Volume 9, Issue 28). In 1998, the male drug-induced death rate was 8.7 per 100,000 population, compared to 4.0 per 100,000 for females.

U.S. Death Rate for Drug-Induced Causes, 1979-1998



NOTE: "Drug-induced causes" excludes accidents, homicides, newborn deaths due to mother's drug use, and other causes indirectly related to drug use.

SOURCE: Adapted by CESAR from Centers for Disease Control and Prevention (CDC), "Deaths: Final Data for 1998," *National Vital Statistics Report* 48(11), 2000. Available online at http://www.cdc.gov/nchs/data/nvs48_11.pdf.

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CESAR FAX

April 9, 2001
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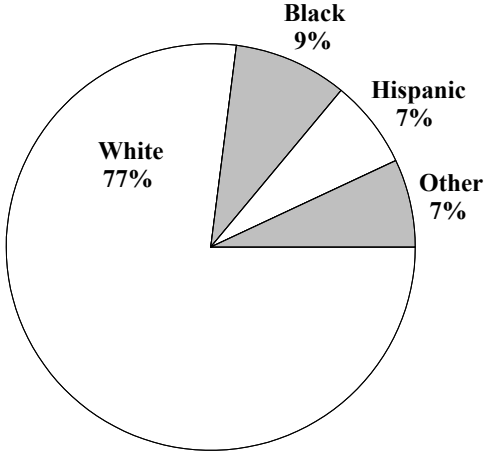
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

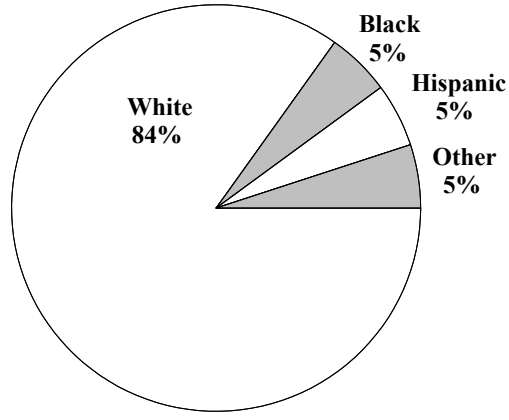
White Drivers Account for Disproportionate Percentage of Drinking-Driving Trips

According to a National Highway Traffic Safety Administration (NHTSA) study on drinking and driving behaviors and attitudes among different racial and ethnic groups, white drivers account for a disproportionate share of all past year drinking-driving trips. Although whites make up 77% of the driving age population, they account for 84% of past year drinking-driving trips. Blacks, on the other hand, report just 5% of all drinking-driving trips, while making up 9% of the driving age population. Despite their disproportionate share of drinking and driving trips, whites are "less likely to see drinking and driving as a major threat and are less likely to feel something needs to be done about it" (p. ii).

While Whites Constitute 77% of the Driving Age Population . . .



. . . They Account for 84% of Drinking-Driving Trips



NOTES: Data are from telephone interviews conducted with a nationally representative sample of persons ages 16-64 in the Fall of 1993, 1995, and 1997. A drinking-driving trip is defined as an occasion when a driver reported that they drove within two hours after drinking any alcohol. The category "other" includes American Indian/Inuit, Asian, and other/unknown. Percentages may not sum to 100 due to rounding.

SOURCE: National Highway Traffic Safety Administration (NHTSA), "Racial and Ethnic Group Comparisons, National Surveys of Drinking and Driving, Attitudes and Behavior: 1993, 1995, and 1997," June 2000. Available online at http://www.nhtsa.dot.gov/people/injury/alcohol/ethnicity/racialethnic/comparison_vol1.html#contents.

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CESAR FAX

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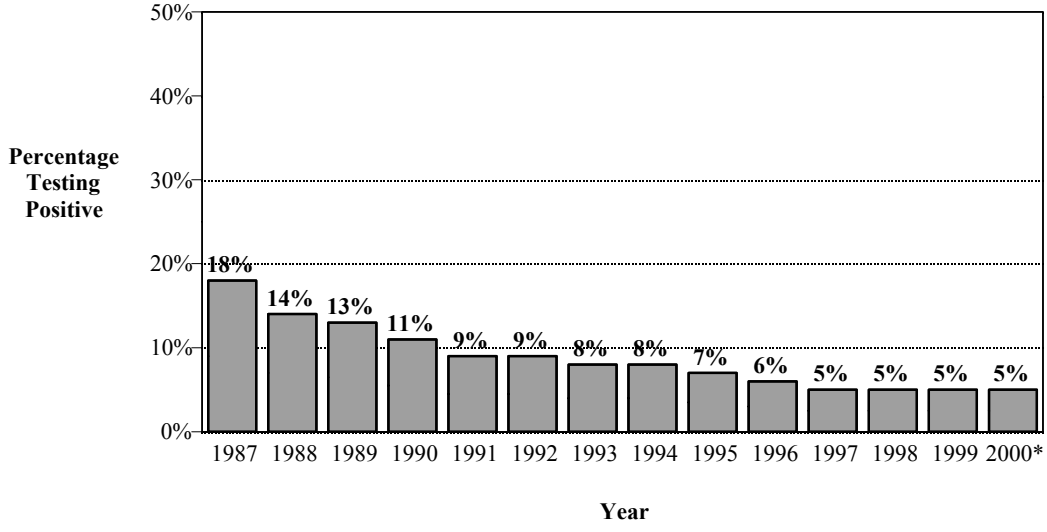
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Drug Positives Remain Stable at 5% Among Tested Workforce

The percentage of the U.S. workforce testing positive for illicit drugs has remained stable since 1997, according to data from Quest Diagnostics, a company that provides drug testing services for U.S. businesses. In the first six months of 2000, the company performed approximately 3 million workplace drug tests. Of these, 5% tested positive for at least one illicit drug, down from 18% in 1987. Marijuana continues to be the most widely detected drug (3.3% of all tests performed in the first half of 2000 were positive for marijuana) followed by cocaine (0.71%).

Percentage Testing Positive for at Least One Illicit Drug Among U.S. Workers Tested by Quest Diagnostics, Inc., 1987-2000



*2000 data are for January through June.

NOTES: These data are only representative of the portion of the U.S. workforce that is tested by Quest Diagnostics, Inc. Reasons for drug testing include pre-employment, periodic, random, post-accident, "for cause", and "returned to duty" testing. Drugs tested for included amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, opiates, PCP, and propoxyphene.

SOURCE: Adapted by CESAR from Quest Diagnostics, Inc., "Drug Testing Index Shows 48% Decline in Cheating on Workplace Drug Tests," December 1, 2000. Online at http://www.questdiagnostics.com/corporatehealth/news/dti.htm.

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CESAR FAX

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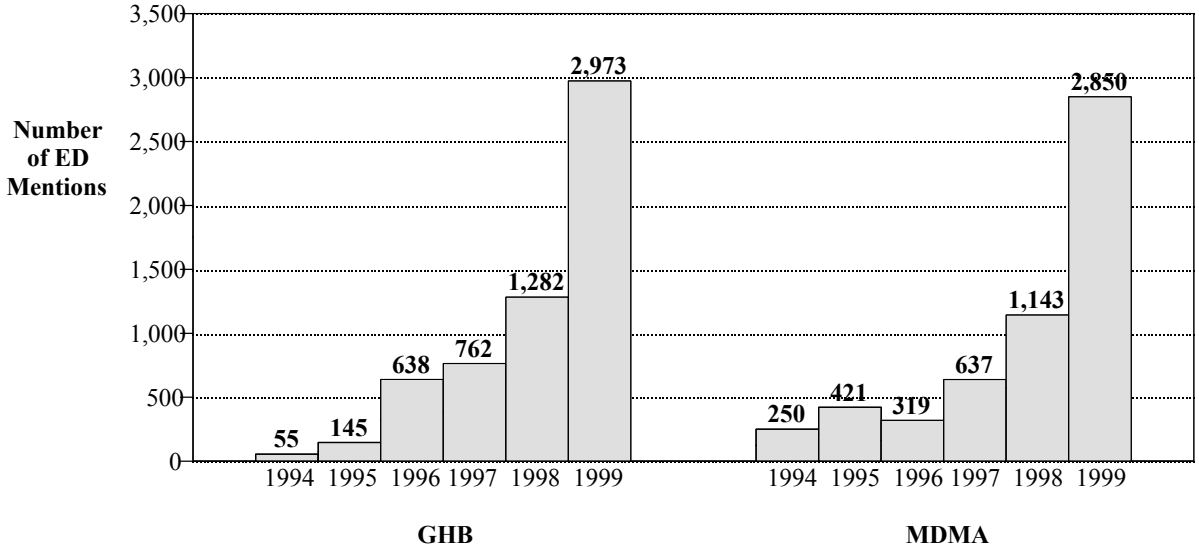
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

GHB- and MDMA-Related Emergency Department Visits Continue to Increase

GHB- and MDMA-related emergency department (ED) visits in the U.S. have increased significantly since 1994, according to data from the Drug Abuse Warning Network (DAWN). In 1994 there were 55 GHB-related and 250 MDMA-related ED visits. In 1999, the most recent year for which data is available, there were nearly 3,000 ED visits attributable to each of these drugs, a significant increase over 1998. There were no significant changes in ED visits related to the use of other club drugs (methamphetamine, LSD, ketamine, and Rohypnol) from 1998 to 1999. While the increase in GHB and MDMA-related ED visits is a cause for concern, it should be noted that visits attributable to these drugs are still relatively rare. In 1999, visits for these drugs accounted for only 0.4% of all ED drug mentions. For more information about GHB and MDMA, see *CESAR FAX* Volume 8, Issue 20.

Number of Emergency Department Mentions of GHB and MDMA, 1994-1999



SOURCE: Adapted by CESAR from Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA), "Club Drugs," *The DAWN Report*, December 2000. Available online at www.samhsa.gov/oas/DAWN/clubdrug.htm.

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April 30, 2001
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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Pulse Check Report Highlights Increasing Use of Club Drugs

Since 1992 the Office of National Drug Control Policy has conducted periodic interviews with law enforcement officials, epidemiologists, ethnographers, and treatment providers from selected sites across the nation. While these interviews typically focus on cocaine, marijuana, heroin, and methamphetamine, concern about the increasing use of club drugs prompted the inclusion of specific questions about these drugs in the most recent round of interviews. According to the Mid-Year 2000 Pulse Check report, "law enforcement, epidemiologic, and ethnographic sources provided most of the information, whereas **treatment sources had little first-hand knowledge of club drug use, suggesting that club drug users have not yet entered the treatment system in large numbers**" (p. 56). Other findings from the report include:

- **Ecstasy** was reported as the most available club drug; more than 90% of the respondents reported it as somewhat or widely available in their area. In addition, more than 80% report that ecstasy availability increased between 1999 and 2000. Ecstasy users continue to be predominantly white adolescents and young adults. The most common type of ecstasy available is the tablet, followed by powder and liquid forms. Street-level prices of ecstasy range from $10 to $45 per pill, with the highest prices found in the Midwest and the lowest in the South.
- Nearly one-half of *Pulse Check* sources reported that **GHB** was somewhat or widely available in their area, and all of these sources were from cities in the western or southern United States—Denver, Los Angeles, Miami, New Orleans, and Seattle. Users are reported to be white, middle-class males, and young adult body builders. Sources report increasing use of the internet to sell GHB.
- **Rohypnol** was reported to be widely available by respondents only in Denver, El Paso, and Los Angeles. In addition to white youths from urban and suburban areas, Hispanic youths are also reported to use this drug.
- **Ketamine** availability increased or remained the same across the nation. This drug, also known as "K" or "special K" in most cities, is used primarily by white, middle-class youths. Ketamine is often associated with veterinary break-ins and pharmacy diversions.

SOURCE: Adapted by CESAR from Office of National Drug Control Policy, *Pulse Check, Trends in Drug Abuse, Mid-Year 2000*, March 2001. Available online at www.whitehousedrugpolicy.gov/drugfact/pulsechk/midyear2000/midyear2000.pdf.

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CESAR FAX

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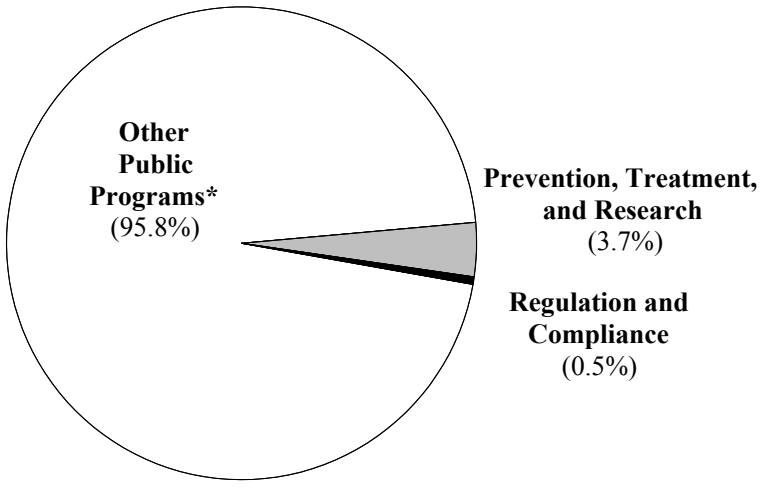
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Less than Four Percent of Substance Abuse Spending by U.S. States Used to Fund Prevention, Treatment, and Research

In 1998, states spent an estimated $81.3 billion on tobacco, alcohol, illicit and prescription drug abuse and addiction. Less than 4% ($3 billion) was spent on prevention, treatment, and research. The majority of the states' substance abuse budgets--an estimated $77.9 billion--was spent on other public programs that are affected by substance abuse*. The authors hope that these findings "will encourage governors and state legislatures to make sensible investments in comprehensive efforts to reduce the use of tobacco, alcohol and illegal drugs" (p. iii). A copy of the report is available online at www.casacolumbia.org.

State Substance Abuse Spending, 1998



*The category Other Public Programs includes justice, education, health, child/family assistance, mental health/developmentally disabled, public safety, and state workforce.

NOTE: Data were obtained from a survey of state budget officers from the 50 states, the District of Columbia, and Puerto Rico conducted in September of 1998. Five states did not participate in the survey; data for these states were estimated using the average per capita substance abuse spending in each program area for the total of the 47 responding jurisdictions.

SOURCE: Adapted by CESAR from data from the National Center on Addiction and Substance Abuse at Columbia University (CASA), *Shoveling Up: The Impact of Substance Abuse on State Budgets*, January 2001. For more information, contact Alyse Booth of CASA at 212-841-5260.

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Ecstasy-Using UMCP Students More Likely to Report Low Grades and Polydrug Use

The most recent survey available (1998) of drug use among students at the University of Maryland, College Park (UMCP), shows dramatic differences between students who did or did not ever use ecstasy. Students who had used ecstasy in their lifetime were substantially more likely to have low grades and to have used cocaine, heroin, LSD, and other drugs than students who reported using marijuana, but not ecstasy, or students who had used neither drug. Comprising 10% of the student population, it is clear that ecstasy users constitute a group of students at high risk for drug-related problems. These findings were obtained at the beginning of the upswing in ecstasy use in 1998 and may not apply to today's larger and potentially more heterogeneous population of ecstasy-using college students.

Demographic Characteristics and Drug-Using Behaviors of UMCP Students, by Lifetime Ecstasy and Marijuana Use

	NEVER USED MARIJUANA OR ECSTASY (n=557)[1]	EVER USED MARIJUANA, BUT NEVER USED ECSTASY (n=444)	EVER USED ECSTASY[2] (n=108)
Demographic Characteristics			
Male	48%*	52%*	63%*
White	48%**	75%**	68%**
Mean age (years)	24.3	23.0	22.6
Sophomores and Juniors	31%*	36%*	45%*
Grade Point Average (GPA) Below 2.5	4%**	8%**	14%**
Past Year Drug Use			
Alcohol	78%**	96%**	99%**
Marijuana	n/a	57%**	83%**
Cocaine	0%**	2%**	46%**
Inhalants	<1%**	10%**	38%**
LSD	0%**	5%**	38%**
Other hallucinogens (e.g., PCP)	0%**	2%**	26%**
Heroin	0%**	<1%**	17%**
Average # of drugs used of 5 (cocaine, heroin, LSD, other hallucinogens, and inhalants)	0.00***	0.19***	1.56***

[1]Ns may vary because of missing data.
[2]Regardless of marijuana use
*Chi-square significant at the $p<0.05$ level.; **Chi-square significant at the $p<0.001$ level.
***Comparison between ecstasy users and other two groups significant at the $p<0.001$ levels.

SOURCE: Center for Substance Abuse Research (CESAR), unpublished analyses of a 1998 survey of University of Maryland College Park students. For more information, contact Dr. Eric Wish at ewish@cesar.umd.edu or 301-403-8329.

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Ecstasy-Using Juvenile Offenders More Likely to Be Older, Out of School, and Using Other Drugs

As part of a special sub-study of Maryland's Offender Population Urinalysis Screening (OPUS) Program, juvenile offenders in Prince George's County were interviewed about their ecstasy use. Eight percent of the youths reported using ecstasy within the past month, and 16% reported using the drug in the past year. Ecstasy users were significantly more likely than non-users to be female, older, and out of school. In addition, ecstasy users were more likely to have used other drugs within the past 90 days, particularly powder cocaine and PCP, supporting previous findings of polydrug use among ecstasy users (see *CESAR FAX*, Volume 10, Issue 19). According to the authors, "These findings suggest that youthful offenders may represent an important population for potential intervention" (p. 8).

Demographic Characteristics and Drug-Using Behaviors of Juvenile Offenders, by Self-Reported Ecstasy Use, 2000

	Non-Users (n=171)	Users (n=33)
Sex		
Female	20%*	45%*
Age**		
13 and under	8%	0%
14-15	43%	30%
16 and over	49%	70%
Median (in years)	15.0	16.0
Race/Ethnicity***		
African-American	76%	9%
White	22%	82%
Hispanic	1%	6%
Asian	1%	3%
Educational Level		
Not in school	20%**	39%**
Used in Prior 90 Days		
Alcohol	51%*	79%*
Marijuana	61%*	88%*
Powder Cocaine	1%***	30%***
PCP	0%***	9%***

*p<0.01; **p<0.05; ***p<0.001.

NOTE: Non-users are respondents who reported never having used ecstasy, while users are respondents who reported ecstasy use in the 12 months prior to being interviewed.

SOURCE: Yacoubian G.S., Arria, A.M., Fost, E., Wish, E.D., "Estimating the Prevalence of Ecstasy Use Among Juvenile Offenders." Submitted to the *Journal of Psychoactive Drugs*, April 2001.

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CESAR FAX

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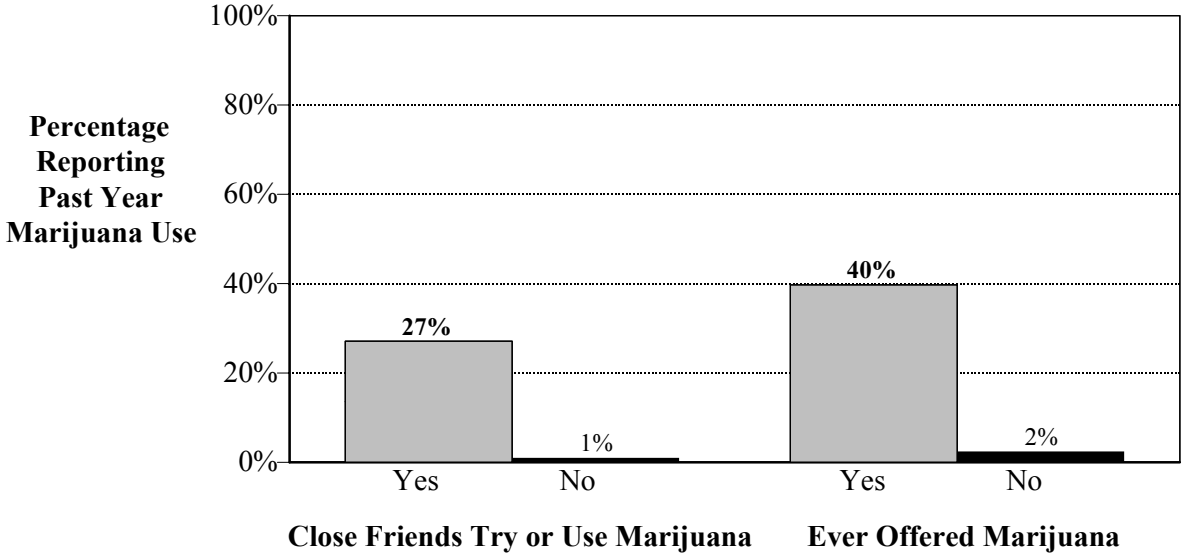
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Teen Marijuana Use Influenced Most by Friends' Use and Availability

According to an analysis of data from the 1997 National Household Survey on Drug Abuse, the risk factors most associated with past-year marijuana use are having friends that use marijuana or being offered the drug. Nearly one-third of adolescents with friends who had tried or used marijuana reported that they had used marijuana in the past year, compared to only 1% of those who did not have friends using the drug. Forty percent of adolescents who had ever been offered marijuana reported past year use, compared to 2% of those who had never been offered marijuana. Other risk factors found to be strongly related to marijuana use were friends' positive attitudes towards marijuana use, ease of access to the drug, and a perception that marijuana use was associated with low risk.

Percentage of U.S. Household Residents (Ages 12-17) Reporting Past Year Marijuana Use, by Friends' Use of Marijuana and by Those Ever Offered Marijuana, 1997



SOURCE: Adapted by CESAR from Lane L., Gerstein D., Huang L., Wright D., *Risk and Protective Factors for Adolescent Drug Use: Findings from the 1997 National Household Survey on Drug Abuse,* Analytic Series: A-12, Substance Abuse and Mental Health Services Administration, Rockville, Md., February 2001. Available online at www.samhsa.gov/oas/NHSDA/NAC97/Table_of_Contents.htm. For more information, contact Doug Wright at dwright@samhsa.gov or (301) 443-7982.

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A Weekly FAX from the Center for Substance Abuse Research

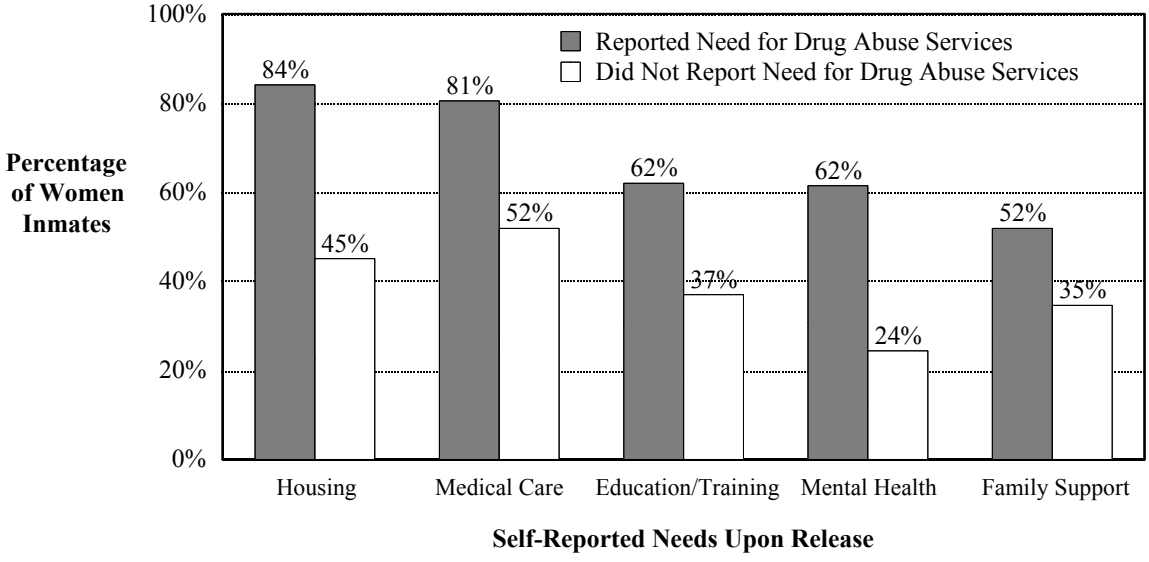
University of Maryland, College Park

Drug-Abusing Women in Jail Need More than Just Drug Treatment

Drug-abusing women* are more likely than non-drug abusing women to report the need for other services such as housing, mental health counseling, and medical care upon release from jail, according to a recent study recently published in the *American Journal of Public Health*. For example, eighty-four percent of women reporting a need for drug abuse services also indicated a need for housing upon release, while only 45% of those not in need of drug abuse services reported a need for housing. The authors of the study conclude that providing "drug abuse treatment referrals to women in jail may not break the continual cycle of drug use and incarceration if other needs cannot be addressed" (p. 798).

Percentage of Jailed Women Reporting Need for Services Upon Release, by Reported Need for Drug Abuse Services

(n=165)



*Drug-abusing women are defined as those who reported a need for drug abuse services.

NOTE: Data were collected from interviews with 165 women incarcerated in a large, urban county jail in Ohio during May 1999.

SOURCE: Adapted by CESAR from Alemagno S.A., "Women in Jail: Is Substance Abuse Treatment Enough?" *American Journal of Public Health*, 91(5):798-800, 2001. For more information, contact Dr. Alemagno at salemagno@aol.com.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

OxyContin FAQs

What is OxyContin? OxyContin is a prescription painkiller used for mild to moderate pain control, chronic pain, and the treatment of pain related to cancer and other debilitating conditions. The active ingredient in OxyContin is oxycodone, which has effects similar to that of heroin (for more information on oxycodone, see the April 2000 *DEWS Alert*). OxyContin is a time-released drug that contains a much larger amount of oxycodone than similar painkillers (such as Percocet and Percodan). It comes in tablet form and when taken orally remains effective over a 12-hour time span. Oxycodone is a schedule II controlled substance on the federal level and in Maryland.

How is OxyContin abused? OxyContin abusers either chew the tablets, crush them and snort them, or dilute them in water and inject them. By snorting or injecting, an abuser feels the potent effects of the drug in a short time, rather than over a 12-hour span.

What are the effects of OxyContin use? OxyContin is a central nervous system depressant. The drug stimulates the opioid receptors in the central nervous system and brings about effects ranging from analgesia to respiratory depression to euphoria. With prolonged use individuals become tolerant, require larger doses, and can become physically dependent. Overdoses can cause convulsions, coma, and death.

Who is abusing OxyContin? Abuse of OxyContin is most heavily concentrated in eastern states, including Maryland. Because OxyContin's pharmacological effects are similar to those of heroin, it attracts a similar abuser population. OxyContin may be more attractive than heroin to some users because an insurance provider may cover the cost of the drug—a 40-mg pill costs approximately $4 by prescription. Conversely, the National Drug Intelligence Center reports that OxyContin abusers who cannot obtain the drug by prescription may begin to use heroin because heroin is less expensive than OxyContin sold on the street.

How is OxyContin obtained? OxyContin is diverted for abuse in a number of ways. Pharmacy robberies have been reported in several states. The drug is also obtained by stealing it from someone with a legal prescription or by forging prescriptions. "Doctor shopping" is another method of obtaining the drug–individuals (with or without legitimate ailments) visit numerous doctors to receive prescriptions for the drug.

What are the street names for OxyContin? Street names for OxyContin include oxy, OC, oxycotton, and killer.

SOURCE: A complete list of informational sources is available on the CESAR website (http://www.cesar.umd.edu/www2root/prod/csrfax/fax10/cfax-v10.htm).

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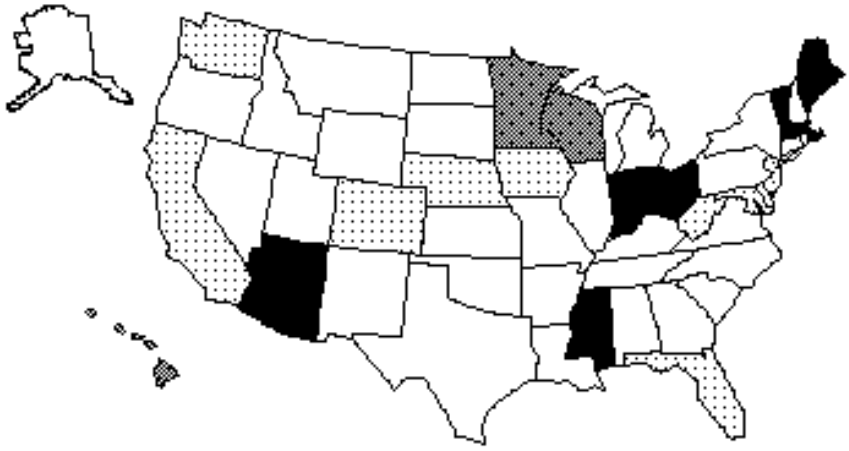
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

CDC Reports Majority of States Not Spending Enough on Tobacco Control

A new Centers for Disease Control and Prevention (CDC) study reports that the majority of states have developed 2001 tobacco control budgets that fall short of funding levels that the CDC recommended in 1999.[1] In 32 states, tobacco control budgets were less than 50% of the recommended amounts, and only seven states met or exceeded the funding recommendations. However, recent evidence suggests that states that spend more on tobacco control may substantially reduce tobacco consumption among their inhabitants.[2] This evidence, as well as the economic and social costs associated with tobacco use, should be considered during states' tobacco control budgeting process.

State Tobacco Control Funding 2001 Budgets as a Percentage of CDC Recommended Funding



- ■ Tobacco Control Budget is 100% or More of CDC Recommended Level (AZ, IN, ME, MA, MS, OH, VT)
- ▩ Tobacco Control Budget is 75% to 99% of CDC Recommended Level (HI, MN, WI)
- ⁘ Tobacco Control Budget is 50% to 74% of CDC Recommended Level (CA, CO, FL, IA, MD, NE, NJ, WA, WV)
- □ Tobacco Control Budget is less than 50% of CDC Recommended Level (AL, AK, AR, CT, DE, DC, GA, ID, IL, KS, KY, LA, MI, MO, MT, NV, NH, NM, NY, NC, ND, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WY)

[1]Centers for Disease Control and Prevention, Best Practices for Comprehensive Tobacco Control Programs, August 1999. Available online at www.cdc.gov/tobacco/bestprac.htm.

[2]Institute of Medicine, *State Programs Can Reduce Tobacco Use*, 2000. Available online at books.nap.edu/html/state_tobacco/state.PDF

SOURCE: Adapted by CESAR from Centers for Disease Control and Prevention, *Investment in Tobacco Control: State Highlights 2001*, 2001. Available online at www.cdc.gov/tobacco/statehi/statehi_2001.htm.

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A Weekly FAX from the Center for Substance Abuse Research

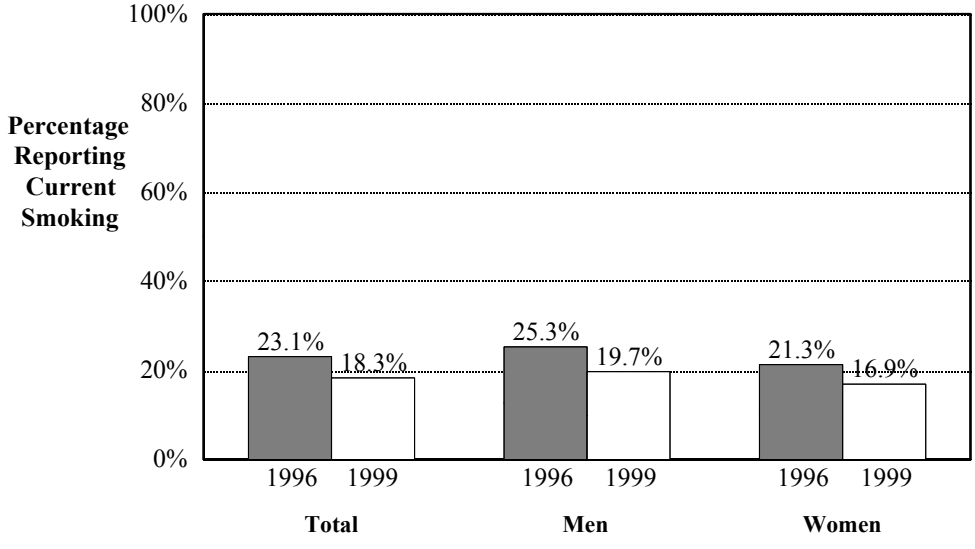
University of Maryland, College Park

Arizona Smoking Rates Declined 21% from 1996 to 1999; Comprehensive Tobacco Control Program May Have Contributed to Decline

Since 1995 the Arizona Department of Health Services has spent approximately $30 million per year to support the Tobacco Education and Prevention Program (TEPP), a comprehensive statewide program to prevent and reduce tobacco use. Recently published results from an Arizona household survey on tobacco use show that smoking rates in the state have declined 21% since the implementation of the TEPP (see figure below). While a cause-and-effect relationship between the TEPP and the decline in smoking rates has not been established, the editors note that these findings "suggest that an adequately funded and comprehensive program can substantially reduce tobacco use overall" (p. 405). Arizona is one of the seven states that meet the Centers for Disease Control and Prevention's tobacco control funding recommendations (see *CESAR FAX*, Volume 10, Issue 24), and the TEPP program incorporates all nine components of the CDC's recommendations for a comprehensive tobacco-control program.

Percentage of Arizona Household Residents (18 and Older) Reporting Current Smoking,* 1996 and 1999

(1996 n=6,000; 1999 n=4,868)



*Current smokers were respondents who reported smoking at least 100 cigarettes in their lifetime and who reported smoking every day or some days.

SOURCE: Adapted by CESAR from the Centers for Disease Control and Prevention, "Tobacco Use Among Adults—Arizona, 1996 and 1999," *Morbidity and Mortality Weekly Report* 50(20):402-406, May 25, 2001. Available online at www.cdc.gov/mmwr/preview/mmwrhtml/mm5020a2.htm.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Study Finds No Convincing Evidence of "Crack Baby" Phenomenon

A study recently published in the *Journal of the American Medical Association* found no substantial evidence that *in utero* cocaine exposure negatively affects young children differently than other risk factors children were exposed to. Three researchers separately examined 36 methodologically rigorous studies on *in utero* cocaine exposure on children six and under. The review indicated the following:

- Prenatal cocaine exposure did not have a negative effect on a child's postnatal physical growth (weight, length, and head circumference) after controlling for concurrent alcohol or tobacco exposure.
- The literature on prenatal cocaine exposure has not shown consistent negative effects on standardized developmental and IQ tests after control for other exposures.
- No association could be found between prenatal cocaine exposure and language skills.
- Previously reported effects of cocaine exposure on motor development before age seven months may, in fact, reflect heavy prenatal tobacco exposure.
- Prenatal cocaine exposure may be associated with decreased emotional expressivity.

According to the authors, "Findings once thought to be specific effects of *in utero* cocaine exposure can be explained in whole or in part by other factors, including prenatal exposure to tobacco, marijuana, or alcohol and the quality of the child's environment" (p. 1624). However, although this study found few effects on children under six, the authors conclude that the cognitive and social demands of school and puberty may reveal effects of prenatal cocaine exposure not previously identified. The authors also stress the need for treatment of families affected by substance abuse as well as the need for ongoing research on prenatal drug exposure.

SOURCE: Adapted by CESAR from Frank D.A., Augustyn M., Knight W.G., Pell T., Zuckerman B., "Growth, Development, and Behavior in Early Childhood Following Prenatal Cocaine Exposure: A Systematic Review," *Journal of the American Medical Association* 285(12):1613-1625. For more information, please contact Deborah A. Frank at dafrank@bu.edu.

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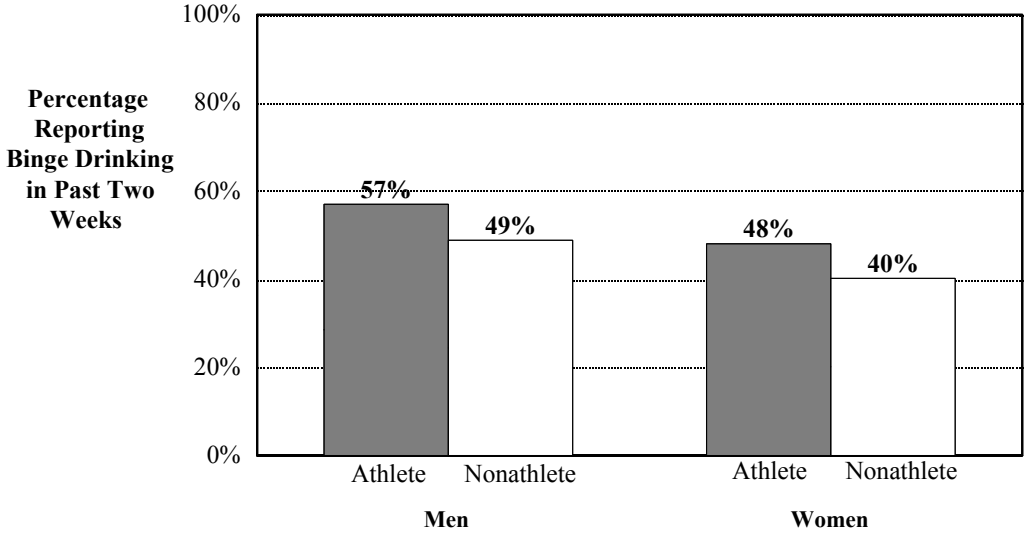
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

College Athletes More Likely to Engage in Binge Drinking than Nonathletes, Despite More Exposure to Prevention Efforts

College athletes are more likely than nonathletes to engage in binge drinking, according to an analysis of data from the College Alcohol Survey.[1] Fifty-seven percent of male athletes reported at least one binge drinking episode in the two weeks prior to the survey, compared to 49% of nonathletes (see figure below). Yet the survey also found that athletes were significantly more likely than nonathletes to have been exposed to alcohol educational efforts. "Given the high rate of binge drinking among athletes, it appears that educational efforts highlighting the risks of alcohol are not a sufficient strategy to reduce the rate of binge drinking" (p. 46). The authors recommend that other measures, such as reinforcing "the motives athletes already express when they choose not to drink or to limit their drinking," be used to complement current alcohol education and prevention efforts (p. 46).

Percentage of U.S. College Students Reporting Binge Drinking, by Athletic Status, 1997



[1]The 1997 Harvard School of Public Health College Alcohol Survey (CAS) was a survey of randomly selected students attending a nationally representative sample of 130 4-year colleges and universities in the United States. The final sample for this analysis was 12,777 students, including 2,172 athletes. Binge drinking was defined as consuming five or more drinks in a row for men (four for women) on one or more occasions during the two weeks prior to the survey.

SOURCE: Adapted by CESAR from Nelson T.F., Wechsler, H., "Alcohol and College Athletics," *Medicine & Science in Sports & Exercise* 33(1): 43-47, 2001. For more information, contact Toban F. Nelson at tnelson@hsph.harvard .edu.

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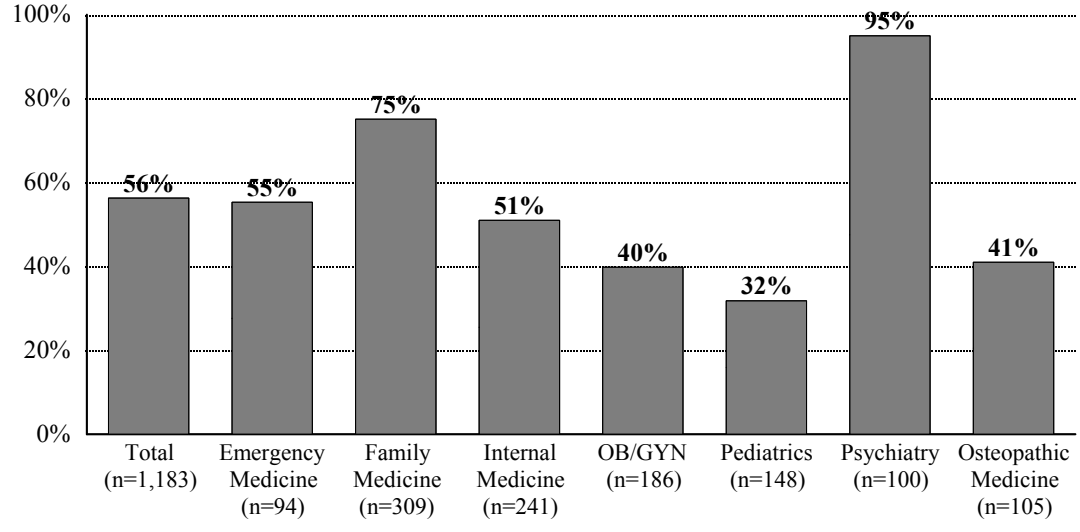
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Substance Use Disorder Training Varies Widely Among Medical Residency Programs

Physicians are not consistently trained to diagnose and treat substance use disorders, according to a national survey of residency program directors in seven medical specialties. Overall, 56% of residency programs surveyed had a required curriculum in preventing and treating alcohol and drug use disorders. However, the percentage of residency programs with substance use disorders training requirements varied greatly across specialties, ranging from 95% in psychiatric programs to 32% in pediatric programs (see figure below). The most commonly reported barriers to providing training were a lack of time (58%), a lack of faculty expertise (37%), and a lack of institutional support (32%). According to the authors, substance use disorders training can be improved by integrating training into existing residency structures, increasing faculty knowledge on the subject, and including more questions on substance use disorders on board examinations.

Percentage of U.S. Residency Programs with Required Substance Use Disorders Curriculums, 1997



SOURCE: Adapted by CESAR from Isaacson J.H., Fleming M., Kraus M., Kahn R., Mundt M., "A National Survey of Training in Substance Use Disorders in Residency Programs," *Journal of Studies on Alcohol* 61:912-915, 2000. For more information, contact Dr. J. Harry Isaacson at isaacs@ccf.org.

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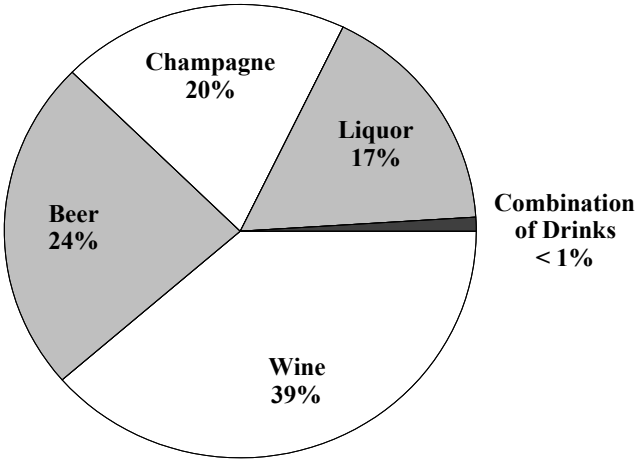
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

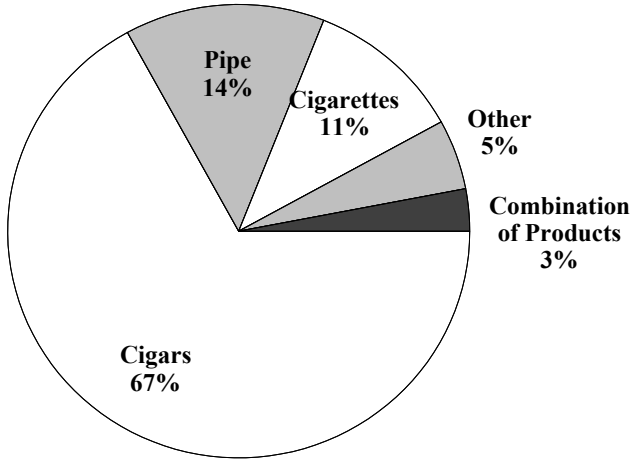
Nearly Half of G-Rated Animated Movies Portray Alcohol Use; 43% Portray Tobacco Use

Nearly half (47%) of G-rated animated movies portray alcohol use and 43% portray tobacco use, according to a study recently published in *Pediatrics*. Of the characters consuming alcohol, 39% were drinking wine, 24% beer, 20% champagne, and 17% liquor. The majority of the characters using tobacco were smoking cigars (67%) (see figures below). None of the films contained a health message about alcohol use, and only three of the films contained a health message about the dangers of tobacco use. According to the authors, "Parents and physicians should be aware that nearly half of the G-rated animated films show alcohol and tobacco use and do not convey the long-term consequences of this use" (p. 1373). The authors recommend that parents review the content of a film before allowing their children to watch it, either by viewing the film or by reading online reviews, such as those provided by the internet site Screen It (www.screenit.com).

Types of Alcohol Use Portrayed in G-Rated Animated Films
(n=38)



Types of Tobacco Use Portrayed in G-Rated Animated Films
(n=35)



NOTES: Movies reviewed were 81 G-rated animated films available on videocassette in the United States. Only movies first released in theaters, recorded in English, available for purchase or rental prior to October 31, 2000, and that were 60 minutes or more in length were analyzed.

SOURCE: Adapted by CESAR from Thompson K., Yokota F., "Depiction of Alcohol, Tobacco, and Other Substances in G-rated Animated Feature Films," *Pediatrics* 107(6):1369-1374, 2001.

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A Weekly FAX from the Center for Substance Abuse Research

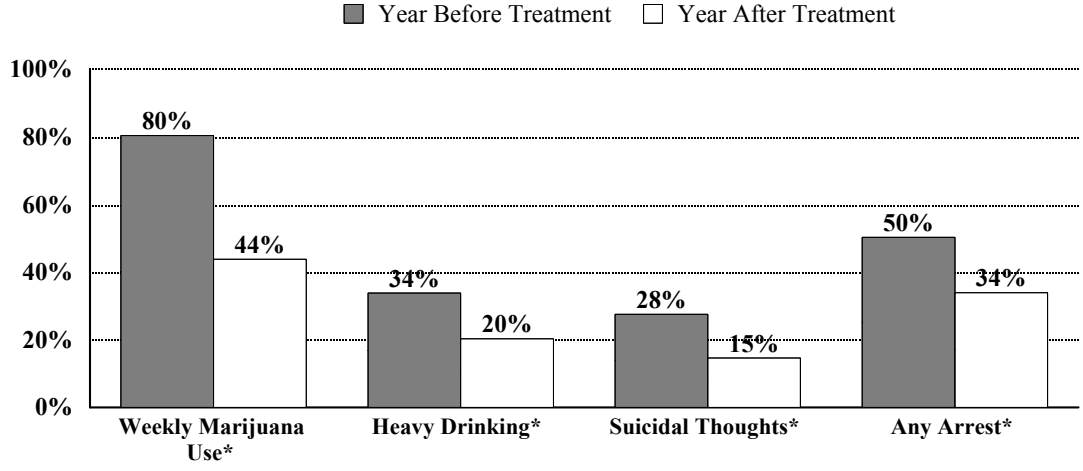
University of Maryland, College Park

Study of Community-Based Treatment for Youths Finds Behavioral and Psychological Improvements After Treatment

Community-based substance abuse treatment for youths can be effective, according to data from the Drug Abuse Treatment Outcomes Studies for Adolescents (DATOS-A) project, a multi-site study of youths admitted to treatment programs in four major U.S. cities (Pittsburgh, Minneapolis, Chicago, and Portland). Youth drug use, psychological adjustment, school performance, and criminal activity all improved after treatment. For example, the percentage of adolescents reporting weekly marijuana use decreased by almost half from one year before to one year after treatment (from 80% to 44%)[1]. While these improvements occurred regardless of the type of treatment program (residential, outpatient drug-free, or short-term inpatient), longer stays in treatment were significantly related to lower drug use. The authors suggest that treatment outcomes among adolescents could be further improved by implementing strategies to improve retention in and completion of drug treatment.

Percentage of Youths Reporting Drug Use, Suicidal Thoughts, and Arrests, One Year Before and After Substance Abuse Treatment[2]

(N=1,167)



*p < .001

[1]The primary data collected were based on self-reports, which may underestimate actual behavior by youths. Self-reports of drug use were validated with urinalysis for approximately one-fourth of the respondents. Approximately 13% of those who denied using drugs in the previous 30 days tested positive.

[2]Data were collected from 1,167 youths from four U.S. cities (Pittsburgh, Minneapolis, Chicago, and Portland) who were treated at one of 23 community-based treatment programs participating in the DATOS-A project during the period from 1993 to 1995. The sample include youths who did and did not complete treatment

SOURCE: Adapted by CESAR from Hser Y-I, Grella C.E., Hubbard R.L., Hsieh S-C, Fletcher B.W., Brown B.S., Anglin M.D., "An Evaluation of Drug Treatments for Adolescents in 4 US Cities," *Archives of General Psychiatry* 58:689-695, 2001. For more information, contact Dr. Yih-Ing Hser at yhser@ucla.edu.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Drinkers in Need of Treatment May Believe They Have a Better Chance of Achieving Sobriety on Their Own

People who need alcohol treatment[1] often do not obtain it because they think that it is unnecessary, according to an analysis of data from the 1992 National Longitudinal Alcohol Epidemiologic study. Individuals did not seek treatment because they thought they were strong enough to handle the problem on their own (28.9%), that their drinking problem was not serious enough to warrant treatment (23.4%), and that their problems would get better by themselves (20.1%). According to the authors, "Removing these barriers to care in the future will require educating the public about the warning signs of alcohol use disorders and what symptoms should be brought to the attention of professionals, what treatment to expect, and the success of treatment once received" (p. 369).

Reasons for Not Seeking Treatment among U.S. Household Residents Who Believe They Need Treatment

(n=964)

Reason for Not Seeking Treatment	Percentage Reporting
Thought it was something you should be strong enough to handle	28.9%
Didn't think drinking problem was serious enough	23.4%
Thought the problem would get better by itself	20.1%
Wanted to keep drinking or got drunk	12.6%
Couldn't afford to pay the bill	11.3%
Were too embarrassed to discuss it with anyone	11.2%
Didn't think anyone could help	8.4%
Were afraid of what your boss, friends, family, or others would think	7.7%
Didn't have time	7.1%

[1]Respondents who were classified with alcohol use disorders and who had perceived a need for, yet failed to seek, treatment at some time in their lives were asked their reasons for not seeking treatment.

SOURCE: Adapted by CESAR from Grant B.F., "Barriers to Alcoholism Treatment: Reasons for Not Seeking Treatment in a General Population Sample," *Journal of Studies on Alcohol* 58:365-371, 1997. For more information, contact Dr. Bridget Grant at bgrant@mail.nih.gov.

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University of Maryland, College Park

Family-Oriented Intervention Reduces Delinquent Behavior, Drug Use, and Recidivism Among Arrested Youths

Family-oriented interventions can improve the behavior and psychosocial functioning of youths arrested on misdemeanor or felony charges, according to an evaluation of the Family Empowerment Intervention (FEI).[1] Arrested youths and their families participated in three one-hour family meetings per week for approximately ten weeks. The meetings sought to improve family functioning by establishing boundaries and expectations, improving parenting, communication, and problem-solving skills, and connecting the family to other social support systems.

Compared to youths who only received services routinely provided by the juvenile justice system, youths participating in the FEI had lower rates of reported drug sales, a reduced frequency of getting very high or drunk on alcohol, and less-short-term marijuana use. In addition, youths completing the intervention were more likely to have favorable outcomes than all other youths. FEI completers had lower rates of reported involvement in drug sales, total delinquency, and crimes against persons; fewer new arrests and new charges; a reduced frequency of getting very high or drunk on alcohol; and less short-term marijuana use.

The evaluation also found that implementing the FEI could result in substantial cost savings. The researchers projected that during a three-year period, $4.7 million in direct costs would be saved for 3,600 cases processed through the FEI. For more information about the FEI, contact Dr. Richard Dembo at 813-931-3345.

[1]The FEI was developed for, and implemented in, a NIDA-funded clinical trial called the Youth Support Project, which operated out of the Hillsborough County, Florida, Juvenile Assessment Center. Following baseline data collection, youths and their families were randomly assigned to receive FEI services or the routinely provided juvenile justice system services. Depending on their year of entry into the project, psychosocial follow-up interviews were completed on the youths up to 36 months, and information was gathered on new arrests for up to 48 months.

SOURCE: Dembo R. and Schmeidler J., Family Empowerment Intervention: An Innovative Service for High-Risk Youths and Their Families, Binghamton, N.Y.: Haworth Press, in press.

National RUN FOR RECOVERY® 5K to be held in Virginia on Sunday September 16th

As part of the September 2001 National Recovery Month, the Center for Substance Abuse Treatment (CSAT) is sponsoring the 6th annual RUN FOR RECOVERY® 5K. The event will be held in Arlington, Virginia, on Sunday, September 16th, at 9:00 a.m. Proceeds will go to the Vanguard Foundation's new Phoenix Program treatment center. For more information, visit www.vanguardservices.org or contact Jay Jacob Wind at racedirector@vanguardservices.org or 703-841-0703, ext. 97.

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Distribution 5,051

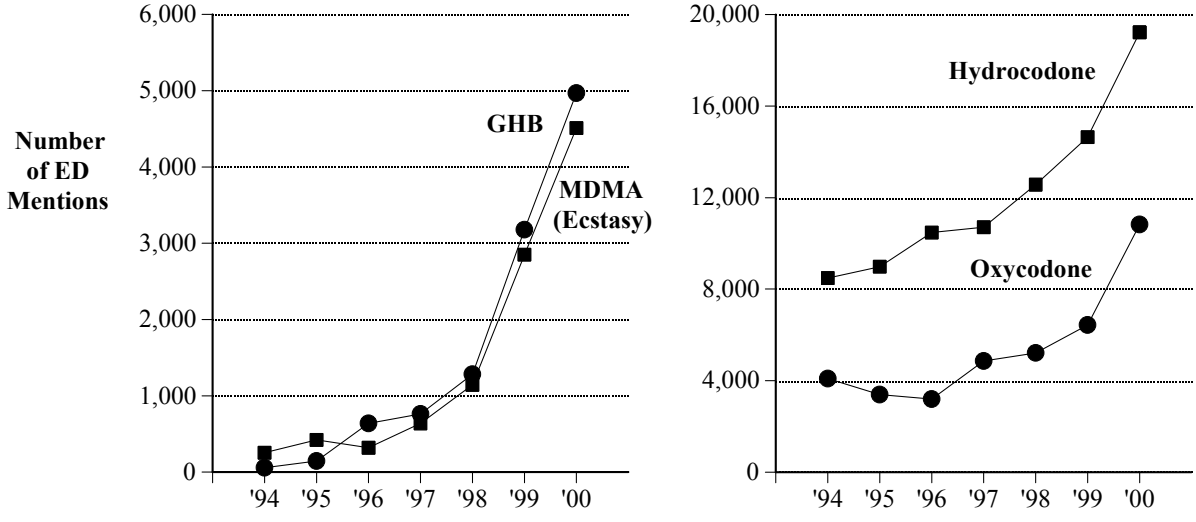
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

U.S. Emergency Department Episodes Involving GHB, MDMA, Hydrocodone, and Oxycodone Continue to Increase

The number of emergency department (ED) episodes involving the club drugs GHB and MDMA and the narcotic analgesics oxycodone and hydrocodone continue to increase, according to data from the most recent Drug Abuse Warning Network (DAWN) report. Since 1998, GHB- and MDMA-related ED episodes have nearly tripled.[1] ED episodes involving hydrocodone and oxycodone have also been on the rise, increasing 53 and 108 percent, respectively, from 1998 to 2000.[2] To put these increases in perspective, the total number of drug-related ED episodes increased 11 percent during this same period. While the occurrence of ED episodes involving GHB, MDMA, hydrocodone, or oxycodone is relatively infrequent, these dramatic increases may indicate an emerging problem and support other accounts of an increase in the abuse of these drugs.

Number of U.S. Emergency Department Episodes Involving GHB, MDMA, Hydrocodone, and Oxycodone, 1994-2000



[1]The number of GHB-related ED episodes increased from 1,282 in 1998 to 4,969 in 2000. The number of MDMA-related ED episodes increased from 1,143 in 1998 to 4,511 in 2000.

[2]The number of hydrocodone-related ED episodes increased from 12,568 in 1998 to 19,221 in 2000. The number of oxycodone-related ED episodes increased from 5,211 in 1998 to 10,825 in 2000.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), *Year-End 2000 Emergency Department Data from the Drug Abuse Warning Network*, July 2001. Available online at www.samhsa.gov/OAS/DAWN/2000yrend.pdf.

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CESAR FAX

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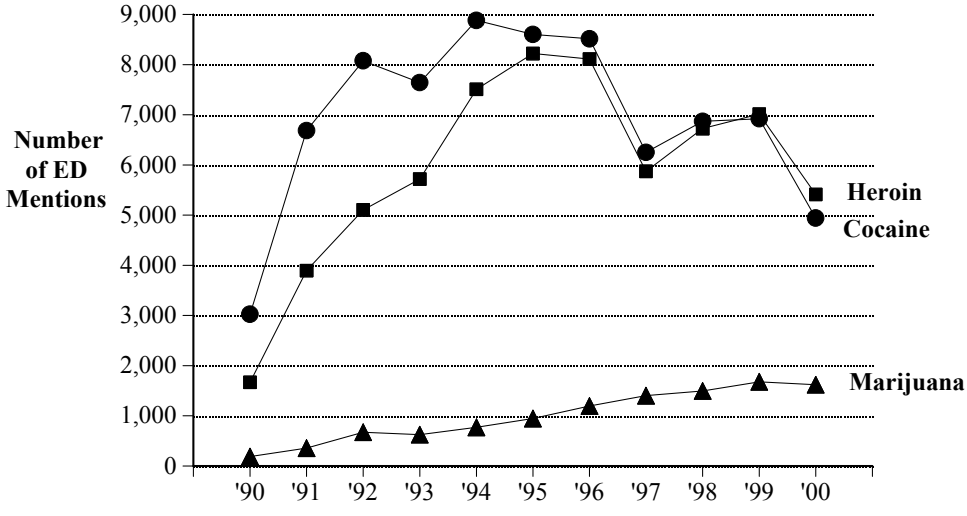
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Baltimore Experiences Decreases in Cocaine- and Heroin-Related Emergency Department Episodes

Drug-related emergency department (ED) episodes decreased 19% in the Baltimore Metropolitan Area from 1999 to 2000, according to the most recent Drug Abuse Warning Network (DAWN) report. The number of cocaine-related ED episodes decreased 29%, from 6,921 in 1999 to 4,943 in 2000. Significant decreases were also seen in heroin-related episodes (from 7,013 to 5,414). During much of the last decade, Baltimore had the highest rates of ED episodes involving cocaine and heroin (of the 21 metropolitan areas oversampled in DAWN). In 2000, Baltimore ranked second in heroin-related ED episodes and fifth in cocaine-related episodes. While the reasons for this change are unclear, "these figures suggest that the significant declines observed from 1999 to 2000 in drug episodes, cocaine, and heroin/morphine may be consistent with a downward trend that began in the mid-1990s" (p. 32).

Number of Baltimore Metropolitan Area Emergency Department Episodes Involving Cocaine, Heroin, or Marijuana, 1990-2000



SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), *Year-End 2000 Emergency Department Data from the Drug Abuse Warning Network*, July 2001. Available online at www.samhsa.gov/OAS/DAWN/2000yrend.pdf.

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CESAR FAX

September 3, 2001
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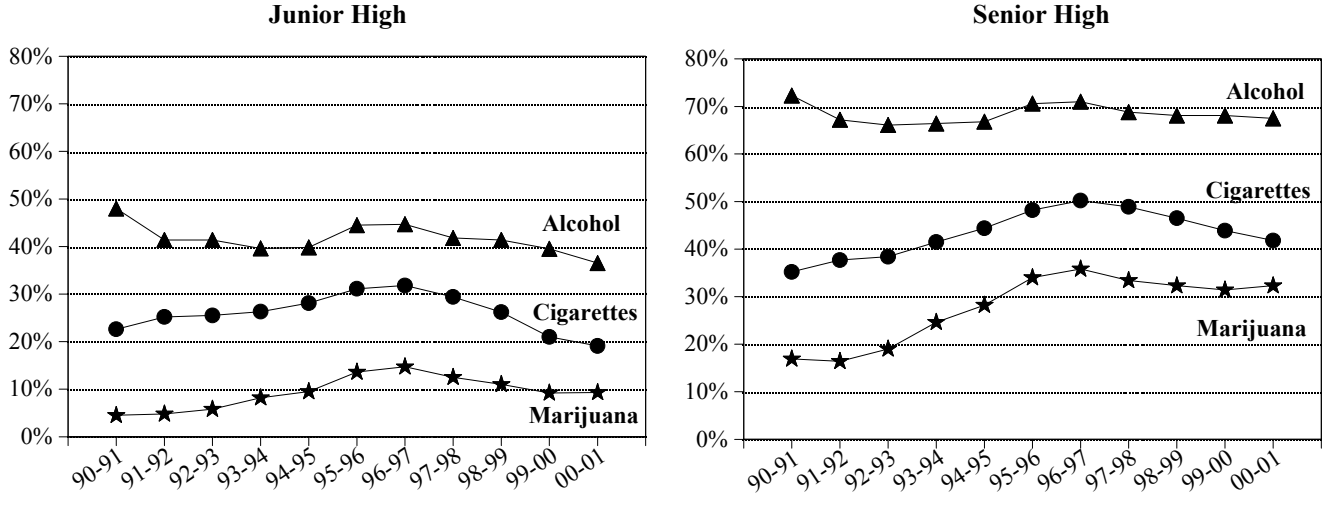
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Alcohol and Cigarette Use Continues to Decline Among Junior and Senior High Students; Marijuana Use Stable

Alcohol and cigarette use among students continues to decline, according to data released last month by the Parents' Resource Institute for Drug Education (PRIDE). Since 1996-97, the percentage of junior high school students reporting past-year alcohol use declined 18% (from 45% in 1996-97 to 37% in 2000-01), while the percentage reporting past-year cigarette use declined 40% (from 32% in 1996-97 to 19% in 2000-01). Similar declines were seen among senior high school students. Past-year marijuana use, which had been declining since 1996-97, remained stable at around 9% for junior high students and 32% for senior high students.

Percentage of Junior and Senior High School Students Reporting Past-Year Use of Alcohol, Cigarettes, and Marijuana, 1990-2001 School Years



SOURCE: Adapted by CESAR from data from the Parents' Resource Institute for Drug Education (PRIDE), *PRIDE Questionnaire Report: 2000-01 National Summary Grades 6-12*, 2001. Available online at www.pridesurveys.com/natsum00.pdf. For more information, call Doug Hall at 800-279-6361.

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CESAR FAX

September 10, 2001
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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Highlights from CEWG June 2001 Advance Report: Heroin Use Spreading to Suburban and Rural Communities; Use of Club Drugs Increasing

The Community Epidemiology Work Group (CEWG) is a NIDA-sponsored network of epidemiologists and researchers that meets twice a year to discuss current and emerging substance abuse problems. The 50th CEWG meeting was held in Rockville, Maryland this past June. Data gathered from the meeting exemplified the similarities and the diversity of drug abuse patterns through the CEWG areas, as well as trends that have emerged over time. Following are the highlights from the meeting.

- While remaining at high levels, indicators of **cocaine** and **crack** use decreased or were stable in the majority of CEWG areas. In New York City, "cocaine trends continued to show declines, but the drug still accounts for major problems . . . (e.g., deaths, ED mentions, treatment admissions, arrests)" (p. 7).
- **Heroin** indicators increased in 15 CEWG areas. Heroin use appears to be spreading to younger populations as well as to suburban and rural communities. The purity of heroin is reaching peak levels nationwide. In South Florida, "heroin is at its highest purity level (23 percent) and its lowest price ($1.03 per milligram)" (p. 13).
- **Marijuana** indicators leveled off in 1999-2000 in 14 CEWG areas, but continued to rise in seven CEWG areas. Substantial proportions of marijuana users are under age 18 in some areas (p. 6).
- Club drugs, including **MDMA (ecstasy), GHB,** and **ketamine**, are being abused by small but growing numbers in many CEWG areas. Ecstasy indicators increased in 13 CEWG areas while indicators of ketamine and GHB use increased in nine areas (p. 6).
- Indicators of prescription narcotic drug use, while relatively small compared with other drug categories, continue to increase in urban, suburban, and rural areas. **Hydrocodone** and **oxycodone** are being used as heroin substitutes and are being abused by long-term prescription drug users, youths, and young adults (p. 6).

NOTE: The 21 CEWG areas reporting at this meeting were Atlanta, Baltimore, Boston, Chicago, Denver, Detroit, Honolulu, Los Angeles, Miami, Minneapolis, Newark, New Orleans, New York, Philadelphia, Phoenix, St. Louis, San Diego, San Francisco, Seattle, Texas, and Washington, D.C.

SOURCE: National Institute on Drug Abuse, Community Epidemiology Work Group, "Epidemiologic Trends in Drug Abuse Advance Report," June 2001. Available online at www.nida.nih.gov/CEWG/AdvancedRep/601ADV/601adv.html.

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CESAR FAX

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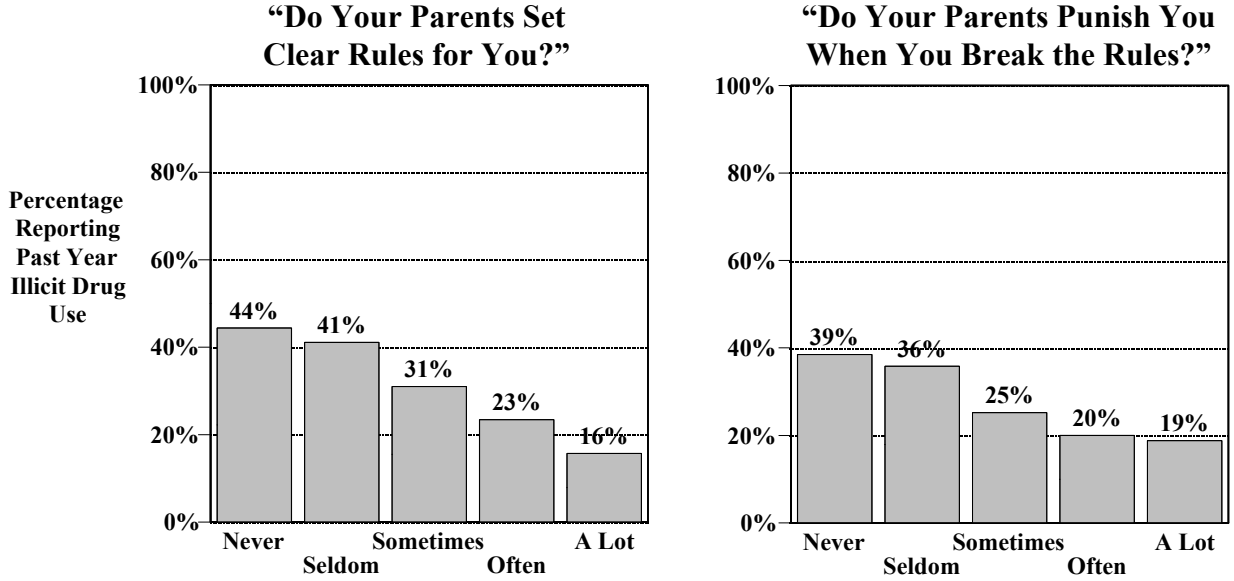
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Youths Whose Parents Set and Enforce Rules Less Likely to Report Drug Use

The more frequently clear rules are set and enforced for youths, the less likely they are to use illicit drugs, according to data from the 2000-01 Parents' Resource Institute for Drug Education (PRIDE) survey. Overall, 25% of youths reported using illicit drugs (primarily marijuana) in the past year. However, youths who never had clear rules set for them by their parents reported considerably higher rates of past-year illicit drug use (44%) while youths who had clear rules set for them "a lot" reported lower rates (16%). Similarly, 39% of the youths who reported that they are never punished upon breaking rules reported past year illicit drug use, compared to 19% of youths who reported that their parents punished them "a lot" when they break the rules. These findings illustrate the important role parents can play in preventing drug use by their children.



SOURCE: Adapted by CESAR from data from the Parents' Resource Institute for Drug Education (PRIDE), *PRIDE Questionnaire Report: 2000-01 National Summary Grades 6-12*, 2001. Available online at www.pridesurveys.com/natsum00.pdf. For more information, call Doug Hall at 800-279-6361.

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CESAR FAX

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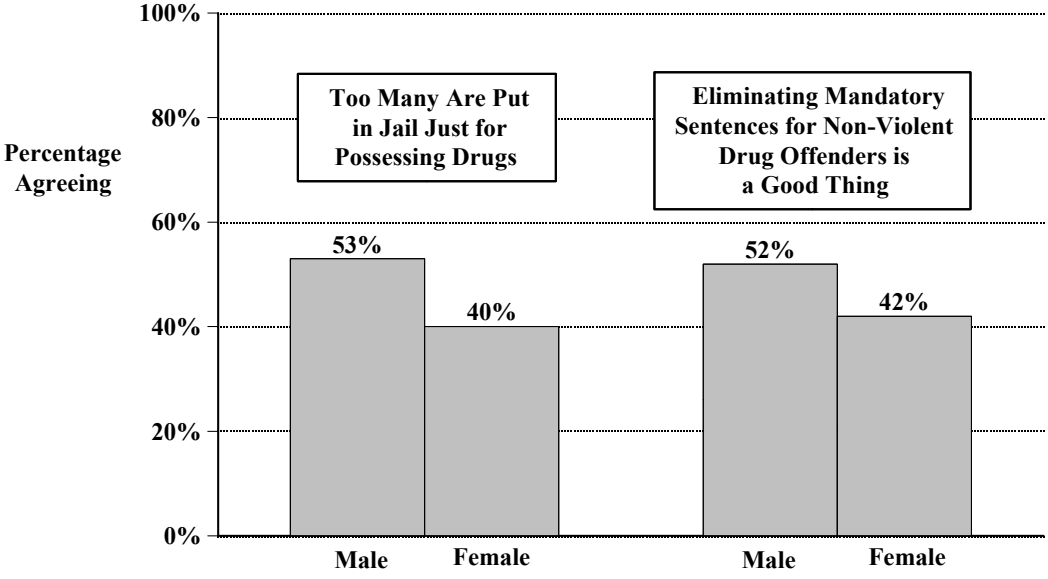
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Poll Finds Women More Likely to Support Harsher Drug Sentencing Laws

Women are significantly more punitive than men when it comes to drug sentencing, according to a U.S. telephone poll conducted earlier this year. Over one-half of men believe that too many people are put in jail just for drugs, compared to only 40% of women. Men were more likely to support eliminating mandatory drug sentences for non-violent drug offenders (52% vs. 42%). Interestingly, "this gap exists despite the fact that women are about as likely as men to consider drug use to be a disease rather than a crime" (*Other Important Findings and Analyses*, p. 1). Additional poll results are available online at www. people-press.org/drugs01rpt.htm.

Drug Sentencing Views of Male and Female U.S. Household Residents, February 2001
(n=1,513)



NOTE: Results are based on telephone interviews conducted by Princeton Survey Research Associates among a nationwide sample of 1,513 adults between February 14-19, 2001. The sampling error is ± 4.5%.

SOURCE: Adapted by CESAR from The Pew Research Center for the People & the Press, *74% Say Drug War Being Lost, Interdiction and Incarceration Still Top Remedies*, March 21, 2001. Available online at www.people-press.org/drugs01rpt.htm.

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CESAR FAX

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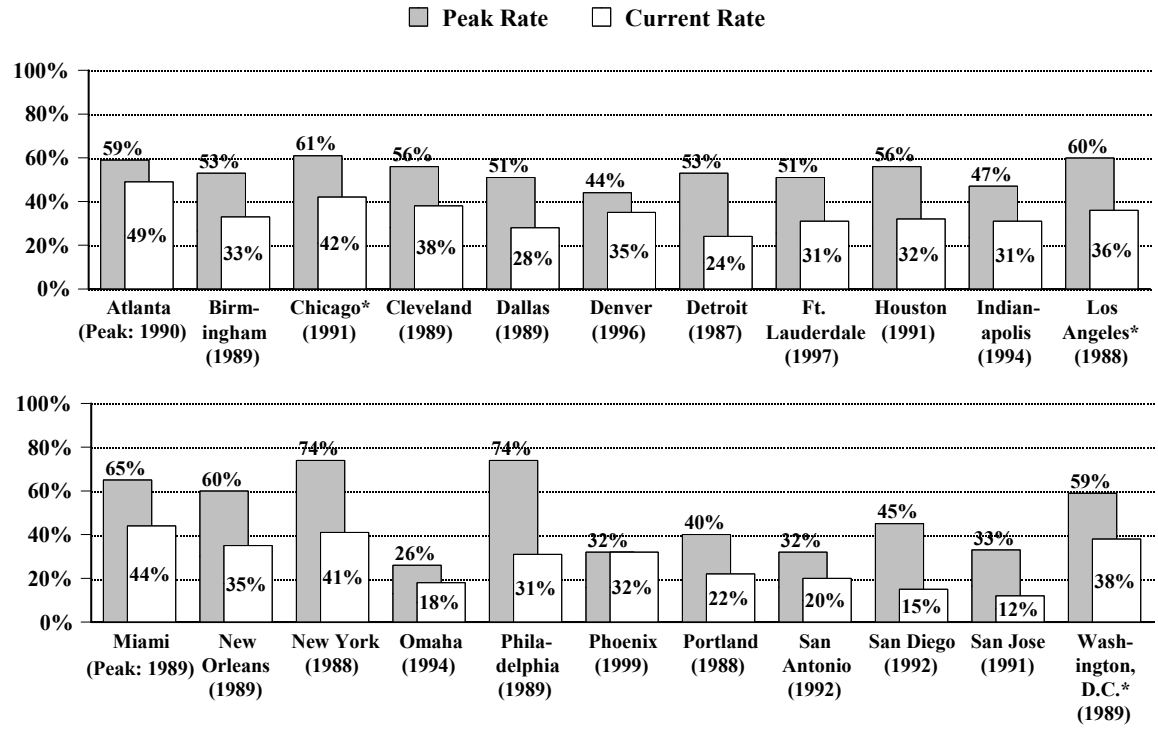
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Current Cocaine-Positive Rates Among Male Arrestees Remain Dramatically Lower than Historic Peaks

Cocaine use among arrestees has decreased significantly over the past decade, according to an analysis of data from the national Arrestee Drug Abuse Monitoring (ADAM) program (formerly the Drug Use Forecasting (DUF) program).* At their peak, cocaine-positive rates among arrestees ranged from 26% in Omaha to 74% in Philadelphia and New York. Currently, all but one of the 22 original DUF/ADAM sites are below their peak levels (Phoenix's rate of cocaine positives has remained constant). Between 12% and 49% of arrestees at the original sites now test positive for cocaine. Cocaine use among arrestees has been waning since at least 1996 (see CESAR FAX, Volume 6, Issue 31).

Percentage of Adult Male Arrestees Testing Positive for Cocaine by DUF/ADAM Site, Peak Rates vs. Current Rates, 1987-2000*



*Only those ADAM sites that have been collecting data since at least 1990 were included in this analysis. The most current data for Chicago, Los Angeles, and Washington, D.C. are for 1999.

SOURCE: Adapted by CESAR from data from the Drug Use Forecasting (DUF) and Arrestee Drug Abuse Monitoring (ADAM) Programs, National Institute of Justice (NIJ).

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CESAR FAX

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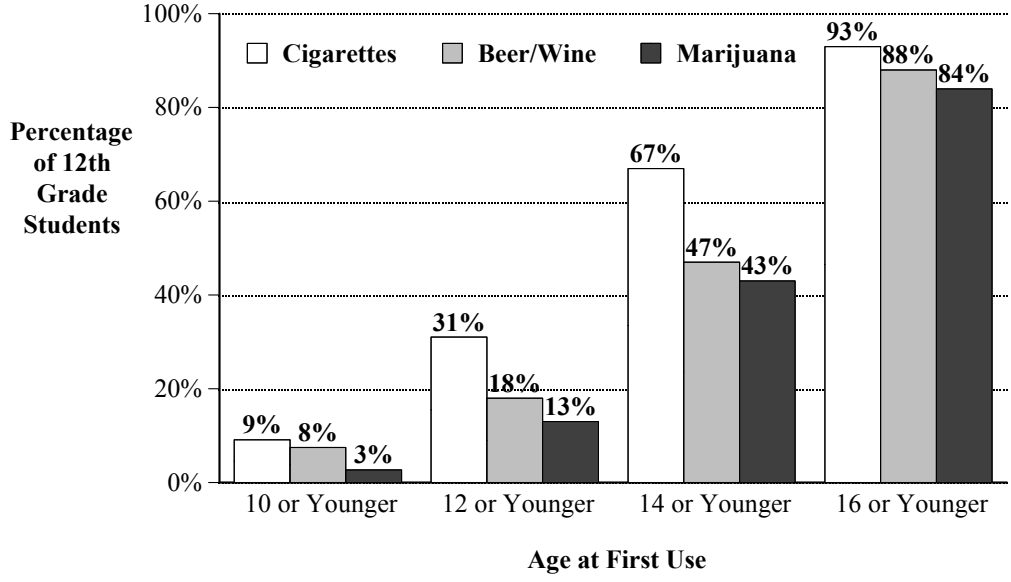
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Nearly One-Third of Maryland High School Seniors Who Have Ever Smoked Report First Using Cigarettes By Age 12

A large number of Maryland youths began using alcohol, cigarettes, and marijuana at an early age, according to results from the 2001 Maryland Adolescent Survey. Just over 30% of high school seniors who had ever used cigarettes first tried them at age 12 or younger and two-thirds reported first trying cigarettes by age 14. Nearly half (47%) of 12th-grade students reported that they had first used beer, wine, or wine coolers by the time they were 14 years old and 43% reported first using marijuana before this age. Previous research has shown that persons who first use alcohol or tobacco at an early age may be more likely to develop alcohol or other drug dependence later in life (see *CESAR FAX*, Volume 9, Issue 38, and Volume 7, Issue 8).

Percentage of Maryland 12th-Grade Students Who Ever Used Beer/Wine, Cigarettes, and Marijuana, by Age at First Use, 2001



SOURCE: Adapted by CESAR from Maryland State Department of Education, 2001 Maryland Adolescent Survey, September 2001. Available online at www.msde.state.md.us under Reports & Data/Special Reports.

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CESAR FAX

October 15, 2001
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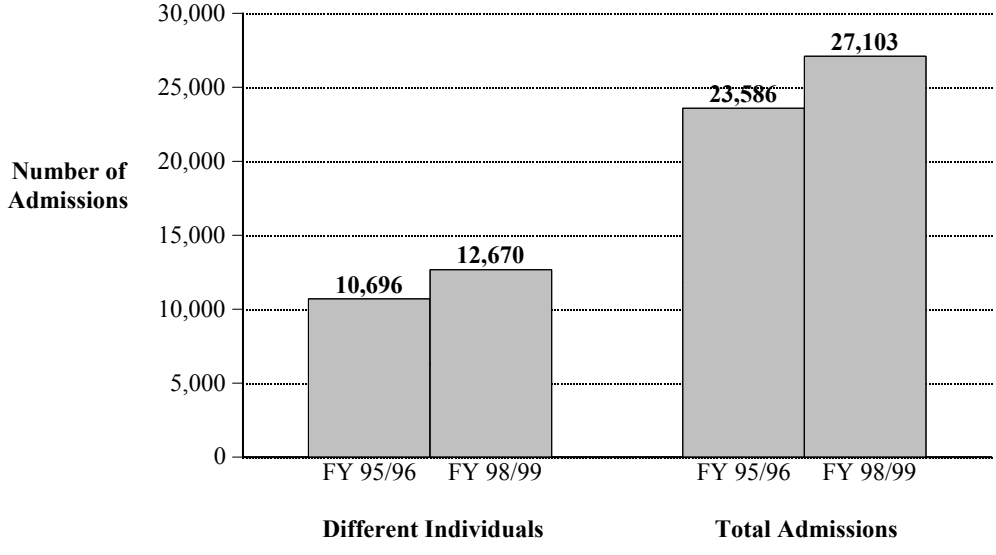
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

San Francisco's Treatment on Demand Initiative Shows Promising Results

Since 1997 San Francisco has been committed to providing treatment upon request to active drug users. A recent evaluation concluded that "the San Francisco treatment on demand initiative, which coupled a community planning process with annual increases in treatment funding, is a feasible and effective way of increasing access to publicly funded substance abuse treatment" (p. 369). The evaluation found that total admissions per year to the treatment system increased 15% (from 23,586 in FY 1995-96 to 27,103 in FY 1998-99). This admission increase was not the result of repeat admissions. Rather, the number of individual people accessing the treatment system increased 18% during this time (see figure below). In addition, the overall drug abuse treatment budget increased from $31.9 million in FY 1995-96 to $45.2 million in FY 1998-99. Other cities (Sacramento, San Diego, and Baltimore) have also adopted treatment on demand programs (see CESAR FAX, Volume 10, Issue 7).

Number of Admissions to Publicly Funded Substance Abuse Treatment Programs in San Francisco, California, FY 1995-1998



SOURCE: Adapted by CESAR from Guydish J., Moore L., Gleghorn A., Davis T., Sears C., Harcourt J. "Drug Abuse Treatment on Demand in San Francisco: Preliminary Findings," *Journal of Psychoactive Drugs* 32(4):363-370, 2000. For more information, contact Dr. Joseph Guydish at josephg@itsa.ucsf.edu.

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CESAR FAX

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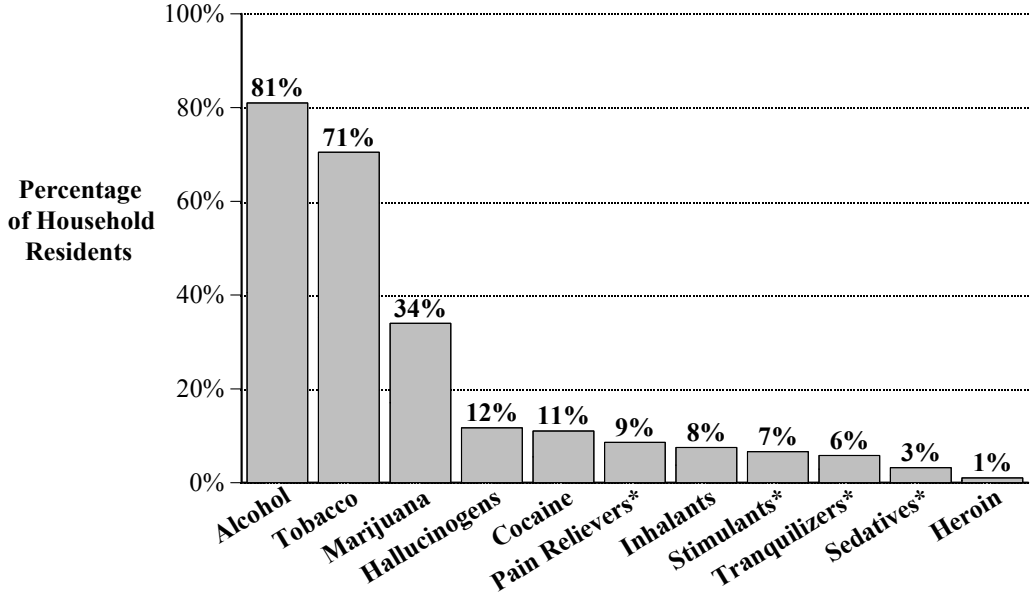
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Majority of U.S. Household Residents Have Used Alcohol and Tobacco, One-Third Report Having Tried Marijuana

Alcohol, tobacco, and marijuana are the most frequently used drugs among household residents, according to the recently released 2000 National Household Survey on Drug Abuse. Eighty-one percent of household residents 12 or older report that they have used alcohol at least once in their lifetime and 71% report lifetime tobacco use. Just over one-third—an estimated 76.3 million people—report using marijuana at least once in their lifetime. Other drugs used by 10% or more of householders were hallucinogens, cocaine, pain relievers, inhalants, stimulants, and tranquilizers. The full report is available online at www.samhsa.gov/oas/oas.html.

Estimated Percentage of U.S. Household Residents (Age 12 and Older) Reporting Lifetime Use of Alcohol, Tobacco, and Other Drugs, 2000



*Nonmedical use only; does not include over-the-counter drugs.

SOURCE: Adapted by CESAR from Office of Applied Studies, Substance Abuse and Mental Health Administration, *Summary of Findings from the 2000 National Household Survey on Drug Abuse*, 2001.

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CESAR FAX

October 29, 2001
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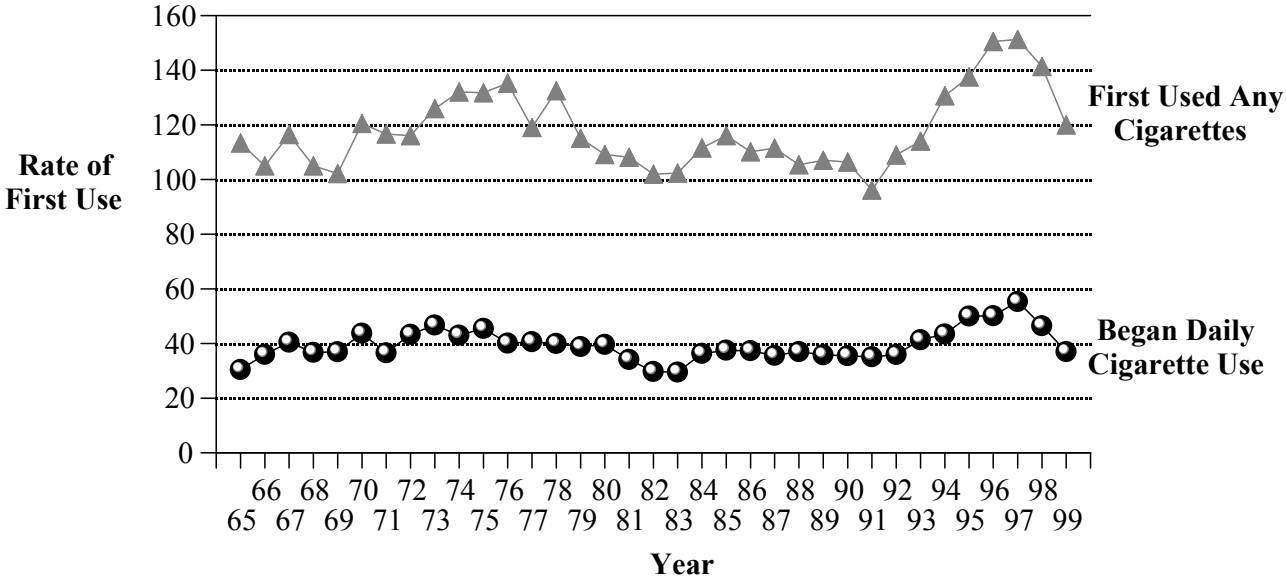
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Fewer Youths Smoking for the First Time or Beginning Daily Smoking

The rate of new cigarette use among youths 12 to 17 has declined since 1997, according to recently released data from the National Household Survey on Drug Abuse. In 1999 there were 120 new cigarette users per 1,000 potential new users, a 21% decrease from the peak of 151 new users per 1,000 potential new users in 1997. The rate of beginning daily cigarette smoking declined 33% during this period, from 55 to 37 new users per 1,000 potential new users. Several factors may have influenced these declines, including individual state tobacco control programs (see *CESAR FAX*, Volume 10, Issue 25) and national youth tobacco prevention programs (such as the Campaign for Tobacco-Free Kids).

Age-Specific Rates of First Cigarette Use and First Daily Cigarette Use (Per 1,000 Potential New Users), Household Residents Ages 12 to 17, 1965-1999



SOURCE: Adapted by CESAR from Office of Applied Studies, Substance Abuse and Mental Health Administration, *Summary of Findings from the 2000 National Household Survey on Drug Abuse*, 2001. Available online at www.samhsa.gov/oas/oas.html.

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CESAR FAX

November 5, 2001
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A Weekly FAX from the Center for Substance Abuse Research

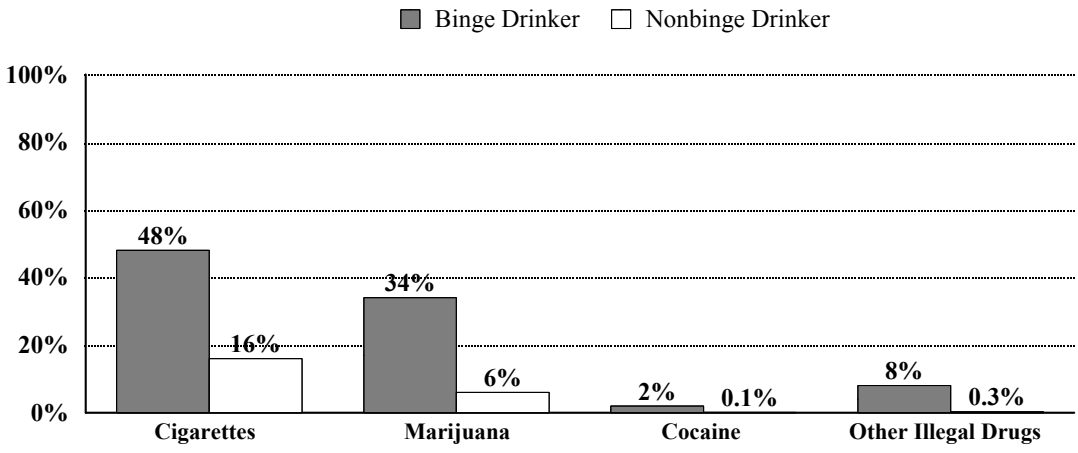
University of Maryland, College Park

Binge Drinkers More than Five Times More Likely to Use Marijuana; Three Times More Likely to Use Cigarettes

According to a study of U.S. college students, binge drinkers are significantly more likely than nonbinge drinkers to report past-month use of cigarettes, marijuana, cocaine, and other drugs. One-third of binge drinkers reported past-month marijuana use, compared to 6% of nonbinge drinkers. Similarly, students who reported binge drinking in the past month were three times more likely than nonbinge drinkers to also report using cigarettes during that time (48% vs. 16%). The researchers also found that as the number of days per month of binge drinking increased, the odds of other substance use increased significantly. According to the authors, "Alcohol-use reduction programs may be most effective if they also address other substance use that occurs among many alcohol-using college students" (p. 37).

Percentage of Current Substance Use Among U.S. College Students, by Current Binge-Drinking Status

(N=2,857 U.S. undergraduate college students ages 18-24 years)



NOTE: Binge drinkers were students who consumed five or more alcoholic drinks in a row within a couple of hours. Current substance use was defined as using the substance on one or more of the 30 days preceding the survey. Other illegal drugs included LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin.

SOURCE: Adapted by CESAR from Jones S.E., Oeltmann J., Wilson T.W., Brener N.D., Hill C.V. "Binge Drinking Among Undergraduate College Students in the United States: Implications for Other Substance Use," *Journal of American College Health* 50:33-38, 2001. For further information, please contact Dr. Sherry Everett Jones at severettjones@cdc.gov.

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Statutes Allowing Health Insurance Companies to Deny Coverage of Alcohol-Related Injury Found to Be Barrier for Screening of Trauma Patients

A recent survey found that 38 states and the District of Columbia allow insurance companies to deny coverage for injuries caused by alcohol impairment. In response, health care workers may not screen trauma patients for alcohol problems because they know that the patient may be denied coverage. Because alcohol use screening is beneficial for the immediate and long-term care of trauma patients and for the effective treatment of alcohol dependency, the authors recommend the following:

- *Change insurance statutes.* Eliminate legislation that permits insurance companies to deny coverage for alcohol-related injuries.
- *Require alcohol screening*. Connecticut, for example, recently passed legislation that requires acute care hospitals to record the outcome of alcohol and substance abuse screening in medical records.
- *Separate information about alcohol use in the medical record*. If information about alcohol screening, intervention, and referral can be kept separate, someone with knowledge of confidentiality and substance abuse issues can make decisions about releasing this information.
- *Assign specific chemical dependency counselors to screen all patients*. Federal regulations already allow for the protection of medical information if collected by personnel whose primary role is substance abuse screening, referral, and treatment. Because this is already legal, the use of these personnel would be the most efficient for trauma centers willing to begin a screening and intervention program.

While the author's acknowledge that coverage of care for alcohol-related injuries could possibly affect insurance premiums, they assert that "alcohol abuse and dependency is a disease, and insurance premiums should be based on risk sharing for all diseases" (p. 117).

NOTE: The District of Columbia and the following states have statutes providing exclusion of coverage for alcohol or drug related injuries: Alabama, Alaska, Arizona, Arkansas, California, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, and Wyoming.

SOURCE: Adapted by CESAR from Rivara F.P., Tollefson S., Tesh E., Gentilello L.M. "Screening Trauma Patients for Alcohol Problems: Are Insurance Companies Barriers?" *The Journal of Trauma: Injury, Infection, and Critical Care* 48(1):115-118, 2000.

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CESAR FAX

November 19, 2001
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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Physicians Document GHB Withdrawal Syndrome and Recommend Detoxification Procedures

GHB is a depressant used to break down inhibitions and produce euphoria. GHB-related emergency department episodes in the U.S. have increased dramatically in recent years, from 56 in 1994 to 4,969 in 2000.[1] Because GHB use is evolving, many questions about the drugs' effects and treatment remain. Recently physicians from California and Texas documented a GHB withdrawal syndrome and provided recommendations based on their experience with patients affected by GHB use.

- GHB withdrawal syndrome typically appears in patients who have self-administered the drug in a consistent dosing schedule (i.e. every 2-3 hours) for several months.
- GHB withdrawal symptoms appear within 1-6 hours after the last dose and may include anxiety/restlessness, insomnia, tremor, confusion, delirium, hallucinations, rapid heartbeat, hypertension, nausea, and vomiting. Withdrawal symptoms may last for two weeks or more, and many patients report that symptoms persist for months after acute detoxification.
- The authors recommend an aggressive 7-14 day inpatient detoxification with close follow-up care. Depressants and anticonvulsant, antihypertensive, and antipsychotic medications may alleviate withdrawal symptoms.

The authors stress that these treatment guidelines must be implemented and supervised by medical professionals and not by dependent individuals themselves. In addition, the authors encourage other medical and treatment professionals to contact them to discuss their experiences with the effects and treatment of GHB use, particularly successful pharmacologic therapies and doses, tapering regimens, and behavioral therapies (see below for contact information).

[1]Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Year-End 2000 ED DAWN Data*, 2001.

SOURCE: Adapted by CESAR from Miotto, K., Roth B. *GHB Withdrawal Syndrome*, Texas Commission on Alcohol and Drug Abuse, 2001. Available online at www.tcada.state.tx.us. For more information, contact Dr. Karen Miotto (kmiotto@mednet.ucla.edu) or Dr. Brett Roth (brett.roth@email.swmed.edu).

Research Analyst Position Available

CESAR is looking for a Research Analyst to help evaluate systems change involving child and family services, substance abuse, and delinquency prevention. Experience in SPSS required; report preparation and interviewing skills preferred. Fax or email resume to P. Zangrillo at 301-403-8342 or pzangrillo@cesar.umd.edu.

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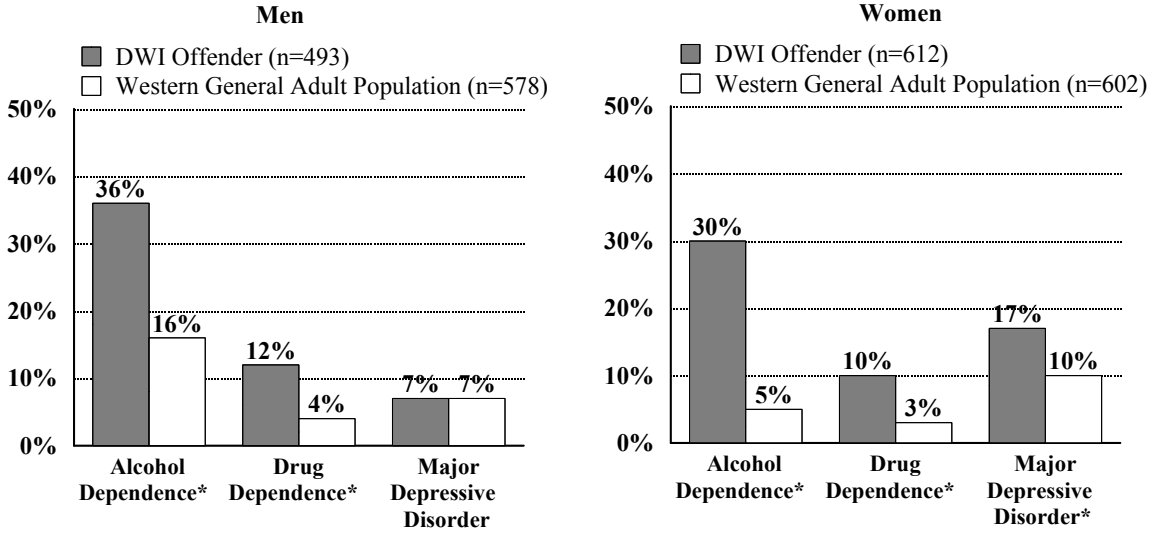
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Drunk Drivers Have Significantly Higher Rates of Alcohol and Drug Dependence

Men and women convicted of driving while impaired (DWI) are more likely to be diagnosed with past-year alcohol or drug dependence, according to a New Mexico study of DWI offenders.† Over two-thirds of male DWI offenders and 30% of female DWI offenders were dependent on alcohol in the past year, compared to 16% and 5% of adults living in the western United States. Similarly, 12% of male and 10% of female DWI offenders were diagnosed with past-year drug dependence, compared to 4% of men and 3% of women in the general western U.S. population. Female DWI offenders were also more likely to have experienced other psychiatric problems, such as a major depressive disorder, in the past year. The authors conclude that "drunk-driving offenders need assessment and treatment services not only for alcohol problems but also for drug use and the other psychiatric disorders that commonly accompany alcohol-related problems" (p. 943).

Percentage of New Mexico DWI Offenders and Percentage of Western U.S. General Adult Population With Past-Year Alcohol Dependence, Drug Dependence, or Major Depressive Disorders



*Prevalence of disorder is significantly different between the DWI offender and the general adult population sample, $p < .01$.

†DWI offender data are from persons convicted of DWI who had been referred and screened by a screening program in Bernalillo County, New Mexico. General adult population data are from the National Comorbidity Survey (NCS). Only subjects who lived in the western region of the U.S. were included for comparison with the New Mexico DWI sample. The NCS sample was weighted to match the DWI sample by age, ethnicity, and educational level.

SOURCE: Adapted by CESAR from Lapham S.C., Smith E., C'de Baca J., Chang I., Skipper B.J., Baum G., Hunt W.C. "Prevalence of Psychiatric Disorders Among Persons Convicted of Driving While Impaired," *Archives of General Psychiatry* 58:943-949, 2001. For more information contact Dr. Sandra Lapham at slapham@bhrcs.org.

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A Weekly FAX from the Center for Substance Abuse Research

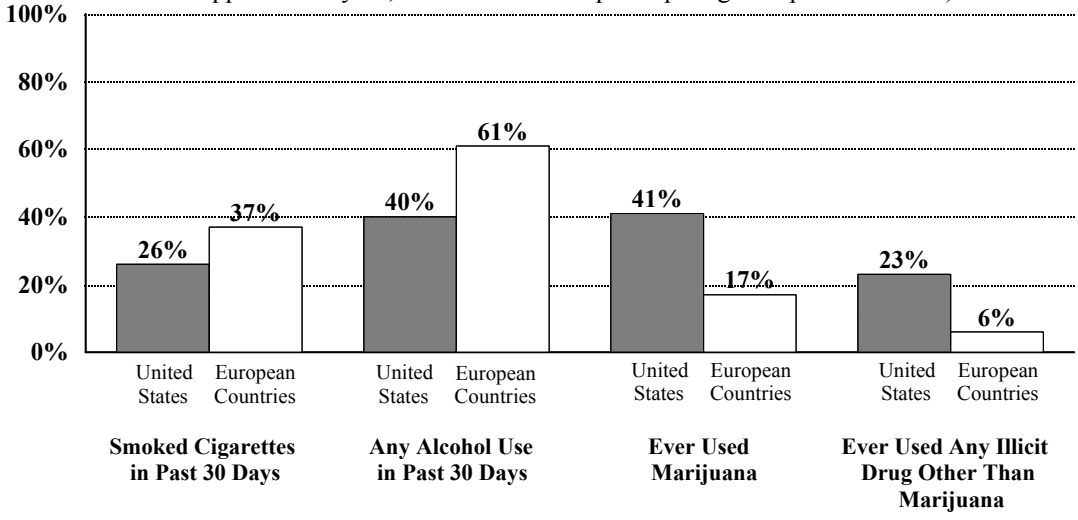
University of Maryland, College Park

U.S. 10th Graders Less Likely than Those in European Countries to Drink or Smoke; More Likely to Use Marijuana and Other Illicit Drugs

Specifically designed to be comparable to the U.S.'s Monitoring the Future (MTF) high school survey, the European School Survey Project on Alcohol and Drugs (ESPAD) was conducted in 1999 with 10th grade students in 30 participating European countries.* According to the 1999 MTF survey, just over one-fourth (26%) of U.S. 10th graders reported that they had smoked at least one cigarette in the past 30 days, compared to an average of 37% of 10th grade students in the participating European countries (ranging from 16% to 67%). Forty percent of U.S. 10th grade students reported using alcohol in the past 30 days, compared to 61% of European students (ranging from 36% to 85%). U.S. 10th graders, however, were much more likely to have ever used illicit drugs. For example, 41% of U.S. 10th grade students reported ever using marijuana, compared to 17% of European students (ranging from 1% to 35%).

Percentage of 10th Grade Students Reporting Substance Use, United States and European Countries, 1999

(N=approximately 14,000 students in the United States and approximately 95,000 students in 30 participating European countries)



* The ESPAD survey in each country is representative of the national 10th grade student population with the exception of the survey in Russia, which is representative of Moscow only.

SOURCE: Adapted by CESAR from State University of New York at Albany, Press Release, 2/20/01. For more information regarding the ESPAD, contact Dr. Thor Bjarnason at thor@albany.edu. For more information regarding the MTF study, contact Dr. Lloyd Johnston at lloydj@umich.edu.

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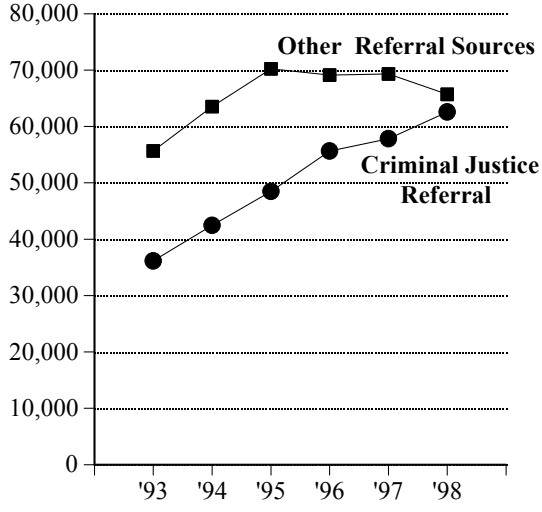
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

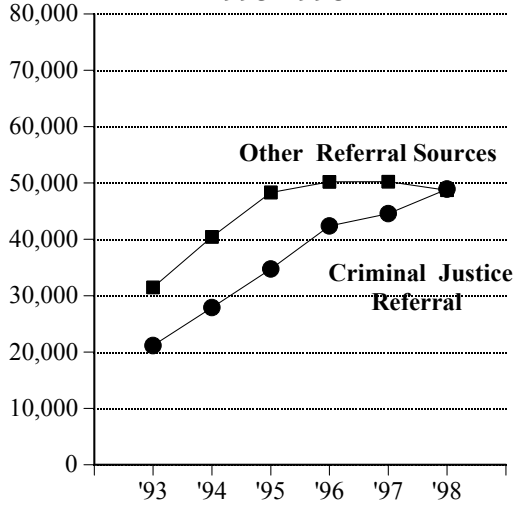
Significant Increase in Criminal Justice-Referred Youth Treatment Admissions Fueled by Marijuana

Between 1993 and 1998 the number of youths referred for substance abuse treatment by the criminal justice system increased by 73% while admissions from other referral sources remained relatively stable, according to data from the Treatment Episode Data Set (TEDS). This increase was primarily driven by marijuana-involved admissions referred from the criminal justice system. Criminal justice-referred treatment admissions involving the use of marijuana as either a primary or secondary drug more than doubled from 1993 (21,148) to 1998 (48,919), while marijuana-related referrals from other sources reached a plateau around 1995. Several factors may explain this increase in marijuana-related criminal justice referrals, including "increased use of marijuana, increased resources for treatment of youth marijuana use, and increased referral to treatment instead of jail for marijuana-related offenses" (p. 2).

Number of Youth Treatment Admissions, by Referral Source, 1993-1998



Number of Youth Treatment Admissions Involving Marijuana Use, by Referral Source, 1993-1998



SOURCE: Adapted by CESAR from Office of Applied Studies, Substance Abuse and Mental Health Services Administration, *Coerced Treatment Among Youths: 1993-1998*, The DASIS Report, August 10, 2001. Available online at www.samhsa.gov/oas/coercedTX.cfm.

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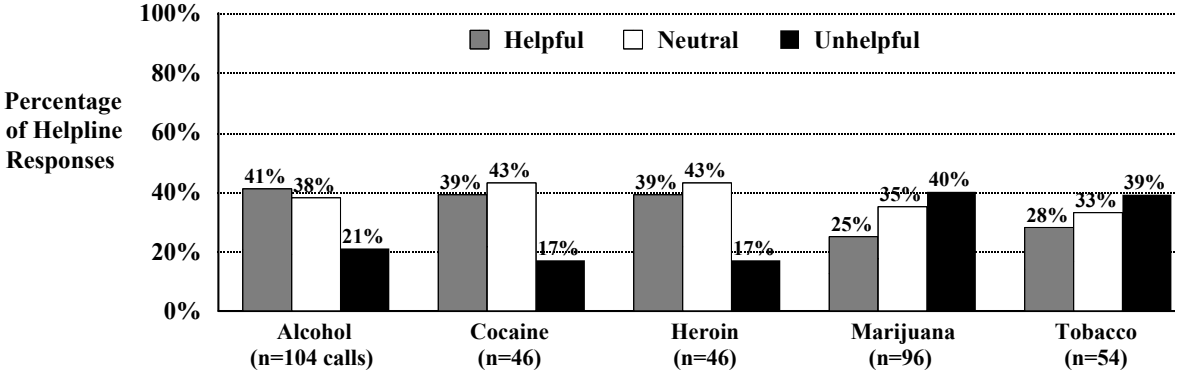
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Survey Suggests that National Drug Abuse Helplines May Not Be that "Helpful," Particularly for Calls Regarding Tobacco and Marijuana Use

A majority of national drug abuse helplines do not provide helpful advice, according to a study of 30 helplines.[1] Between May 1998 and September 1999, researchers called the helplines a minimum of five times claiming to be an alcohol, cocaine, heroin, marijuana, or tobacco user in need of treatment. The researchers used a previously developed script that included responses to anticipated questions. Of the 346 calls, about 40% of the responses to alcohol, cocaine, and heroin problems were helpful and about 20% were not.[2] Furthermore, only about 25% of the helplines provided helpful advice to marijuana and tobacco problems, while about 40% provided unhelpful responses. The authors note that "physicians, clinicians, administrators, and the lay public need to realize that simple referral to a national helpline for drug abuse problems will often be insufficient" (p. 193). They suggest improving the quality of telephone helplines by setting national standards.

Percentage of National Helpline Responses That Were Helpful, Neutral, or Unhelpful, by Drug Problem Presented, 1998-99



[1]The national helplines were from a list published on the Public Broadcasting System website associated with the 1998 Bill Moyers series on drug dependence, excluding those helplines that were not focused on drug dependence. The representativeness of this sample is unclear because there is no national organization of helplines to provide comparative data.

[2]Helpful responses included sending a helpful mailing or referring callers to a self-help program or drug dependence treatment center. Neutral responses were referrals to another national helpline such that the caller essentially had to start over again. Unhelpful responses were incorrect information, inadequate responses, personnel stating they do not deal with that particular problem although the helpline name suggested they did, or not very helpful mailings.

SOURCE: Adapted by CESAR from Hughes J.R., Riggs R.L., Carpenter M.J. "How Helpful Are Drug Abuse Helplines?" *Drug and Alcohol Dependence* 62:191-194, 2001. For more information, contact John Hughes at john.hughes@uvm.edu.

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