CESAR FAX

January-December 2002
Volume 11, Issues 1-50
Distribution: 6,011

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

CESAR FAX Annual Volume

Volume 11
2002

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This project was supported by VOIT 1996-1002, awarded by the U.S. Department of Justice through the Governor's Office of Crime Control & Prevention. The Assistant Attorney General, Office of Justice Programs, coordinates the activities of the program offices and bureaus. Points of view or opinions contained within this document are those of the author and do not necessarily represent the official position or policies of USDOJ.

ACKNOWLEDGMENTS

CESAR is pleased to provide this 2002 Annual Volume of the *CESAR FAX*. To assist you in using this volume, the Table of Contents indexes the 2002 faxes by issue title and subject area.

The *CESAR FAX* was produced and maintained during the past year by Wanda Hauser, with the assistance of Kara Johnson and Cindy Boyle. 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 6,000 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
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2002

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January 7, 2002
Vol. 11, Issue 1
Distribution: 5,249

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University of Maryland, College Park

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Distribution of CESAR FAX Topics, January-December 2001
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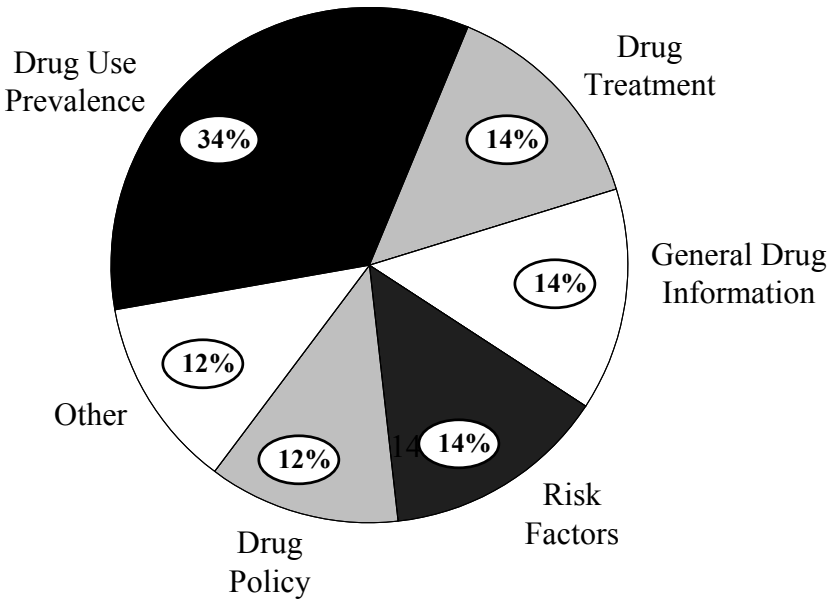

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CESAR FAX

January 14, 2002
Vol. 11, Issue 2
Distribution 5,321

A Weekly FAX from the Center for Substance Abuse Research

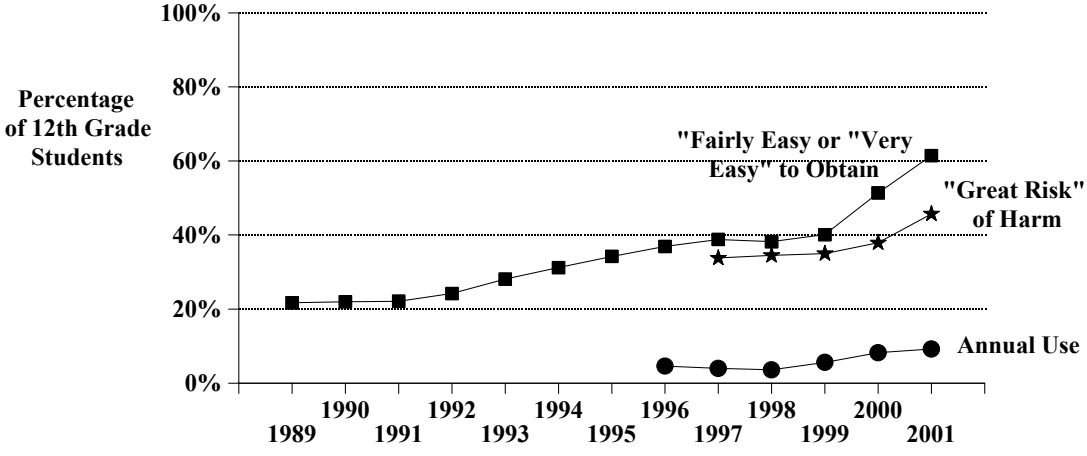
University of Maryland, College Park

Ecstasy Use Stabilizes Among High School Seniors as Perceived Harmfulness Increases; Drug Continues to Be Widely Available

For the first time since 1999, ecstasy (MDMA) use among U.S. 12th grade students has not increased significantly, according to data from the national Monitoring the Future survey. In 2001, 9% of high school seniors reported that they had used ecstasy in the past year, compared to 8% in 2000 (a statistically nonsignificant difference). At the same time the percentage of seniors that perceived a "great risk" of harm from using ecstasy once or twice increased significantly, from 38% in 2000 to 46% in 2001. Past research has shown that as perceived harmfulness of a drug rises, use falls (see CESAR FAX, Volume 6, Issue 14).

While these findings suggest that ecstasy use may decline in future years, there has been a continued increase in the perceived availability of the drug. In 2001, 62% of seniors reported that ecstasy was "fairly easy" or "very easy" to obtain, compared to 22% when this question was first asked in 1989. Study director Lloyd D. Johnston suggests that this increase in perceived availability may be "due in part to the fact that this drug is still reaching new communities" (p. 2-3). The percentage of schools in the 12th grade national sample that had any survey respondent who had used ecstasy increased from 53% in 1998 to 72% in 2001 (data not shown). According to Johnston, "even if fewer students are willing to use ecstasy in the schools where it has been present, that decline very likely has been more than offset by the continuing rapid diffusion of the drug to additional areas" (p. 3).

Percentage of U.S. Twelfth Grade Students Reporting Annual Use, Perceived Availability, and Perceived Harmfulness of Ecstasy (MDMA), 1989-2001



SOURCE: Adapted by CESAR from data from University of Michigan, Monitoring the Future Study Press Release, "Rise In Ecstasy Use Among American Teens Begins to Slow," December 19, 2001. Available online at www.monitoringthefuture.org. For more information, contact Lloyd Johnston at 734-763-5043.

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CESAR FAX

January 21, 2002
Vol. 11, Issue 3
Distribution 5,318

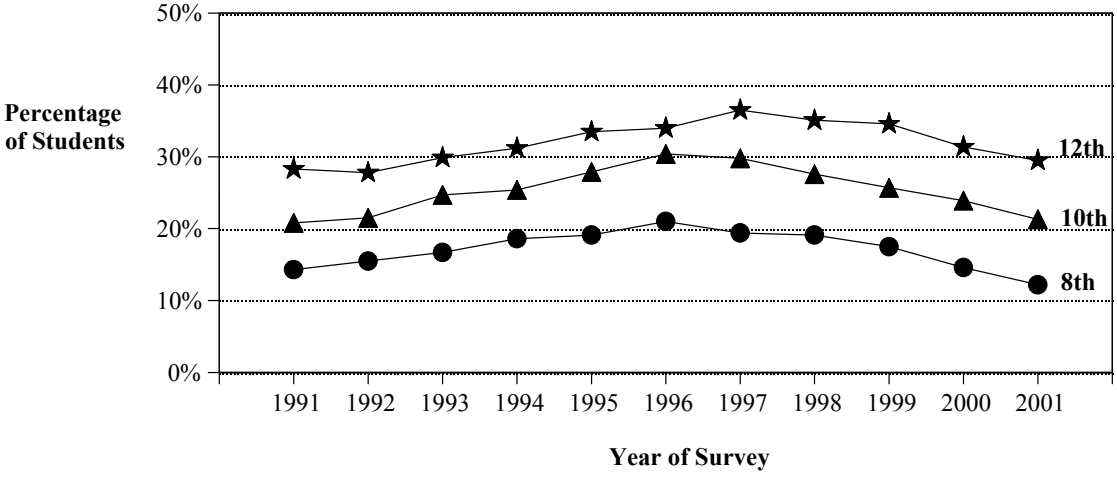
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Cigarette Use Reaches 10-Year Low Among U.S. 8th and 10th Grade Students; Use Among 12th Graders Does Not Change

For the fourth year in a row cigarette use among high school students decreased or remained stable, according to data from the national Monitoring the Future survey. The percentage of 8th and 10th grade students reporting using cigarettes in the past 30 days continued to decline, reaching 10-year lows of 12% and 21% respectively. Past 30 day use among 12th graders, which had been decreasing since 1997, remained stable at around 30%. According to the authors, these findings may be the result of an increase in cigarette prices, local and national anti-smoking advertising campaigns, "shifts in the advertising mix, a greater amount of negative news coverage, or less favorable portrayals of smoking in entertainment programming" (p. 11).

Percentage of U.S. Eighth, Tenth, and Twelfth Grade Students Reporting Cigarette Use in the Past Thirty Days, 1991-2001



NOTE: The difference between the 2000 and 2001 prevalence rate for 8th graders was statistically significant at $p < .001$; for 10th graders at $p < .01$. The difference for 12th graders was not statistically significant.

SOURCE: Adapted by CESAR from data from University of Michigan, Monitoring the Future Study Press Release, "Cigarette Smoking Among American Teens Declines Sharply in 2001," December 19, 2001. Available online at www.monitoringthefuture.org. For more information, contact Lloyd Johnston at 734-763-5043.

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CESAR FAX

January 28, 2002
Vol. 11, Issue 4
Distribution 5,320

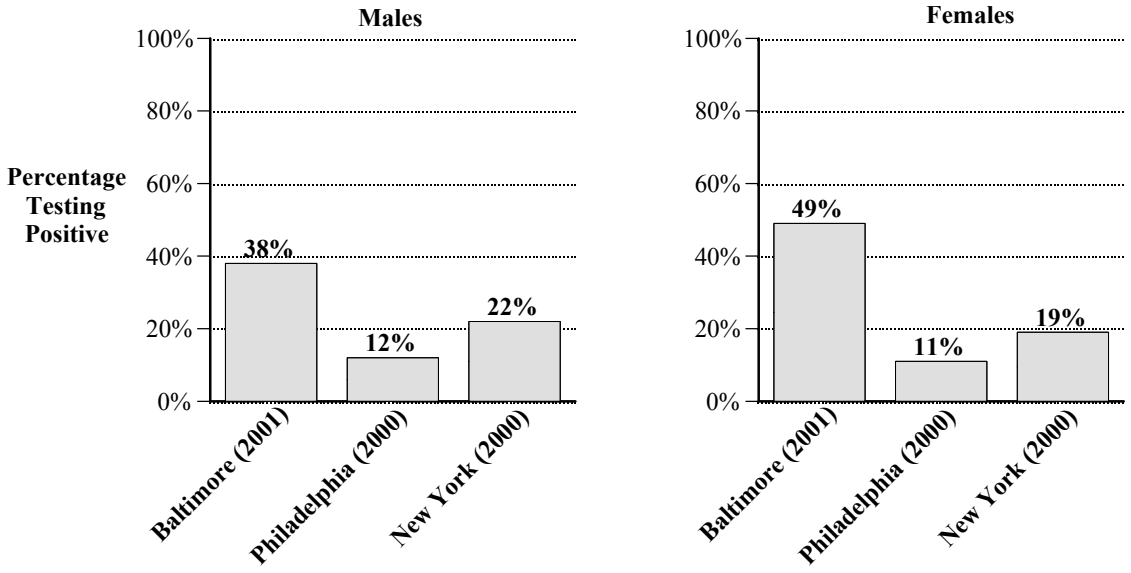
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Baltimore City Arrestees Have Highest Opiate-Positive Rate of All Arrestees Studied in the United States

As part of the Substance Abuse Need for Treatment among Arrestees (SANTA) study, CESAR staff collected urine specimens from a random sample of adult arrestees in Baltimore City between February 26 and March 30, 2001. As found in a 1995 SANTA study, Baltimore City had the highest opiate-positive rate of all U.S. cities studied by the National Institute of Justice's Arrestee Drug Abuse Monitoring (ADAM) Program. More than one-third of male and nearly one-half of female arrestees in Baltimore City tested positive for opiates in 2001 (see figure below). Furthermore, the majority (70% of males and 86% of females) of the Baltimore City opiate-positive arrestees also tested positive for cocaine. Treatment providers should be aware of the high degree of opiate and cocaine use among this population and be prepared to provide treatment that addresses both drugs.

Percentage of Arrestees Testing Positive for Opiates in Baltimore City (2001) and Neighboring ADAM Sites (2000), by Gender*



*The 2000 data are the most recent ADAM data available.

SOURCES: Wish E.D., Yacoubian G.S. *Findings from the 2001 Baltimore City Substance Abuse Need for Treatment Among Arrestees (SANTA) Project*, 2001. For more information, contact Eric Wish of CESAR at 301-403-8329 or ewish@cesar.umd.edu.
National Institute of Justice, *Arrestee Drug Abuse Monitoring (ADAM) 2000 Annualized Site Reports*, 2001, and National Institute of Justice, *ADAM Preliminary 2000 Findings on Drug Use and Drug Markets, Adult Male Arrestees*, 2001. Available online at www.adam-nij.net.

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CESAR FAX

February 4, 2002
Vol. 11, Issue 5
Distribution 5,312

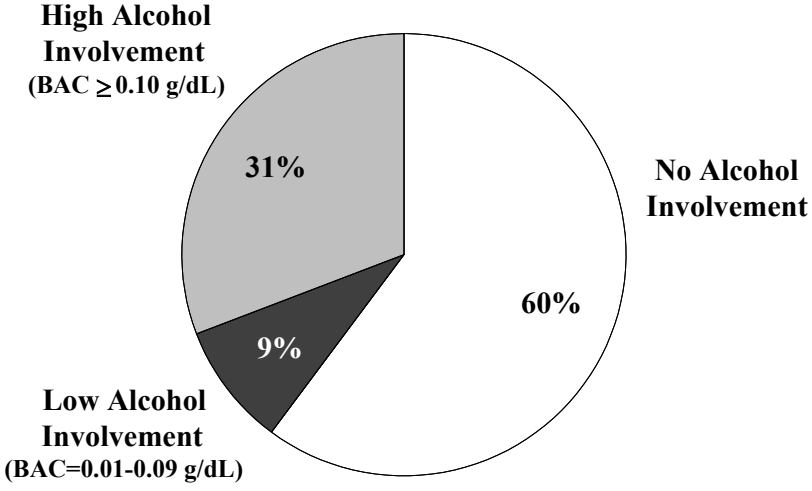
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Forty Percent of U.S. Motor-Vehicle Fatalities in 2000 Involved Alcohol Use

Of the 41,821 fatalities in motor-vehicle crashes in the United States in 2000, 40% involved the use of alcohol, according to data from the National Highway Traffic Safety Administration. Nine percent of the fatalities involved drivers or nonoccupants with a blood alcohol concentration (BAC) of 0.01-0.09 g/dL while 31% involved drivers or nonoccupants with a blood alcohol concentration of 0.10 g/dL or greater (the legal limit for intoxication in most states in 2000). This represents a slight (4%) but significant increase over the number of alcohol-involved traffic fatalities that occurred in 1999. According to the authors, "A broad range of public health and traffic safety strategies will be needed to stem further increases and reduce the number of alcohol-related fatalities" (p. 1).

Percentage of Traffic Fatalities Involving Alcohol (Based on Highest BAC of Drivers or Nonoccupants), United States, 2000



NOTE: Fatalities include all occupants and nonoccupants who died within 30 days after a motor-vehicle crash on a public roadway.

SOURCE: Centers for Disease Control and Prevention, "Notice to Readers: Alcohol Involvement in Fatal Motor Vehicle Crashes--United States, 1999--2000," *Morbidity and Mortality Weekly Report 50(47):1064-65, 2001.*

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CESAR FAX

February 11, 2002
Vol. 11, Issue 6
Distribution 5,311

A Weekly FAX from the Center for Substance Abuse Research

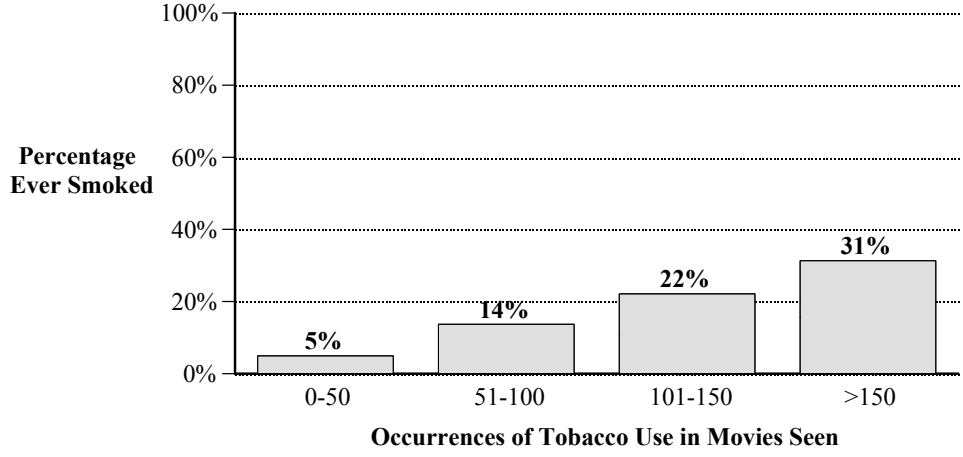
University of Maryland, College Park

Youths Who See Tobacco Use in Movies More Likely to Report Trying Smoking

Exposure to tobacco use in movies is associated with adolescent smoking, according to a survey of nearly 5,000 middle school students in Vermont and New Hampshire. Students who were exposed to tobacco use in movies were more likely to report that they had smoked at least one cigarette in their lifetime (see figure below). This association remained even after adjusting for sociodemographic factors (such as age), social influences (such as friends', siblings', or parents' smoking), characteristics of the child (such as sensation seeking and rebelliousness), and parenting styles (such as authoritative parenting). According to the authors, "The magnitude of the association suggests that influence from films is as strong as other kinds of social influence, such as smoking by a parent or sibling" (p. 4). However, they caution that these results need to be confirmed in other adolescents because adolescents from urban areas and minority ethnic groups were not included in the current study.

Percentage of Adolescents Who Smoked at Least One Cigarette in Lifetime, by Exposure to Smoking in Movies

(n=4,919 youths ages 9-15)



NOTES: Smoking in films was calculated by counting the occurrences of smoking in each of 601 popular contemporary films. Exposure to these films was estimated by asking respondents whether they had seen 50 films randomly selected from the larger pools and calculating the number of occurrences of smoking seen by each respondent.

SOURCE: Adapted by CESAR from Sargent J.D., Beach M.L., Dalton M.A., Mott L.A., Tickle J.J., Ahrens M.B., Heatherton T.F. "Effect of Seeing Tobacco Use in Films on Trying Smoking Among Adolescents: Cross Sectional Study," *British Medical Journal* 323:1-6, 2001. For more information, contact James Sargent at James.D.Sargent@Hitchcock.org.

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CESAR FAX

February 18, 2002
Vol. 11, Issue 7
Distribution 5,315

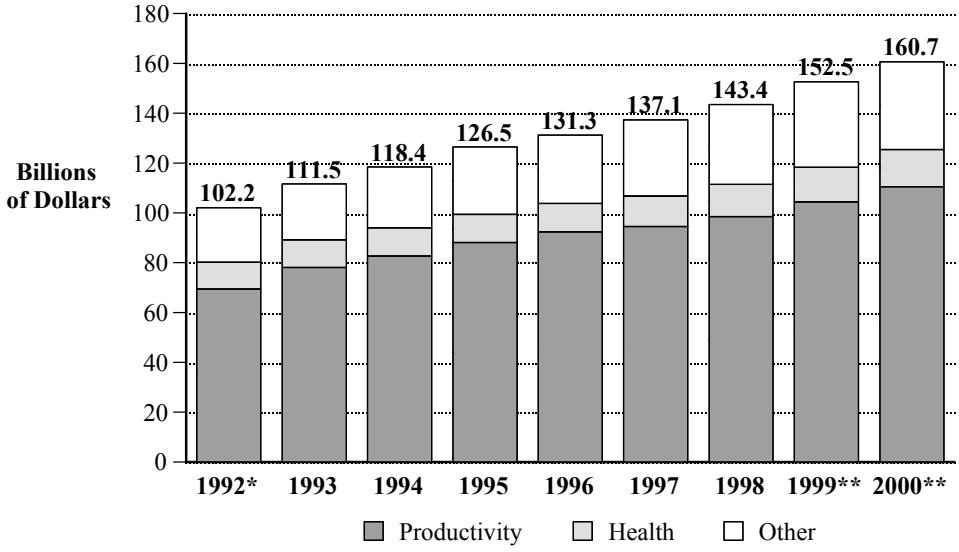
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Illicit Drug Abuse Cost Society an Estimated $160.7 Billion in 2000

The overall cost of illicit drug abuse to society is estimated to have been $160.7 billion in 2000, according to a report released by the Office of National Drug Control Policy. The majority of these costs (69%) were from productivity losses stemming from such things as premature death, illness related to drug abuse, and incarceration. Other costs included health care (9%) and criminal justice/social welfare costs (22%). The total cost of drug abuse to society rose at approximately a 6% annual rate between 1992 and 2000 (see figure below), primarily from increases in productivity losses from incarceration and illness related to drug abuse.

Cost of Illicit Drug Abuse to Society (in Billions of Dollars), 1992-2000



*The 1992 cost of drug abuse originally developed by Harwood et al. (1998) was re-estimated based on more recent data. The revised estimate is 4.6% higher than the original estimate of $97.7 billion.
**1999 and 2000 values are projections.

SOURCE: Adapted by CESAR from the Office of National Drug Control Policy, *The Economic Costs of Drug Abuse in the United States, 1992-1998*, 2001. Available online at www.whitehousedrugpolicy.gov/publications/pdf/economic_costs98.pdf.

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CESAR FAX

February 25, 2002
Vol. 11, Issue 8
Distribution 5,316

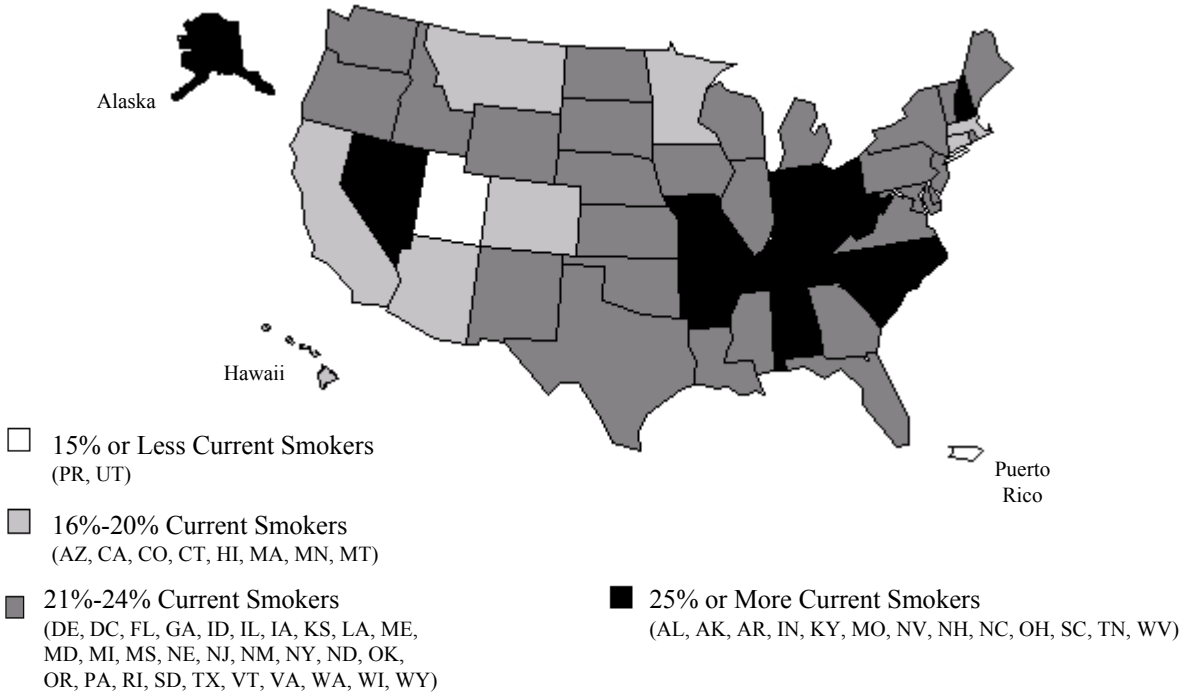
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Only Two U.S. States/Territories Met National Health Objective for Smoking in 2000

Puerto Rico and Utah were the only two U.S. states/territories to meet the national health objective[1] for 2000 of 15% or less of adults smoking cigarettes, according to a report from the Centers for Disease Control and Prevention. In the majority of states and territories, between 21% and 24% of adults were current[2] smokers (see figure below). The authors' note that "the low prevalence in Utah and Puerto Rico may be a result of stronger social and cultural norms against tobacco use" (p. 1105). The national smoking health objective for 2010 is to reduce cigarette smoking among adults to 12%.

Prevalence of Current[2] Cigarette Smoking Among Adults, by State, 2000



[1]National health objectives are set through the Healthy People initiative, which is designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. For more information, visit the Healthy People website at www.healthypeople.gov.

[2]Current smokers were defined as those who reported having smoked 100 cigarettes or more during their lifetime and who currently smoked every day or some days.

SOURCE: Adapted by CESAR from Centers for Disease Control and Prevention, "State-Specific Prevalence of Current Cigarette Smoking Among Adults, and Policies and Attitudes About Secondhand Smoke – United States, 2000," *Morbidity and Mortality Weekly Report* 50(49):1101-1106. Available online at www.cdc.gov/mmwr/preview/mmwrhtml/mm5049a1.htm

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CESAR FAX

March 4, 2002
Vol. 11, Issue 9
Distribution 5,285

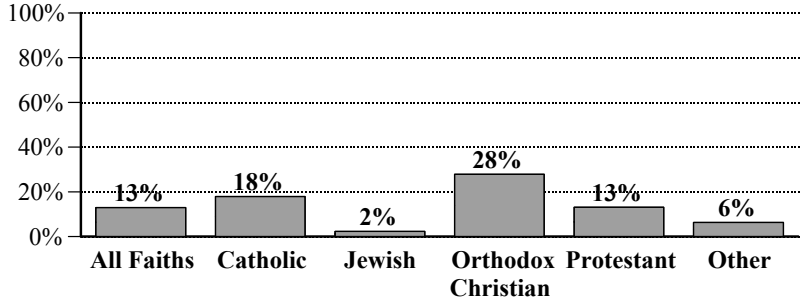
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

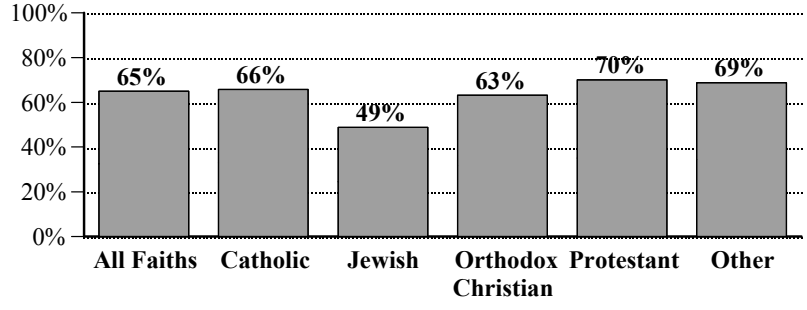
Clergy Members Receive Little Substance Abuse Training in Theology School

Only 13% of clergy members completed any coursework related to substance abuse during their clerical studies, according to a survey of 1,200 active clergy in New York, Florida, Iowa, and Washington. Orthodox Christians (28%) were most likely to have completed substance abuse-related coursework, followed by Catholics (18%), and Protestants (13%). Perhaps to fill this gap, nearly two-thirds (65%) of clergy reported that they had sought substance abuse training on their own since ordination (ranging from 49% among Jewish clergy to 70% among Protestant clergy) (see figures below). These findings suggest that theological training centers may need to expand their focus to include substance abuse training, especially if faith-based organizations are to play a greater role in providing substance abuse services.

Percentage of Clergy Members Who Completed Coursework on Substance Abuse in Theology School, 1999



Percentage of Clergy Members Who Subsequently Sought Substance Abuse Training on Their Own, 1999



SOURCE: Adapted by CESAR from The National Center on Addiction and Substance Abuse at Columbia University, "So Help Me God: Substance Abuse, Religion, and Spirituality," November 2001. Available online at http://www.casacolumbia.org/usr_doc/Spirituality%2Epdf

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CESAR FAX

March 11, 2002
Vol. 11, Issue 10
Distribution 5,297

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Cocaine, Heroin, Methamphetamine, and Marijuana Are Greatest Drug Threats to U.S.

Cocaine is the primary drug threat to the United States, followed by heroin, methamphetamine, and marijuana, according to the *2002 National Drug Threat Assessment* issued by the National Drug Intelligence Center. MDMA (ecstasy) trafficking and use has also increased greatly over the past year. Other club drugs (GHB, ketamine, and Rohypnol), hallucinogens, and prescription drugs are also a growing concern. A copy of the full report is available online at http://www.usdoj.gov/ndic/

Current Availability, Demand, Production, and Distribution of Selected Drugs, 2002

Drug	Availability	Demand	Production	Distribution
Cocaine	All areas of the country.	High and relatively stable since the mid-90s. Slight downward trends recently.	South America, primarily Colombia.	Gangs control most retail distribution across the country. Violence is common.
Heroin	All major metropolitan areas; increasingly available in many rural and suburban areas.	Has increased steadily since early 90s; use now appears to be stabilizing at high levels.	South America (primarily Colombia) and Mexico.	Criminal groups, gangs.
Methamphetamine	Throughout the western U.S. and increasingly available in eastern areas.	Stable or increasing slightly.	United States and Mexico	Criminal groups, gangs (including motorcycle), and local independents
Marijuana	Most widely available illicit drug	Stable or decreased slightly. Exceeds that of any other illicit drug.	United States and Mexico	Criminal groups (wholesale), gangs (including motorcycle), and independents.
MDMA (ecstasy)	In every state; availability is increasing.	Increased sharply since mid-90s and is growing	Primarily Netherlands or Belgium; labs emerging in Canada and Mexico	Independents and gangs.

NOTE: Gangs refer to groups or associations of three or more persons with a common identifying sign, symbol, or name, the members of which individually or collectively engage in criminal activity that creates an atmosphere of fear and intimidation.

SOURCE: Adapted by CESAR from National Drug Intelligence Center, "National Drug Threat Assessment 2002," 2001.

"Prescription Drug Abuse—A New Epidemic" to Be Held at Rockville Barnes & Noble Store

The Honorable Asa Hutchinson (Administrator of the Drug Enforcement Administration), Cindy Mogil (author of the book "Swallowing a Bitter Pill"), other specialists, and guest politicians will discuss this critical health problem at the Rockville Barnes & Noble Store on Monday, March 18th at 7:30 pm.

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CESAR FAX

March 18, 2002
Vol. 11, Issue 11
Distribution 5,303

A Weekly FAX from the Center for Substance Abuse Research

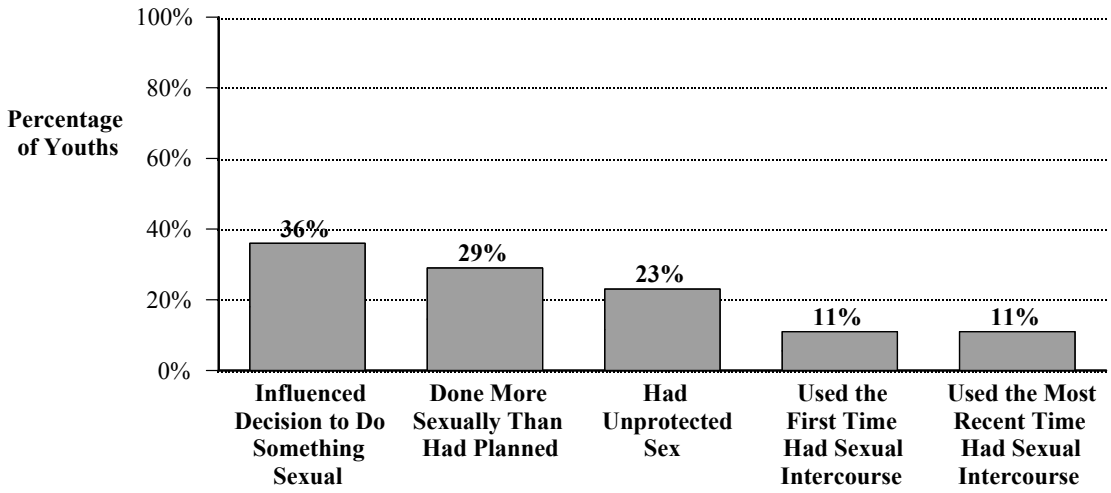
University of Maryland, College Park

One-Third of Youths Report That Drinking or Other Drug Use Have Influenced Their Decisions About Sex

Slightly more than one-third (36%) of youths reported that alcohol or other drugs had influenced their decision to engage in sexual activity, according to a recent survey of sexually active youths ages 15-24. One in ten (11%) adolescents and young adults had been drinking or using other drugs the first time—as well as the most recent time—they had sexual intercourse. Alcohol and other drug use also influenced youths' decisions to "do more" sexually than they had planned and to have unprotected sex. These findings illustrate the need for educational and prevention efforts that focus on the effect substance use has on sexual behavior decision making.

Percentage of Sexually Active U.S. Youths (Ages 15-24) Reporting the Effect of Alcohol or Other Drug Use on Their Sexual Behaviors, 2001-2002

(n=678 sexually active youths)



NOTES: Data was collected by telephone interviews with a national random-sample survey of youths between November 13, 2001 and January 20, 2002. Data are weighted by age, sex, race/ethnicity, region, and education to be representative of the national youth population and to account for nonresponse.

SOURCE: Adapted by CESAR from The Henry J. Kaiser Family Foundation, *Youth Knowledge and Attitudes on Sexual Health: A National Survey of Adolescents and Young Adults*, February 2002. Available online (http://www.casacolumbia.org/usr_doc/CASA%20ToplinesB.pdf).

Funding Available for Community Coalitions' Youth Substance Abuse Projects

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) has funding available to support community coalition projects designed to reduce substance abuse among youth by addressing community factors that influence the risk of substance abuse. The application package is available online (http://ojjdp.ncjrs.org/dfcs/drugfree2002/index.html). For more information, contact Lauren Ziegler at 202-616-8988 or zieglerl@ojp.usdoj.gov.

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CESAR FAX

March 25, 2002
Vol. 11, Issue 12
Distribution 5,298

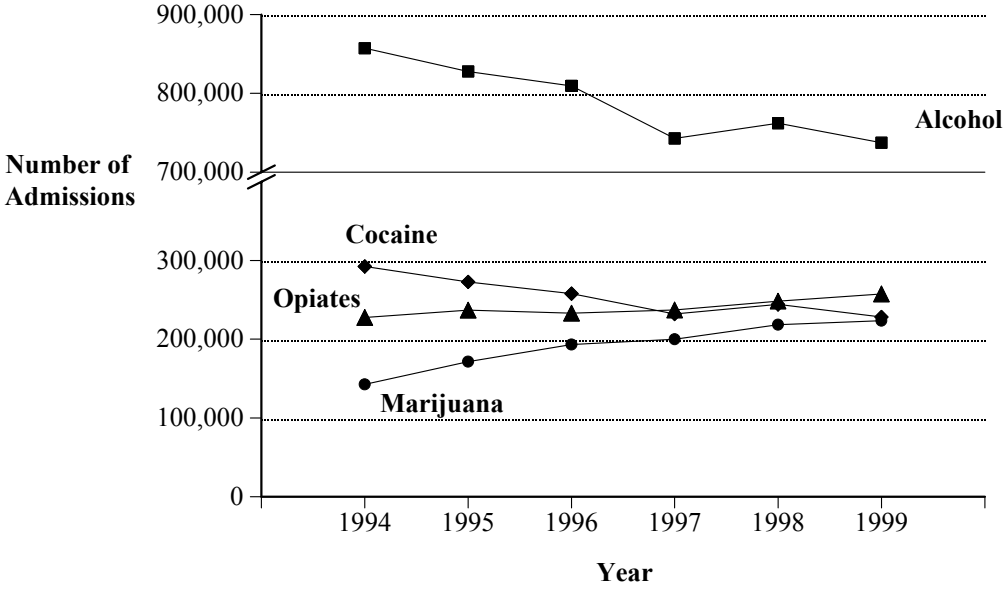
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Alcohol Is Primary Drug of Abuse Among U.S. Treatment Clients; Admissions for Opiates, Cocaine, and Marijuana Nearly Equal

Alcohol continues to be the primary reason people seek treatment, according to data from the national Treatment Episode Data Set (TEDS). In 1999 (the most recent year for which data are available) there were 737,429 admissions to treatment facilities for alcohol abuse–more than three times the number for any other drug. The number of admissions for opiates, cocaine, and marijuana have converged over the past few years, primarily attributable to a decrease in cocaine admissions and an increase in marijuana admissions. In 1999 there were 257,426 admissions for opiates, 228,206 for cocaine, and 223,597 for marijuana. A copy of the report, including state-level admissions data, is available online (http://www.samhsa.gov/oas/teds/99TEDS/99Teds.pdf).

Number of Treatment Admissions Reporting Alcohol, Cocaine, Opiates, or Marijuana As a Primary Substance of Abuse, 1994-1999



NOTE: TEDS does not include admissions to all U.S. treatment facilities. Rather, TEDS includes facilities that are licensed or certified by state substance abuse agencies to provide substance abuse treatment and that are required by states to provide TEDS client-level data. Thus, the scope of facilities included in TEDS is affected by differences in state licensure, certification, accreditation, and disbursement of public funds.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, *Treatment Episode Data Set (TEDS) 1994-1999, National Admissions to Substance Abuse Treatment Services*, 2001.

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CESAR FAX

April 1, 2002
Vol. 11, Issue 13
Distribution 5,300

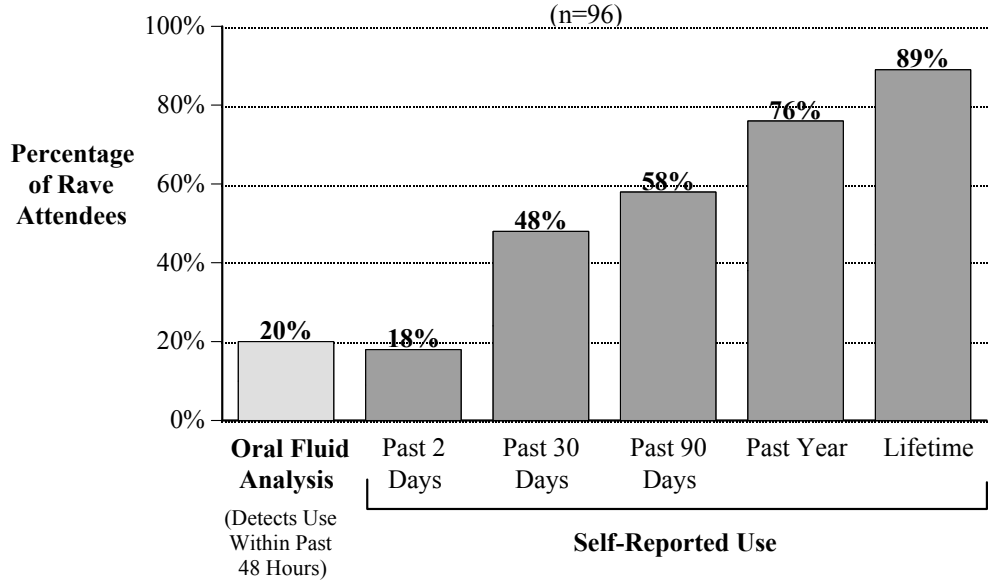
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Twenty Percent of Rave Attendees Test Positive for Ecstasy, Nearly Half Report Use in Past Month

One in five people leaving raves tested positive for ecstasy—indicating use within the previous 48 hours—according to the first published study of drug use among U.S. rave attendees. Self-reported drug use information and oral fluid specimens were collected from attendees of raves at 5 nightclubs in the Baltimore-Washington corridor between 1 a.m. and 4 a.m. during the fall of 2000. The majority (89%) of the attendees reported ever using ecstasy, 48% reported using in the past month, and 18% reported using within the previous two days (see figure). Current ecstasy users were more likely than nonusers to have used marijuana (81% vs. 36%; p≤.001) or powder cocaine (51% vs. 0%; p≤.01) in the past 12 months. According to the authors, more research, including "longitudinal studies . . . to define the temporal patterning of ecstasy use within drug use in general," is needed to learn about the risk factors and consequences of ecstasy use (p. 296).

Percentage of Washington-Baltimore Area Rave Attendees Testing Positive for Ecstasy and Self-Reporting Ecstasy Use



NOTE: Of the club rave attendees approached for interviewing, 77% agreed to and completed the interview and 90% of those who completed the interview provided an oral fluid specimen.

SOURCE: Adapted by CESAR from Arria A.M., Yacoubian G.S., Jr., Fost E., Wish E.D. "Ecstasy Use Among Club Rave Attendees," *Archives of Pediatrics and Adolescent Medicine* 156(3): 295-296, 2002. For more information, contact Dr. Amelia Arria at aarria@cesar.umd.edu or 301-403-8329.

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CESAR FAX

April 8, 2002
Vol. 11, Issue 14
Distribution 5,307

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

More Than Half of Adult Male Arrestees Test Positive for Illicit Drug Use

Between 52% and 80% of adult male arrestees in 34 cities across the U.S. tested positive for illicit drug use in 2000, according to data from the Arrestee Drug Abuse Monitoring Program (ADAM). According to urinalysis results, marijuana and cocaine are the drugs most commonly used by adult male arrestees (by an average of 40% and 29% of arrestees), followed by methamphetamine (9%), opiates (8%), and PCP (1%). Arrestee drug use patterns vary greatly, however, by region. For example, while the average percentage of arrestees testing positive for methamphetamine was 9%, between 22% and 29% of arrestees in California ADAM sites tested positive for this drug. Differences such as these suggest that "a one-size-fits-all approach to controlling drug use may not be the optimal one, and policies and strategies for enforcement and treatment are best tailored to specific user groups and locations" (p. 7, 2001b).

Percentage of Adult Male Arrestees Testing Positive for Any Drug (of NIDA-5*), by ADAM Site, 2000

ADAM Site	Males
Albany	65%
Albuquerque	65%
Anchorage	52%
Atlanta	70%
Birmingham	65%
Charlotte	68%
Cleveland	72%
Dallas	55%
Denver	64%
Des Moines	55%
Detroit	70%
Ft. Lauderdale	62%

ADAM Site	Males
Honolulu	63%
Houston	57%
Indianapolis	64%
Laredo	59%
Las Vegas	59%
Miami	63%
Minneapolis	67%
New Orleans	69%
New York	80%
Oklahoma City	71%
Omaha	63%

ADAM Site	Males
Philadelphia	72%
Phoenix	66%
Portland	64%
Sacramento	74%
Salt Lake City	54%
San Antonio	53%
San Diego	64%
San Jose	53%
Seattle	64%
Spokane	58%
Tucson	69%

*NIDA-5 drugs: marijuana, cocaine, methamphetamine, opiates, and PCP.

SOURCES: Adapted by CESAR from the National Institute of Justice, Arrestee Drug Abuse Monitoring Program, *2000 Annualized Site Reports*, 2001a (available online at www.adam-nij.net/files/2000AnnualReports.pdf) and National Institute of Justice, *ADAM Preliminary 2000 Findings on Drug Use and Drug Markets—Adult Male Arrestees*, 2001b (available online at www.adam-nij.net/files/2000_Preliminary_Findings.pdf).

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CESAR FAX

April 15, 2002
Vol. 11, Issue 15
Distribution 5,314

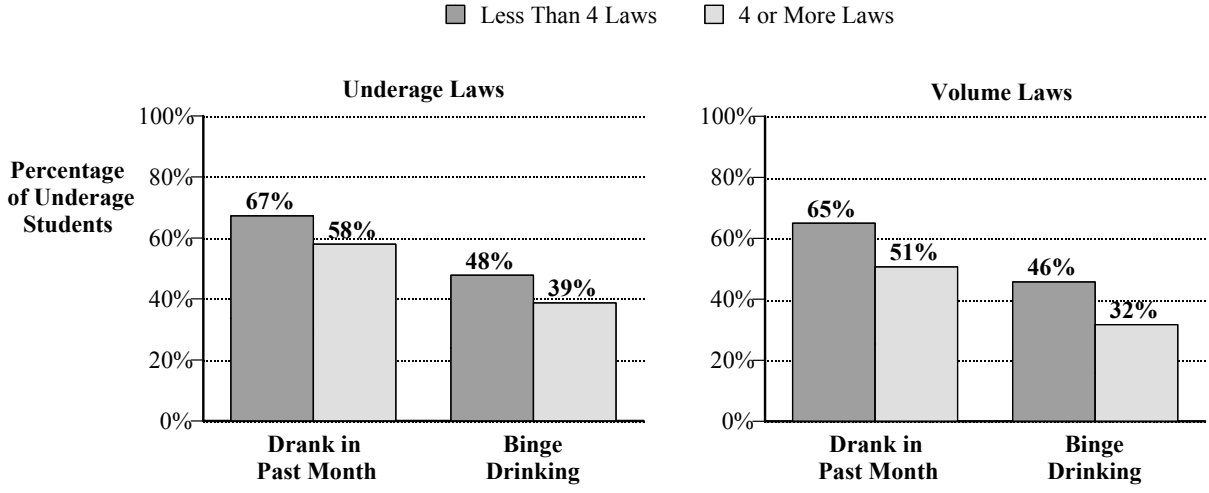
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Laws Restricting Underage and High-Volume Drinking Reduce Alcohol Consumption by Underage College Students

Underage students attending colleges in areas that have underage and high-volume drinking laws are significantly less likely to drink, according to data from the 2001 College Alcohol Study. Nearly one-half (48%) of all alcoholic drinks college students consume are drunk by students under the legal drinking age. However, underage students attending colleges in areas that had four or more underage drinking laws (e.g., minimum age to sell, fake ID) were less likely to report drinking in the past month (58% vs. 67%) and binge drinking (39% vs. 48%). Similar results were found for students in areas that had four or more laws limiting the purchase of alcohol for high-volume sales and consumption (e.g., happy hour restrictions, keg registration). The authors conclude that "controlling the ways in which alcohol is sold in a college community will probably have beneficial effects in curtailing excessive drinking and drunkenness and limiting the numbers of underage students who drink" (p. 235).

Percentage of Underage College Students Reporting Past Month and Binge Drinking, by Existing Underage and Volume Laws, 2001



NOTE: Data are from a survey of students at a sample of 4-year colleges and universities in 38 states and the District of Columbia.

SOURCES: Adapted by CESAR from Wechsler H., Lee J.E., Nelson T.F., Kuo M. "Underage College Students' Drinking Behavior, Access to Alcohol, and the Influence of Deterrence Policies," *Journal of American College Health* 50(5):223-236. Available online (http://www.hsph.harvard.edu/cas/Documents/underminimum).

April is Alcohol Awareness Month

The theme for the 2002 Alcohol Awareness Month is "Recovery: It's a Family Affair—and Everyone's Invited!" For more information visit the National Council on Alcoholism and Drug Dependence website (www.ncadd.org).

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CESAR FAX

April 22, 2002
Vol. 11, Issue 16
Distribution 5,312

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Slightly More Than Half a Million College Students Experience Alcohol-Related Injury or Death Each Year

Nearly 1,500 college students die each year from alcohol-related unintentional injuries, according to a study conducted by the National Institute on Alcohol Abuse and Alcoholism's Task Force on College Drinking. The study examined data from several national surveys and government agencies to estimate the number of alcohol-related deaths, injuries, and other health problems experienced annually by college students ages 18 to 24. More than 500,000 students are estimated to have incurred an alcohol-related injury each year and more than 700,000 are estimated to have been physically or sexually abused by someone who had been drinking. Risky behavior while drinking was also frequently reported by college students—2.1 million drove under the influence and an estimated 400,000 reported that alcohol caused them to have unprotected sex. The authors conclude that "there is an urgent need for expanding prevention and treatment programs to reduce alcohol-related harm among U.S. college students and other young adults" (p. 136).

Estimated Number of College Students (Ages 18-24) Reporting Alcohol-Related Behaviors or Consequences per Year

Alcohol-Related Behaviors/Consequences	Number of College Students
Rode with a drinking driver	3,112,041
Drove under the influence	2,106,988
Drank while swimming or boating	1,736,023
Physical assault by someone who had been drinking	632,899
Injury	504,415
Unprotected sex	399,725
Health problems	152,128
Sexual assault/date rape by someone who had been drinking	71,379
Death	1,445

NOTE: The U.S. Department of Education estimates that there were 8,000,106 18-24 year olds enrolled as full- or part-time students in either 2- or 4- year colleges in 1997.

SOURCES: Adapted by CESAR from Hingson R.W., Heeren T., Zakocs R.C., Kopstein A., Wechsler H. "Magnitude of Alcohol-Related Mortality and Morbidity Among U.S. College Students Ages 18-24," *Journal of Studies on Alcohol* 63: 136-144, 2002. Available online (www.collegedrinkingprevention.gov/). For more information, contact Dr. Ralph Hingson at rhingson@bu.edu.

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CESAR FAX

April 29, 2002
Vol. 11, Issue 17
Distribution 5,337

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

College Drinking Task Force Evaluates Prevention Strategies

Excessive drinking by students on U.S. college campuses is both widespread and consequential (see *CESAR FAX*, Volume 11, Issue 16). The National Institute on Alcohol Abuse and Alcoholism's Task Force on College Drinking recently evaluated strategies to prevent risky drinking on college campuses. The prevention strategies were placed into four categories based on current research findings: 1) effective among college students, 2) effective among general populations, but require evaluation with college students, 3) promising, but require evaluation, and 4) ineffective (see table below for a description of some of the strategies). The Task Force recommends that colleges and universities utilize appropriate strategies to create a multidimensional approach to student drinking that targets individuals, the student population, and the college and surrounding community. The main Task Force report is available on a new college drinking prevention website (www.collegedrinkingprevention.gov).

College Drinking Prevention Strategies, by Level of Effectiveness

Effective Among College Students	Combining cognitive-behavioral skills with norms clarification and motivational enhancement interventions
	Brief motivational enhancement interventions in health centers and emergency rooms
	Challenging alcohol expectancies
Effective With General Populations	Increase enforcement of minimum drinking age laws
	Restrictions on alcohol retail density
	Increase price and tax on alcohol
	Forming campus/community coalitions
Promising	Campus-based policies to reduce high-risk use
	Consistently enforcing disciplinary actions associated with policy violations
	Regulating happy hours and sales
	Informing new students and parents about alcohol policies and penalties
Ineffective	Informational, knowledge-based, or values clarification interventions when used alone

SOURCES: Adapted by CESAR from National Institute on Alcohol Abuse and Alcoholism, *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*, 2002.

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CESAR FAX

May 6, 2002
Vol. 11, Issue 18
Distribution 5,312

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Each Pack of Cigarettes Sold in the U.S. Costs Society an Estimated $7.18 in Productivity Losses and Medical Expenditures

Smoking caused an estimated $157 billion in annual economic losses during the years 1995-1999, according to a report from the Centers for Disease Control and Prevention (CDC). Using a software package designed to estimate the mortality, morbidity, and economic costs of smoking, researchers calculated national estimates of annual smoking-attributable mortality, years of potential life lost, and smoking-attributable medical expenditures and productivity costs. Of the approximately 46.5 million adult smokers in 1999, each smoker cost society an estimated $3,391 in smoking-attributable productivity losses and medical expenditures. And of the approximately 22 billion packs of cigarettes sold in the U.S. in 1999, $7.18 was incurred for productivity losses and medical care expenditures. It is possible that these costs underestimate the true costs because 1) productivity losses did not include the value of lost work time from smoking-related disability, absenteeism, excess work breaks, and secondhand smoke-related morbidity and mortality; and 2) deaths attributable to cigar smoking, pipe smoking, and smokeless tobacco use were not included. According to the CDC, "These costs provide a strong rationale for increasing funding for comprehensive tobacco-use interventions" (p. 302).

Smoking-Attributable Economic Costs, 1995-1999

	Annual Costs (in billions)	Per Smoker Cost	Per Pack Cost
Productivity	$81.872	$1,760	$3.73
Medical Expenditures	$75.854	$1,631	$3.45
Total Costs	$157.726	$3,391	$7.18

SOURCE: Adapted by CESAR from Centers for Disease Control and Prevention, "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs—United States, 1995-1999," *Morbidity and Mortality Weekly Report* 51(14):300-303. Available online at www.cdc.gov/mmwr/preview/mmwrhtml/mm5114a2.htm.

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CESAR FAX

May 13, 2002
Vol. 11, Issue 19
Distribution 5,312

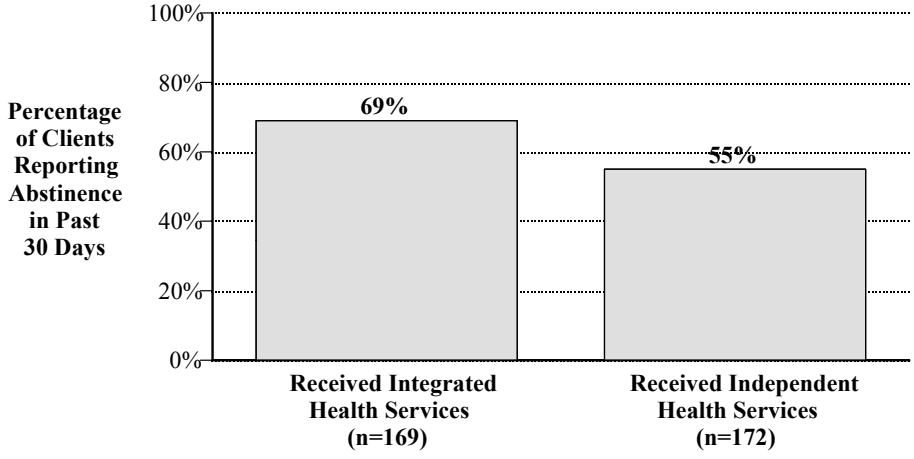
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Providing Integrated Health Care and Substance Abuse Treatment Improves Treatment Outcomes

Offering health care services as part of a substance abuse treatment program improves treatment outcomes, according to a study of adults admitted to a substance abuse treatment program in California. Clients with substance abuse-related medical conditions who received health care as part of their treatment program were more likely than those who received health care independent of their program to be abstinent 6 months after leaving treatment (69% vs. 55%; $p<.01$). In addition, clients receiving integrated services had greater reductions in emergency department use and medical costs. The authors suggest that these differences are largely due to the relationship between the client and the physicians. Physicians within the addiction program may be more knowledgeable about their patients' substance abuse and program status and accordingly adjust medical evaluations and treatment" (p. 1722).

Abstinence of Treatment Clients with Substance Abuse-Related Medical Conditions Six Months After Treatment Exit, by Integrated or Independent Health Services



SOURCE: Adapted by CESAR from Weisner C., Mertens J., Parthasarathy S., Moore C., Lu Y. "Integrating Primary Medical Care with Addiction Treatment, A Randomized Controlled Trial," *Journal of the American Medical Association* 286(14):1715-1723. For more information, contact Dr. Constance Weisner at cmw@dor.kaiser.org.

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CESAR FAX

May 20, 2002
Vol. 11, Issue 20
Distribution 5,312

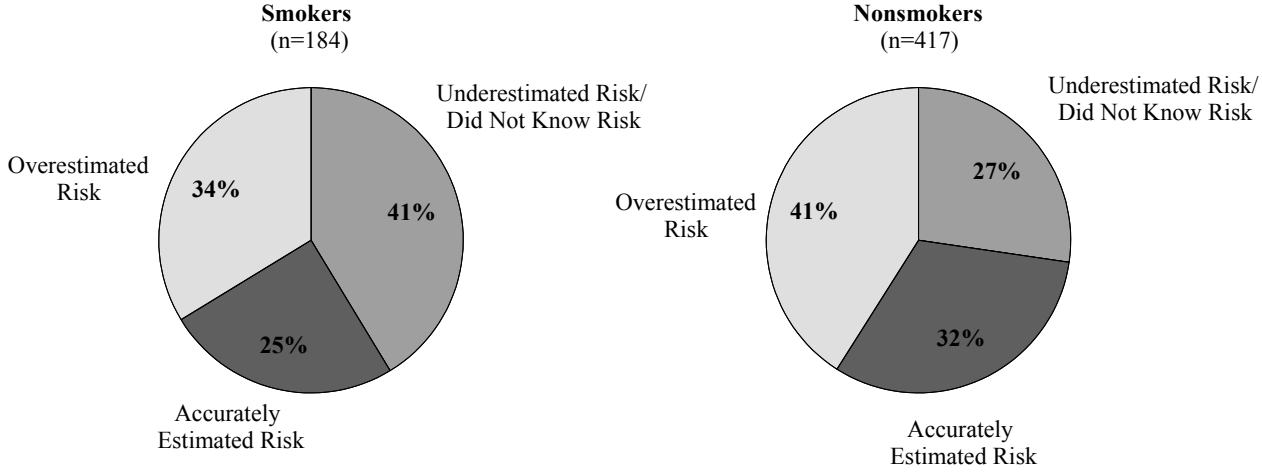
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

41% of Youths Who Smoke and 27% of Nonsmoking Youth Underestimate the Risk of Death from Smoking

Youths do not have an accurate view of the mortality risks from smoking, according to a nationally representative study of 600 youths ages 14 to 22. Only one-fourth of youths who smoked and one-third of nonsmokers accurately estimated the risk lifetime smokers have of dying from a smoking-related illness. A large proportion (41% of smokers and 27% of nonsmokers) either underestimated or did not know the risk. In addition, youths who smoked consistently underestimated their personal risk of dying from smoking. According to the authors, "These findings underscore the need to continue to educate both young and older people about the risks of smoking so that they can adequately assess the risks to themselves" (p. 21).

Percentage of Youth Smokers (Ages 14-22) and Nonsmokers Underestimating, Accurately Estimating, and Overestimating the Mortality Risk of Lifetime Smokers



SOURCE: Adapted by CESAR from Romer D. and Jamieson P. "Do Adolescents Appreciate the Risks of Smoking? Evidence from a National Survey," *Journal of Adolescent Health* 29(1):12-21, 2001. For more information, contact Dr. Daniel Romer at dromer@asc.upenn.edu.

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CESAR FAX

May 27, 2002
Vol. 11, Issue 21 (Rev.)
Distribution 5,308

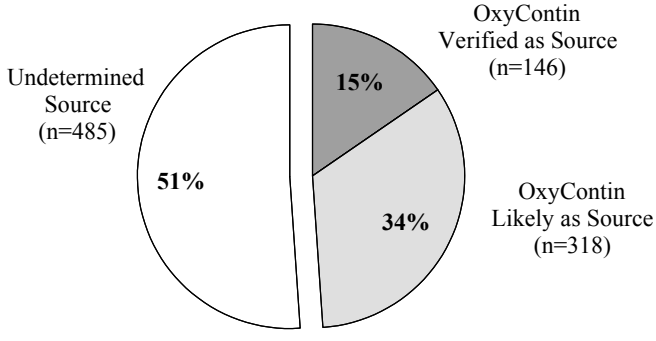
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

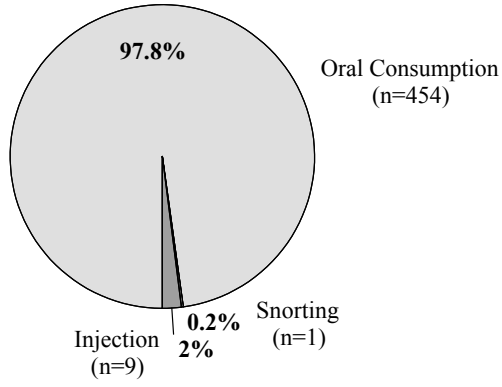
One-Half of U.S. Oxycodone-Related Deaths Related to OxyContin

Approximately one-half (49%) of oxycodone-related deaths are related to the specific product OxyContin, according to the Drug Enforcement Administration (DEA). The DEA requested reports on all deaths induced by, associated with, or related to oxycodone that occurred in 2000 and 2001 from 775 medical examiners who were members of the National Association of Medical Examiners. Of the 949 oxycodone-related deaths reported to the DEA as of February 14, 2002, OxyContin was either verified as (15%) or likely to be (34%) the source of the oxycodone found in the blood.* Qualitative reports have suggested that injecting and snorting OxyContin, as well as using the drug in combination with alcohol, may lead to an increase in OxyContin-related deaths. However, the majority of the oxycodone-related deaths in which OxyContin was verified as or likely to be the source of oxycodone found in the blood were associated with oral consumption—only nine deaths were associated with the presence of a recent injection site and only one death was associated with snorting the drug. In addition, only 19% of the deaths had quantifiable levels of blood alcohol at the time of death.

OxyContin Was Verified As or Likely to Be the Source of the Oxycodone Found in the Blood of Approximately One-Half of All Oxycodone-Related Deaths
(N=949 deaths in 32 states)



The Majority of These OxyContin-Related Deaths Were Related to Oral Consuption of the Drug
(N=464)



*OxyContin verified: an autopsy or investigative report specifically identified the presence of OxyContin at the time of death. OxyContin likely: a toxicology test was positive for oxycodone without the presence of acetaminophen or aspirin. (There are currently a limited number of oxycodone products that do not also contain the pain relievers acetaminophen or aspirin. The majority of prescriptions for products containing only oxycodone are for OxyContin).

SOURCE: Adapted by CESAR from U.S. Department of Justice, Drug Enforcement Administration (DEA). "Drugs and Chemicals of Concern: Summary of Medical Examiner Reports on Oxycodone-Related Deaths," www.deadiversion.usdoj.gov/drugs_concern/oxycodone/oxycontin7.htm, May 16, 2002.

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CESAR FAX is supported by a grant from the Governor's Office of Crime Control & Prevention.

CESAR FAX

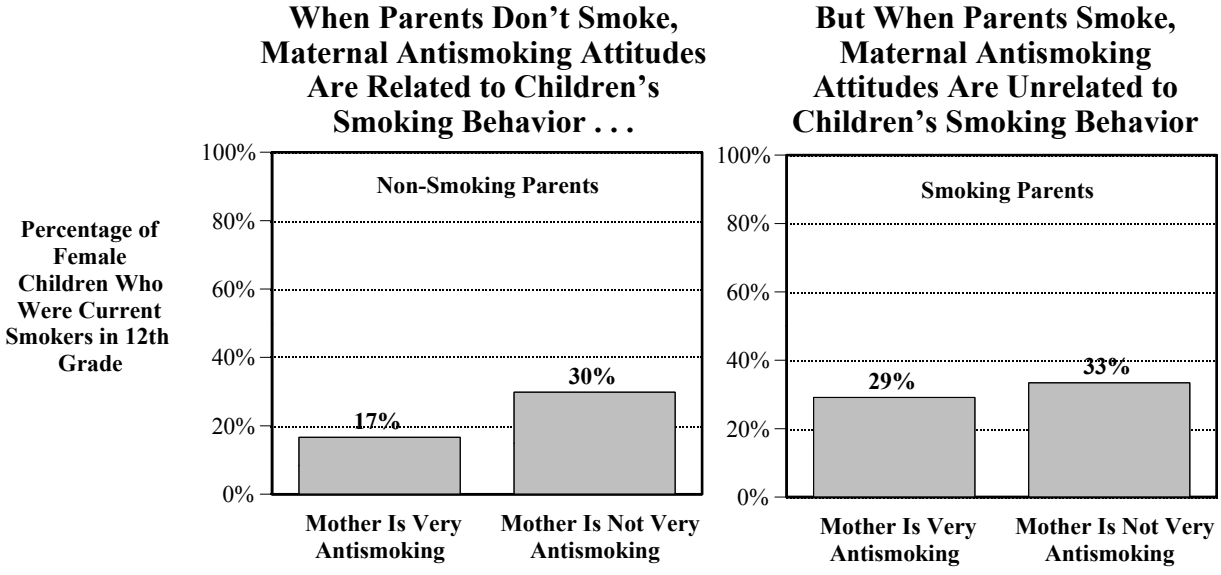
June 3, 2002
Vol. 11, Issue 22
Distribution 5,312

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

"Do As I Say, Not As I Do" Doesn't Work: Mothers' Antismoking Attitudes Only Influential If Parents Do Not Smoke

Children exposed to strong antismoking attitudes by their mothers when they are young are nearly 50% less likely to smoke when they are older, according to a 9-year longitudinal study of youths enrolled in Washington state school districts. Mothers' attitudes about smoking and their smoking behaviors were assessed when their children were in 3rd grade and were compared to their children's subsequent smoking behaviors in 12th grade. Seventeen percent of female youths whose mothers had strong antismoking attitudes were current smokers compared to 30% of youths whose mothers did not have such attitudes. However, maternal antismoking attitudes were only influential if both parents did not smoke themselves, indicating that "parental smoking appears to reduce or eliminate the otherwise positive influence of parental attitudes and concerns about adolescent smoking" (p. 204). Nearly identical results were found for male children.



SOURCE: Adapted by CESAR from Andersen M.R., Leroux B.G., Patrick M.M., Peterson A.V., Kealey K.A., Bricker J., Sarason I.G. "Mothers' Attitudes and Concerns About Their Children Smoking: Do They Influence Kids?," *Preventive Medicine* 34:198-206, 2002. For more information, contact Dr. Andersen at rander@fhcrc.org.

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CESAR FAX is supported by a grant from the Governor's Office of Crime Control & Prevention.

CESAR FAX

June 10, 2002
Vol. 11, Issue 23
Distribution 5,314

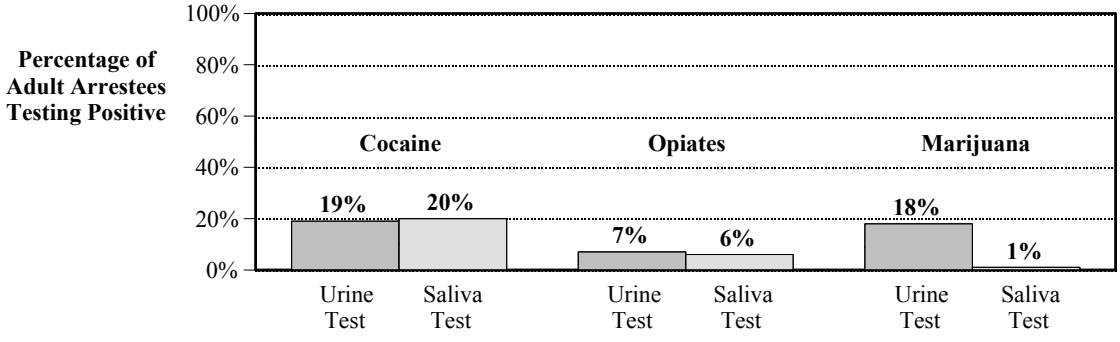
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Saliva Testing May Be as Accurate as Urinalysis for Measuring Arrestees' Cocaine and Opiate Use--Not Marijuana

Saliva testing may be as accurate as urinalysis for detecting recent cocaine and opiate use, according to a CESAR study of adult arrestees interviewed as part of Maryland's Substance Abuse Need for Treatment among Arrestees (SANTA) project. Between April and July 2000 urine and saliva specimens were collected from 114 arrestees in 3 Maryland counties. Both the urine and saliva tests yielded similar estimates of cocaine (19% vs. 20%) and opiate (7% vs. 6%) use. However, only 1% of arrestees tested positive by saliva for marijuana use, compared to 18% by urinalysis ($p<.01$), indicating that saliva testing may not be an accurate tool for detecting recent marijuana use. While saliva testing is nearly twice as expensive as urinalysis (approximately $20 vs. $10 per specimen), it offers many advantages. It is easier to collect and store, is less invasive than urine collection, and is less vulnerable to adulteration. The authors recommend that "the current study be replicated beyond arrestees to assess the broader possibilities for saliva testing" (p. 293).

Percentage of Adult Arrestees Testing Positive for Cocaine, Opiates, or Marijuana, by Type of Test
(N=114)



NOTES: The detection time for urinalysis is 72 hours and for saliva testing is 12-24 hours. For cocaine, the saliva test was 100% sensitive and 99% specific. For opiates, the saliva test was 88% sensitive and 100% specific. For marijuana the saliva test was 5% sensitive and 100% specific.

SOURCE: Yacoubian G.S., Jr., Wish E.D., Perez D.M. "A Comparison of Saliva Testing to Urinalysis in an Arrestee Population," *Journal of Psychoactive Drugs* 33(3):289-294, 2001. For more information, contact Dr. Eric Wish at ewish@cesar.umd.edu.

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CESAR FAX

June 17, 2002
Vol. 11, Issue 24
Distribution 5,285

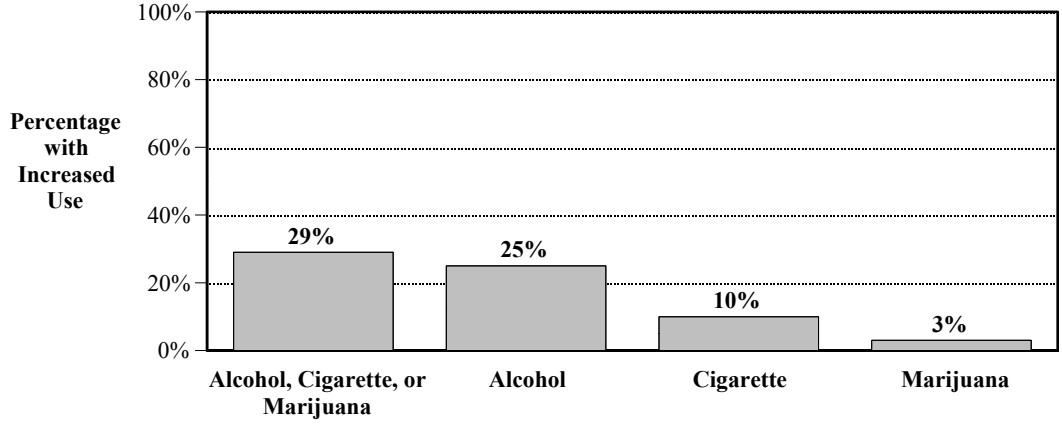
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Survey Finds Increased Use of Alcohol and Cigarettes Among Manhattan Residents After September 11th Terrorist Attacks

There was an increase in alcohol consumption, cigarette smoking, and marijuana use among Manhattan residents after the September 11th, 2001 terrorist attacks, according to a telephone survey conducted in October and November 2001. Overall, 29% of those interviewed—an estimated 265,000 persons—reported higher rates of alcohol, cigarette, or marijuana use during the week before the interview was conducted (approximately 5-8 weeks after September 11th) than during the week before September 11th. One-fourth of those interviewed reported that they had increased drinking alcohol, 10% reported increasing their cigarette use, and 3% reported increasing their marijuana use. Persons who reported an increase in cigarette or marijuana use had a higher prevalence of current posttraumatic stress disorder (PTSD) and depression while those who reported an increase in alcohol consumption were more likely to have current depression. According to the authors, "public health practitioners in the postdisaster period may consider raising awareness of these issues among the general public and, among clinicians, in the early postdisaster period" (p. 995).

Percentage of Manhattan Residents With Increased Alcohol, Cigarette, or Marijuana Use After September 11th, 2001
(n=988)



NOTES: The percentage of respondents who increased substance use includes those who were not using during the week before September 11th and were using the week prior to the survey. Part of the observed increase in substance use may be associated with other stressors present at the time of the survey (e.g., the discovery of anthrax in the city, concern about additional terrorist attacks) in addition to the events of September 11th.

SOURCE: Adapted by CESAR from Vlahov D., Galea S., Resnick H., Ahern J., Boscarino J.A., Bucuvalas M., Gold J., Kilpatrick D. "Increased Use of Cigarettes, Alcohol, and Marijuana Among Manhattan, New York, Residents After the September 11th Terrorist Attacks," *American Journal of Epidemiology* 155(11): 988-996, 2002. For more information, contact Dr. David Vlahov at dvlahov@nyam.org.

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CESAR FAX

June 24, 2002
Vol. 11, Issue 25
Distribution 5,277

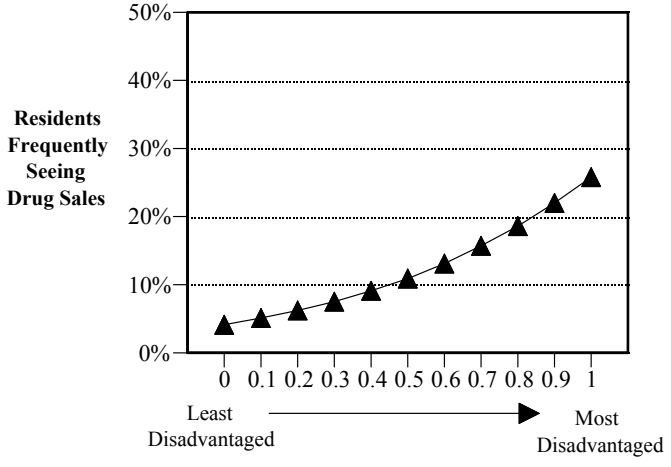
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

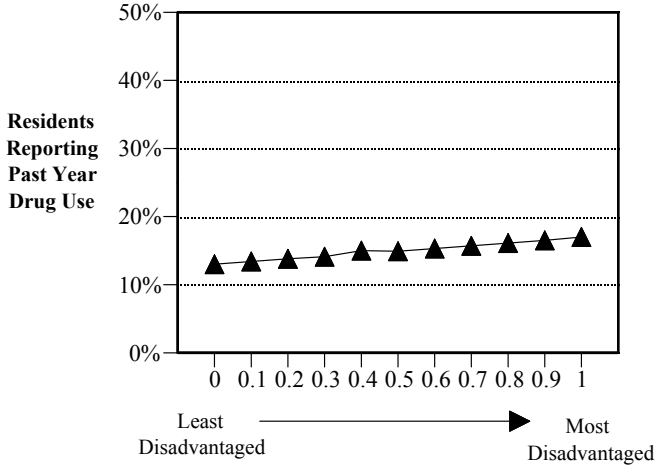
Residents of Most Disadvantaged Neighborhoods Report Much Higher Levels of Visible Drug Sales, Yet Only Slightly Higher Levels of Drug Use

Visible drug sales are significantly more likely to occur in the most disadvantaged neighborhoods than in the least disadvantaged neighborhoods, according to the results of a telephone survey of more than 42,000 people living in 2,104 neighborhoods across the United States. Residents of the most disadvantaged neighborhoods were 6 times more likely to report frequently seeing drug sales than residents of the least disadvantaged neighborhoods (26% vs. 4%). However, drug use was nearly equally distributed across all communities, ranging from 13% in the least disadvantaged neighborhoods to 17% in the most disadvantaged. According to the authors, "Efforts to address drug-related problems in poorer areas need to take into account the broader drug market served by these neighborhoods" (p. 1987).

Visible Drug Sales Increase Significantly as the Level of Neighborhood Disadvantage Increases…



Yet Illicit Drug Use Increases Only Slightly as the Level of Neighborhood Disadvantage Increases



NOTE: Neighborhood disadvantage was determined by the percentages of unemployed adults, high school dropouts, female-headed households, individuals receiving public assistance, and those living in households below the poverty level.

SOURCE: Adapted by CESAR from Saxe L., Kadushin C., Beveridge A., Livert D., Tighe E., Rindskopf D., Ford J., Brodsky A. "The Visibility of Illicit Drugs: Implications for Community-Based Drug Control Strategies," *American Journal of Public Health* 91(12): 1987-1994, 2001. For more information, contact Dr. Leonard Saxe at saxe@brandeis.edu.

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CESAR FAX

July 1, 2002
Vol. 11, Issue 26
Distribution 5,263

A Weekly FAX from the Center for Substance Abuse Research

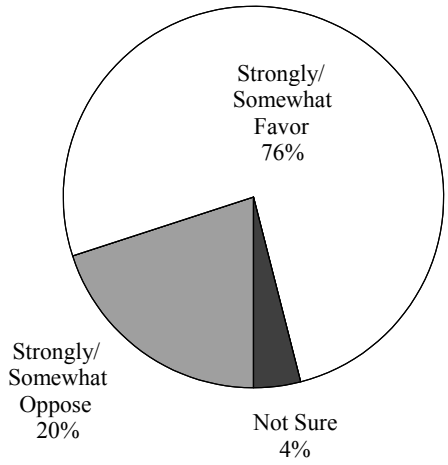
University of Maryland, College Park

More Than 70% of U.S. Residents Support Mandatory Treatment Instead of Incarceration for Minor Drug Offenders

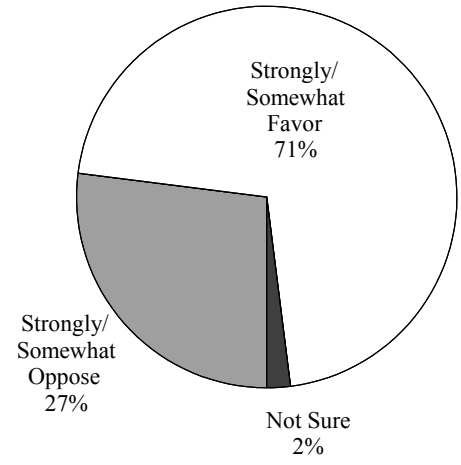
U.S. residents prefer mandatory treatment rather than incarceration for minor drug offenders, according to a poll conducted last fall by Peter D. Hart Research Associates, Inc. Slightly more than three-quarters of U.S. residents support requiring supervised mandatory drug treatment and community services rather than prison time for people convicted of drug possession. Furthermore, 71% believe that persons found guilty of selling small amounts of drugs should be required to participate in drug treatment and community service in lieu of serving time in prison. In 2000, California voters passed an initiative prescribing the diversion of non-violent drug offenders into treatment instead of prison (see *CESAR FAX*, Volume 9, Issue 50).

Percentage of U.S. Adult Residents Supporting Mandatory Treatment Instead of Incarceration For:

Drug Possession



Selling Small Amounts of Drugs



NOTE: This nationwide telephone survey of 1,056 adults was conducted from September 6-17, 2001. The margin of error is ± 3.5%.

SOURCE: Adapted by CESAR from Peter D. Hart Research Associates, Inc., *Changing Public Attitudes Toward the Criminal Justice System: Summary of Findings*, February 2002. For more information, contact Peter D. Hart Research Associates at info@hartresearch.com.

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CESAR FAX

July 8, 2002
Vol. 11, Issue 27
Distribution 5,265

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Public Has Inaccurate Perceptions of Effectiveness of Minimum Drinking Age Laws and Raising Alcohol Prices

While the American public has an accurate perception of the role alcohol has in fatal injuries, it's understanding of the effectiveness of alcohol control policies in reducing alcohol-related deaths is poor, according to a national telephone survey of accidental injuries and how to prevent them. Overall, respondents accurately estimated the proportion of unintentional injury deaths in which the victim was legally drunk when they died, with the exception of motor vehicle crashes (which were overestimated) and fire/burns (which were underestimated). However, respondents did not have accurate perceptions of the effectiveness of minimum drinking age laws and raising alcohol prices in reducing alcohol-related deaths (see figure below). According to the authors, "Professionals engaged in injury prevention and alcohol control research should include the public among the important audiences they attempt to reach with their findings" (p. 629).

Effectiveness of Alcohol-Control Policies in Reducing Alcohol-Related Injury Deaths, Research Findings and U.S. Resident's Perceptions

	Research Findings	U.S. Resident's Perceptions
Minimum Drinking Age Laws	Research has shown that increasing the legal drinking age from 18 to 21 has significantly reduced motor vehicle crashes. Official estimates are that increasing the drinking age to 21 has prevented 20,000 deaths since 1975.	Slightly less than one-half (49%) of the respondents believed such legislation has resulted in fewer accidental deaths.
Raising Alcohol Prices	Research indicates that raising the price of alcohol reduces motor vehicle crash fatality rates.	Less than one-fourth (21%) of U.S. residents thought that raising alcohol prices through taxation would result in fewer accidental deaths.

SOURCE: Adapted by CESAR from Girasek D. C., Gielen A. C., Smith. G. S. "Alcohol's Contribution to Fatal Injuries: A Report on Public Perceptions," *Annals of Emergency Medicine* 39(6):622-630, 2002. For more information, contact Dr. Deborah C. Girasek at Dgirasek@usuhs.mil.

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CESAR FAX

July 15, 2002
Vol. 11, Issue 28
Distribution 5,250

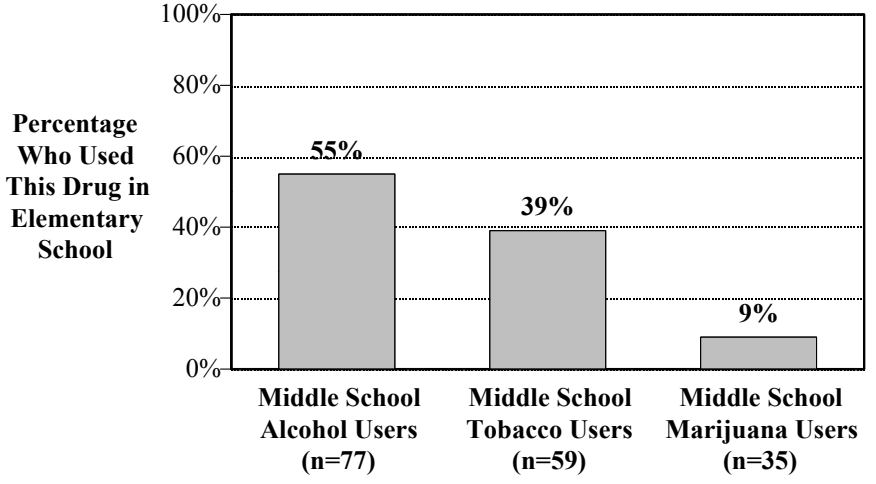
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Many Alcohol- or Tobacco-Using Middle School Students Initiated Use in Elementary School

A large proportion of middle school students who use alcohol or tobacco began using the drug in elementary school, according to the findings of a longitudinal study of students in three states. Overall, 24% of the middle school students surveyed had ever used alcohol, 18% reported ever using tobacco, and 11% reported ever using marijuana. Of these current users, over one-half (55%) had used alcohol and 39% had used tobacco in elementary school. Only 9% of middle school students who reported ever using marijuana had also used marijuana in elementary school. While alcohol and other drug use prevention programs are typically administered in middle school, drug use behaviors and dependence may be well established before exposure to such prevention efforts. Therefore, the authors suggest that "alcohol, tobacco, and other drug use prevention needs must be addressed by elementary school, before these behaviors occur or have become firmly established" (p. 446).

Percentage of Alcohol-, Tobacco-, or Marijuana-Using Middle School Students Who Also Used the Drug in Elementary School



SOURCE: Adapted by CESAR from Wilson N., Battistich V., Syme L., Boyce W. T., "Does Elementary School Alcohol, Tobacco, and Marijuana Use Increase Middle School Risk?," *Journal of Adolescent Health* 30(6):442-447, 2002. For more information, contact Dr. Nance Wilson at Nance_Wilson@yahoo.com.

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CESAR FAX

July 22, 2002
Vol. 11, Issue 29
Distribution 5,249

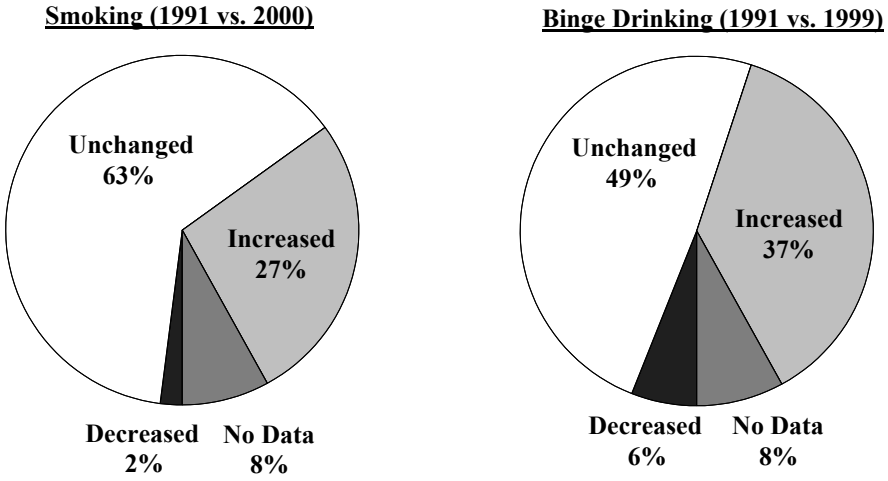
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Most States Report No Decrease in Smoking and Binge Drinking Rates Over the Past Decade

Rates of cigarette smoking and binge drinking have remained the same or increased in most states over the past decade, according to data from the national Behavioral Risk Factor Surveillance System (BRFSS). Smoking rates remained unchanged in nearly two-thirds (63%) of the states and increased in 27% of states. Binge drinking fared just as poorly—nearly one-half (49%) of states had no improvement in binge drinking rates during the 1990s and more than one-third (37%) experienced increases. Only one state (Minnesota) had a decrease in cigarette use during the 1990s, and just three states (Arizona, Minnesota, Pennsylvania) had a decrease in binge drinking during this time period. According to the authors, these trends will require strong efforts to reduce the severity of these problems. For example, the authors suggest that there is a "continued need for major tobacco prevention and control efforts, such as increasing excise taxes and smoking cessation activities, because cigarette smoking remains the leading cause of preventable death in the United States" (p 2662).

Percentage of U.S. States with Decreased, Unchanged, or Increased Smoking and Binge Drinking Rates
N=50 states and the District of Columbia



NOTE: Smoking is defined as having smoked 100 or more cigarettes in their lifetime and smoke cigarettes currently. Binge drinking is defined as having five or more drinks on one or more occasion in the past month. Increase and decrease are defined as statistically significant changes in use.

SOURCE: Adapted by CESAR from Nelson D. E., Bland S., Powell-Griner E., Klein R., Wells H. E., Hogelin G., Marks J. S., "State Trends in Health Risk Factors and Receipt of Clinical Preventive Services Among US Adults During the 1990s," *Journal of the American Medical Association* 287(20):2659-2667, 2002. For more information, contact Dr. David E. Nelson at nelsond@mail.nih.gov.

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CESAR FAX

July 29, 2002
Vol. 11, Issue 30
Distribution 5,253

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

How Do You Get State Policymakers to Read and Utilize Your Research?

"If research is to be useful to policymakers, short is better than long, bullets are better than paragraphs, and a picture really is worth a thousand words," according to a random survey of legislators, legislative staff members, and executive managers of health-related state agencies from 50 states (p. 273). Policymakers reported that the majority of information on health policy they receive is either merely skimmed for general content (53%) or is never read at all (35%). Survey responses suggest that the following tips may improve the likelihood that health policy information and research will be read and utilized by policymakers.

- **Keep it simple.** Policymakers report that information that is "too long, dense, or detailed" or "too theoretical, technical, or 'jargony'" is the least useful to them. Instead, policymakers prefer information that is in an "easy-to-read" format, using short bulleted paragraphs and charts or graphs to illustrate key points.
- **Use relevant information.** The majority of policymakers want material that is relevant to current debates (67%), followed by information that impacts "real" people (25%) and that includes "information about states like mine" (11%).
- **Objectively translate research.** The majority of policymakers (89%) want to know what the researcher sees as the policy implications or recommendations of their research, but they prefer that this information and others be presented in an unbiased, objective manner.
- **Provide additional information on the topic.** One unmet need expressed by policymakers was for a way to identify the research that has been conducted on a specific topic, research that is underway on that topic, and a list of key experts in the field. Providing this information, as well as author contact information, allows policymakers to obtain more in-depth information if necessary.
- **Provide short and long versions.** While legislators prefer short summaries, legislative staff often require longer, more detailed information. According to one respondent, "I need a short summary so that I can understand the gist of the report and explain it to my boss. I need the long version so that I can fully understand the research and verify its accuracy based on my own knowledge" (p. 267).
- **Provide electronic and print versions.** The preference for print or electronic formats varies greatly by position and age, indicating a need for both versions. For example, 89% of policymakers under age 30 read electronic copy more frequently or just as frequently as hard copy, compared to only 12% of policymakers age 60 and older.

SOURCE: Adapted by CESAR from Sorian, R. and Baugh, T. "Power of Information: Closing the Gap Between Research and Policy," *Health Affairs* 21(2):264-273, 2002. For more information, contact Richard Sorian at rsorian@hschange.org. Also see: Lipton, D.S. "How to Maximize Utilization of Evaluation Research by Policymakers," *Annals of the American Academy of Political and Social Science* 521:175-188, 1992.

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CESAR FAX

August 5, 2002
Vol. 11, Issue 31
Distribution 5,251

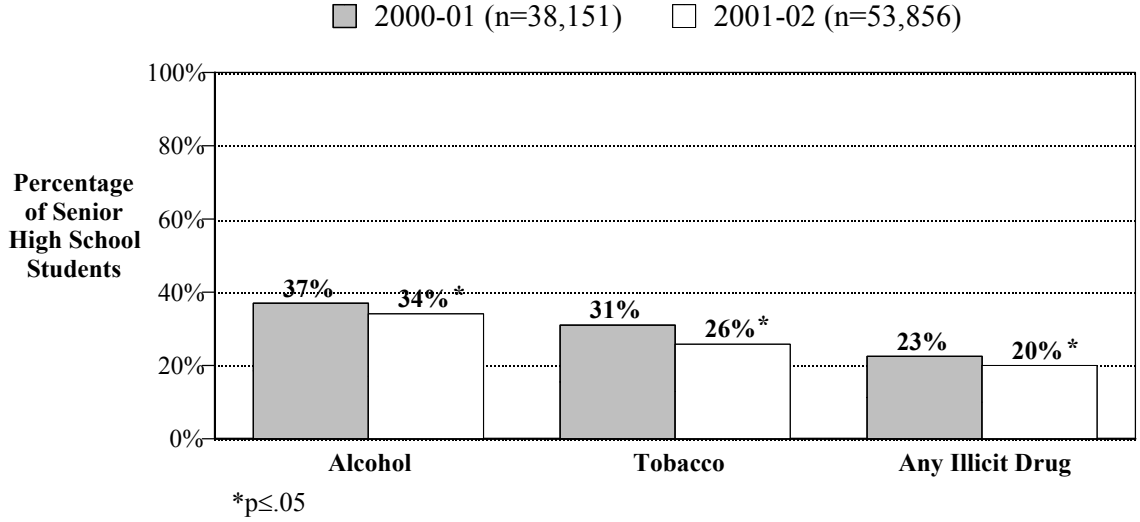
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

PRIDE Survey Reveals Decline in Student Alcohol, Tobacco, and Other Drug Use

Alcohol, tobacco, and other drug use declined significantly among students over the past year, according to data recently released from the Parents' Resource Institute for Drug Education (PRIDE). The percentage of high school students reporting past month alcohol use declined from 37% in 2000-01 to 34% in 2001-02, while tobacco use dropped from 31% to 26% over the same period. The use of any illicit drug decreased from 23% to 20%. Similar declines were seen among junior high school students. The authors note that these findings are especially dramatic given that "following the September 11 terrorist attacks some had worried that Americans might deal with the resultant anxiety by consuming more alcohol, tobacco and other drugs. Among U.S. students that feared consequence failed to materialize" (p. 1, News Release).

Percentage of Senior High School Students Reporting Past Month Use of Alcohol, Tobacco, and Illicit Drugs, 2000-01 and 2001-02 School Years



*p≤.05

SOURCES: Adapted by CESAR from data from the Parents' Resource Institute for Drug Education (PRIDE), *PRIDE Questionnaire Report: 2001-02 National Summary Grades 6-12*, 2002; and Parents' Resource Institute for Drug Education (PRIDE), *In Aftermath of 9/11 Student Drug Use Falls Dramatically*, News Release, July 17, 2002. Available online at http://www.pridesurveys.com. For more information, contact Doug Hall at jdoughall@bellsouth.net or 800-279-6361.

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CESAR FAX

August 12, 2002
Vol. 11, Issue 32
Distribution 5,251

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Pulse Check Report Describes the Impact of September 11 on Drug Use

"The September 11 terrorist attacks and subsequent events had varied short- and long-term effects on illegal drug availability, trafficking routes and modes, local marketing strategies, and use patterns," according to the latest *Pulse Check* report (p. 1). Seventy-five epidemiologists, ethnographers, law enforcement officials, and methadone and non-methadone treatment providers from 20 cities across the U.S.[1] were interviewed between November 2001 and January 2002. Following are the overall findings concerning the impact of the terrorist attacks on drug use.

- **Decline in Availability:** In 12 of the 20 Pulse Check cities, availability of illegal drugs--particularly heroin—declined, possibly due to heightened security at U.S. airports, borders, and other points of entry. Two cities report increases in admissions to methadone clinics. However, many of these declines were short-lived. In Washington, DC, "where local drug dealers were more cautious about bringing drugs in shortly after September 11 due to heightened security at entry points," the local drug trade had returned to pre-September 11 levels by December (p. 11).
- **Change in Trafficking Modes:** Several cities report that heightened airport security has caused drug trafficking modes to change. For example, Honolulu sources report that "law enforcement efforts are beginning to focus more on mail and marine smuggling because fewer people are smuggling heroin and cocaine via the airport" (p. 10).
- **Local Market Changes:** Temporary decreases in purity levels and price gouging were reported in several cities. In New York City, street researchers report that "drug dealers (especially heroin dealers) took advantage of the situation and operated openly in the street" (p. 11).
- **Increase in Prescription Drug Use:** The decline in heroin availability caused some heroin users to substitute prescription drugs. For example, in Baltimore "an emergency department nurse noticed more overdoses from drugs other than heroin, particularly OxyContin and other prescription opiates" (p. 11). In Miami, "both legitimate and illegal use of prescription drugs have increased since September 11, mostly involving people seeking benzodiazepines and sleep aids in an attempt to self-medicate and deal with added stress" (p. 12).

[1]Baltimore, MD; Billings, MT; Boston, MA; Chicago, IL; Columbia, SC; Denver, CO; Detroit, MI; El Paso, TX; Honolulu, HI; Los Angeles, CA; Miami, FL; Memphis, TN; New Orleans, LA; New York City, NY; Philadelphia, PA; Portland, ME; St. Louis, MO; Seattle, WA; Sioux Falls, SD; Washington, DC.

SOURCE: Adapted by CESAR from Office of National Drug Control Policy, *Pulse Check: Trends in Drug Abuse, July-December 2001 Reporting Period*, 2002. Available online at http://www.whitehousedrugpolicy.gov/publications/drugfact/pulsechk/2001/index.html.

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CESAR FAX

August 19, 2002
Vol. 11, Issue 33
Distribution 5,265

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

U.S. Drug Users Spent Nearly $64 Billion on Illicit Drugs in 2000

An estimated $63.7 billion was spent on illicit drugs in 2000, according to a report from the Office of National Drug Control Policy. The majority of these expenditures were spent on cocaine ($35.3 billion), followed by marijuana ($10.5 billion) and heroin ($10.0 billion). The amounts spent on drug abuse have decreased dramatically since 1988, when total drug expenditures were $154.3 billion. In spite of this reduction in illicit drug expenditures the costs to society from illegal drug abuse remain large--estimated at $160.7 billion in 2000 (see *CESAR FAX*, Volume 11, Issue 7).

Estimated U.S. Expenditures on Illicit Drugs, in Billions, 1988 and 2000

Drug	1988	2000
Cocaine	$107.0	$35.3
Marijuana	$12.1	$10.5
Heroin	$26.1	$10.0
Methamphetamine	$5.9	$5.4
Other Drugs	$3.3	$2.4
Total	**$154.3**	**$63.7**

NOTE: Expenditures for 2000 are linear projections based on data from previous years.

SOURCE: Adapted by CESAR from data from Office of National Drug Control Policy, What America's Users Spend on Illegal Drugs, December 2001. Available online at http://www.whitehousedrugpolicy.gov/publications/pdf/american_users_spend_2002.pdf

National RUN FOR RECOVERY® 5K to be held in Washington, DC on Saturday September 21st

As part of the September 2002 National Recovery Month, the Center for Substance Abuse Treatment (CSAT) is sponsoring the 7th annual RUN FOR RECOVERY® 5K. For more information, visit www.vanguardservices.org/events.html or contact Jay Jacob Wind at racedirector@vanguardservices.org or 703-920-0156.

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CESAR FAX

August 26, 2002
Vol. 11, Issue 34
Distribution 5,261

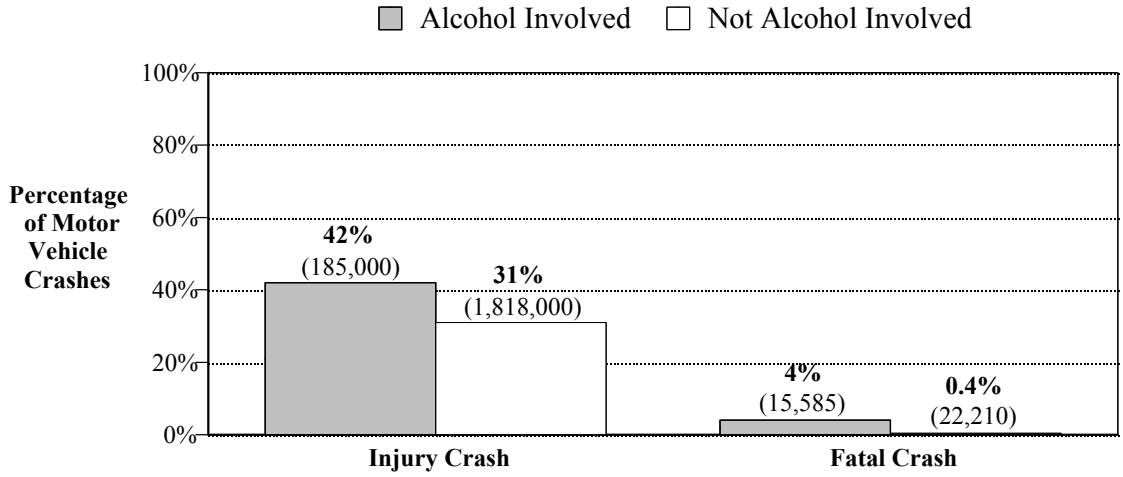
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Alcohol-Involved Crashes More Likely to Result in Injury or Fatality

Motor vehicle crashes that involve alcohol are more likely to result in injury or fatality, according to recently released data from the National Highway Traffic Safety Administration (NHTSA). In 2001, 42% of the 438,000 crashes involving a driver or non-occupant who were alcohol impaired or intoxicated resulted in a person being injured, compared to 31% of the 5,885,000 crashes that did not involve alcohol. Fatal crashes were also more likely to occur if alcohol was involved—4% of alcohol-involved crashes resulted in a fatality, compared to 0.4% of non alcohol-involved crashes. For more information on impaired driving, including research, prevention, and educational materials, visit NHTSA's Impaired Driving website (http://www.nhtsa.gov/people/injury/alcohol/index.html).

Percentage of Motor Vehicle Crashes Resulting in Fatalities or Injuries, by Alcohol Involvement, 2001



SOURCE: Adapted by CESAR from data from National Highway Traffic Safety Administration, National Center for Statistics and Analysis, 2001 Annual Assessment of Motor Vehicle Crashes, 2002. Available online (http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/Rpts/2002/Assess01.pdf).

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CESAR FAX

September 2, 2002
Vol. 11, Issue 35 (Rev.)
Distribution 5,567

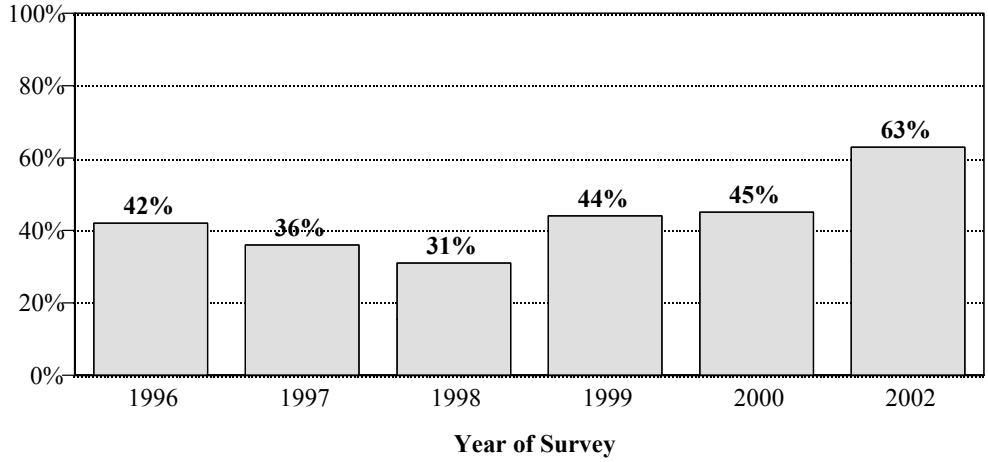
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Majority of Youths Report that Their School Is Drug-Free

Nearly two-thirds of youths report that their school is drug-free, according to a 2002 survey conducted by the National Center on Addiction and Substance Abuse at Columbia University (CASA). This is the first time since CASA began surveying youths in 1996 that the majority of youths reported that students do not keep, use, or sell drugs on school grounds—in past years the percentage has ranged from 31% to 45% (see figure below). According to the authors, "Whether or not a school is drug free has a dramatic influence on the substance-abuse risk of the student body" (p. 11). The survey found that youths at schools that are not drug-free are twice as likely to have tried marijuana, more than twice as likely to know a youth who uses acid, cocaine, or heroin, and three times as likely to smoke cigarettes.

Percentage of Youths (Ages 12-17) Reporting That Their School Is Drug-Free, 1996-2002



NOTES: For the 2002 survey, telephone interviews with 1,000 youths were conducted between December 27, 2001 and February 6, 2002 from a random sample of U.S. households who had a youth 12- to 17-years old living in the household. The margin of error is ±3.1 percent.

SOURCE: Adapted by CESAR from data from the National Center on Addiction and Substance Abuse at Columbia University (CASA), National Survey of American Attitudes on Substance Abuse VII: Teens, Parents, and Siblings, August 2002. Available online at http://www.casacolumbia.org/publications1456/publications.htm.

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CESAR FAX

September 9, 2002
Vol. 11, Issue 36
Distribution 5,574

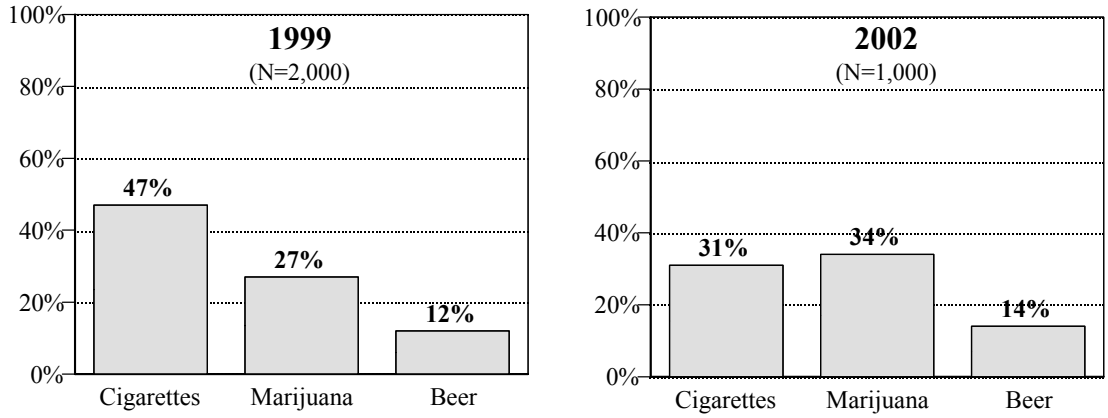
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

U.S. Youths Less Likely to Report Cigarettes Are Easiest to Buy— Cigarettes Now Tied with Marijuana

Cigarettes and marijuana are now tied as the illegal substance youths report is the easiest for someone their age to buy, according to a household survey of youths ages 12 to 17. The percentage of youths reporting that cigarettes were the easiest to buy (of cigarettes, marijuana, or beer) has decreased in recent years, from 47% in 1999 to 31% in 2002. At the same time, the percentage of youths that said marijuana was the easiest substance to buy increased slightly, so that youths are now equally likely to report marijuana or cigarettes as the easiest substance to buy. Beer has remained stable at 12-14%.

"Which Is Easiest for Someone Your Age to Buy: Cigarettes, Beer, or Marijuana?"
(U.S. youths 12- to 17-years old)



NOTES: Telephone interviews with youths were conducted with a random sample of U.S. households who had a youth 12- to 17-years old living in the household. The margin of error is ± 2.2 percent for the 1999 survey and ±3.1 percent for the 2002 survey.

SOURCES: Adapted by CESAR from data from the National Center on Addiction and Substance Abuse at Columbia University (CASA), National Survey of American Attitudes on Substance Abuse VII: Teens, Parents, and Siblings, August 2002; and CASA, Back to School 1999--National Survey on American Attitudes on Substance Abuse V: Teens and Their Parents, August 1999. Available online at http://www.casacolumbia.org/publications1456/publications.htm.

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CESAR FAX

September 16, 2002
Vol. 11, Issue 37
Distribution 5,615

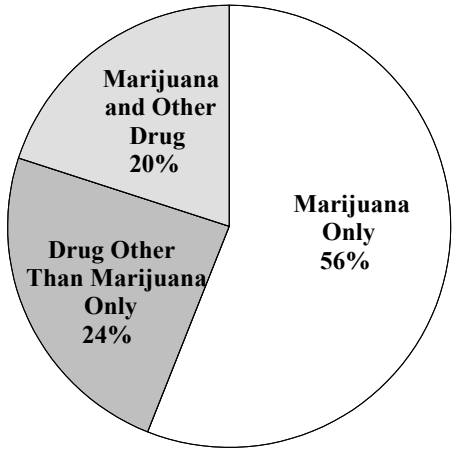
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

More Than Half of U.S. Illicit Drug Users Report Using Only Marijuana

An estimated 15.9 million U.S. household residents reported using at least one illicit drug in the past month, according to recently released data from the 2001 National Household Survey on Drug Abuse (NHSDA). Of these illicit drug users, 56% reported that they had only used marijuana and 20% reported using marijuana and at least one other illicit drug. Only 24% of illicit drug users reported using an illicit drug but not marijuana in the past month. The full NHSDA report is available online at http://www.samhsa.gov/oas/nhsda.htm#NHSDAinfo.

Types of Drugs Used by Past Month Illicit Drug Users, U.S. Household Residents Ages 12 or Older, 2001



SOURCE: Adapted by CESAR from Office of Applied Studies, Substance Abuse and Mental Health Services Administration, *Results from the 2001 National Household Survey on Drug Abuse: Volume I. Summary of National Findings*, 2002. Available online at http://www.samhsa.gov/oas/nhsda.htm#NHSDAinfo.

September is National Alcohol and Drug Addiction Recovery Month

Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), the theme for the 2002 Recovery Month is "Join the Voices of Recovery: A Call to Action." For more information or to obtain Recovery Month materials, call SAMHSA at 1-800-729-6686 or visit http://www.recoverymonth.gov/.

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CESAR FAX

September 23, 2002
Vol. 11, Issue 38
Distribution 5,633

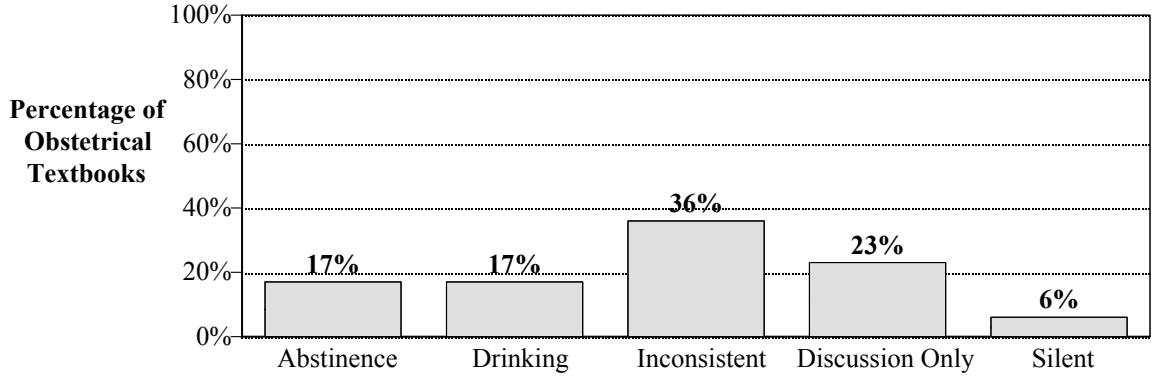
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Obstetrical Textbooks Unlikely to Recommend Alcohol Abstinence to Pregnant Women

Only 17% of obstetrical textbooks published over the last 4 decades consistently recommend that expectant mothers abstain from alcohol consumption, according to a 2001 study examining 81 obstetrical textbooks. The remainder of the textbooks examined stated that alcohol consumption was permissible in pregnant women (17%), provided conflicting statements about alcohol use during pregnancy (36%), presented literature on the topic without making a recommendation (23%), or did not address the issue at all (6%). Recent texts were slightly more likely to recommend abstinence—24% of those published since 1990 did so compared to 13% of those published in earlier years. According to the authors, "Those who teach medical students and residents should be aware of the recommendations in the textbooks that they or their trainees use. Trainees should refer to recommendations by national organizations and should supplement textbook reading with current journal articles" (p. 138).

Recommendations for Drinking During Pregnancy Found in Obstetrical Textbooks
(N=81 textbooks published through 2000)



NOTE: Obstetrical textbooks were identified by using the *Bulletin of the Medical Library Association—Selected List of Books and Journals for the Small Medical Library* (a list published biennially since 1965 to assist librarians in identifying key clinical textbooks and journals) and by canvassing the Virginia Commonwealth University's Tomplins-McCaw Libraries for pertinent clinical obstetrical textbooks. Textbooks were reviewed by two independent reviewers.

SOURCE: Adapted by CESAR from Loop K. Q., Nettleman M. D., "Obstetrical Textbooks: Recommendations About Drinking During Pregnancy," *American Journal of Preventive Medicine* 23(2):136-138, 2002. For more information, contact Mary Nettleman at mnettlem@hsc.vcu.edu.

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CESAR FAX

September 30, 2002
Vol. 11, Issue 39
Distribution 5,610

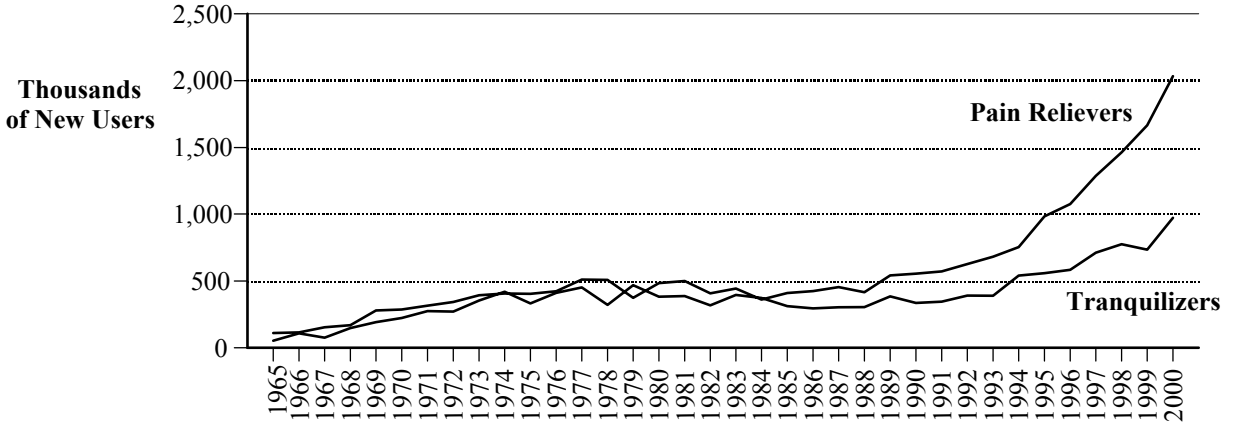
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

First Time Nonmedical Use of Prescription Pain Relievers and Tranquilizers Continues to Rise

Data from the recently released National Household Survey on Drug Abuse (NHSDA) reveal that the number of first time nonmedical users of prescription pain relievers and tranquilizers has risen dramatically over the past decade. The greatest increase was for the nonmedical use of pain relievers (e.g., Percocet®, Dilaudid®)—the number of new users climbed from 554,000 in 1990 to over 2.0 million in 2000. A large portion of this increase is attributable to an increase in the first-time use by youths (ages 12-17). The number of first time users of tranquilizers (e.g., Valium®, Xanax®) also increased over this period, from 335,000 new users in 1990 to 973,000 in 2000. Other studies attributing an increase in the use of pain relievers and tranquilizers to the events of September 11, 2001 should be interpreted in the context of the rising trends evident prior to that date.

Estimated Number in Thousands of New Nonmedical Users of Prescription Pain Relievers and Tranquilizers Per Year, 1965-2000



NOTES: The use of pain relievers and tranquilizers are determined based on responses to the question "How long has it been since you last used any prescription [pain reliever, tranquilizer] that was not prescribed for you, or that you took only for the experience or feeling it caused?" The number of new users is estimated based on retrospective reports of age at first use. The most recent year available for these estimates is 2000.

SOURCE: Adapted by CESAR from Office of Applied Studies, Substance Abuse and Mental Health Services Administration, *Results from the 2001 National Household Survey on Drug Abuse: Volume I. Summary of National Findings*, 2002. Available online at http://www.samhsa.gov/oas/nhsda.htm#NHSDAinfo.

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CESAR FAX

October 7, 2002
Vol. 11, Issue 40
Distribution 5,616

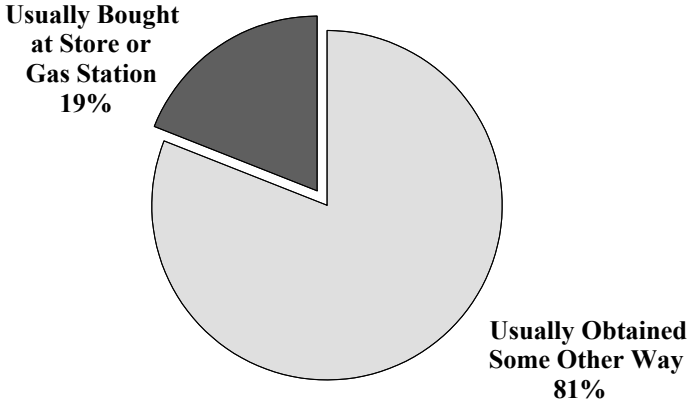
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

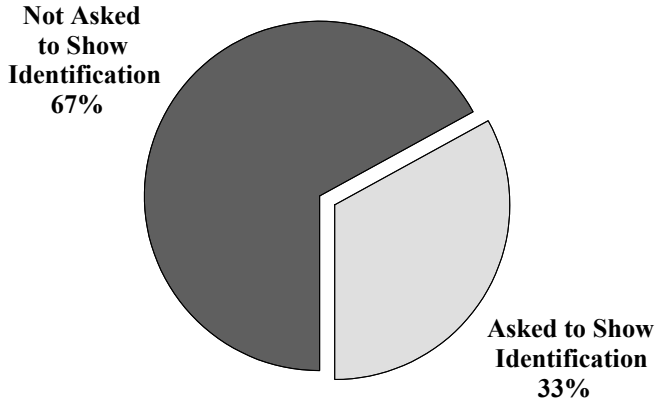
One-Fifth of Underage Students Buy Their Own Cigarettes, Usually Without Proof of Age

Many students who smoke are able to purchase cigarettes without showing identification, according to a 2001 nationally representative survey of students in grades 9-12. During the 30 days before the survey, 19% of smoking students reported that they usually obtained their cigarettes by purchasing them from a store or gas station (as opposed to having someone else buy them for them, buying them from a vending machine, borrowing them from someone else, or taking them from a store or family member). Of these students, two-thirds (67%) did so without being asked to show proof of age. Since 1996, all 50 states, the District of Columbia, and U.S. territories states have been required to have and enforce laws that prohibit the sale and distribution of tobacco products to people under 18 years of age.

One-Fifth of High School Students Who Smoke Usually Obtain Their Cigarettes at a Store or Gas Station . . .



And the Majority of These Smokers Were Not Asked to Show Proof of Age



NOTE: The 2001 national school-based Youth Risk Behavior Surveillance (YRBS) employed a three-stage cluster sample design to produce a nationally representative sample of students in grades 9-12.

SOURCE: Adapted by CESAR from the Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance-United States, 2001," *Morbidity and Mortality Weekly Report 51(SS-4)*, June 28, 2002. Available online at http://www.cdc.gov/mmwr/PDF/ss/ss5104.pdf.

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CESAR FAX

October 14, 2002
Vol. 11, Issue 41
Distribution 5,650

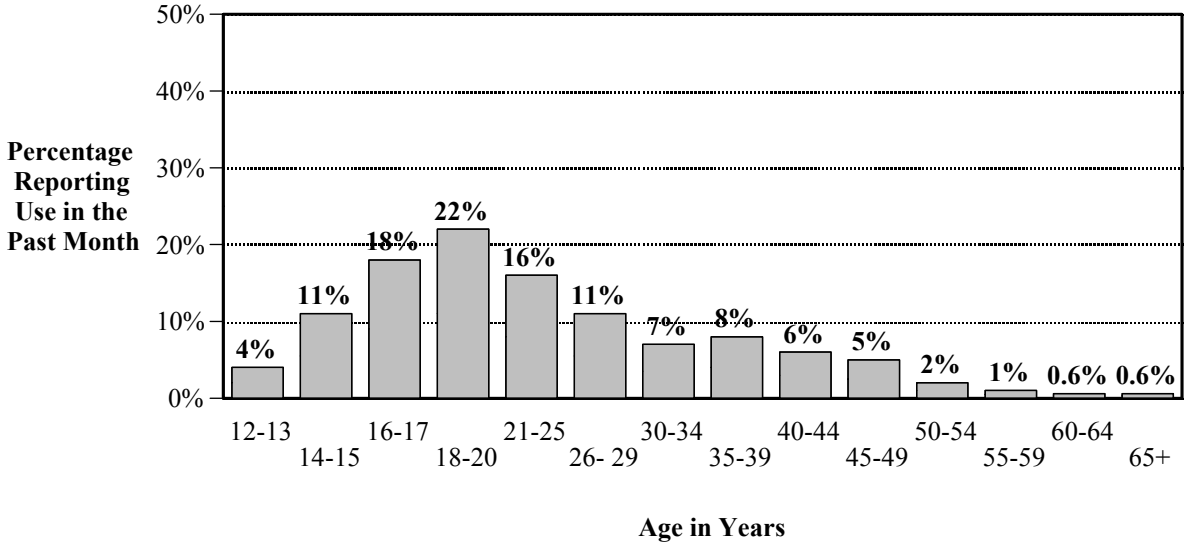
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Past Month Illicit Drug Use Rates Peak Between Ages 18 and 20

An estimated 7% of U.S. household residents reported using at least one illicit drug (primarily marijuana) in the past month, according to data from the recently released 2001 National Household Survey on Drug Abuse. However, rates of illicit drug use varied greatly by age. Four percent of 12-13 year olds reported using at least one illicit drug in the month prior to the survey, compared to 11% of 14-15 year olds and 18% of 16-17 year olds. Illicit drug use peaked among youths ages 18-20 (22%) and declined after that point to less than 1% among persons 60 and older (see figure below). These findings demonstrate the continued need for drug prevention and educational efforts that target youths.

Percentage of U.S. Household Residents Reporting Past Month Illicit Drug Use, by Age, 2001



NOTES: Illicit drug use includes use of marijuana, cocaine, heroin, hallucinogens, inhalants, and nonmedical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives. Respondents were asked to report only use of drugs that were not prescribed for them or that they took only for the feeling they caused.

SOURCE: Adapted by CESAR from Office of Applied Studies, Substance Abuse and Mental Health Services Administration, *Results from the 2001 National Household Survey on Drug Abuse: Volume I. Summary of National Findings*, 2002. Available online at http://www.samhsa.gov/oas/nhsda.htm#NHSDAinfo.

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CESAR FAX

October 21, 2002
Vol. 11, Issue 42
Distribution 5,761

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

New Report Describes Experiences of Nine Student Drug Testing Programs

In June 2002 the U.S. Supreme Court ruled that "testing students who participate in extracurricular activities is a reasonably effective means of addressing the School District's legitimate concerns in preventing, deterring, and detecting drug use" (p. 14). School districts now considering implementing student drug testing programs may benefit from the results of a recent survey of nine schools that have been pioneers in the field of student drug testing. During the 2001-2002 school year seven public schools and two private schools with successful student drug testing programs were surveyed about their program's policies, procedures, history, and results. Following are some of the survey findings.

- In every school the student drug testing program's purpose is the prevention of drug use rather than punishment and the program is part of a larger, comprehensive drug education and prevention initiative.
- All of the drug testing programs include random testing, typically by urinalysis. All of the schools routinely test for marijuana and cocaine and eight schools also test for heroin/codeine, amphetamine/methamphetamine, and PCP. The average program cost per student is $19 per year.
- The groups of students most commonly tested by the schools are 1) athletes, 2) those participating in extracurricular activities, and 3) students who drive to school. All students are eligible for drug testing in three of the schools surveyed.
- The consequences of a student's first positive drug test vary from school to school, but generally result in parental notification, loss of playing time for athletes, drug education, counseling/therapy for the student/family, and follow-up drug testing. None of the schools report students with positive drug tests to the police.
- The programs demonstrated their success by reduced number of positive tests, lowered levels of disciplinary problems and self reported drug use.

The major piece of advice offered to other schools interested in starting their own drug testing program was to involve parents, law enforcement, and other community members in the planning process and to make sure they understand that the program is intended to help students say no to drugs.

SOURCES: Adapted by CESAR from United States Department of Education, *Report of a Preliminary Study: Elements of a Successful School-Based Student Drug Testing Program,* 2002; and Board of Education of Independent School District No. 92 of Pottawatomie County v. Earls, 122 S. Ct. 2559 (2002).

"What You Need to Know About Drug Testing in Schools" Report Now Available From ONDCP

The Office of National Drug Control Policy (ONDCP) recently released a report that answers common questions about school drug testing. The report is available online at www.whitehousedrugpolicy.gov/pdf/drug_testing.pdf

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October 28, 2002
Vol. 11, Issue 43
Distribution 5,810

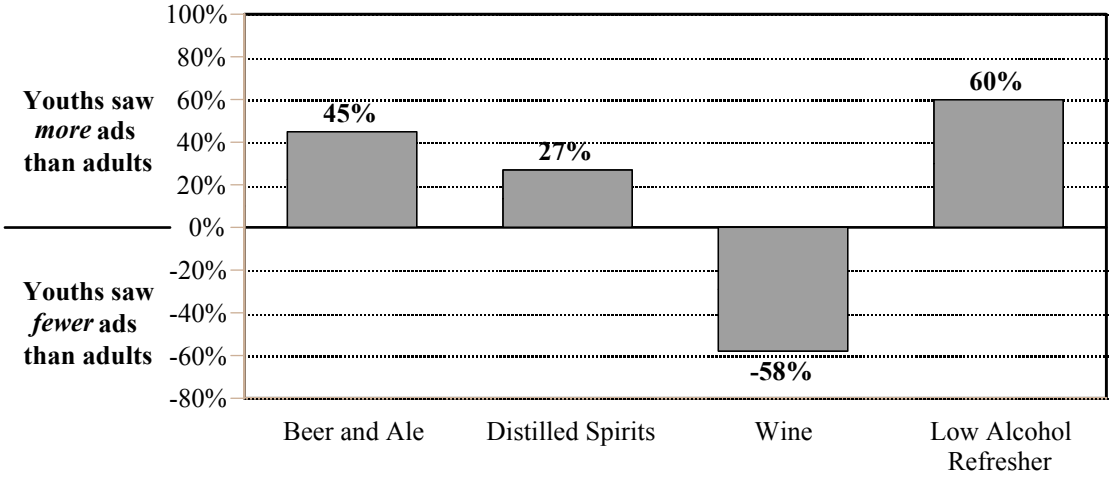
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

U.S. Youths Exposed to More Alcoholic Beverage Advertising in Magazines than Adults

America's youths saw more alcoholic beverage advertisements in magazines in 2001 than adults of legal drinking age, according to a national study that estimated youths' and adults' exposure to alcohol advertisements. Youths saw 45% more advertisements for beer and ale and 27% more distilled spirits advertisements than adults. In addition, youths were exposed to 60% more advertising for "low-alcohol refreshers"* (also known as "malternatives" or "alcopops"). The only type of alcohol advertising to reach more adults than youths was for wine—youths were exposed to 58% fewer wine advertising messages in magazines than adults. According to the authors, "The ability of most wine advertisers to reach an adult audience while minimizing reach to the underage audience shows how advertisers can reach an adult target audience without overexposing youth" (p. 1).

Magazine Advertising Exposure of Youths and Adult by Beverage Type, 2001



*Despite their name, many "low-alcohol refreshers" contain as much as 5% alcohol—more than most beers.

NOTE: Advertising exposure is an estimate of both the percent of the population exposed to an advertisement and the number of times individuals are exposed to an advertisement.

SOURCE: Adapted by CESAR from The Center on Alcohol Marketing and Youth, *Overexposed: Youth a Target of Alcohol Advertising in Magazines*, 2002. Available online at http://camy.org/research/.

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CESAR FAX

November 4, 2002
Vol. 11, Issue 44
Distribution 5,870

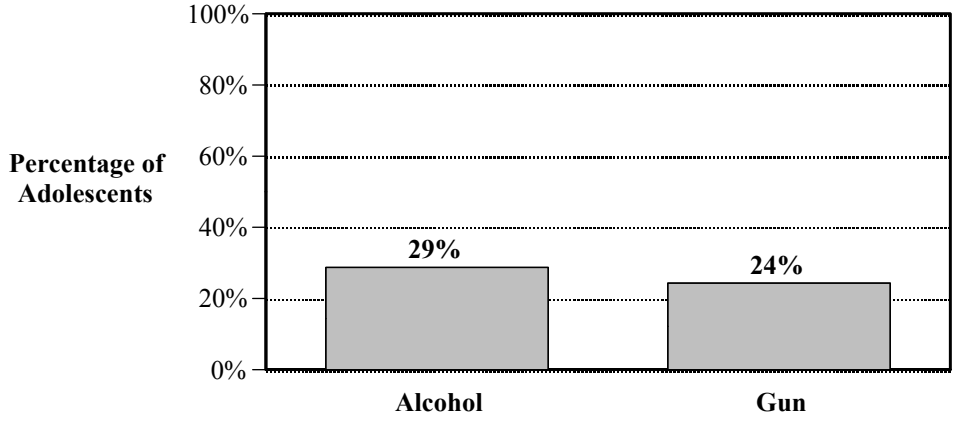
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

One in Four U.S. Adolescents Report Having Easy Access to Alcohol or a Gun in Their Home

One quarter of U.S. adolescents report that they have easy access to either alcohol or a gun in their home, according to a national study of adolescents in grades 7-12. Contrary to the belief that it is more common for adolescents to find alcohol than a gun, the study found that in-home availability of alcohol or a gun are similar (29% and 24%, respectively). Furthermore, one in ten U.S. adolescents report having access to both alcohol and a gun in their home. According to the authors, "Given the risks associated with the misuse of alcohol and guns among adolescents, efforts to increase public awareness of the availability of alcohol and guns in the home are needed. Raising public awareness of these issues, and making parents discuss them, will be necessary in order to increase safe storage practices of alcohol and guns" (p. 229).

Percentage of Adolescents Reporting Easy Access to Alcohol or a Gun in Their Home
(N=18,454)



SOURCE: Adapted by CESAR from Swahn M.H., Hammig B. J., Ikeda R. M. "Prevalence of Youth Access to Alcohol or a Gun in the Home," *Injury Prevention* 8(3):227-230, 2002. For more information please contact Dr. Monica Swahn at mswahn@cdc.gov.

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CESAR FAX

November 11, 2002
Vol. 11, Issue 45
Distribution 5,917

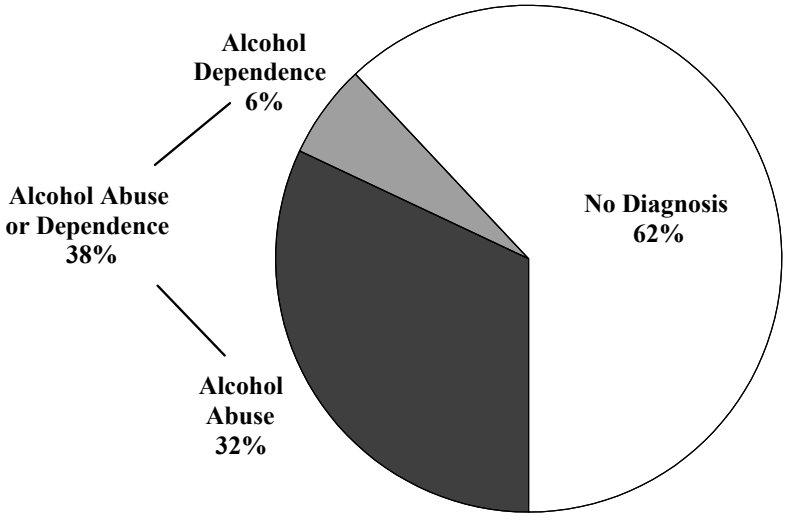
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Nearly 40% of College Students Abuse or Are Dependent on Alcohol; Few Seek Treatment

Thirty-eight percent of college students abuse or are dependent on alcohol, according to a survey of students attending colleges and universities in 40 states across the U.S. Nearly one-third (32%) of the students were diagnosed as alcohol abusers and 6% were classified with alcohol dependence (see figure). However, only 2% of the students diagnosed as alcohol abusers and 6% of students diagnosed as alcohol dependent sought treatment while in college. The authors suggest, "In addition to strengthening prevention programs, colleges should implement new strategies for screening and early identification of high risk student drinkers and ensure that treatment is readily available for those with alcohol disorders" (p. 263).

Percentage of College Students Diagnosed With Alcohol Abuse or Dependence
(N=14,115)



NOTES: The study analyzed data from the 1999 Harvard School of Public Health College Alcohol Study (supported by the Robert Wood Johnson Foundation) which surveyed students at 119 4-year colleges and universities from 40 U.S. states. Diagnoses of abuse and dependence are based on self-report of DSM-IV criteria.

SOURCE: Adapted by CESAR from Knight J.R., Wechsler H., Meichun K., Seibring M., Weitzman E.R., Schuckit M.A., "Alcohol Abuse and Dependence among U.S. College Students," *Journal of Studies on Alcohol* 63(3):263-270, 2002. For more information, contact John R. Knight at john.knight@tch.harvard.edu.

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CESAR FAX

November 18, 2002
Vol. 11, Issue 46
Distribution 5,985

A Weekly FAX from the Center for Substance Abuse Research

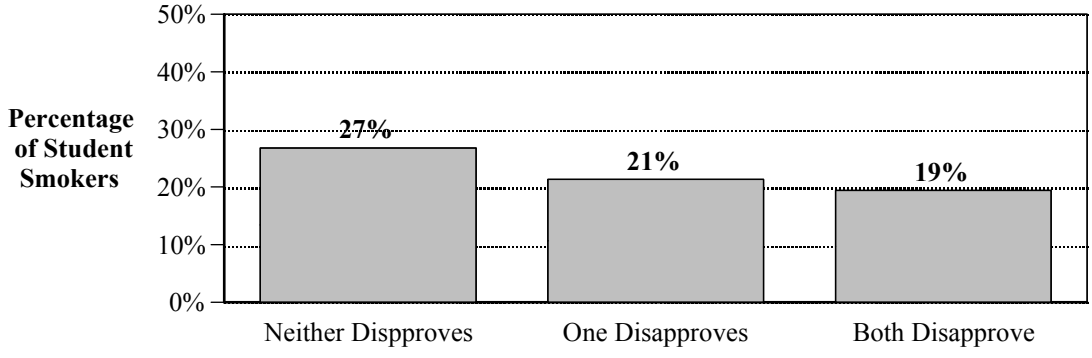
University of Maryland, College Park

Children Are Less Likely to Become Smokers When They Believe Both Parents Disapprove of Their Smoking

Adolescents who believe that both parents would respond negatively and be upset by their smoking are less likely to smoke, according to a longitudinal study of students in grades 4-11 attending three rural Vermont schools. Students were asked to rate what their parents' reaction would be if they were smoking cigarettes and their parents found out. Adolescents who believed that both parents would disapprove of their smoking were less likely to become smokers than those students who thought neither parent would disapprove (see figure). The results held true even when parents smoked themselves, suggesting that perceived parental expectations about smoking may be just as significant as parental smoking behavior. According to the authors, "This study offers hope for parents by suggesting that they can decrease the chances that their children will smoke through communication of nonsmoking expectations consistently over time" (p. 1260).

Percentage of Students Who Become Smokers Reporting That They Thought Their Parents Would Disapprove of Their Smoking

(N=372 students who were non-smokers at baseline)



NOTES: The study included information from a baseline survey conducted in September 1996, a second survey in September 1997, and a final survey in May 1998. Smokers are students who reported having smoked at least 100 cigarettes and had smoked within the past 30 days.

SOURCE: Adapted by CESAR from Sargent J.D., Dalton M.D. "Does Parental Disapproval of Smoking Prevent Adolescents From Becoming Established Smokers?" *Pediatrics* 108(6):1256-1262, 2001. For more information please contact Dr. James Sargent at james.d.sargent@hitchcock.org

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CESAR FAX

November 25, 2002
Vol. 11, Issue 47
Distribution 6,002

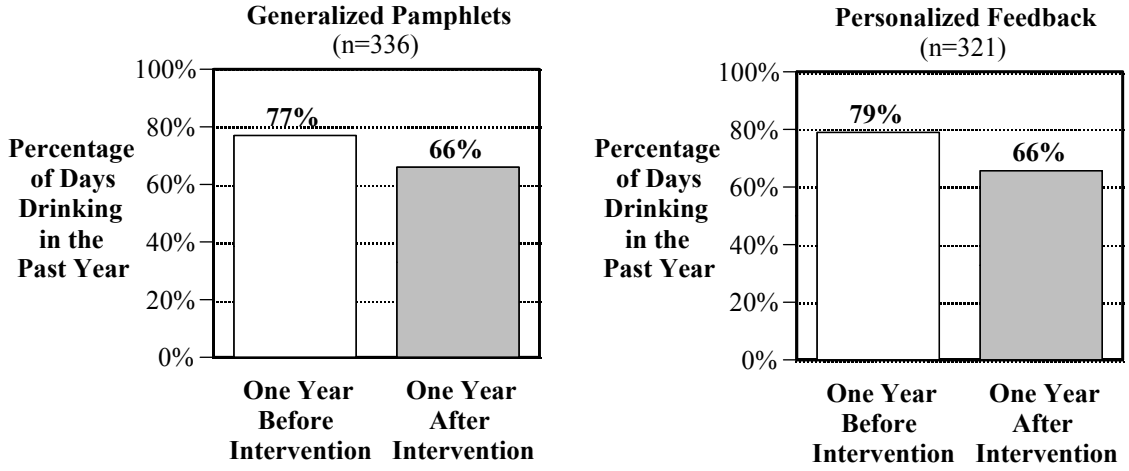
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

General Mail Intervention Can Reduce Alcohol Use Among Problem Drinkers

A generalized mail intervention is as successful in reducing alcohol abuse as is providing personalized feedback, according to a study of problem drinkers in Toronto, Ontario (Canada). Problem drinkers who had never sought treatment were randomly assigned to one of two types of interventions, which consisted of receiving through the mail either generalized pamphlets with information about the effects of alcohol, or personalized advice and feedback based on their individual drinking and related behaviors. The study found that either form of intervention resulted in significant reductions in the percentage of days drinking from one year before to one year after the intervention (see figure). Both types of interventions also resulted in a decline in binge drinking rates and the number of alcohol consequences experienced, as well as an increase in the percentage who had received alcohol treatment. According to the authors, "These results, coupled with the low cost to deliver the intervention, suggest that public health campaigns could have a substantial effect on reducing alcohol problems and associated cost as well as getting some individuals into treatment" (p. 936).

Percentage of Days Drinking Reported One Year Before and One Year After Receiving a Generalized or Personalized Mail-Intervention



NOTE: Data were obtained from people responding to media advertisements designed to appeal to problem drinkers who had not previously sought formal help or treatment. It is possible that people replying to the advertisements were highly motivated to change their drinking behavior and may have subsequently changed their behavior without any intervention.

SOURCE: Adapted by CESAR from Sobell L.C., Sobell M.B., Leo G.I., Angrawal S., Johnson-Young L., Cunningham J.A. "Promoting Self-Change With Alcohol Abusers: A Community-Level Mail Intervention Based on Natural Recovery Studies," *Alcoholism: Clinical and Experimental Research* 26(6):936-948, 2002. For more information contact Dr. Linda Sobell at sobelll@nova.edu. A web based version of the self-help materials used in this study are available online at www.nova.edu/~gsc (click on "Online Files").

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CESAR FAX

December 2, 2002
Vol. 11, Issue 48
Distribution 6,008

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Overview and Outcomes of Year 2002 Drug-Related State Ballot Initiatives

State/Initiative	Description	Passed?	Percent Approved
Legalization of Marijuana			
Arizona Proposition 203	Decriminalizes marijuana possession and cultivation for personal use and authorizes medical use of marijuana. Also repeals mandatory minimum sentences and requires supervised release of nonviolent offenders convicted of possession of a controlled substance.	No	43%
Nevada Question 9	Allows the use and possession of three ounces or less of marijuana by persons aged 21 years or older.	No	39%
Diversion of Drug Offenders from Prison to Treatment			
Washington, D.C. No. 62	Provides substance abuse treatment instead of conviction or imprisonment to eligible non-violent, first-or second-time defendants charged with illegal possession or use of drugs, except those classified as Schedule 1 drugs.	Yes	78%
Ohio Issue 1	Establishes a comprehensive program to provide treatment instead of incarceration for individuals charged with or convicted of illegal possession or use of a controlled substance, and, in some cases, additional non-violent offenses.	No	33%
Prohibiting Workplace Smoking			
Florida Amendment 6	Bans smoking in most indoor workplaces and restaurants.	Yes	71%
Taxation of Tobacco Products			
Arizona Proposition 303	Establishes an increase in cigarette taxes from 58 cents to $1.18 per pack	Yes	66%
Missouri Proposition A	Imposes a 55 cent per pack increase in cigarette taxes and a 20 percent increase on other tobacco products.	No	49%

SOURCE: A complete list of sources is available online at www.cesar.umd.edu.

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CESAR FAX

December 9, 2002
Vol. 11, Issue 49
Distribution 6,011

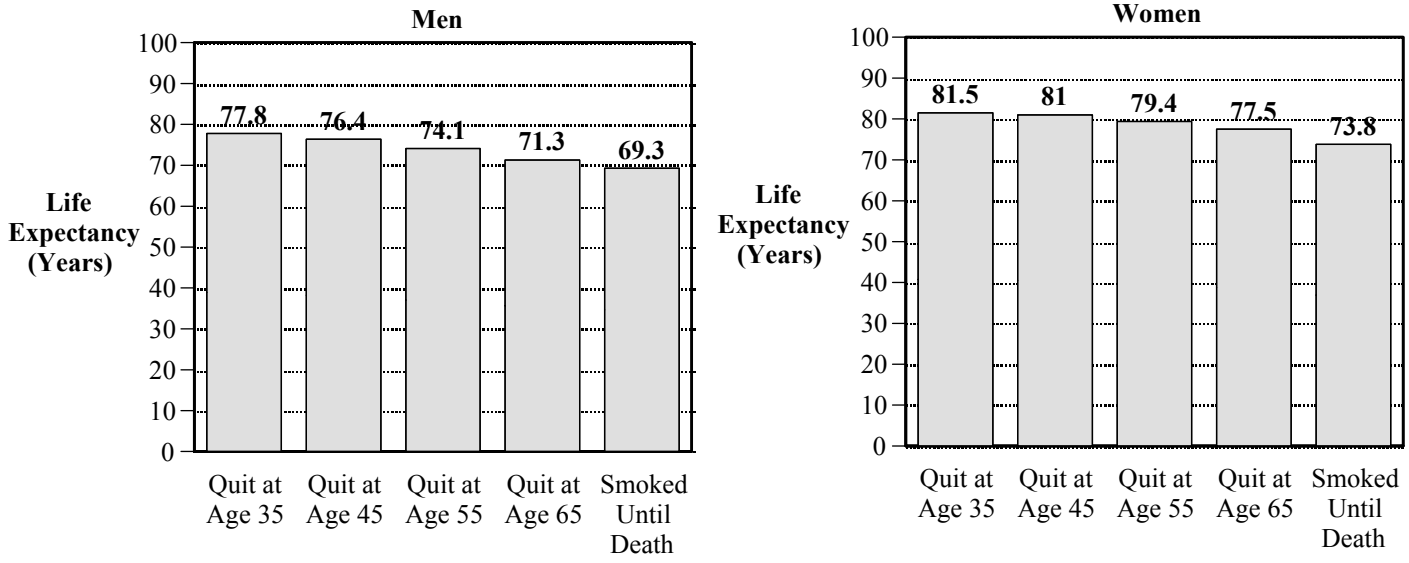
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

People Live Longer When They Stop Smoking, Regardless of the Age at Which They Quit

Stopping smoking at any age increases life expectancies, according to a national cohort study of smoking and mortality rates among U.S. adults. Men who quit smoking at age 35 lived 8.5 years longer than those who never quit smoking (77.8 years vs. 69.3 years), while women who quit at age 35 lived 7.7 years longer (81.5 years vs. 73.8 years) (see figure). Even those who quit smoking at later stages of life gained some benefits. For example, men who quit smoking at age 65 lived an additional 2.0 years, longer than men who never quit while women who quit at age 65 lived 3.7 years longer. According to the authors, "These findings reinforce the urgency of emphasizing smoking cessation to all smokers, irrespective of age, and the importance of never assuming that a smoker is 'too far gone'" (p. 995).

Life Expectancies for Men and Women Who Were Age 35 in 1990, by Smoking Behavior



NOTES: Life expectancies are adjusted to account for changes in smoking status during the follow-up period (1982-1996) that may have underestimated the benefits of smoking cessation. Total N=877,243 (including nonsmokers).

SOURCE: Adapted by CESAR from Taylor D.H., Hasselblad V., Henley J.S., Thun M.J., Sloan A. "Benefits of Smoking Cessation for Longevity," *American Journal of Public Health* 92(6):990-996, 2002. For more information contact Dr. Donald Taylor, Jr. at dtaylor@hpolicy.duke.edu.

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CESAR FAX is supported by a grant from the Governor's Office of Crime Control & Prevention.

CESAR FAX

December 16, 2002
Vol. 11, Issue 50
Distribution 6,011

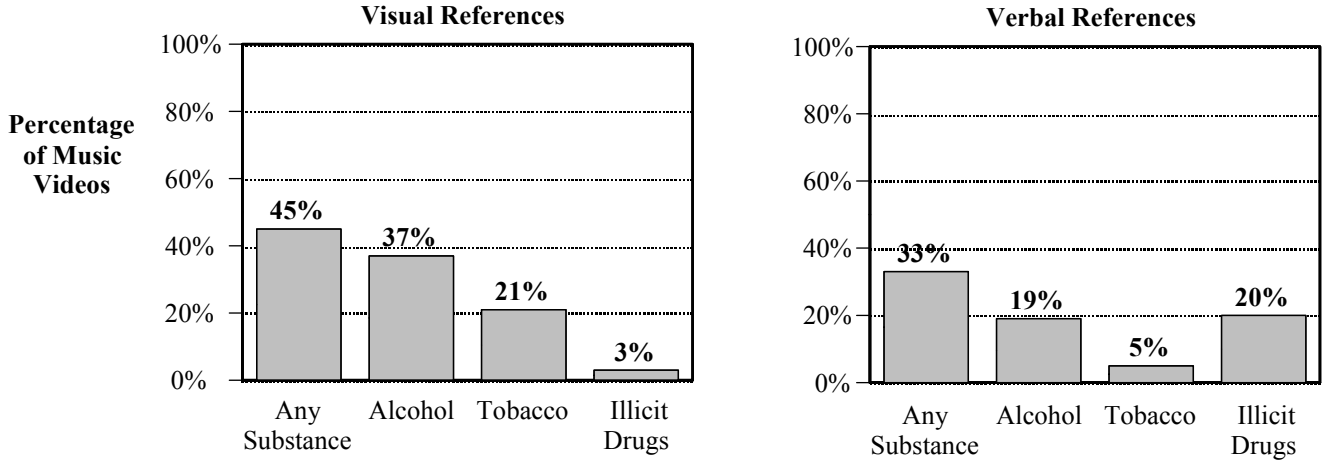
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Alcohol, Tobacco, or Illicit Drugs Appear in Almost One-Half of Music Videos

Alcohol, tobacco, or illicit drugs appear visually in 45% and verbally in 33% of music videos, according to a study of videos aired on three U.S. music television networks. Alcohol and tobacco were more likely to be shown visually while illicit drugs—primarily marijuana—were more likely to be referred to in the song lyrics (see figure). While references to substances in music videos is relatively low compared to movies and television (see *CESAR FAX* Volume 8, Issue 37 and *CESAR FAX* Volume 9, Issue 46), the study found that music videos portray alcohol, tobacco, and other drug use as behaviors people naturally do when they socialize and rarely leads to consequences of any kind. According to the authors, "The substances are simply there, common elements of everyday activity. Unfortunately, it is this characterization that may function to normalize substance use among young viewers, thus making it seem like an accepted part of adolescent life" (p. 40).

Percentage of Music Videos Containing Visual and Verbal References to Substances
(N=258 music videos)



NOTES: The sample consisted of non-repetitious videos aired in the fall of 2000 on three different networks—Black Entertainment Television (BET), Music Television (MTV), and Video Hits-1 (VH-1). Specially trained coders examined the visual and verbal content of the music videos for the frequency and nature of alcohol, tobacco, and other drug portrayals.

SOURCE: Adapted by CESAR from the Office of National Drug Control Policy, *Substance Use In Popular Music Videos*, 2002. Available online at http://www.mediacampaign.org/pdf/mediascope.pdf.

CESAR Wishes You a Very Happy Holiday Season!

This is the final issue of Volume 11 of the *CESAR FAX*. The *CESAR FAX* will resume with Volume 12, Issue 1, on January 6, 2003. Thank you for your support during the past year!

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