CESAR FAX

January-December 2004
Volume 13, Issues 1-51

A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

CESAR FAX Annual Volume

Volume 13
2004

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ACKNOWLEDGMENTS

CESAR is pleased to provide this 2004 Annual Volume of the *CESAR FAX*. To assist you in using this volume, the Table of Contents indexes the 2004 faxes by issue title and subject area.

The *CESAR FAX* was supported by a grant from the Maryland Governor's Office of Crime Control & Prevention. It was produced and maintained during the past year by Wanda Hauser with the assistance of Ben Falls. 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 Amy Benavides for editing each of these issues and to Jessica Woodruff for maintaining the *CESAR FAX* on our web site.

Since the first transmission to 150 recipients on February 17, 1992, the *CESAR FAX* audience has grown tremendously. During 2004, the CESAR FAX transitioned from fax to email as its primary dissemination method, and is now being sent to more than 3,300 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 substance abuse information in an easy-to-read format.

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January 5, 2004
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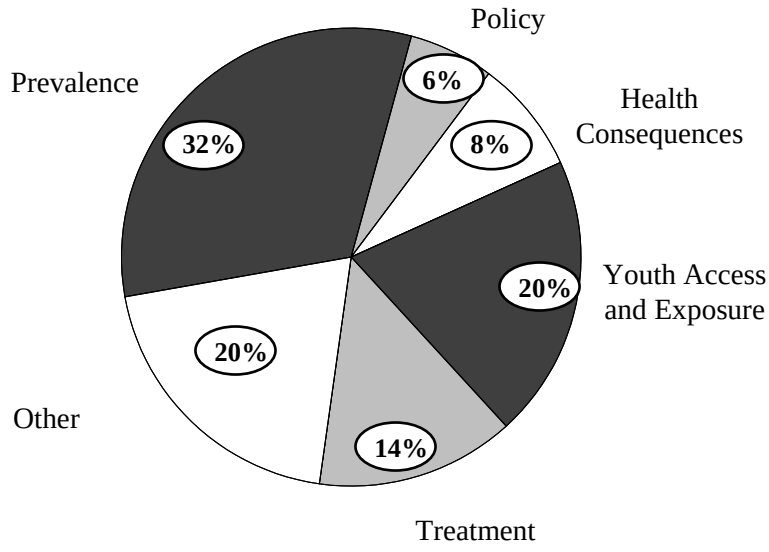

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CESAR FAX

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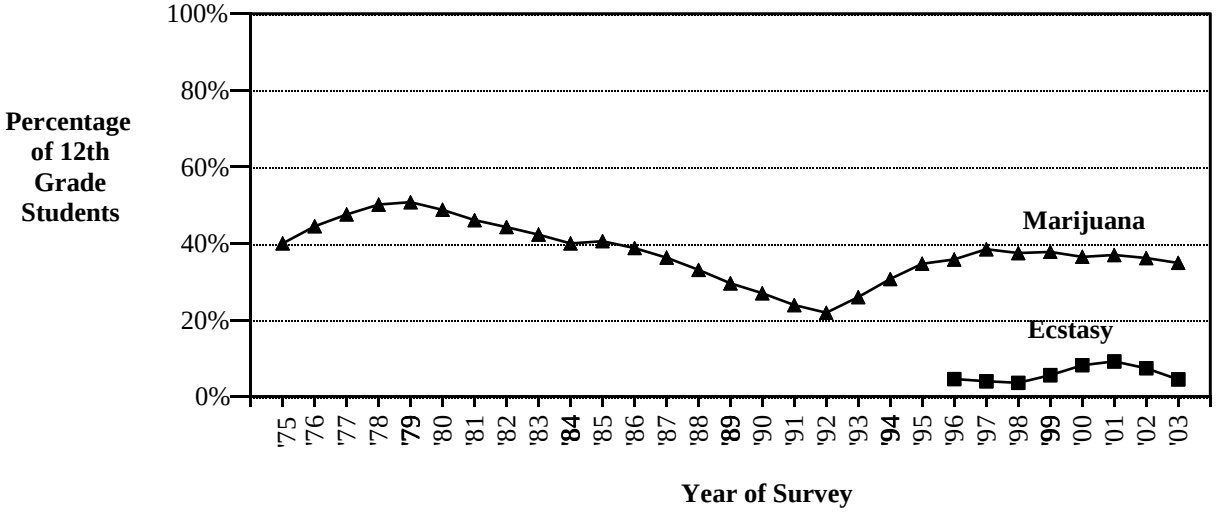
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Marijuana and Ecstasy Use by U.S. High School Seniors Continues to Decline

Marijuana and ecstasy use by U.S. high school seniors continues to decline, according to data from the recently released 2003 Monitoring the Future survey. The percentage of 12th graders reporting use of marijuana in the past year peaked in 1979 at 51%, then declined for more than a decade, reaching a low of 22% in 1992. During the 90s, annual use of marijuana among high school seniors increased again, peaking at 39% in 1997. Since then, marijuana use has continued to decrease—35% of high school seniors reported past year use of the drug in 2003. Ecstasy use by 12th graders has followed a similar pattern. After peaking at 9% in 2001, the percentage of high school seniors reporting past year ecstasy use declined to 5% in 2003.

Percentage of U.S. 12th Grade Students Reporting Past Year Use of Marijuana or Ecstasy, 1975-2003



NOTE: The 2003 survey sample included 15,200 12th graders located in 141 schools.

SOURCE: Adapted by CESAR from University of Michigan, Monitoring the Future Study Press Release, "Ecstasy Use Falls for Second Year in a Row, Overall Teen Drug Use Drops" December 19, 2003. Available online at www.monitoringthefuture.org. For more information, contact Lloyd D. Johnston at 734-763-5043. Available online at http://www.monitoringthefuture.org.

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

FDA to Ban the Sale of Ephedra-Containing Supplements in Early 2004

On December 30, 2003, the federal Food and Drug Administration (FDA) announced that a ban on the sale of dietary supplements containing ephedra will be issued in early 2004, based on the agency's conclusion that these supplements present an unreasonable health risk. This represents the first time that the FDA will impose major restrictions on the sale of a dietary supplement.

What is ephedra? Ephedra is a naturally occurring substance extracted from the ephedra plant, with varieties growing in parts of Asia, Australia, Europe, and North America. The principal active ingredient in ephedra is ephedrine, which is regulated as a drug when chemically synthesized. Ephedra is an ingredient in nearly 200 dietary supplements sold over-the-counter in the U.S., including Stacker 2®, Stacker 3®, Ripped Fuel®, Xenadrine®, Metabolife 356®, Yellow Jackets, and Yellow Swarm.

What are other names for ephedra? Ephedra is sometimes listed on dietary supplements under other names such as ma huang, epitonin, sida cordifolia, and sinica. It has also been called squaw tea, desert tea, desert herb, and Morman tea.

How is ephedra used? Ephedra is most commonly taken orally as part of the supplement in which it is contained. The herb can also be brewed as a tea.

Why is ephedra used? This herb has a long history of medicinal uses in both China and India, predominantly to treat respiratory infections. Ephedra is often used in the U.S. to aid in weight loss and to enhance athletic performance. However, a recent review of ephedra research concluded that ephedra promotes only modest short-term weight loss and that evidence to support the use of ephedra for athletic performance is insufficient (Shekelle et al. 2003).

How does ephedra affect the body? Ephedra is a stimulant with effects similar to amphetamines, including increased blood pressure, cardiac arrhythmia, heart attacks, strokes, seizures and sudden death. A 2003 study reported that ephedra sales make up 4% of all dietary supplement sales, yet account for 64% of all adverse events associated with dietary supplements reported to poison control centers in the U.S. (Annals of Internal Medicine, 2003).

Why wasn't ephedra banned earlier? Under the Dietary Supplement Health and Education Act of 1994 (DSHEA), manufacturers are not required to prove the safety or effectiveness of dietary supplements before marketing them. Once a supplement is on the market, the FDA can regulate its sale only if the agency can prove that the product presents "an unreasonable risk of illness or injury." The FDA first proposed regulating ephedra in 1997, but there was insufficient scientific evidence to justify a ban until recently. Ephedra has already been banned by several athletic agencies, retail establishments, and three states (Illinois, New York, and California).

SOURCES: A complete list of sources is available at www.cesar.umd.edu. For more information on the FDA ephedra ban, go to http://www.fda.gov/oc/initiatives/ephedra/december2003/.

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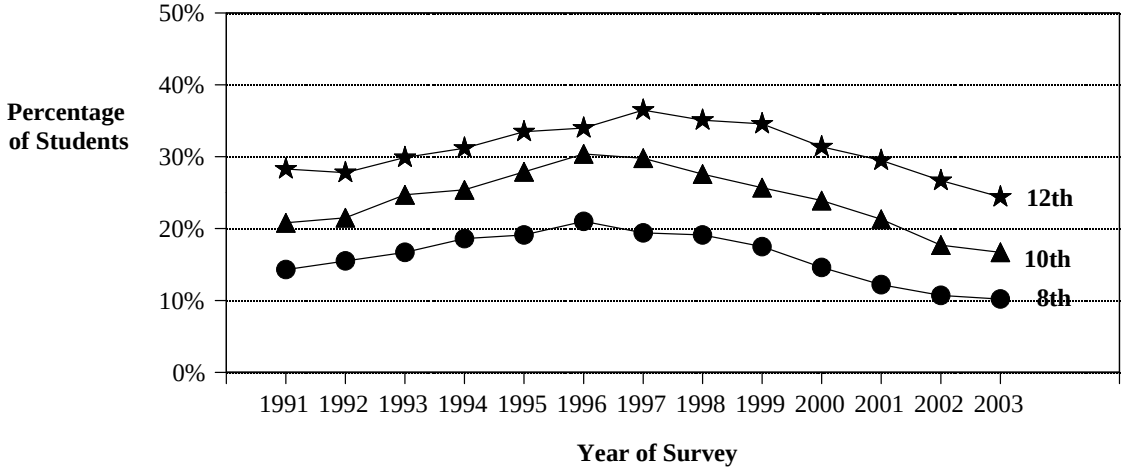
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Decline in Cigarette Use Among U.S. 8th and 10th Grade Students May Have Stalled

Although the use of cigarettes by high school students has been decreasing since the mid-1990s, the declining trend appears to be slowing, according to recently released data from the 2003 national Monitoring the Future survey. The percentage of 8th and 10th grade students who reported using cigarettes in the past 30 days dropped only 0.5% and 1% respectively from 2002 to 2003—decreases which were not statistically significant. Past 30-day use among 12th graders did exhibit a statistically significant decline during this period, from 27% to 24%. However, researchers "believe that this decline largely reflects an echo of the declines exhibited earlier when these students were in the lower grades" (p. 2). According to the study's principal investigator, "we still have a quarter of our young people who are actively smoking by the time they leave high school, which is an unacceptably high rate for a behavior that so endangers their health and reduces their life expectancy" (p. 2).

Percentage of U.S. Eighth, Tenth, and Twelfth Grade Students Reporting Cigarette Use in the Past Thirty Days, 1991-2003



NOTE: The difference between the 2002 and 2003 prevalence rate for 8th and 10th graders was not statistically significant. The difference for 12th graders was statistically significant at $p < .05$.

SOURCE: Adapted by CESAR from data from University of Michigan, Monitoring the Future Study Press Release, "Teen Smoking Continues to Decline in 2003, But Declines Are Slowing," December 19, 2003. Available online at www.monitoringthefuture.org. For more information, contact Patti Meyer at 734-647-1083.

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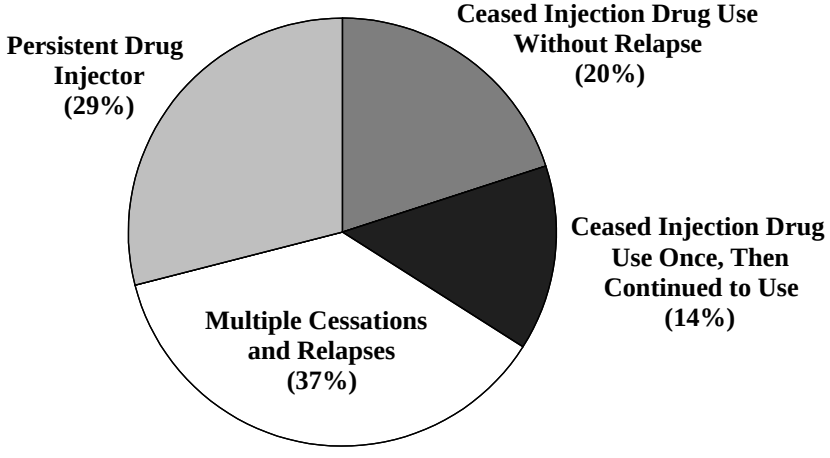
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Study Finds Only 20% of Street-Recruited Injection Drug Users in Baltimore Cease Injection Drug Use Without Relapse

Few injection drug users (IDUs) are successful in completely stopping their injection drug use, according to the AIDS Link to Intravenous Experience (ALIVE) Study in Baltimore, Maryland. While the majority (71%) of injection drug users did experience some period of abstinence during the course of the 12-year study, only 20% stopped their injection drug use without relapsing. Of the remaining participants, 29% remained persistent injectors, 14% ceased injection drug use once and then continued to use injection drugs regularly, and 37% had numerous cessations and relapses during the duration of the study. Only a minority of the IDUs received treatment while participating in the study, despite the fact that referrals were regularly made to drug treatment programs that waived the waiting list. The authors conclude, "The long-term injection patterns described in this study are consistent with the view of drug addiction as a chronic disease," thus emphasizing the "need for prolonged ongoing programs to sustain cessation efforts by injection drug users, and at the same time provide harm-reduction counseling and medical care to those who continue injecting either intermittently or continuously, to prevent adverse health and social outcomes" (p. 704).

Injection Drug Use Among Street-Recruited IDUs Interviewed Twice a Year from 1988 to 2000, Baltimore, Maryland

(N = 1,339)



NOTES: Active injection drug users in Baltimore, Maryland, were recruited in 1988 through community outreach efforts. Participants were interviewed about their drug injection and other behaviors twice a year from 1988 to 2000. The data presented are from those participants who made at least four follow-up visits and did not have more than one large gap between follow-up visits (1,339 of the original 2,946 IDUs recruited into the ALIVE study).

SOURCE: Adapted by CESAR from Galai N., Safaeian M., Vlahov D., Bolotin A., and Celentano D.D., "Longitudinal Patterns of Drug Injection Behavior in the ALIVE Study Cohort, 1988-2000: Description and Determinants," *American Journal of Epidemiology* 158(7):695-704, 2003. For more information contact Dr. Noya Galai at ngalai@jhsph.edu.

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A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

NIDA Releases Updated Guide to Preventing Drug Use Among Youth

The National Institute on Drug Abuse (NIDA) recently published its second edition of "Preventing Drug Use Among Children and Adolescents," a research-based guide designed to assist parents, educators, and community leaders in their planning, selection, and delivery of drug abuse prevention programs throughout their communities. Research-based prevention principles are presented for three categories: 1) risk and protective factors; 2) prevention planning; and 3) prevention program delivery. Following is an abbreviated list of the 16 principles presented in the guide. A copy of the full publication is available online at http://www.nida.nih.gov/Prevention/Prevopen.html.

Risk and Protective Factors

- Prevention programs should enhance protective factors and reverse or reduce risk factors.
- Prevention programs should address all forms of drug abuse, including the underage use of tobacco or alcohol.
- Prevention programs should be tailored to address risks specific to population audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness.

Prevention Planning

- Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information.
- Prevention programs can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties.
- Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout.

Prevention Program Delivery

- Prevention programs should be long-term, with repeated interventions to reinforce the original prevention goals.
- Prevention programs should include teacher training on good classroom management practices, to help foster students' positive behavior, achievement, academic motivation, and school bonding.
- Prevention programs are most effective when they employ interactive techniques that allow for active involvement in learning about drug abuse and reinforcing skills.

SOURCE: Adapted by CESAR from the National Institute on Drug Abuse, "Preventing Drug Use Among Children and Adolescents: A Research-Based Guide," 2003.

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February 16, 2004
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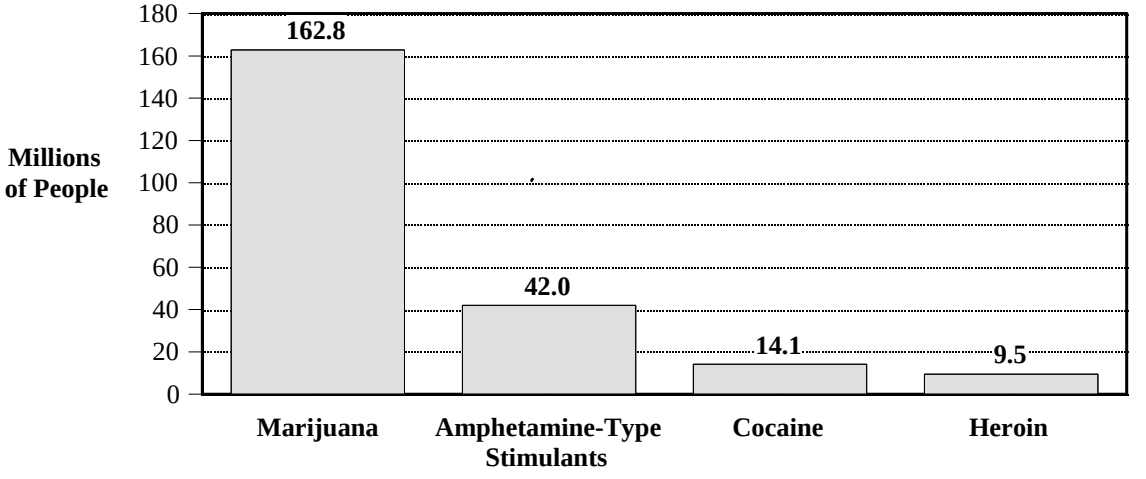
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Global Use of Amphetamine-Type Stimulants Less Than Marijuana; Greater Than Cocaine and Heroin Combined

While marijuana remains the most commonly used illicit drug, the use of amphetamine-type stimulants is becoming a worldwide concern. According to a report from the United Nations Office on Drugs and Crime (UNODC), an estimated 162.8 million people worldwide used marijuana in the past year in 2000-2001. The second most widely used substance is amphetamine-type stimulants (ATS), a group of chemically related synthetic drugs that include amphetamine, methamphetamine, ecstasy, and ecstasy-type substances, such as MDA and MDE. The number of people using ATS (42.0 million) is nearly double the number of people using cocaine and heroin combined (23.6 million). The report concludes that "tackling the ATS problem needs strong political commitment, better data, improved and targeted demand reduction efforts, including treatment, and innovative approaches to enforcement, especially for clandestine manufacture" (p. 23).

Estimated Millions of People Worldwide (Age 15 and Older) Reporting Past Year Marijuana, Amphetamine-Type Stimulants, Cocaine, and/or Heroin Use, 2000-2001*



*These categories of drug use are not mutually exclusive as drug users frequently use more than one substance.

NOTES: Global estimates are produced using results from annual reports questionnaires (ARQ) submitted by governments of U.N. member countries, other governmental reports, and research results from scientific literature. Each of these country estimates are transformed into one indicator—annual prevalence among the general population age 15 and above. The ARQ vary in both the number of countries responding and in content, and some countries lack the monitoring systems required to produce reliable, comprehensive, and internationally comparable data.

SOURCE: Adapted by CESAR from the United Nations Office on Drugs and Crime, "Ecstasy and Amphetamines Global Survey," 2003. Available online at http://www.unodc.org/unodc/publications/report_ats_2003-09-23_1.html.

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February 23, 2004
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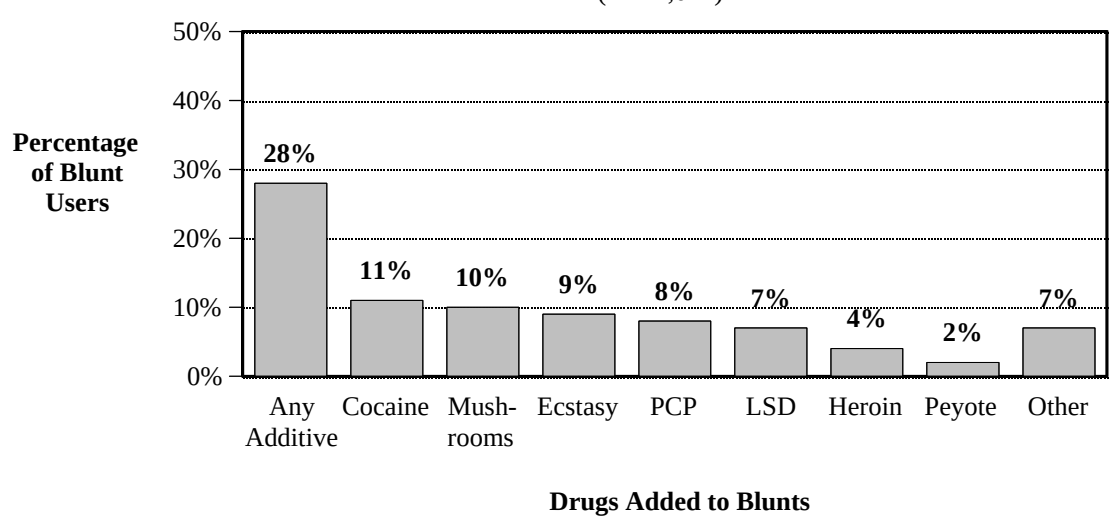
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

The Blunt Truth: Massachusetts Students Smoke More Than Marijuana in Their Cigars

Blunts are used as a delivery device for a variety of drugs and not just marijuana, according to a survey of more than 5,000 7th to 12th grade students in Massachusetts. One in five students have used blunts—hollowed-out cigars typically used to smoke marijuana—at least once in their lives (data not shown). Over a quarter of the blunt users (28%) reported adding at least one additional substance to cigars other than marijuana. Cocaine and mushrooms were the most popular additives, followed by ecstasy, PCP, and LSD. In fact, the authors conclude that, "our results suggest that virtually any recreational drug available will be added to blunts by at least some youth, even if smoking it does not necessarily enhance the effect of the drug" (p. 1385). They recommend that "future studies should explore whether adding drugs to blunts is a frequent or infrequent occurrence and what health consequences flow from smoking various drugs in this way" (p. 1385).

Percentage of Massachusetts 7th to 12th Grade Blunt Users Who Have Added Drugs Other Than Marijuana to Their Blunts, 2001
(N = 1,047)



SOURCE: Adapted by CESAR from Soldz, S., Huyser, D.J., and Dorsey E., "The Cigar as a Drug Delivery Device: Youth Use of Blunts," *Addiction* 98(10):1379-1386, 2003. For more information, contact Stephen Soldz at ssoldz@bgsp.edu.

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CESAR FAX

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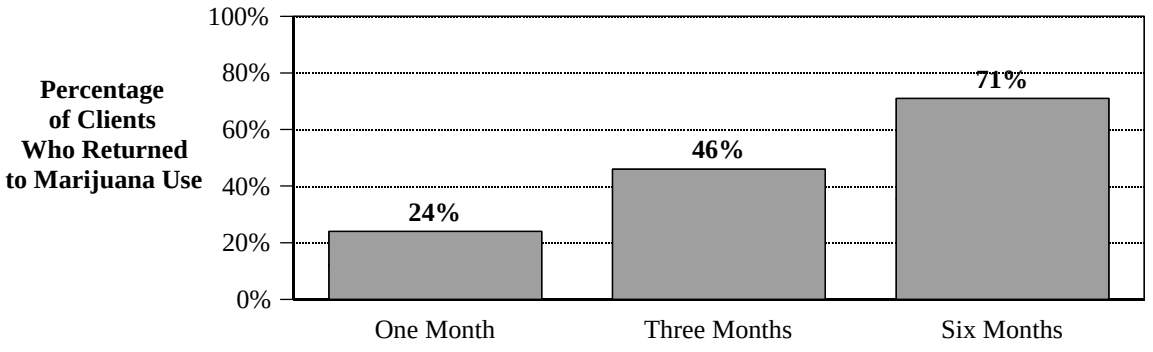
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Return to Marijuana Use Is Common Among Marijuana-Dependent Outpatient Treatment Clients

Nearly three-quarters (71%) of marijuana-dependent treatment clients return to marijuana use even after achieving at least two weeks of abstinence, according to a study of marijuana-dependent patients receiving outpatient treatment in two clinical trials in Vermont. Nearly one-fourth (24%) of the patients used marijuana at least once within one month following their initial two weeks of abstinence. Within three months nearly half (46%) of the dependent users had used again, and within six months nearly three-fourths (71%) of the clients had used again. Since "[t]hese lapse rates appear similar to studies of alcohol, opiate, and tobacco smoking," the authors suggest that "[m]arijuana-dependent individuals may benefit from extended treatment or aftercare programs designed to assist individuals maintain initial gains achieved during treatment" (p. 88).

Percentage of Marijuana-Dependent Outpatient Treatment Clients Who Returned to Marijuana Use After Two Weeks of Abstinence

(N=82)



NOTES: Participants were marijuana-dependent clients who were not dependent on other substances (excluding nicotine) and who did not have active severe psychiatric or medical disorders. People with multiple drug dependencies or severe psychiatric or medical disorders may be more susceptible to relapse. The participants were primarily white males ranging in age from 18 to 55 (mean age 32.7); relapse rates may differ for women and minority users.

SOURCE: Adapted by CESAR from Moore, B. and Budney, A., "Relapse in Outpatient Treatment for Marijuana Dependence," *Journal of Substance Abuse Treatment* 25(2):85-89, 2003. For more information, contact Dr. Brent Moore at brent.moore@yale.edu.

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CESAR FAX

March 8, 2004
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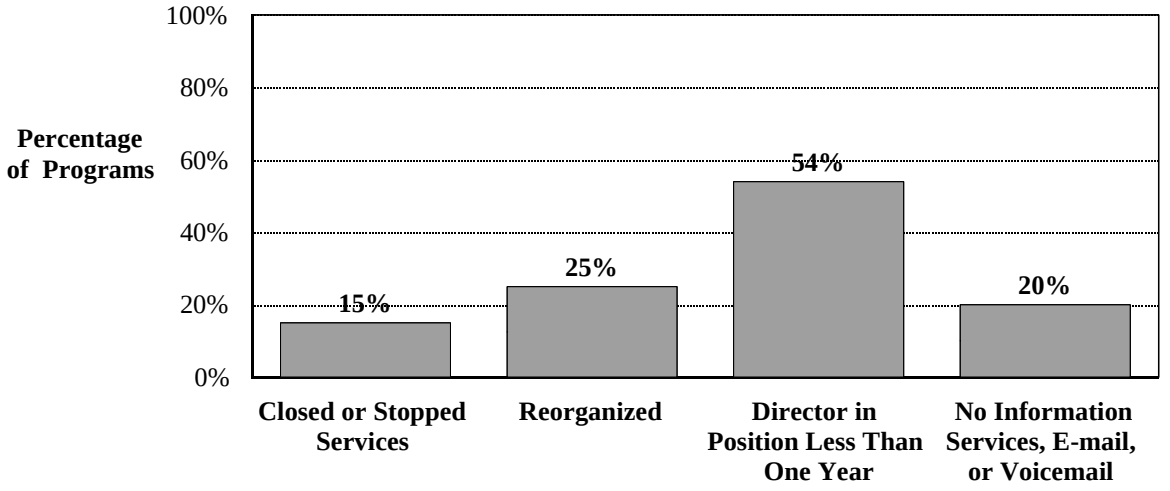
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Report Questions Ability of National Treatment Infrastructure to Deliver Quality Care

During a span of sixteen months prior to February 2003, 15% of the nation's drug and alcohol treatment facilities had either closed or stopped offering addiction counseling, according to a study of a nationally representative sample of drug and alcohol treatment programs. In addition, nearly one-fourth of the facilities had been reorganized under a different administrative structure—generally a mental health firm or agency. Researchers also noted an "extreme instability of the workforce at all levels within the national treatment system" (p. 120). For example, more than one-half (54%) of the directors had been in their positions for less than one year. Other problems included a lack of information services, e-mail, or voice mail systems necessary to assist in data collection and reporting requirements. The authors conclude that, "These findings are disturbing and call into question the ability of the national treatment system to meet the complex demands of both the patients that enter this system and the agencies that refer to it" (p. 117).

Characteristics of U.S. Drug and Alcohol Treatment Programs, October 2001-February 2003

(N=a nationally representative sample of 175 substance abuse treatment programs)



NOTES: The sample was drawn from a subset of the 13,484 treatment facilities listed in the 2000 edition of the National Survey of Substance Abuse Treatment Services, including government-owned, private nonprofit, and private for-profit programs from all 50 states and the District of Columbia. Given the time lag in publication, changes in state-operating budgets, and other political and economic factors, the sample may not be representative of the treatment system at the time of publication.

SOURCE: Adapted by CESAR from the McLellan, A. T., Carise, D., and Kleber, J., "Can the National Addiction Treatment Infrastructure Support the Public's Demand for Quality Care?" *Journal of Substance Abuse Treatment* 25(2):117-121, 2003. For more information, contact Dr. A. Thomas McLellan at tmclellan@tresearch.org.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

NIJ Ending Arrestee Drug Abuse Monitoring Program (ADAM): Experts Agree That Program's Demise Is a "Huge Loss"

"ADAM should go back to the lean system it was when it was real time and responsive—before scientific purists, attempting to improve it, made it very expensive and slow."

–***Dr. Robert DuPont,*** *first Director of the National Institute on Drug Abuse*

A January 29, 2004, press release from the National Institute of Justice (NIJ), U.S. Department of Justice (http://www.ojp.usdoj.gov/nij/pdf/adam_letter.pdf) announced the demise of the $8.4 million ADAM program, citing the "significant reduction in the congressional appropriation to NIJ in fiscal year 2004 for social science research." NIJ hopes to replace the ADAM program with a data collection system to provide a national estimate of drug use among arrestees, contingent on the availability of future funding.

The ending of the program surprised many experts and ADAM site directors have expressed frustration over the lack of communication regarding the decision. In an effort to determine the impact of ADAM's demise, CESAR staff contacted experts in the substance abuse and criminal justice fields. These persons agreed that very important policy information about drug trends will be lost without ADAM.

- "ADAM showed that different drugs were important in different places and provided indication of trends and diffusion across the country. Methamphetamine stayed in the West for a long time before it began moving eastward. That information would not be available if there was only a single national drug abuse rate. It is utterly astonishing that we are willing to spend $10 billion a year incarcerating drug offenders and not willing to spend $8 million for ADAM to measure local features of drug abuse and its connection with crime."

  –**Professor Alfred Blumstein**, Carnegie Mellon University

- "We have lost an ability to track national trends such as the rise and fall of crack use and the entrenched nature of heroin markets." In addition, "this is a real loss for local communities that are trying to develop a better understanding of the changing patterns in drug use on the streets and in their homes."

  –**Jeremy Travis**, Senior Fellow, Urban Institute and former NIJ Director

- "I wonder if perhaps we could "get a pretty good idea [of drug trends] with something less costly. Maybe five or six places are enough."

  –**Dr. Jerome Jaffe**, Division of Alcohol and Drug Abuse, University of Maryland School of Medicine

ADAM's predecessor, the Drug Use Forecasting (DUF) program, was launched by NIJ in 1987 to predict and track drug use trends in arrestees. The groundbreaking program was the only national level survey to measure drug use by urinalysis rather than self-reports. In January 1988, Attorney General Edwin Meese released the initial findings from 12 cities showing 53 to 79% of male arrestees tested positive for drugs. DUF was renamed ADAM in 1997 and expanded to 35 locations nationwide with the addition of complex sampling procedures and an extended interview.

NOTE: CESAR's director, Dr. Eric Wish, designed and launched the DUF program while he was a NIJ Visiting Fellow from 1986 to 1990.

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A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Inhalant Abuse: Nothing to Sniff At

What are inhalants? Inhalants are substances whose chemical vapors can be intentionally inhaled to produce a psychoactive effect. Inhalants are generally classified into four different groups: 1) volatile solvents, such as glue, paint thinner, gasoline, and nail polish remover; 2) aerosols, including spray paint, cooking spray, and hair spray; 3) gases, including nitrous oxide and ether; and 4) nitrites, such as amyl, butyl, and isobutyl nitrites.

What are the street names for inhalants? Common street terms for inhalants are air blast, discorama, hippie crack, medusa, moon gas, oz, and poor man's pot. Nitrites are known as rush, bolt, climax, boppers, poppers, and snappers. Nitrous oxide is referred to as buzz bomb, laughing gas, shoot the breeze, and whippets. Sniffing, huffing, bagging, and glading are terms used to describe inhalant use.

How are inhalants used? Abusers may inhale chemical vapors directly from open containers, huff fumes from chemical soaked rags, or inhale fumes from substances sprayed or placed inside plastic or paper bags, soda cans, or balloons.

What are the effects of inhalant use? The instant, short-lived high produces euphoria, disinhibition, impaired judgment, slurred speech, lethargy, nervous system depression, and sometimes unconsciousness. Prolonged use may result in neurological impairment and damage to the heart, lungs, kidneys, and liver. Sudden death, typically caused by heart failure, can occur after a single session of inhalant use. Inhalant use can also cause death by asphyxiation, suffocation, choking, or fatal injuries from accidents while intoxicated.

Who uses inhalants? Inhalants are readily available, inexpensive, and usually legal to purchase or possess, causing them to be a popular substance of abuse among youths. According to the 2002 National Survey on Drug Use and Health, 4.4% of youths age 12-17 used inhalants in the past year, compared to 0.5% of adults. Inhalant users may have a drunk or disoriented appearance, slurred speech, lack of coordination, chemical odors on their breath or clothing, and paint or other stains on their face, hands, or clothes.

Are inhalants addictive? Inhalant users may build up a tolerance that requires the consumption of higher dosages to achieve similar effects. Cravings for inhalants may also develop through heavy use and withdrawal symptoms may include sweating, rapid pulse, tremors, insomnia, nausea, and hallucinations.

Are inhalants legal? While many inhalants are legal to purchase for their intended use, many states have legislation that places restrictions on the purchase, use, and/or possession of these products by minors.

SOURCE: A complete list of sources is available by accessing the PDF version of this issue online at www.cesar.umd.edu.

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CESAR FAX

March 29, 2004
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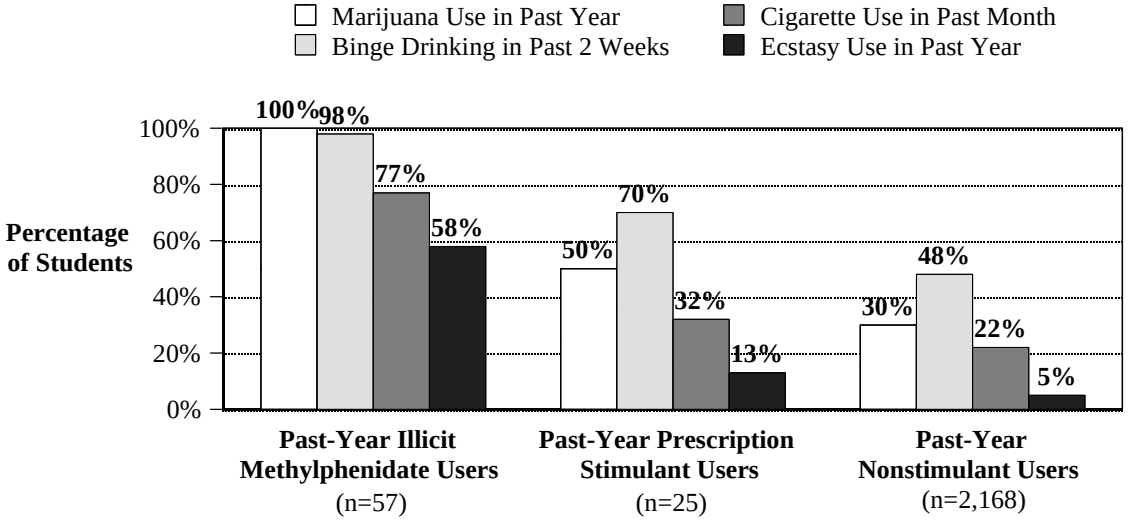
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

College Students Who Use Methylphenidate Illicitly Are More Likely to Be Poly-Drug Users

Illicit methylphenidate (e.g., Ritalin®, Methylin®) users were significantly more likely to use alcohol and other drugs than prescription stimulant users or non-stimulant users, according to a study of undergraduate students at the University of Michigan. Of the 2,250 students surveyed, 3% reported past-year illicit methylphenidate use. Every student surveyed who reported using methylphenidate illicitly in the past year also reported using marijuana during the same period, compared to one-half of the prescription stimulant users, and 30% of the nonstimulant users. Similarly, nearly all (98%) of the illicit methylphenidate users reported binge drinking during the two weeks prior to the survey, compared to 70% of prescription stimulant users and 48% of nonstimulant users. Ecstasy and cigarette use were also significantly higher among illicit methylphenidate users than for the other groups. According to the authors, "Our findings suggest that the factors associated with illicit methylphenidate use are very similar to those previously found to be associated with other illicit drugs among college students" (p. 615).

Percentage of College Students Reporting Marijuana, Binge Drinking, Cigarette, and Ecstasy Use, by Past-Year Use of Methylphenidate and Prescription Stimulants, March to April 2001
(N=2,250)



NOTES: Illicit users differed from nonstimulant users and prescribed users at $p < 0.01$. A random sample of 3,500 full-time undergraduate students was drawn from the Registrar's Office and were sent letters via e-mail describing the study and inviting students to self-administer the Web-based survey via an e-mail link. The response rate was 64%.

SOURCE: Adapted by CESAR from Teter, C., Esteban, S., Boyd, C., and Guthrie S., "Illicit Methylphenidate Use in an Undergraduate Student Sample: Prevalence and Risk Factors," *Pharmacotherapy* 23(5):609-617, 2003. For more information, contact Dr. Christian J. Teter, Pharm.D. at cjteter@umich.edu.

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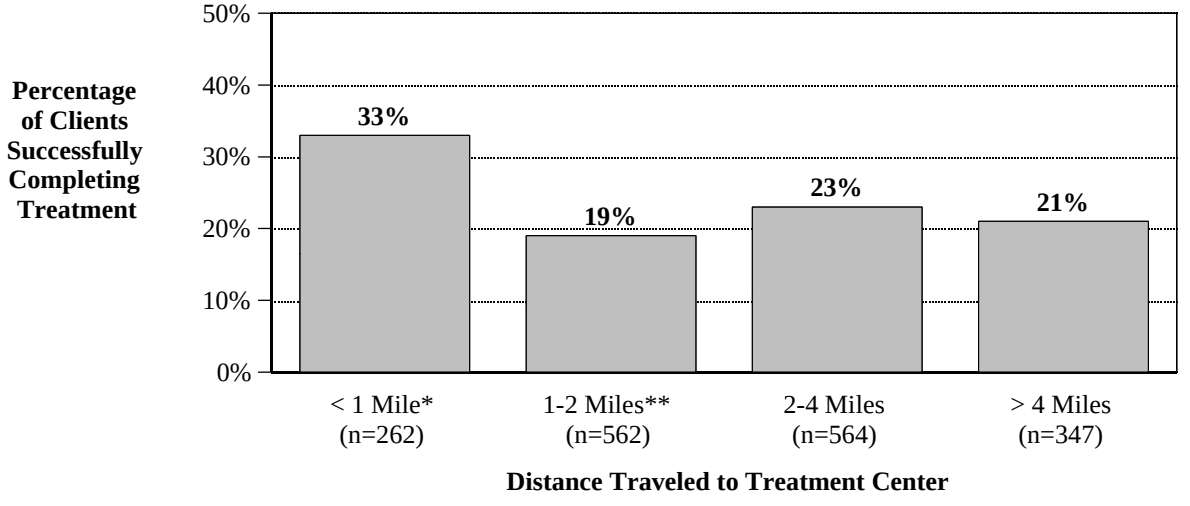
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Outpatient Drug Treatment Clients Who Travel Less Than One Mile to the Program Are More Likely to Complete Treatment

Clients in outpatient drug treatment programs who travel a shorter distance to treatment are more likely to complete treatment programs, according to a study of clients in 30 different publicly-funded outpatient programs in Baltimore City. In fiscal year 1998, less than one-fourth (23%) of all clients who sought treatment at outpatient facilities completed treatment. However, 33% of clients traveling less than 1 mile for treatment completed their programs successfully, compared to 19% to 23% of clients traveling further. After controlling for the effects of demographic variables and type of drug problem, traveling more than 1 mile for treatment reduced the chances of client treatment completion by nearly 50% (data not shown). According to the authors, "These findings have important implications for the geographic placement of new treatment facilities, as well as the provision of transportation services to maximize treatment retention" (p. 279).

Percentage of Clients Who Successfully Completed Outpatient Treatment in Baltimore City, by Distance Traveled to Drug Treatment Center, Fiscal Year 1998
(N=1,735)



*p<0.001; **p<0.05 (compared to all clients)

NOTE: Completion is defined by the counselor as successful completion of client's treatment goals.

SOURCE: Adapted by CESAR from Beardsley, K., Wish, E., Fitzelle, D., O'Grady, K., and Arria, A. "Distance Traveled to Outpatient Drug Treatment and Client Retention," *Journal of Substance Abuse Treatment* 25 (4):279-285, 2003. For more information, contact Dr. Amelia Arria at aarria@cesar.umd.edu.

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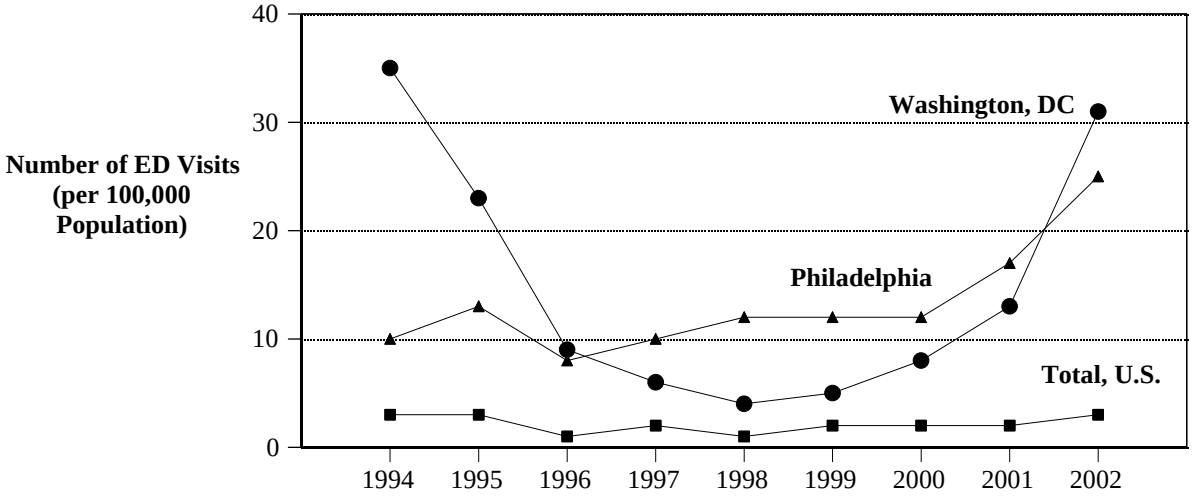
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Rates of PCP-Related Emergency Department Visits Highest in Washington, D.C., and Philadelphia

Washington, D.C., and Philadelphia reported the highest rates of PCP-related emergency department (ED) visits of the 21 metropolitan areas that report to the national Drug Abuse Warning Network (DAWN). According to data from the 2002 DAWN, the rates of PCP-related ED visits per 100,000 population were 31 in Washington, D.C., and 25 in Philadelphia, compared to a national average of 3 visits per 100,000 population. PCP-related visits in Philadelphia increased gradually from 1996 to 2000, then increased at a much faster rate from 2000 to 2002. PCP-related visits in Washington, D.C., declined between 1994 and 1998, but have increased every year since then. Between 2001 and 2002, PCP-related ED visits increased 143% in the District (from 13 to 31 visits per 100,000 population). Patients involved in PCP-related ED visits in Washington, D.C., and Philadelphia were similar in age (nearly half were between the ages of 18 and 25) and gender (almost three-quarters were male). However, patients involved in PCP-related ED visits in the District were more likely to be black (82% vs. 50% in Philadelphia) and less likely to have their visit involve other drugs (65% vs. more than 80% in Philadelphia).

Number of PCP-Related ED Visits per 100,000 Population; Philadelphia, Washington, D.C., and U.S., 1994-2002



SOURCES: Adapted by CESAR from the Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA), "Trends in PCP-Related Emergency Department Visits," *The DAWN Report*, January 2004 (available online at http://dawninfo.samhsa.gov/pubs_94_02/shortreports/files/TDR_PCPa.pdf); and OAS, SAMHSA, "Emergency Department Trends from the Drug Abuse Warning Network: Final Estimates, 1995-2002," 2003 (available online at http://dawninfo.samhsa.gov/pubs_94_02/edpubs/2002final/).

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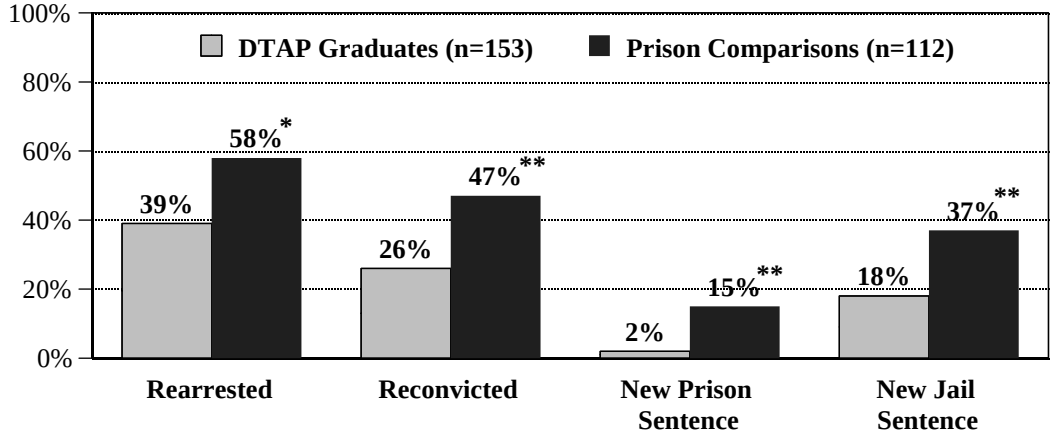
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

New York Drug Treatment Alternative-to-Prison (DTAP) Program Reduces Recidivism

Individuals who graduated from the Drug Treatment Alternative-to-Prison (DTAP) program in Brooklyn, New York, are significantly less likely to become re-involved with the criminal justice system two years after graduating from the program than individuals who did not participate in such a program. The DTAP program sends nonviolent felons to residential treatment facilities, where they receive 15 to 24 months of intensive drug treatment and vocational training, instead of going to prison. Rearrest and reconviction rates were lower among the 53% of the participants that graduated from the DTAP program than the comparison group, who went through the regular criminal justice system process. DTAP graduates were also less likely to receive new prison (2% v. 15%) or jail (18% v. 37%) sentences. In addition to the significant reduction in recidivism rates, the average cost per DTAP participant is about half that of incarceration ($32,975 v. $64,338). The authors suggest that "[i]n their efforts to reduce crime and drug use, state and local corrections agencies, courts and prosecutors' offices across the Nation should consider this type of program as a possible cost-effective alternative to incarceration" (p. 13).

Percentage of New York Offenders Rearrested, Reconvicted, and Reimprisoned, Two Years After Graduation from DTAP Program or Release from Prison, 1995-1996



*p<0.01; **p<0.001

NOTES: Candidates for the DTAP program are those who are drug abusers, have repeatedly sold drugs, have not been convicted of a violent crime, are willing to engage in treatment and communal living, have no history of violence or mental disorder, and are facing a mandatory prison sentence. Sentencing is deferred pending completion of the program, at which time the guilty plea is withdrawn and charges are dismissed.

SOURCE: Adapted by CESAR from the National Center on Addiction and Substance Abuse at Columbia University (CASA), *Crossing the Bridge: An Evaluation of the Drug Treatment Alternative-to-Prison (DTAP) Program*, March 2003. Available online at http://www.casacolumbia.org/pdshopprov/shop/item.asp?itemid=8.

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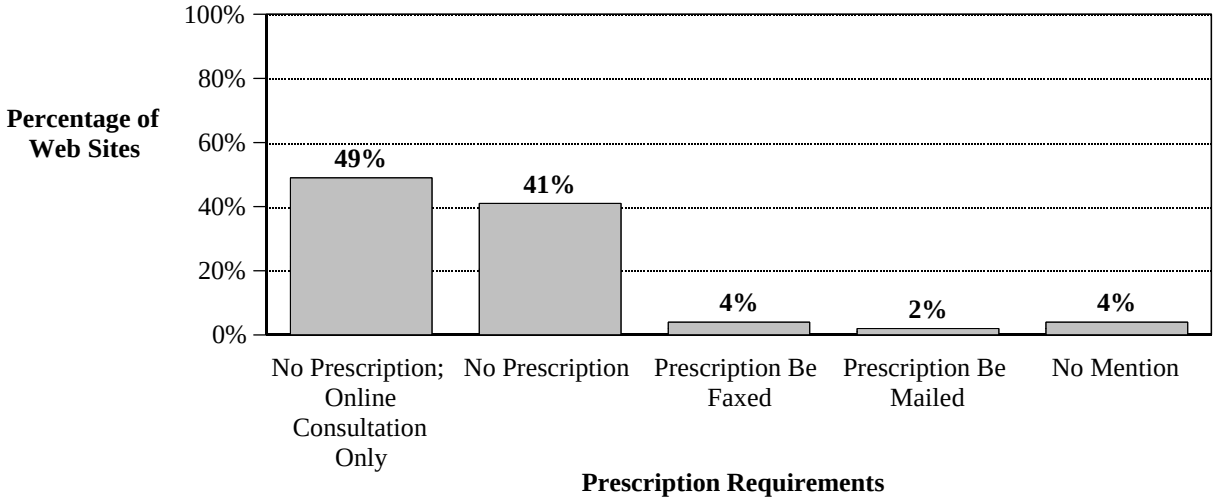
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Prescription Not Required: Dangerous Controlled Prescription Drugs for Sale on the Internet

Controlled prescription drugs* are extensively available on the internet, with an overwhelming number of web sites not requiring a valid prescription, according to a one-week analysis of web sites offering Schedules II through V prescription drugs. Of the 157 sites that were found to sell such drugs, 141 sites (90%) did not require a valid prescription. No prescription at all was needed at 41% of the sites, while 49% of the sites required an "online consultation," where patients determined for themselves if their symptoms warranted the use of a particular drug. Faxing or mailing prescriptions were required in 4% and 2% of the sites, respectively. The remaining 4% of the sites made no mention of a prescription. Benzodiazepines (e.g. Xanax® and Valium®) were the drugs most frequently offered on the internet, followed by painkillers (e.g. fentanyl, hydrocodone, and oxycodone) and stimulants (e.g. Ritalin® and Adderall®). No sites included mechanisms to block children from purchasing prescription drugs. The authors acknowledge that prescription internet sales, offer "easier access to medications for individuals who need them for legitimate purposes," but suggest that such sales without prescription requirements are a "menace to our nation's health and a challenge for law enforcement" (p. 6). They conclude that, "The findings from this analysis clearly show that despite federal and state attempts to intervene there is no effective control of the Internet distribution of controlled, dangerous, addictive, prescription drugs" (p. 6).

Percentage of Web Sites Selling Controlled Prescription Drugs, by Prescription Requirement, January 15-22, 2004 (N = 157)



*Controlled prescription drugs are those listed as Schedule II through V drugs under the federal Controlled Substance Act, meaning that they have accepted medical use but potential for abuse and dependency.

SOURCE: Adapted by CESAR from the National Center on Addiction and Substance Abuse at Columbia University, "'You've Got Drugs!' Prescription Drug Pushers on the Internet," *A CASA White Paper*, February 2004. Available online at, http://www.casacolumbia.org/pdshopprov/shop/item.asp?itemid=61.

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A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

New Maryland Drug Early Warning System (DEWS) Research Series Investigates Increase in PCP Use and Availability in Prince George's County

Several indicators monitored by DEWS staff suggest that the use and availability of PCP are on the rise in several Maryland counties, including Prince George's County. For example, PCP-related treatment admissions reached a five-year high among Prince George's County residents in 2003. As part of an innovative research series, *DEWS Investigates*, DEWS staff are conducting rapid "mini-studies" to investigate specific trends or questions identified by the monitoring of quantitative indicators. The first of these studies consisted of two sets of in-depth interviews with 16 juvenile offenders and 20 adult arrestees in Prince George's County to investigate perceptions of PCP use. Following are highlights of these interviews.

- Adults and juveniles report that PCP has increased in popularity, particularly the use of "dippers," which are tobacco cigarettes or marijuana joints or blunts dipped in a liquid substance containing PCP. "Boat"—marijuana or parsley laced with PCP and rolled into a joint or blunt—was reported as a less common way of using PCP.
- Many of the juveniles interviewed did not think that dippers were made with PCP. Instead, youths often cited embalming fluid as the primary ingredient and stated that it is cut with other ingredients, such as starter fluid or baby oil. In fact, most of the juveniles interviewed "maintained that dippers are easy to obtain, whereas PCP is not widely available" (p. 2).
- In contrast, most adult arrestees interviewed reported that PCP is the primary ingredient in the fluid used to make dippers. They also identified similar secondary ingredients as those mentioned by juveniles, such as embalming fluid and a variety of animal tranquilizers. In addition, some adult arrestees reported that dealers are putting pills of ecstasy into liquid vials of PCP.

DEWS researchers were unable to determine what proportion of dippers, if any, were made with embalming fluid instead of PCP. The confusing connection between PCP and embalming fluid, which has been reported in other studies in Texas[1] and Washington, D.C.,[2] is complicated by the fact that the term "embalming fluid" is also a slang term referring to liquid PCP. Hence, many people who use dippers—especially youth—do not know exactly what they are consuming. The researchers recommend that drug seizures suspected of containing PCP be tested to identify all the component ingredients. In addition, they conclude that "the findings suggest a need for focused educational interventions warning youth that dippers contain PCP and are harmful" (p. 4).

[1]Elwood, W.N. "'Fry:' A Study of Adolescents' Use of Embalming Fluid with Marijuana and Tobacco," Texas Commission on Alcohol and Drug Abuse, 1998.

[2]Wish, E.D., Artigiani, E., Brown, J., Canham, S., Gray, T., & Mattheson, C. "PCP Use and Trends in Washington, D.C.: Two Rapid Methods for Investigating Leads from Indicator Data." Presentation at the Community Epidemiology Work Group Meeting, Atlanta, December 2003.

SOURCE: Drug Early Warning System (DEWS), Center for Substance Abuse Research (CESAR), "DEWS Investigates: What Is Behind the Increase in PCP in Prince George's County?" February 2004. Available online at www.dewsonline.org. For more information, contact Erin Artigiani at erin @cesar.umd.edu.

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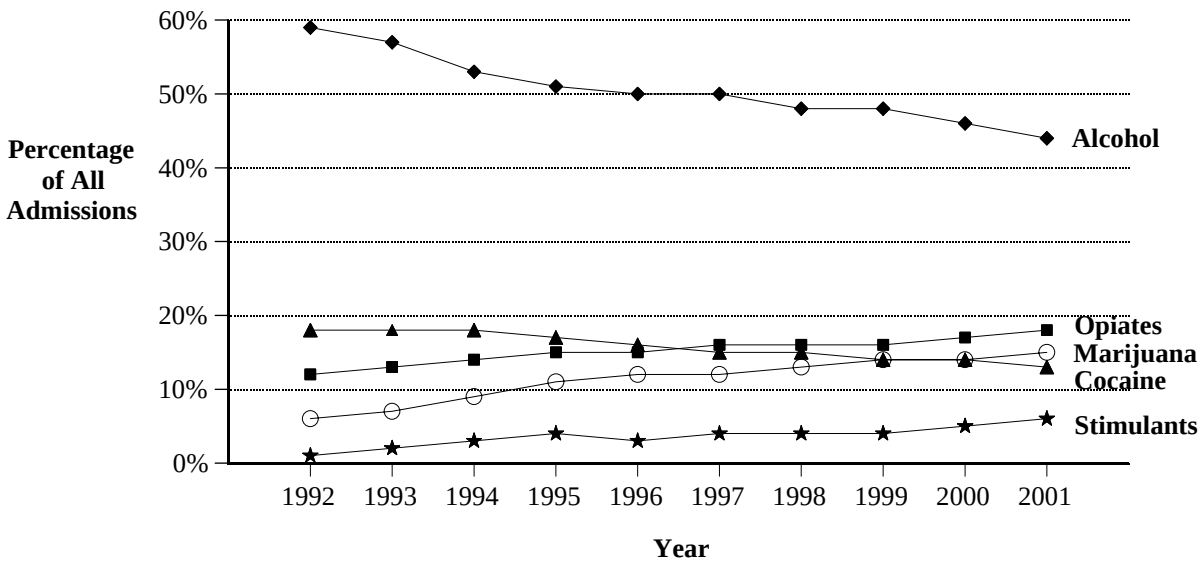
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

National Treatment Admissions for Primary Alcohol and Cocaine Abuse Decline; Opiates, Marijuana, and Stimulants Increase Since 1992

The percentage of admissions to state-funded substance abuse treatment facilities for alcohol abuse has declined since 1992, according to data from the national Treatment Episode Data Set (TEDS). While alcohol continues to be the substance most frequently cited as a primary substance of abuse, primary alcohol abuse accounted for less than one-half (44%) of all admissions in 2001, down from 59% in 1992. A decline was also seen in admissions for primary cocaine abuse (from 18% in 1992 to 13% in 2001). At the same time, there was an increase in the proportion of admissions for primary abuse of opiates (from 12% to 18%), marijuana (from 6% to 15%), and stimulants (from 1% to 6%). Other drugs, including sedatives, tranquilizers, hallucinogens, inhalants, and PCP each accounted for less than 1% of yearly admissions during the nine year period (data not shown).

Primary Substance of Abuse at Admission to U.S. State Licensed or Certified Substance Abuse Treatment Facilities, 1992-2001



NOTE: TEDS is based on admissions and not individuals. Therefore, an individual could be admitted to treatment more than once during the course of a calendar year, accounting for more than one admission.

SOURCE: Adapted by CESAR from the Office of Applied Studies, SAMHSA, "National Admissions to Substance Abuse Treatment Services," *Treatment Episode Data Set (TEDS) 1992-2001*, December 2003. Available online at http://wwwdasis.samhsa.gov/teds01/TEDS2K1Index.htm.

Advertise Your Substance Abuse-Related Job Opening or Upcoming Event on CESAR's Website

As a service to the substance abuse community, CESAR will begin posting job openings and upcoming events on the CESAR website (www.cesar.umd.edu). If you have an employment opportunity or event that you would like considered for posting, please contact Jessica Woodruff at jwoodruff@cesar.umd.edu.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

New Report Summarizes Current Patterns of Club Drug Use in the U.S.

The drugs MDMA, GHB, ketamine, LSD, methamphetamine, and Rohypnol® are often referred to collectively as club drugs, due to their popularity at raves and dance parties. This distinction, however, fails to take into account that "each of these drugs has very different pharmacological, psychological, and physiological properties" and "that there are important differences in the characteristics of people who use each of these drugs and the patterns of their use" (p. 1), according to a recent report from the Center for Excellence in Drug Epidemiology. Using qualitative and quantitative information from five national substance abuse data sources,* the report provides a summary of current patterns of club drug use in the U.S. Following are highlights from the report, which is available online at http://www.utexas.edu/research/cswr/gcattc/Trends/ClubDrug-2004-web.pdf.

- **Ecstasy** (MDMA): While ecstasy use is now decreasing after a period of rapid increase, use is spreading from raves and the dance scene to other venues. Ecstasy users are among the youngest club drug users, and users cite the psychic effects and dependence as reasons for using the drug.
- **GHB**: While GHB use is decreasing, users "are the most likely of all club drug users to use other drugs at the same time, especially alcohol" (p. 4). GHB users are typically older than other club drug users and use the drug for its psychic effects.
- **Ketamine**: Levels of ketamine use have historically been low. Ketamine users are likely to use multiple drugs, including cocaine and heroin. The primary motive for using ketamine is the psychic effects of the drug.
- **LSD**: The highest number of new LSD users ever was reported in 2000, but then dropped in 2001, and is declining sharply in most areas today. LSD users are the youngest of all club drug users and report using the drug for the psychic effects and because of dependence.
- **Methamphetamine**: Methamphetamine use is one of the largest drug problems in the U.S. Initially popular on the west coast, use of methamphetamine is spreading eastward. While use in the urban party scene is most typical, it is also becoming popular in rural areas. Methamphetamine users are the oldest of all club drug users and the least likely to use multiple drugs. The primary reason for using methamphetamine is dependence, followed by psychic effects.
- **Rohypnol®**: Since becoming illegal to import into the U.S., use of this drug has declined. However it still remains popular among Hispanic populations on the Mexico border and in Miami (68% of Rohypnol® users are Hispanic), and is more likely than any other club drug to be used for its psychic effects.

*Community Epidemiology Work Group (CEWG), Monitoring the Future Survey (MTF), National Survey on Drug Use and Health (NSDUH), Drug Abuse Warning Network (DAWN), and National Forensic Laboratory Information System (NFLIS).

SOURCE: Adapted by CESAR from Maxwell, J. C., The Center for Excellence in Drug Epidemiology: The Gulf Coast Addition Technology Transfer Center, *Patterns of Club Drug Use in the U.S., 2004*, February 2004.

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A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

The Invisible Web: Hidden Substance Abuse Information

The Invisible Web, also sometimes called the Deep Web or even the Dark Web, refers to pages on the World Wide Web that Google™ and other search engines can't find. It's not a new phenomenon—the term was coined about 10 years ago. But both the visible and invisible webs have grown astronomically since then and are still growing. It is estimated that as much as 99% of the Web is invisible to general search engines. Some pages are invisible simply because the huge size of the web makes it impossible for search engines to keep up. Other pages are blocked by passwords or firewalls. The truly invisible pages are those that search engines can't find or index because they are temporary pages created "on-the-fly" in response to a database query. The vast majority of these pages are found in free and for-fee databases from universities, libraries, associations, and government agencies from around the world. These databases tend to focus on a particular topic, and, therefore, are usually more authoritative, better-indexed, and provide higher quality information than the Web as a whole. Here are just a few of the free, high-quality databases relevant to alcohol and other drug use available on the Invisible Web.

Website Name	Address
Alcohol and Alcohol Problems Science Database (ETOH)*	http://etoh.niaaa.nih.gov
Alcohol Policy Information System	http://alcoholpolicy.niaaa.nih.gov
Alcohol Studies Database	http://www.scc.rutgers.edu/alcohol_studies
Drugscope DrugData Database	http://www.drugscope.org.uk/library
European Gateway on Alcohol, Drugs, and Addictions	http://www.elisad.uni-bremen.de
Fetal Alcohol Spectrum Disorders Database	http://www.fascenter.samhsa.gov/search
Legacy Tobacco Documents Library	http://legacy.library.ucsf.edu/
Project Cork Database	http://www.projectcork.org/database_search
Published International Literature on Traumatic Stress (PILOTS) Database	http://www.ncptsd.org/publications/pilots
Smoking and Health Database	http://www.cdc.gov/tobacco/search
Substance Abuse Information Database (SAID)	http://said.dol.gov

*Unfortunately the ETOH database has not been updated since 12/03 due to a discontinuation of funding.

For more information, contact Clare Imholtz, CESAR Librarian, at cimholtz@cesar.umd.edu or 301-405-9785.

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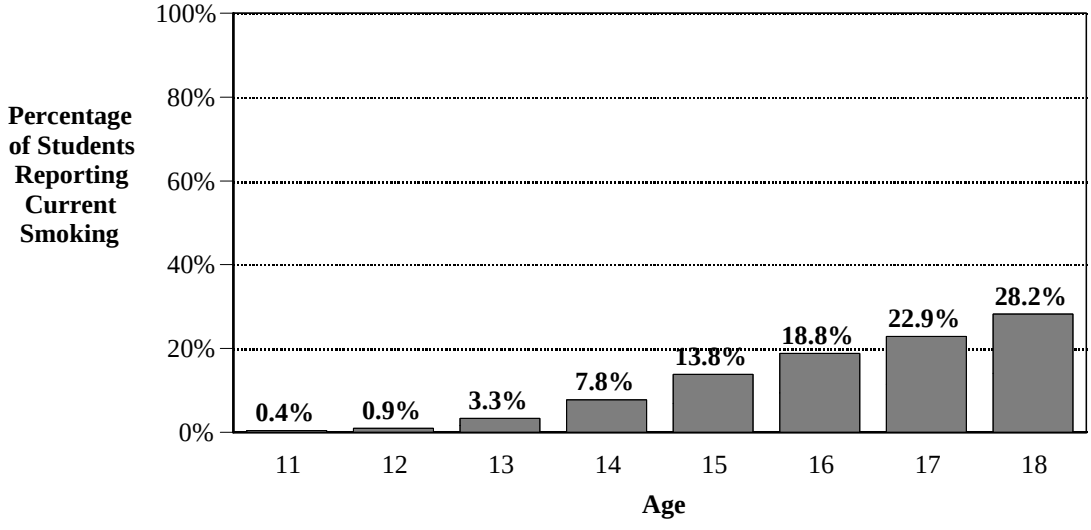
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Smoking Among Middle and High School Students Associated With Age

Age is strongly associated with the likelihood of current smoking, according to data from the 1999 and 2000 National Youth Tobacco Surveys (NYTS) of students in 455 middle and high schools across the U.S. Less than 1% of 11-year-old students reported that they were current smokers,* compared to 14% of 15-year-olds and 28% of 18-year-olds. Furthermore, approximately 40% of students aged 14 and older were not current smokers but reported experimenting with smoking (i.e. they had tried cigarettes but had smoked fewer than 100 cigarettes in their life), compared to 14% to 35% of younger students (data not shown). Additional analyses suggested that "exposure to smoking at home, peer smoking, and tobacco industry marketing are important risk factors for established smoking" and that "parental influences and school antismoking classes can slow or prevent progression to established smoking" (p. 336).

Percentage of U.S. Middle and High School Students Reporting Current Smoking, by Age, 1999 and 2000 Data Combined
(N = 47,097)



*Current smokers are students who smoked more than 100 cigarettes in their life and have smoked on at least one of the past 30 days.

SOURCE: Adapted by CESAR from Mowery, P., Farrelly, M., Haviland, L., Gable, J., and Wells, H., "Progression to Established Smoking Among US Youths," *American Journal of Public Health*, 94(2):331-337, 2004. For more information, contact Paul Mowery at pdm@rti.org.

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CESAR FAX

June 7, 2004
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A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

New Report Investigates Increase in Maryland Methadone Deaths

As in several other states, the number of Maryland deaths caused by methadone intoxication more than tripled between 1998 and 2002 (from 24 to 76), according to the recent report, *DEWS Investigates: What Is Behind the Rise in Methadone Deaths in Maryland?* DEWS researchers analyzed demographic data for all 225 methadone-caused deaths reported by the Maryland State Office of the Chief Medical Examiner (OCME) during the five year period.* In addition, the researchers reviewed OCME medical records on a subset of 64 decedents. The study sought to determine whether OCME records contained sufficient information about what factors contributed to this increase. The study also looked for changes across time in how decedents obtained methadone and their reasons for using it (i.e., to treat heroin addiction or chronic pain). Following are highlights from the review of the subset of 64 case files.

- More information than is contained in OCME records is needed to fully answer the research questions. For example, 16% of decedents in 2000 to 2002 were known to be in a methadone treatment program (MTP) at the time of death. However, the actual proportion may have been higher, because for more than one-half of the cases the researchers could not find any information about how methadone was obtained and assumed that the decedents had not been in a MTP. These findings concur with those of a national study that found that "better information is needed to describe how methadone-associated deaths occur."[1]
- The proportion of decedents who were known to be enrolled in MTPs at the time of death decreased markedly (from 50% in 1998 to 1999 to 16% in 2000 to 2002), while the proportion known to have a legal prescription for methadone increased slightly (from 0% to 5%). This suggests that "many methadone-caused deaths in Maryland have not involved addicts in treatment" (p. 4). As noted above, the actual proportions may have been higher.
- People who died in 2000 to 2002 were more likely to have had more than one drug in their system (89%), compared with those who died in 1998 to 1999 (63%). Besides methadone, the most common drugs were antidepressants, antihistamines, cocaine, and antipsychotics. The presence of these drugs suggests that drug interactions may have contributed to at least some of the deaths, because methadone is known to interact adversely with many substances.

The researchers conclude that "additional sources of data are still necessary to fully answer our research questions about substance abuse, treatment, and the source of methadone in this group of decedents" (p. 3). To this end, DEWS researchers are working with OCME staff to design a pilot study in which OCME staff would collect additional research information when investigating future methadone-caused deaths.

*The OCME investigates human deaths caused by violence, suicide, or casualty; sudden death in an apparently healthy individual; and deaths that involve any suspicious or unusual manner. On average, the OCME conducts an investigation in approximately 25% of the deaths that occur each year in Maryland.

[1]Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, *Methadone-Associated Mortality: Report of a National Assessment*, 2004, p. 24.

SOURCE: Drug Early Warning System (DEWS), CESAR, *DEWS Investigates: What Is Behind the Rise in Methadone Deaths in Maryland?*, May 2004. Available online at www.dewsonline.org. For more information, contact Erin Artigiani at erin @cesar.umd.edu.

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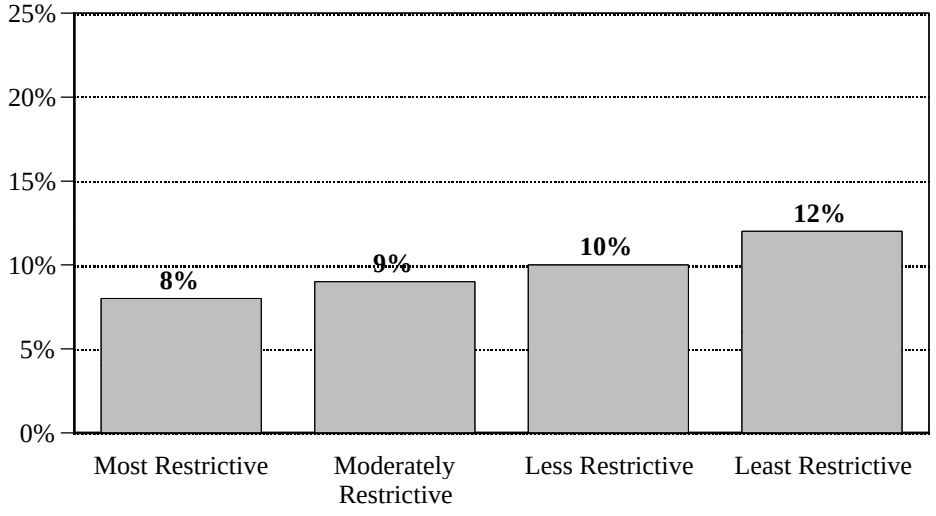
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

States with More Restrictive Graduated Driver Licensing Laws Less Likely to Have Teens Driving Under the Influence of Alcohol

The percentage of drivers aged 15 to 17 who drove under the influence of alcohol increased as the restrictiveness of state graduated driver licensing (GDL) laws decreased, according to data from the National Survey on Drug Use and Health (NSDUH). While all 50 states have some form of GDL laws, such as requiring that new drivers be accompanied by an adult, placing limits on driving hours, and restricting the number of passengers, the laws vary in the extent that they restrict driving behaviors. States with the most restrictive GDL laws had the lowest percentage of teens reporting driving under the influence of alcohol in the past year (8%) while states with the least restrictive GDL laws had the highest percentage of teens reporting driving under the influence (12%). Additionally, young drivers in states with the most restrictive GDL laws had lower rates of heavy alcohol use* than did young drivers in states with the least restrictive driving laws (data not shown).

Percentage of Drivers Aged 15 to 17 Reporting Driving Under the Influence of Alcohol in the Past Year, by State GDL Rating,**

(Combined data for 1999, 2000, and 2001)



*Heavy alcohol use is defined as drinking 5 or more drinks on the same occasion for 5 or more days during the past 30 days.

**The GDL rating scale was adapted from a rating scheme developed by the Insurance Institute for Highway Safety and the Traffic Injury Research Foundation.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, "Graduated Driver Licensing and Drinking among Young Drivers," *The NSDUH Report,* April 30, 2004. Available online at http://www.oas.samhsa.gov/2k4/licenses/licenses.cfm.

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A Weekly FAX from the Center for Substance Abuse Research

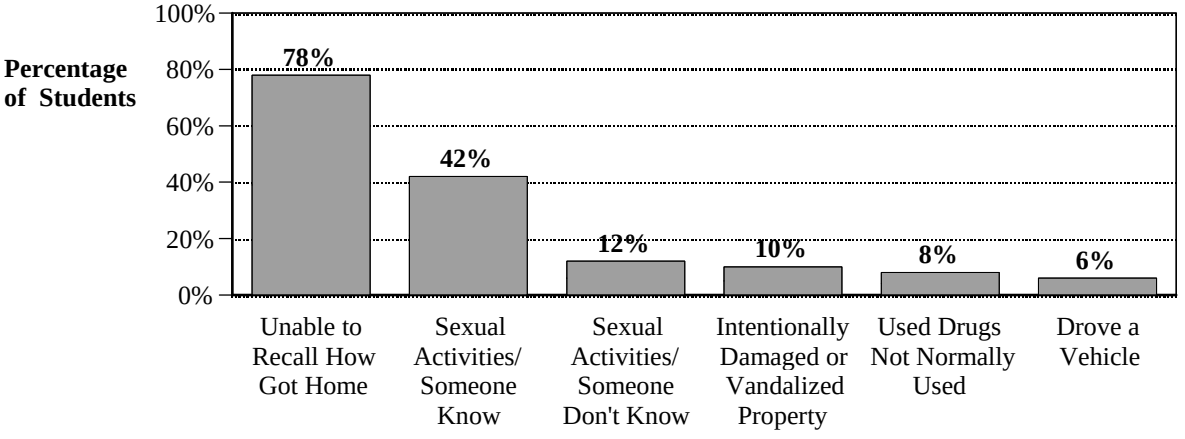
University of Maryland, College Park

College Students Engage in Potentially Hazardous Activities in Midst of Alcohol-Induced Blackouts

"[S]tudents engage in a wide range of complicated, and potentially hazardous, activities in the midst of blackouts," according to one of the first studies of alcohol-induced blackouts among college students (p. 218). Students who reported a history of at least one alcohol-induced blackout were recruited from fliers posted on the campus of a private university in the southern United States. The most common activity students' reported* during alcohol-induced blackouts was their inability to recall how they got home the night before—78% could not remember. Another potentially hazardous activity reported by students was engaging in sexual activities other than intercourse with either someone they did (42%) or did not (12%) know. Other activities included intentionally damaging or vandalizing property (10%), use of drugs that they normally would not use (8%), and driving a motor vehicle (6%). The researchers note that "the experiences of college students in the present study are similar in many ways to those of the middle-aged alcoholics" interviewed from previous studies on blackouts (p. 219).

Percentage of College Students with a History of Blackouts Who Reported Engaging in Specific Activities During Blackouts, 2002

(N = 50)



*While most students recalled some of their activities during blackouts without cueing from others, they still relied on friends (most of whom were also intoxicated) to tell them what happened.

NOTE: A recent study found that 51% of college students who drank alcohol reported having an alcohol-induced blackout at least once in their lifetime (White, A.M., Jamieson-Drake, D.W., and Swartzwelder, H.S. "Prevalence and Correlates of Alcohol-Induced Blackouts Among College Students: Results of an E-mail Survey," Journal of American College Health, 51(3):117-119, 2002).

SOURCE: Adapted by CESAR from the White, A.M., Signer, M.L., Kraus, C.L., and Swartzwelder, H.S. "Experiential Aspects of Alcohol-Induced Blackouts Among College Students," *American Journal of Drug and Alcohol Abuse* 30(1):205-224, 2004. For more information, contact Dr. Aaron White at aaron.white@duke.edu.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

CESAR Study Finds 9 Warning Signs of Early Marijuana Use Among Maryland's Public School Students

Nine behaviors and attitudes differentiate students who used marijuana before age 15 from those who had not, according to an analysis of data from the 2002 Maryland Adolescent Survey (MAS). Overall, one-fifth of Maryland 12th grade students reported using marijuana before age 15. A scale of 9 warning signs of early marijuana use among 12th graders was developed from an analysis of the MAS data (see below). The scale also detected early use among 8th and 10th graders. The more warning signs a student had, the more likely he or she was to have used marijuana early (see Figure 1). For example, approximately three-fourths of 12th graders with 6 or more warning signs were early marijuana users, compared to 3% of 12th graders with no warning signs. Students with more warning signs also reported using a greater number of other illegal drugs* and experiencing a greater number of serious problems resulting from drug and alcohol use** (see Figure 2). The report, "Warning Signs for Early Marijuana Users Among Maryland's Public School Students," discusses the implications of these findings for intervening with youth and implementing prevention programs. Complimentary copies of the report can be ordered by contacting CESAR at cesar@cesar.umd.edu or 301-405-9770.

The 9 Warning Signs for Early Marijuana Use

Behaviors
- Cigarette use before age 15
- Alcohol use before age 15
- 20 or more unexcused absences
- Drug arrest
- Alcohol arrest

Attitudes/Opinions
- Smoking marijuana is safe
- Smoking cigarettes is safe
- My parents think it's okay to smoke marijuana
- My parents think it's okay to smoke cigarettes

Figure 1: Percentage of Maryland 12th Grade Students Reporting Marijuana Use Before Age 15

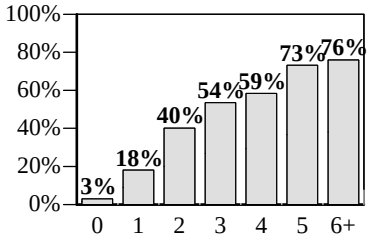
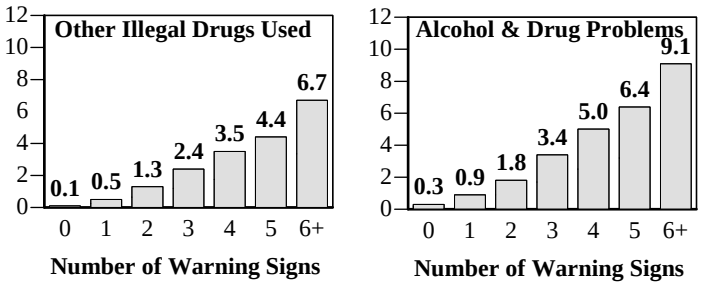


Figure 2: Mean Number of Other Illegal Drugs* Used in Lifetime and Alcohol and Drug Problems by Maryland 12th Graders**



*Other illegal drugs were inhalants, nitrates, crack, cocaine, LSD, PCP, other hallucinogens, methamphetamines, designer drugs, heroin, amphetamines, barbiturates, narcotics, and Ritalin®.

**Alcohol and drug problems were school absences, health problems, family problems, being high/drunk at school, poor school performance, inability to stop using drugs/alcohol, and driving while under the influence of alcohol/drugs.

SOURCE: Maryland Drug Early Warning System (DEWS), CESAR, "Warning Signs for Early Marijuana Users Among Maryland's Public School Students," *DEWS Investigates*, June 2004. For more information, contact Dr. Eric Wish at ewish@cesar.umd.edu.

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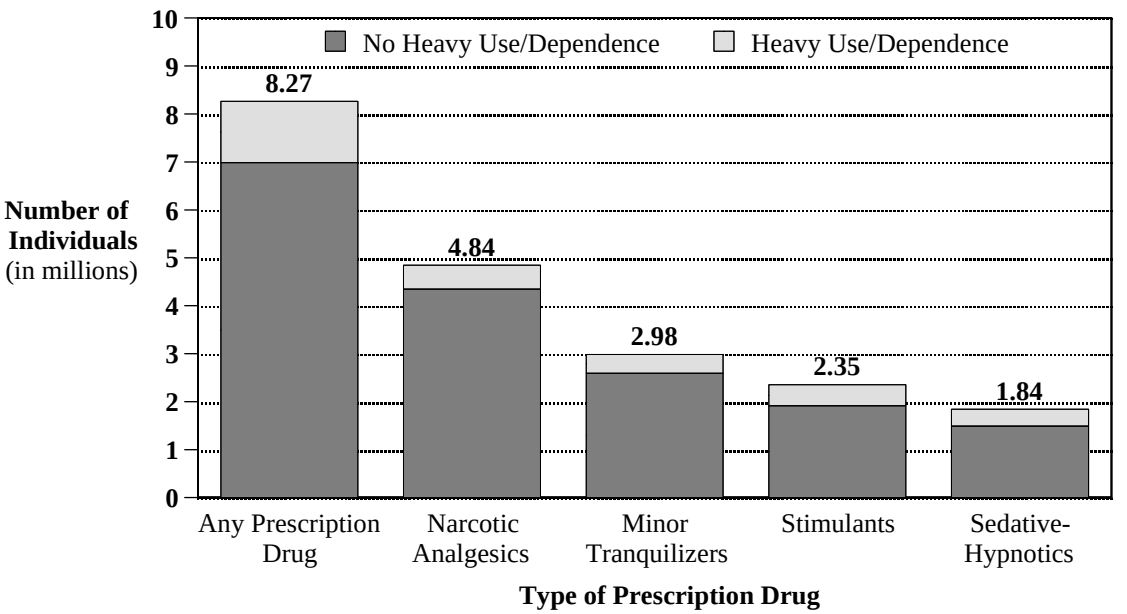
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

More Than 8.2 Million U.S. Residents Abuse Prescription Drugs; 1.3 Million Report Heavy Use or Dependence

More than 8.2 million people—approximately 4% of the U.S. population—are estimated to have used prescription drugs for nonmedical reasons in the past year, according to data from the National Household Survey on Drug Abuse. Of these prescription drug abusers, 1.3 million individuals (15%) met the criteria for heavy use or dependence.* Narcotic analgesics were the most commonly abused prescription drug (by an estimated 4.8 million people per year), followed by tranquilizers (3.0 million). Abusers of these drugs, however, were less likely than abusers of prescription stimulants and sedative-hypnotics to report heavy use or dependence. Nearly one in five (19%) abusers of stimulants or sedative-hypnotics were heavy or dependent users, compared to 13% of minor tranquilizer users and 10% of narcotic analgesic abusers. Being female, of poor health, and drinking alcohol daily were found to be potential risk factors for heavy or dependent use of any prescription drug (data not shown).

Estimated Annual Number (in millions) of U.S. Household Residents Reporting Past-Year Nonmedical Use of Prescription Drugs, by Heavy Use/Dependence
(1991, 1992, and 1993 data combined)



*Heavy use is defined as daily nonmedical use of one or more prescription drugs for at least two weeks in the past year. Dependency is based on DSM-III-R criteria.

SOURCE: Adapted by CESAR from Simoni-Wastila, L. and Strickler, G. "Risk Factors Associated With Problem Use of Prescription Drugs," *American Journal of Public Health* 94(2):266-268, 2004. For more information, contact Linda Simoni-Wastila at lsimoniw@rx.umaryland.edu.

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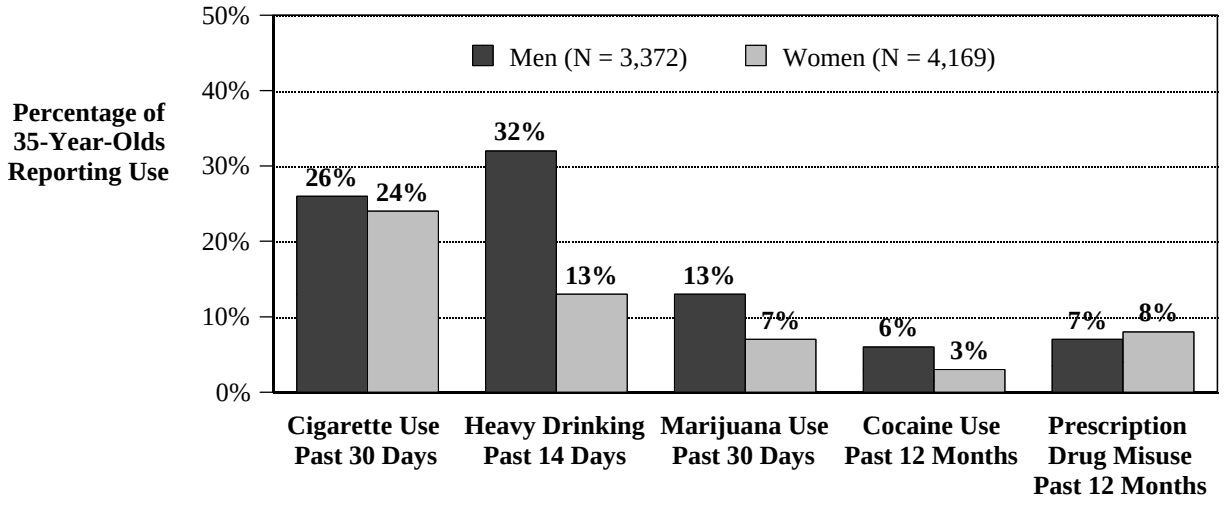
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Current Substance Use Among 35-Year-Old U.S. Residents Influenced by Previous Use and Current Demographic and Socioeconomic Status

Substance use is relatively prevalent at the beginning of midlife, according to data on substance use among 35-year-olds from the national Monitoring the Future study. Nearly one-third (32%) of 35-year-old men reported heavy drinking in the two weeks prior to the study and approximately one-fourth of men and women reported using cigarettes in the past 30 days (see figure below). Marijuana use in the past 30 days was reported by 13% of the men and 7% of the women. The researchers found that while " . . . for most people, the foundation for later substance use is set by the time they finish high school" (p. 101), substance use at the beginning of midlife was determined not only by previous experience with each substance but also by current demographic and socioeconomic status. Specifically, "factors related to increased likelihood of substance use included high school use, unemployment, and noncustodial parenthood. Lower use was associated with being female, a college graduate, a professional, married, or a custodial parent" (p. 96).

Prevalence of Alcohol, Cigarette, and Illicit Drug Use Among 35-Year-Old U.S. Residents, by Gender
(Combined data for 1994 to 2000)



NOTES: Each year the Monitoring the Future project surveys a nationally representative sample of 17,000 high school seniors in approximately 135 schools, selected through a multistage sampling procedure. Approximately 2,400 participants are randomly selected from each group of seniors for biennial follow-up surveys until they are 30 years old and for an additional survey when they are 35 years old.

SOURCE: Adapted by CESAR from Merline, A., O'Malley, P., Schulenberg, J., Bachman, J. and Johnston, L., "Substance Use Among Adults 35 Years of Age: Prevalence, Adulthood Predictors, and Impact of Adolescent Substance Use," *American Journal of Public Health,* 94(1):96-102, 2004. For more information, contact Dr. Patrick O'Malley at pomalley@isr.umich.edu.

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Cash Most Common Currency Exchanged for Drugs, According to Final Report from National Pulse Check Project

"Cash, by far, is the most common currency exchanged for drugs," according to the latest and final *Pulse Check* report (p. 23). Ethnographers, epidemiologists, treatment providers, and law enforcement officials from the 25 largest cities in the United States were asked to discuss the degree to which street-level drug transactions involve cash versus the exchange of specific goods and services. The national *Pulse Check* project, which has provided valuable and timely qualitative information on drug abuse since 1992, has been discontinued due to budgetary reasons. Following are highlights from the final *Pulse Check* report, published in January 2004.

- **Cash:** The majority of all drug transactions are for cash. Marijuana is more likely than other drugs to be traded for cash, while crack is less likely than other drugs to be traded for cash. The majority of heroin transactions in Washington, DC, Atlanta, Cincinnati, Denver, New York, and San Diego are cash only and sources in nearly half of the Pulse Check sites report that the 80 percent of powder cocaine transactions are cash only.
- **Shoplifted Merchandise:** Heroin is often traded for shoplifted merchandise (San Francisco, Atlanta, Boston, Phoenix, St. Louis, and Seattle). Likewise, a substantial portion of crack transactions involve shoplifted merchandise in Boston, Dallas, Houston, St. Louis, and Seattle.
- **Sex:** Respondents in 15 of the 25 *Pulse Check* sites estimate relatively high average percentages of crack transactions involving sex (10%-40%). Powder cocaine is also traded for sex in some cities; one source in Houston reports that as much as 80% of powder cocaine is traded for sex. Trading sex for heroin is most common in Cincinnati, Houston, Phoenix, and Portland, while methamphetamine is commonly traded for sex in Miami and Houston.
- **Gifts:** A source in Seattle believes that half of the marijuana that youths obtain is received as a gift to get them hooked. Methamphetamine is frequently given away by friends and acquaintances in clubs in San Francisco.
- **Other:** Heroin users sometimes need help injecting and offer heroin to other users in exchange for this service. Crack is sometimes exchanged for food stamps or drug buying or transport services. Property or merchandise, including guns or vehicles, have been reportedly exchanged for powder cocaine. Food stamps, other drugs, and property or merchandise may be exchanged for marijuana. Stolen precursor chemicals used to produce methamphetamine are sometimes traded for methamphetamine, or the drug may be manufactured by the user.

SOURCE: Adapted by CESAR from the Office of National Drug Control Policy, *Pulse Check: Drug Markets and Chronic Users in 25 of America's Largest Cities*, January 2004. Available online at http://www.whitehousedrugpolicy.gov/publications/drugfact/pulsechk/january04/january2004.pdf.

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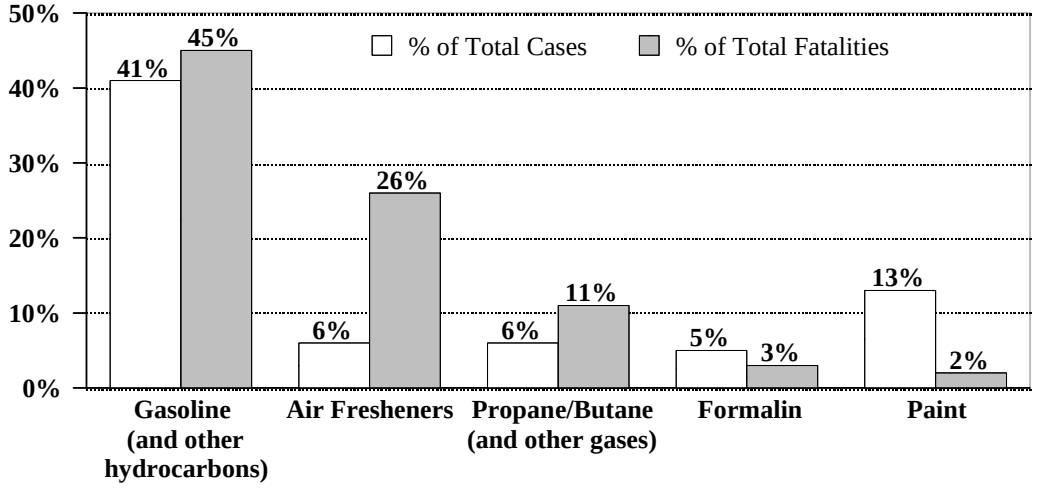
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Small Group of Substances Disproportionately Responsible for Majority of U.S. Inhalant Abuse Deaths

A small group of substances were disproportionately responsible for the majority of deaths resulting from the intentional inhalation of volatile substances, according to data from the Toxic Exposure Surveillance System of the American Association of Poison Control Systems. Between 1996 and 2001, 11,670 cases of volatile substance abuse (VSA) were reported. Three categories of drugs—gasoline, air fresheners, and propane/butane—comprised 53% of the total inhalant cases, yet were responsible for 82% of deaths. Gasoline was the most commonly reported abused substance (41%) as well as the leading cause of death (45%). Air fresheners and propane/butane each made up only 6% of all cases involving VSA, yet were responsible for 26% and 11%, respectively, of deaths. The majority of volatile substance abusers were youths age 13 to 19 years (54%) and 6 to 12 years (15%) (data not shown). According to the authors, "It is imperative that we continue to educate the public and healthcare professionals regarding risks of VSA and hopefully impact the incidence of VSA" (p. 156).

Percentage of Total Volatile Substance Cases and Fatalities Reported to U.S. Poison Centers, by Top Five Substances Abused, 1996-2001

(N=11,670)



NOTE: Cases included in the sample had to meet the following criteria: 1) the reason for exposure was intentional, 2) the route of exposure was inhalation, and 3) the substance was nonpharmaceutical.

SOURCE: Adapted by CESAR from Spiller, A. "Epidemiology of Volatile Substance Abuse (VSA) Cases Reported to US Poison Centers," *The American Journal of Drug and Alcohol Abuse* 30(1):155-165, 2004. For more information, contact Henry Spiller at henry.spiller@nortonhealthcare.org.

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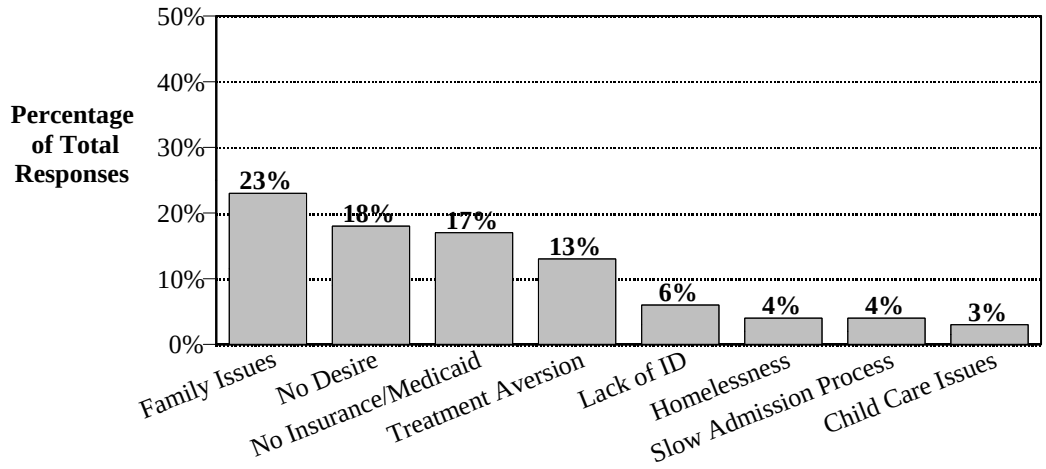
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Family Issues Main Barrier to Treatment for Injection Drug Users in New York City

Family issues were cited by injection drug users as the main obstacle to enrolling in treatment, according to a study of injection drug users (IDUs) contacted by street outreach workers in New York City. Nearly one-fourth (23%) of the barriers mentioned could be characterized as family reasons, such as wanting to conceal addiction from a spouse, having to care for an ill family member, or being the sole breadwinner in the family. Other barriers cited included a lack of desire to enter treatment (18%), a lack of insurance or Medicaid (17%), an aversion to treatment (13%), and a lack of personal identification (6%). When asked for suggestions of what would make it easier to get into treatment programs, IDUs most often suggested admitting people without insurance or Medicaid, admitting those without identification, and reducing waiting periods (data not shown). The authors conclude that, "The research reported here strongly suggest that there are significant limits on the availability and accessibility of AOD services for injecting street outreach clients, and perhaps, for IDUs generally," therefore the "health services community is also losing ground in its effort to reduce the incidence of a fatal disease, HIV/AIDS, among a major group involved in its transmission" (p. 151).

Barriers to Enrollment in Drug Abuse Treatment Reported by Street Injecting Drug Users in New York City, April 2000 to February 2001

(N=209 responses mentioned by 144 IDUs)



SOURCE: Adapted by CESAR from Appel, P., Ellison, A., Jansky, H., and Oldak, R. "Barriers to Enrollment in Drug Abuse Treatment and Suggestions for Reducing Them: Opinions of Drug Injecting Street Outreach Clients and Other System Stakeholders," *The American Journal of Drug and Alcohol Abuse* 30(1):129-153, 2004. For more information contact Dr. Philip W. Appel at appelp@oasas.state.ny.us.

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CESAR FAX

August 9, 2004
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A Weekly FAX from the Center for Substance Abuse Research

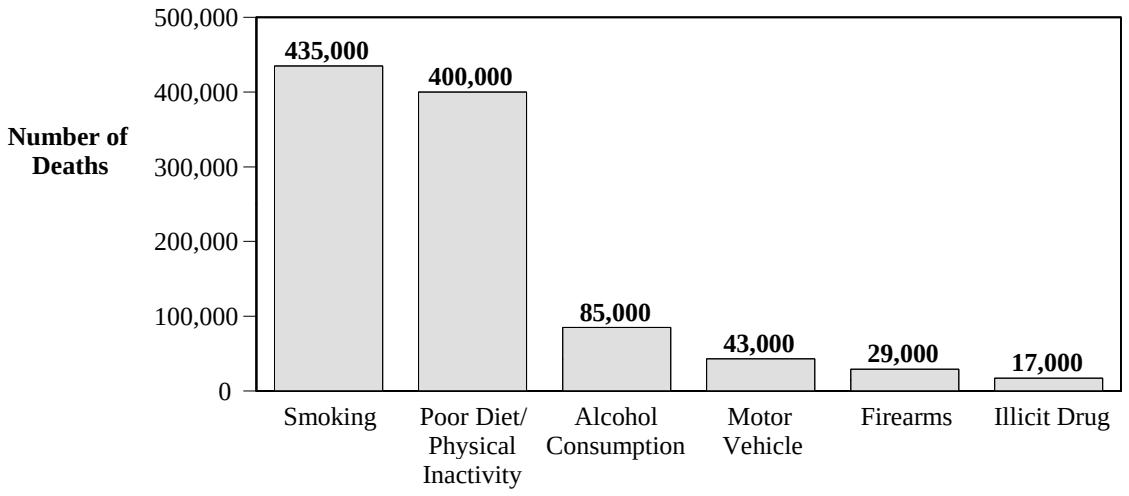
University of Maryland, College Park

Smoking the Leading Cause of Death in the U.S. in 2000

Smoking was the leading cause of death in the United States in 2000, according to data from the Centers for Disease Control and Prevention. Of the 2.4 million deaths in the U.S. in 2000, approximately one-half "could be attributed to a limited number of largely preventable behaviors and exposures" (p. 1242), including smoking, drinking, using illicit drugs, poor diet, and physical inactivity. Researchers estimate that approximately 435,000 (18%) of the 2.4 million deaths were attributable to smoking. Poor diet and physical inactivity was the second highest cause of death, responsible for 400,000 deaths in the same year (17%). In addition, 85,000 deaths were due to alcohol consumption and 17,000 deaths were caused by the use of illicit drugs. Motor vehicles and firearms were responsible for 43,000 and 29,000 deaths, respectively. According to the authors, "Our findings indicate that interventions to prevent and increase cessation of smoking, improve diet, and increase physical activity must become much higher priorities in the public health and health care systems" (p. 1242).

Number of Deaths in the United States in 2000, by Selected Cause of Death*

(N=2,403,351 deaths)



*Other causes of death were microbial agents (75,000), toxic agents (55,000), and sexual behavior (20,000).

SOURCE: Adapted by CESAR from Mokdad, A., Marks, J., Stroup, D., and Gerberding, J. "Actual Causes of Death in the United States, 2000," *Journal of the American Medical Association* 291(10):1238-1245, 2004. For more information, contact Dr. Ali H. Mokdad at amokdad@cdc.gov.

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research

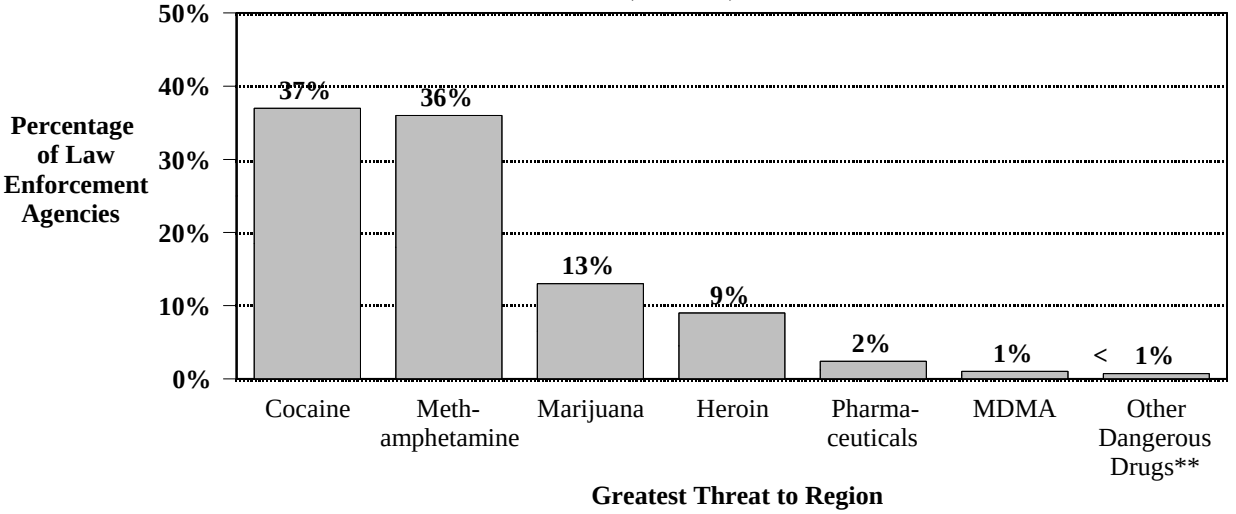
University of Maryland, College Park

Cocaine and Methamphetamine Greatest U.S. Drug Threats, According to State and Local Law Enforcement Agencies

Cocaine and methamphetamine were identified by the majority of U.S. state and local law enforcement agencies as the greatest drug threat in their region, according to data from the 2003 National Drug Intelligence Center National Drug Threat Survey. More than two-thirds of the state and local law enforcement agencies surveyed identified either powder or crack cocaine (37%) or methamphetamine (36%) as the greatest drug threat in their area. Marijuana and heroin were the next greatest drug threats reported (by 13% and 9%, respectively.) Cocaine was considered to be a greater threat in the Great Lakes, Northeast/Mid-Atlantic, and Southeast regions of the U.S., while methamphetamine was generally reported as a greater problem in the Pacific, West Central, and Southwest regions (data not shown).

Percentage of U.S. State and Local Law Enforcement Agencies that Identified a Particular Drug as the Greatest Threat to Their Region, 2003*

(N=3,497)



*Percentages do not add up to 100 due to the omission of the "no response" category.

**Other Dangerous Drugs include the club drugs GHB, ketamine, and Rohypnol® as well as the hallucinogens LSD, PCP, and psilocybin.

NOTE: The 2003 National Drug Threat Survey was administered to a probability-based sample of state and local law enforcement agencies and was designed to provide representative data at national, regional, and state levels.

SOURCE: Adapted by CESAR from The National Drug Intelligence Center, U.S. Department of Justice, *National Drug Threat Assessment 2004*, April 2004. Available online at http://www.usdoj.gov/ndic/topics/ndtas.htm.

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CESAR FAX

August 23, 2004
Vol. 13, Issue 34

A Weekly FAX from the Center for Substance Abuse Research

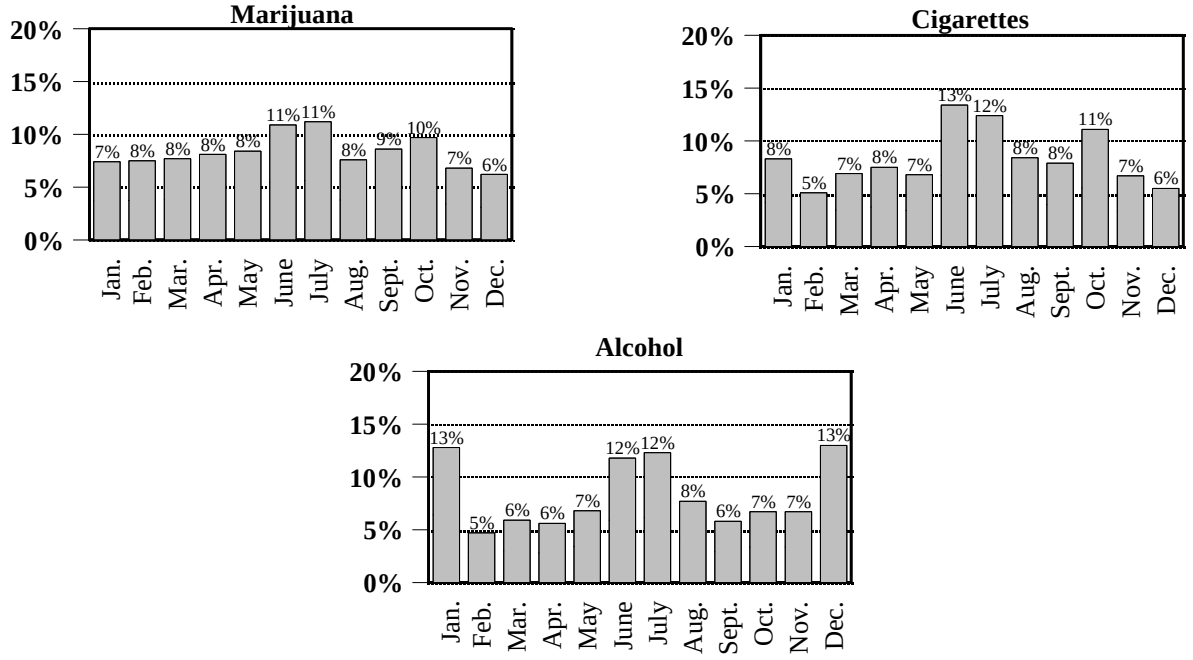
University of Maryland, College Park

Youths More Likely to Try Alcohol, Cigarettes, and Marijuana for First Time During Summer

Youths who recently initiated the use of marijuana, cigarettes, and alcohol reported the increased rates of initiation to these substances primarily during the summer months of June and July, according to a recent analysis of data from the 2002 National Survey on Drug Use and Health (NSDUH). For both new users of marijuana and cigarettes, initiation was highest during June and July, with another slight increase occurring in October. Alcohol also had high rates of initiation in June and July (12% each month), yet also had high rates of first time use in January and December (13% each month). It is possible that the increases in first-time use during the summer months corresponds with a lack of supervised and structured activities. Previous research shows that unsupervised youths are more likely to engage in risky behaviors, including alcohol and other drug use.*

Percentage of Initiates Among Persons Who Recently Initiated Marijuana, Cigarette, or Alcohol Use When Younger Than Age 18, by Month, 2002

(N = 7,287 persons who initiated use within the past year and who reported their month of first use)



*e.g., Borawski, EA, et al., "Parental monitoring, negotiated unsupervised time, and parental trust: the role of perceived parenting practices in adolescent health risk behaviors," *Journal of Adolescent Health* 33(2):60-70, 2003; Cottrell, L et al., "Parent and adolescent perceptions of parental monitoring and adolescent risk involvement," *Parenting: Science and Practice* 3(3):179-195, 2003.

SOURCE: Adapted by CESAR from the Substance Abuse and Mental Health Services Administration (SAMHSA), "Seasonality of Youth's First-Time Use of Marijuana, Cigarettes, or Alcohol," *The National Survey on Drug Use and Health Report,* June 4, 2004. Available online at http://www.oas.samhsa.gov/2k4/season/season.cfm.

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research

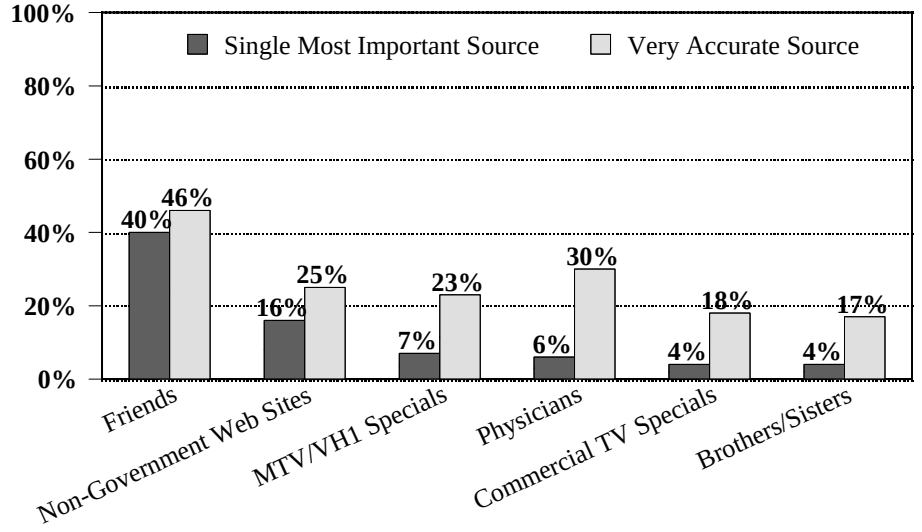
University of Maryland, College Park

Ecstasy Users Perceive Friends to Be Most Important and Accurate Source of Information About Ecstasy

Friends were considered to be the most accurate and most important source of information about ecstasy, according to a study of young adult ecstasy users in central Ohio. More than one-third (40%) of the ecstasy users claimed that friends were their single most important source of information and 46% reported that they perceived their friends to be a very accurate source of information. Non-government websites (such as DanceSafe and Erowid), MTV/VH1 specials, and physicians were cited as very accurate sources of information on ecstasy (by 25%, 23%, and 30%, respectively), but were listed as the single most important source of information by only 6% to 16% of users. The authors conclude that while "friends may be the lynchpin of ecstasy prevention programming" (p. 51), using other sources of information that ecstasy users view as accurate (e.g., physicians) may also be effective in preventing ecstasy use.

Ecstasy User Ratings of the Perceived Importance and Accuracy of Ecstasy Information Sources, 2002

(N=304)



NOTES: Participants were between 18 and 30 years old, reported ecstasy use at least once in the 6 months prior to the study, and had not been involved in a formal drug treatment program within the past 30 days.

SOURCE: Adapted by CESAR from Falck, R., Carlson, R., Wang, J., and Siegal, H. "Sources of Information about MDMA (3,4-methyldiozymethamphetamine): Perceived Accuracy, Importance, and Implications for Prevention Among Young Adult Users," *Drug and Alcohol Dependence* 74(1):45-54, 2004. For more information, contact Russel Falck at russel.falck@wright.edu.

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CESAR FAX

September 6, 2004
Vol. 13, Issue 36

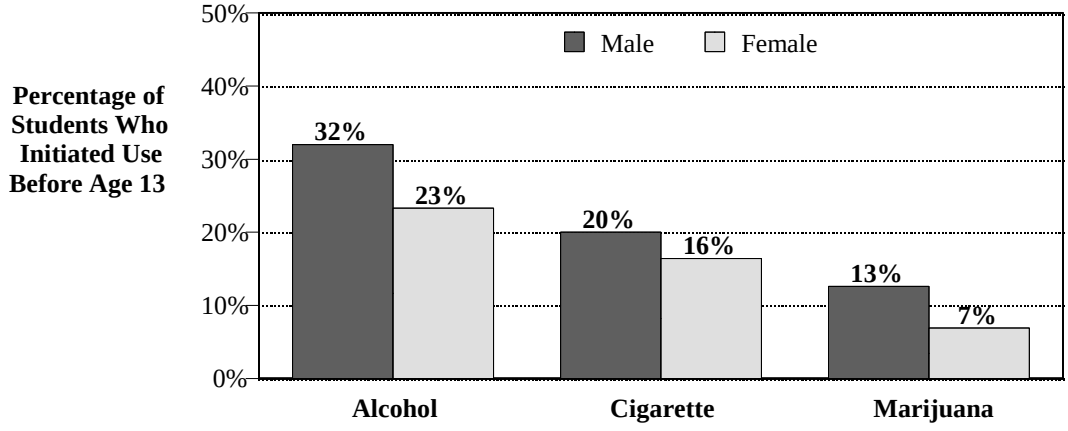
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

More Than One-Fourth of U.S. High School Students Report Using Alcohol Before Age 13; Males More Likely Than Females to Report Early Use

U.S. high school students were more likely to report early initiation of alcohol than cigarettes or marijuana, according to recent data from the 2003 national Youth Risk Behavior Survey (YRBS). More than one-fourth (28%) of high school students had drank more than a few sips of alcohol before age 13, compared to 18% who smoked a whole cigarette and 10% who tried marijuana before that age (data not shown). Males were more likely than females to report early initiation of all substances. For example, nearly twice as many males (13%) than females (7%) reported trying marijuana before age 13. Previous studies have found a relationship between early drug initiation and drug use and dependence (see *CESAR FAX*, Volume 12, Issue 8; Volume 9, Issue 38; and Volume 7, Issue 8; available online at www.cesar.umd.edu).

Percentage of U.S. High School Students Who Reported Initiating Alcohol, Cigarette, and Marijuana Use Before Age 13, by Gender, 2003



NOTE: The 2003 YRBS conducted a three-stage cluster sample of all public and private schools with students in at least one of grades 9-12 in the 50 states and the District of Columbia to produce a nationally representative sample of 15,214 students in grades 9-12.

SOURCE: Adapted by CESAR from Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance—United States, 2003," *Morbidity and Mortality Weekly Report* 53(SS-2):1-96, 2004. Available online at http://www.cdc.gov/mmwr/PDF/ss/ss5302.pdf.

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CESAR FAX

September 13, 2004
Vol. 13, Issue 37

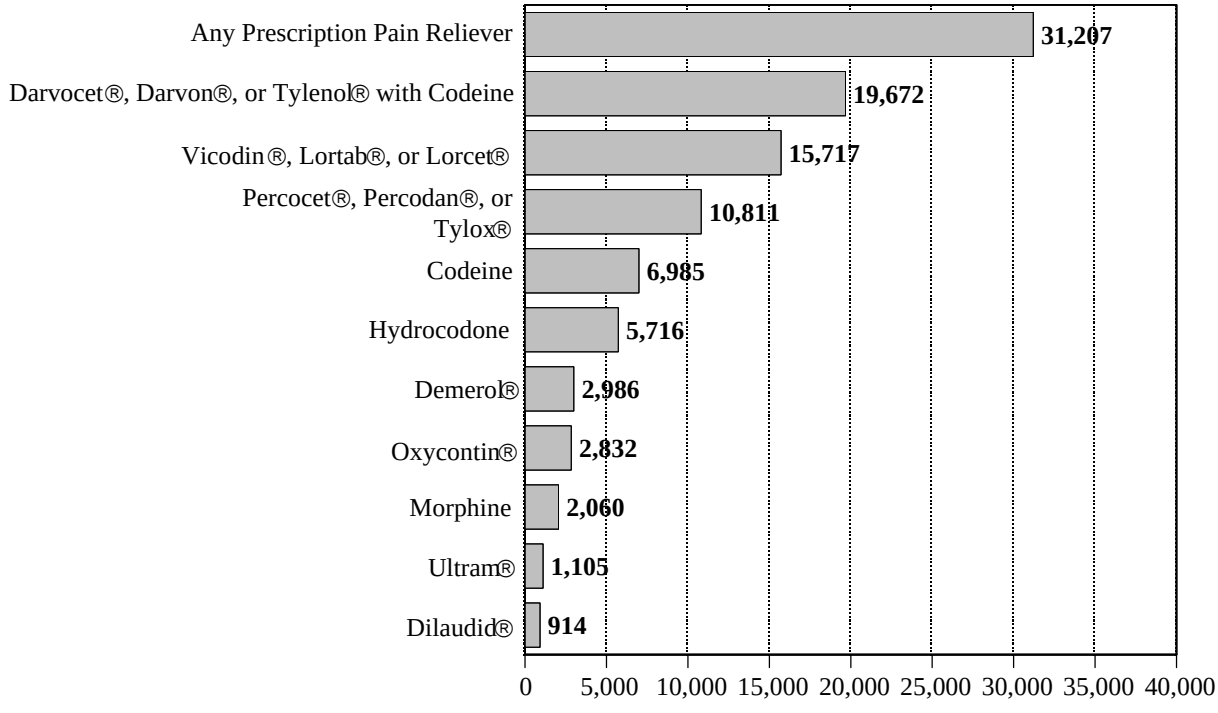
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

More Than One-Tenth of U.S. Residents Reported Non-Medical Use of Prescription Pain Relievers in 2003

Thirteen percent of U.S. residents—an estimated 31.2 million people—reported non-medical use of prescription pain relievers in 2003, according to recently released data from the National Survey on Drug Use and Health (NSDUH).* The most commonly reported prescription pain relievers were Darvocet®, Darvon®, or Tylenol® with Codeine, followed by Vicodin®, Lortab®, or Lorcet® (see below). Previous NSDUH surveys have shown a steady increase in the number of first-time users of prescription pain relievers since 1988 (see *CESAR FAX*, Volume 11, Issue 39; available online at http://www.cesar.umd.edu/cesar/cesarfax/vol11/11-39.pdf). A copy of the full report, *Overview of Findings from the 2003 National Survey on Drug Use and Health*, is available online at http://oas.samhsa.gov/nhsda.htm#NHSDAinfo.

Estimated Number (in thousands) of U.S. Residents (Age 12 and Older) Reporting Lifetime Non-Medical Use of Prescription Pain Relievers, 2003



*Prior to 2002, the NSDUH was known as the National Household Survey on Drug Abuse. Due to changes in the survey, estimates from the 2002 and 2003 NSDUHs should not be compared with estimates from the 2001 and earlier NHSDAs to assess changes over time.

NOTE: Nonmedical use of prescription pain relievers is defined as the use of a prescription pain reliever that was not prescribed for the user or that was used only for the experience or feeling it caused.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), *Overview of Findings from the 2003 National Survey on Drug Use and Health*, 2004.

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CESAR FAX

September 20, 2004
Vol. 13, Issue 38

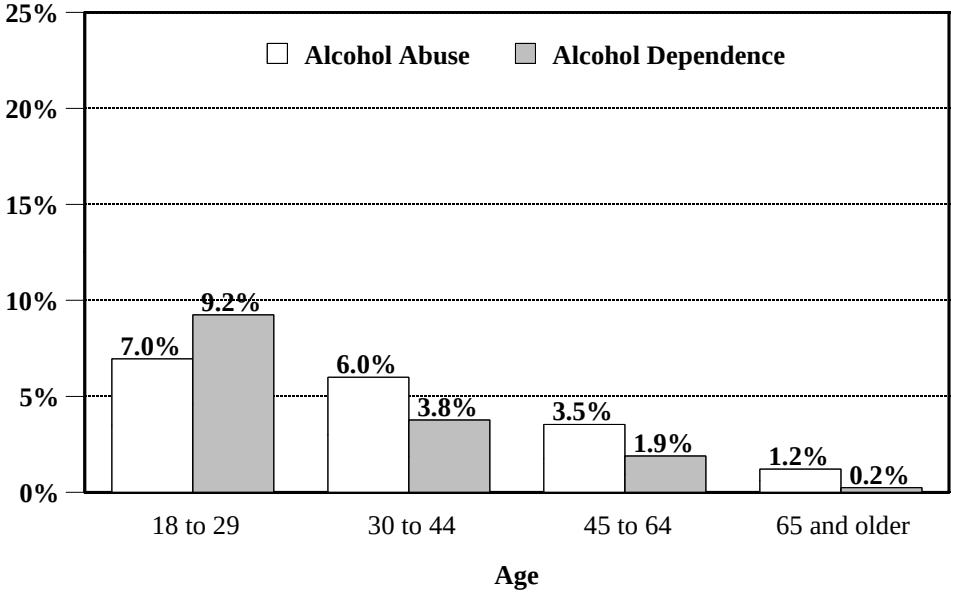
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Young Adults Have Highest Rates of Alcohol Abuse and Dependence Among U.S. Residents

Younger adults are more likely to abuse or be dependent on alcohol, according to data from the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). Overall, 4.7% of Americans abuse and 3.8% are dependent on alcohol (data not shown). Young adults have the highest rates of abuse and dependence. Nearly one-tenth (9.2%) of adults age 18 to 29 met DSM-IV criteria for alcohol dependence, compared to 3.8% of adults age 30 to 44, 1.9% of adults age 45 to 64, and 0.2% of those age 65 and older. A similar inverse relationship was found for alcohol abuse rates, which ranged from 7% among 18- to 29-year-olds to 1.2% among those age 65 and older. The authors note that "these findings underscore the need for early prevention programs among all youth" (p. 231).

Percentage of U.S. Adults Reporting 12-Month Prevalence of Alcohol Abuse and Alcohol Dependence, by Age, 2001-2002
(N = 43,093)



NOTE: Alcohol abuse and dependence definitions are based on DSM-IV criteria.

SOURCE: Adapted by CESAR from Grant, B., Dawson, D., Stinson, F., Chou, S., Dufour, M., and Pickering, R. "The 12-Month Prevalence and Trends in DSM-IV Alcohol Abuse and Dependence: United States, 1991-1992 and 2001-2002," *Drug and Alcohol Dependence* 74(3):223-234, 2004. For more information, contact Bridget Grant at bgrant@willco.niaaa.nih.gov.

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CESAR FAX

September 27, 2004
Vol. 13, Issue 39

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

What Works to Prevent and Reduce Alcohol and Drug Problems? Join Together Releases Guide to Recommended Drug and Alcohol Policies

Join Together, a project of the Boston University School of Public Health, recently published a guide "intended to help voters and candidates for public office in 2004 learn about practical policies that, if adopted, can help save lives and restore families." The publication, *10 Drug and Alcohol Policies That Will Save Lives*, outlines ten policies that are based on scientific evidence and were developed by groups of national experts and community leaders. Following are highlights from the guide. The full publication, including references, is available online at http://www.jointogether.org/sa/action/tenpolicies/.

Preventing Underage Drinking

1. Increase alcohol prices through taxes, particularly on beer.
2. Limit alcohol advertising and promotional activities that target young people.
3. Adopt laws that will prevent alcohol-related deaths and injuries among young people.

Treating Addiction

4. Require and enforce equal insurance coverage for drug and alcohol treatment.
5. Support the development and use of effective medications for addiction treatment.
6. Make screening for alcohol and drug problems a routine part of every primary care and emergency room visit.
7. Give higher payments to providers who get better results.

Reducing and Preventing Crime

8. Require effective treatment and continuing, supervised aftercare programs instead of incarceration for non-violent drug and alcohol offenders.
9. Repeal policies that prevent ex-offenders from returning to full participation in society.
10. Support the work of community coalitions.

SOURCE: Adapted by CESAR from Join Together, *10 Drug and Alcohol Policies That Will Save Lives*, 2004.

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CESAR FAX

October 4, 2004
Vol. 13, Issue 40

A Weekly FAX from the Center for Substance Abuse Research

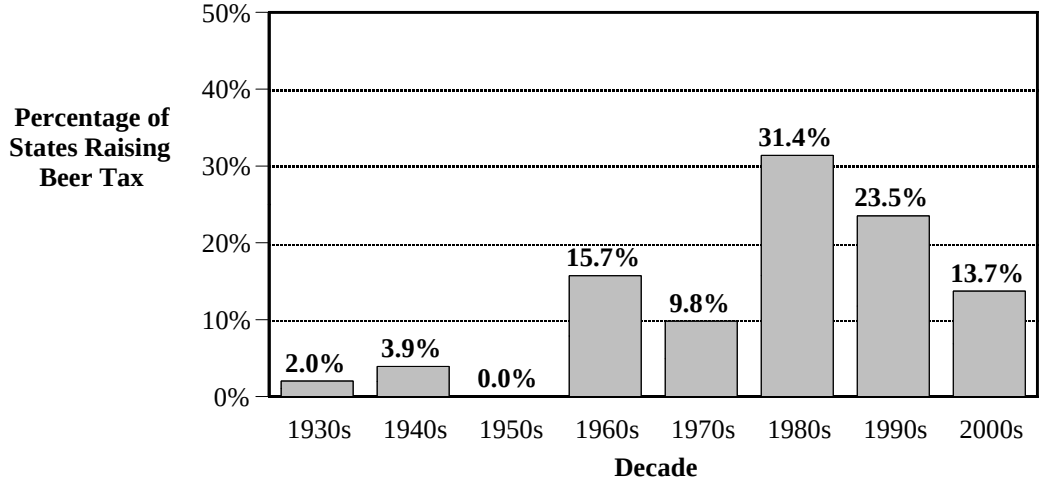
University of Maryland, College Park

Majority of States Have Not Increased Beer Tax in Decades

The majority of states have not raised their tax on beer in decades, according to a report from the Center for Science in the Public Interest. Nearly two-thirds (62.7%) of states have not raised their beer tax since the 1980s or earlier, and only 7 states have raised their tax since 2000. In addition, inflation has caused the real value of many state beer taxes to actually decline. Unlike state cigarette taxes, which have increased dramatically over the past few decades, beer tax remains relatively low. The average state tax on a 6-pack of beer is $0.15, compared to an average state tax on a pack of cigarettes of $0.60 (data not shown). Proponents cite public support[1] and research suggesting an association between increases in the price of alcoholic beverages and reductions in consumption and related consequences.[2] Opponents question the effectiveness of increasing alcohol sales tax in preventing alcohol abuse, especially among underage and heavy drinkers, and argue that beer taxes "place a much heavier burden on low- and middle-income taxpayers than on the rich."[3]

Decade in Which U.S. States and the District of Columbia Last Raised Beer Taxes, as of July 2004

(n=50 states and District of Columbia)



[1]A recent survey (American Medical Association, Office of Alcohol and Other Drug Abuse. *Findings from a Nationwide Survey of 800 Registered Voters*, April 2004) found that 52% of registered voters supported an increase in their state's beer tax.

[2]The National Academy of Sciences, *Reducing Underage Drinking: A Collective Responsibility*, Washington, D.C.: The National Academies Press, 2004.

[3]Beer Institute, *Beer Tax Facts*, n.d. Available online at http://www.beerinstitute.org/pdfs/beertaxfacts.pdf.

SOURCE: Adapted by CESAR from Center for Science in the Public Interest, *Factbook on State Beer Taxes*, 2004. Available online at http://cspinet.org/booze/taxguide/040802BeerReport.pdf.

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CESAR FAX

October 11, 2004
Vol. 13, Issue 41

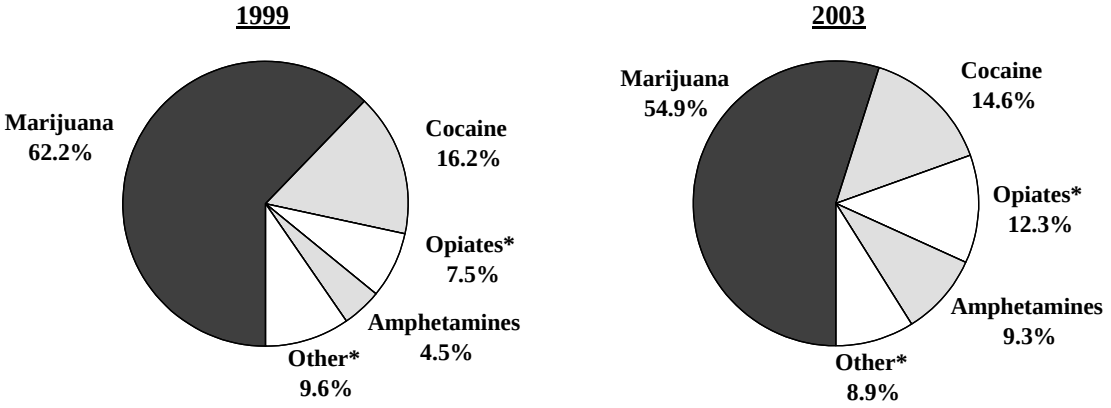
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Percentage of Amphetamines and Opiates in Positive Employee Drug Tests Increases

Of the more than 7.1 million workplace drug tests conducted by Quest Diagnostics in 2003, 4.5% tested positive for at least one illicit drug, a rate that has remained relatively constant since 1999. However, there has been a shift in the types of drugs detected. The percentage of positive drug tests containing amphetamines doubled, from 4.5% in 1999 to 9.3% in 2003, primarily due to an increase in methamphetamine positives. The percentage of positive drug tests containing opiates, particularly methadone, propoxyphene (e.g. Darvon®), and morphine, also increased during this period, from 7.5% to 12.3% of all positive tests. In contrast, the percentage of positive tests that contained marijuana and cocaine decreased from 1999 to 2003.

Comparison of Positive Urine Tests Among U.S. Workers, 1999 and 2003



*The category "opiates" includes methadone, propoxyphene, and other opiates. The category "other" includes barbiturates, benzodiazepines, PCP, acid/base, oxidizing adulterants, and substituted urines.

NOTES: This data is from workers employed by companies that use Quest Diagnostics' drug testing services, including federally-mandated safety-sensitive workers. Reasons for testing include pre-employment, periodic, random, post-accident, for cause, and returned to duty.

SOURCE: Adapted by CESAR from Quest Diagnostics, "Increased Use of Amphetamines Linked to Rising Workplace Drug Use, According to Quest Diagnostics' 2003 Drug Testing Index," *News from Quest Diagnostics*, July 22, 2004. Available online at http://www.questdiagnostics.com/employersolutions/dti_07_2004/dti_index.html. For more information, contact Jennifer Somers at 201-393-5700.

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CESAR FAX

October 18, 2004
Vol. 13, Issue 42

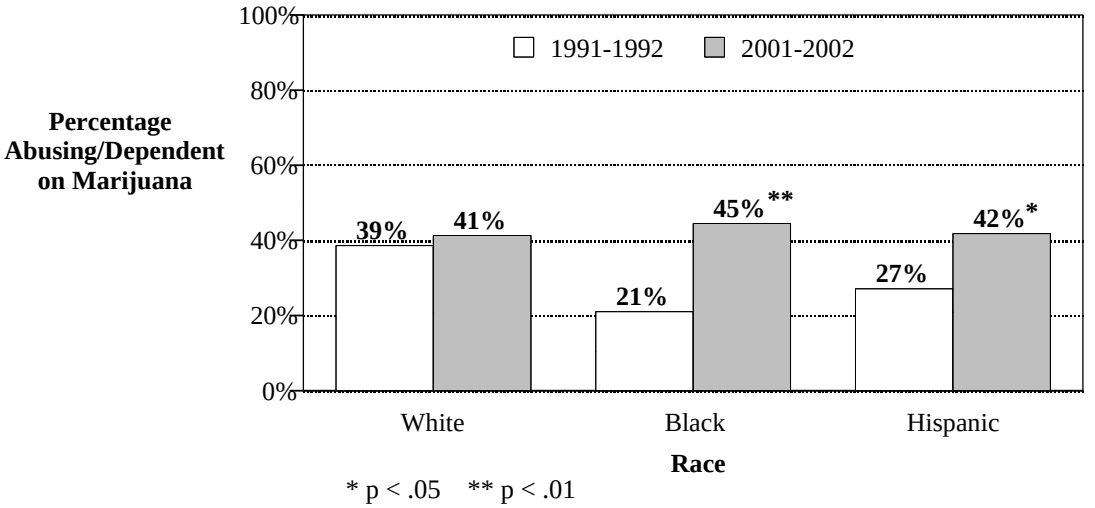
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Marijuana Abuse and Dependence Among Black and Hispanic Young Adults Increased Over Past Decade; Rates Now Equal Those of Whites

Black and Hispanic young adults now have the same rates of marijuana use disorders as their white counterparts, according to data from two national surveys of U.S. residents conducted ten years apart. The percentage of black adults age 18 to 29 who met the criteria for marijuana abuse or dependence more than doubled, increasing from 21% in 1991-1992 to 45% in 2001-2002. Similar increases occurred among Hispanic young adults (from 27% to 42%). In contrast, the percentage of white adults diagnosed with marijuana abuse or dependence did not increase significantly over this period, remaining at around 40%. According to the authors, numerous demographic, economic, and lifestyle factors may be related to the increases in marijuana use disorders in these minority populations.

Percentage of Past-Year Marijuana Users Age 18 to 29 with Marijuana Abuse or Dependence in Past Year, 1991-1992 and 2001-2002



* p < .05 ** p < .01

NOTES: Data are from the 1991-1992 National Longitudinal Alcohol Epidemiologic Survey (NLAES) (n = 42,862) and the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) (n=43,093). Criteria for marijuana abuse and dependence are based on *DSM-IV* criteria.

SOURCE: Adapted by CESAR from Compton, W., Grant, B., Colliver, J., Glantz, M., and Stinson, F. "Prevalence of Marijuana Use Disorders in the United States," *Journal of American Medical Association* 291(17):2114-2121, 2004. For more information, contact Dr. Wilson M. Compton at wcompton@nida.nih.gov.

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CESAR FAX

October 25, 2004
Vol. 13, Issue 43

A Weekly FAX from the Center for Substance Abuse Research

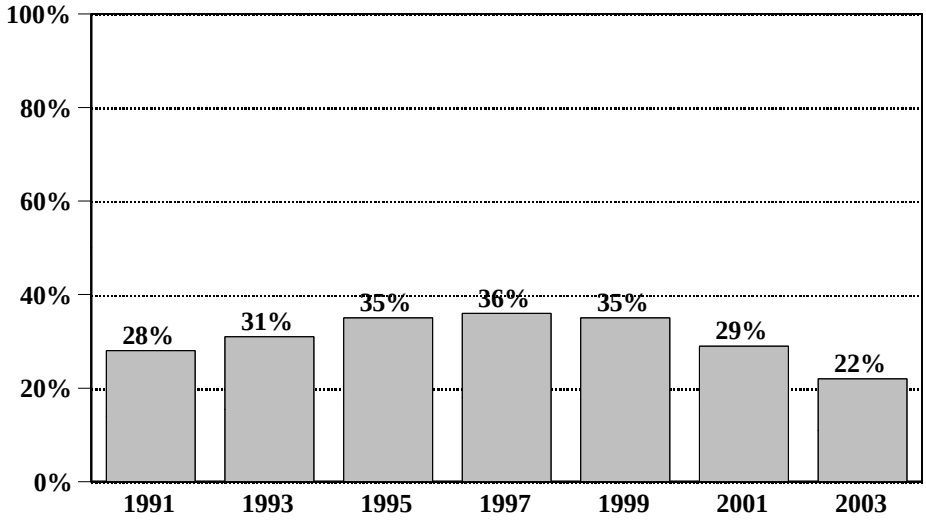
University of Maryland, College Park

Cigarette Smoking Among U.S. High School Students Reaches Record Low

The prevalence of current cigarette use among high school students has declined significantly since the late 1990s, according to data from the national Youth Risk Behavior Survey (YRBS). Current cigarette use (smoking cigarettes on one or more days in the 30 days prior to the survey) among high school students peaked at 36% in 1997. By 2003, current cigarette use had decreased to 22%, the lowest level since the YRBS was initiated in 1991. The authors note that "although the declines in cigarette use are encouraging, prevention efforts must be sustained if the nation is to reach its 2010 national health objective" of 16% prevalence or less (p. 501). They encourage continuing current efforts such as media campaigns, presenting more non-smoking role models, and instituting school-based programs in conjunction with community activities.

Percentage of U.S. High School Students (Grades 9-12) Who Reported Current Cigarette Use, 1991-2003

(N ranged from 10,904 to 16,296)



SOURCE: Adapted by CESAR from the Center for Disease Control and Prevention, Department of Health and Human Services "Cigarette Use Among High School Students—United States, 1991-2003," *Morbidity and Mortality Weekly Report* 53(23): 499-502, 2004. Available online at http://www.cdc.gov/mmwr/PDF/wk/mm5323.pdf.

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CESAR FAX

November 1, 2004
Vol. 13, Issue 44 (Rev.)

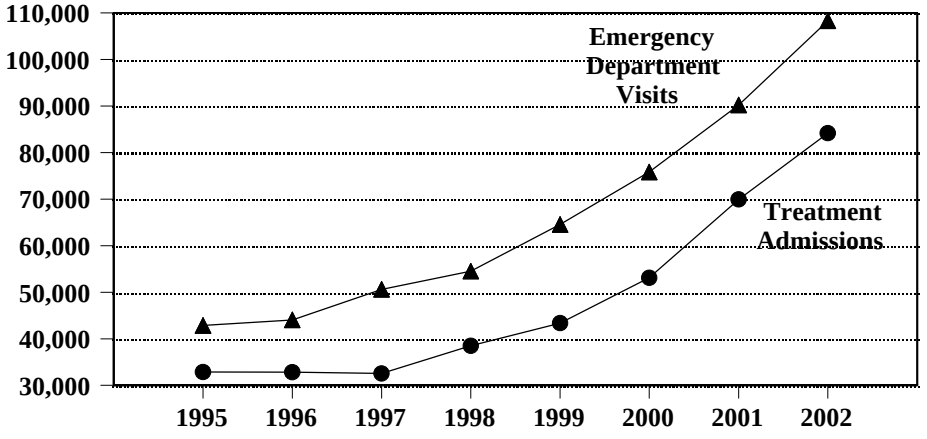
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Number of Treatment Admissions and Emergency Department Visits for Narcotic Painkillers Continues to Increase

The number of treatment admissions and emergency department visits for narcotic painkillers has increased dramatically since the mid-90s. According to data from the national Treatment Episode Data Set (TEDS), the number of treatment admissions involving narcotic painkillers has more than doubled since 1995, increasing from 32,859 to 84,186 in 2002. Visits to emergency departments due to use of narcotic pain relievers have also increased. The number of emergency department visits involving narcotic pain relievers increased from 42,857 in 1995 to 108,320 in 2002, according to data from national Drug Abuse Warning Network (DAWN). These increases in the health-related effects of narcotic painkiller abuse reflect similar increases in the nonmedical use of prescription pain relievers (see *CESAR FAX* Volume 11, Issue 39, and Volume 13, Issue 37).

Number of U.S. Treatment Admissions and Emergency Department Visits for Narcotic Painkillers, 1995-2002



NOTES: Treatment admissions include admissions to publicly funded substance abuse treatment facilities in the U.S. where the primary, secondary, or tertiary substance was reported as "Other opiates/synthetics," excluding admissions for non-prescription use of methadone. Emergency department visits are estimates of the number of narcotic analgesic-related emergency department visits (including methadone) from a national probability sample of non-federal, short-stay hospitals.

SOURCES: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), "Treatment Admissions Involving Narcotic Painkillers: 2002 Update," *The DASIS Report*, July 23, 2004 (available online at http://oas.samhsa.gov/2k4/PainTX/PainTX.cfm) and SAMHSA, "Narcotic Analgesics, 2002 Update," *The DAWN Report*, September 2004 (available online at http://oas.samhsa.gov/2k4analgesics.cfm).

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CESAR FAX

November 8, 2004
Vol. 13, Issue 45

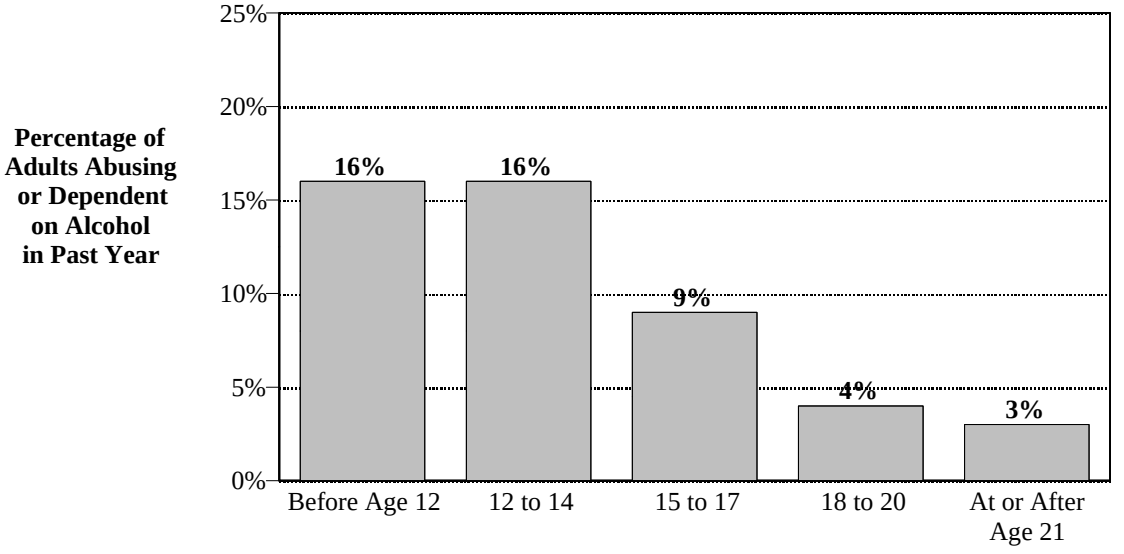
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Persons Who Start Using Alcohol Before Age 15 More Than Five Times as Likely to Abuse or Be Dependent on Alcohol

Early alcohol use increases the likelihood of developing alcohol abuse or dependence at a later age, according to an analysis of data from the National Survey on Drug Use and Health (NSDUH). In 2003, nearly three-quarters (74%) of adults aged 21 or older reported that they had started using alcohol before the current legal drinking age of 21. Those who first used alcohol before the age of 15 were four times as likely to meet the criteria for past year alcohol abuse or dependence than those who started using alcohol at or after age 18 (16% vs. 4%) and more than five times as likely than those who began using at or after age 21 (16% vs. 3%). These findings support previous research indicating that delaying the onset of alcohol use may prevent alcohol abuse or dependence in adulthood[1].

Percentage of Adults Aged 21 or Older Who Abused or Were Dependent on Alcohol in the Past Year, by Age at First Alcohol Use, 2003



[1]Grant, BF, & Dawson, DA. "Age at Onset of Alcohol Use and Its Association with DSM-IV Alcohol Abuse and Dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey," *Journal of Substance Abuse* 9:103-110.

SOURCE: Adapted by CESAR from the Substance Abuse and Mental Health Services Administration, "Alcohol Dependence or Abuse and Age at First Use," *The NSDUH Report*, October 22, 2004. Available online at http://oas.samhsa.gov/2k4/ageDependence/ageDependence.cfm.

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CESAR FAX

November 15, 2004
Vol. 13, Issue 46

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

How Does Heroin Spread from Urban to Rural Areas? New York Study Examines the Geographic Diffusion of Heroin Use

Over the past 30 years, heroin use has spread from large urban cities to non-metropolitan areas across the United States. This geographic diffusion was the subject of a recent qualitative investigation of heroin distribution into and within non-metropolitan areas of the mid-Hudson region of New York state. Qualitative data was obtained over a period of 19 months from street observations, conversations with street informants, and interviews with 237 drug treatment clients at 28 different drug treatment facilities. Interviews were also conducted with other individuals with knowledge about local drug activities, including street outreach workers, drug counselors, school guidance counselors, narcotics detectives, drug treatment administrators, and local directors of substance abuse services. Following are some of the research findings.

- Heroin prices are lower in New York City and other nearby urban areas (Newark and Paterson, New Jersey) than in the non-metropolitan areas of the mid-Hudson region ($10 vs. $20-$25 per bag). Due to this price disparity, heroin dependent users from the suburbs travel to New York City to buy cheap heroin, then return to the suburbs to sell it at a higher rate to defray the cost of their habits. These dependent street dealers are known as "jugglers."
- Jugglers actively seek out and sell premium-priced heroin to irregular users in the suburbs who do not have access to cheaper heroin, soliciting users by telephone calls, cruising in cars around town, and situating themselves in public places. This proactive mode of retail heroin distribution contrasts with that of urban areas, where heroin dealers—who typically pride themselves on not using heroin—do not have to seek out buyers because there is a ready street market for the drug.
- Jugglers also recruit new users—and thus promote heroin diffusion—by tricking them into using heroin, most often by misrepresenting it as cocaine.
- Irregular users from the suburbs eventually become regular users and gain access to cheaper heroin, typically through their local juggler's contacts in urban areas. They then become jugglers themselves, selling premium-priced heroin to support their habits. The process repeats itself, contributing to the diffusion of heroin use within non-metropolitan areas.

The authors conclude that in addition to the need for epidemiological research to establish the prevalence of heroin abuse in non-metropolitan areas, "there is also an equally pressing need to target those irregular users through street outreach intervention and perhaps interdict their efforts to obtain cheaper heroin in urban areas, thereby limiting the potential pool of sellers" (p. 440).

SOURCE: Adapted by CESAR from Furst, R.T., Herrmann, C., Leung, R., Galea, J., Hunt, K. "Heroin Diffusion in the Mid-Hudson Region of New York State," *Addiction* 99(4):431-441. For more information, contact Professor R. Terry Furst at tfurst3334@aol.com.

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CESAR FAX

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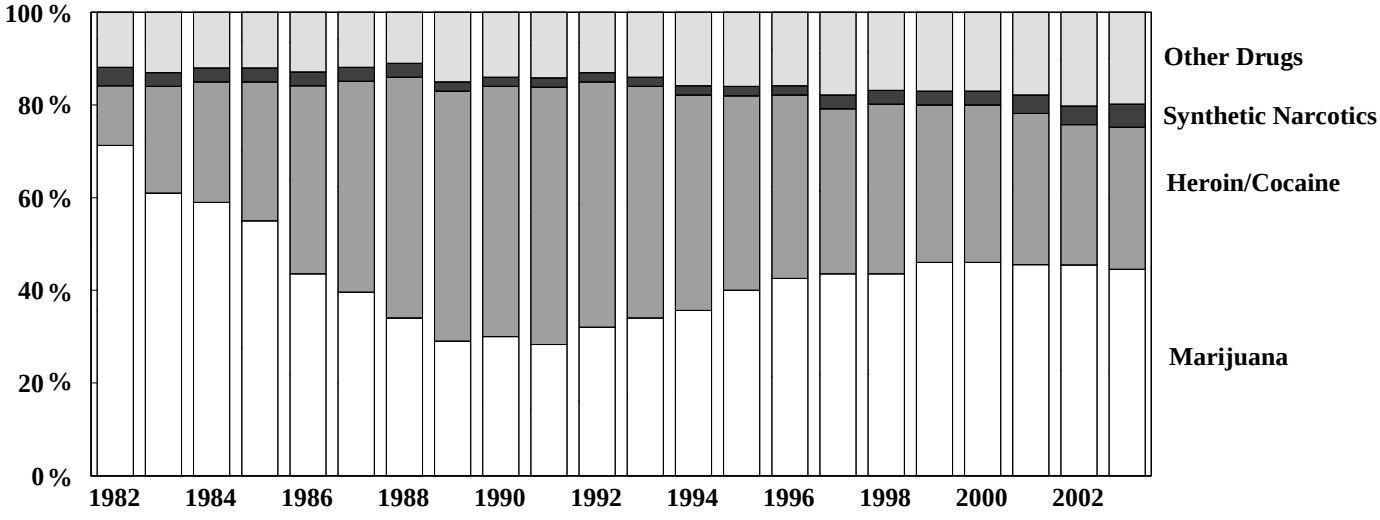
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

National Arrest Data Reveal Shift in Proportion of Drug Abuse Violations for Marijuana and Heroin/Cocaine

In 1982, nearly three-quarters of arrests for drug abuse violations in the United States were for the sale, manufacturing, or possession of marijuana, compared to 13% for heroin or cocaine violations, according to data from the national Uniform Crime Reports. However, by 1990 marijuana comprised slightly less than one-third of all drug abuse arrests, while heroin/cocaine accounted for more than one-half of such arrests. In 2003, the proportion of arrests for marijuana and heroin/cocaine violations had once again shifted; 45% of all drug abuse arrests were for marijuana violations and 30% were for heroin/cocaine violations. These trends likely reflect both changes in prevalence and subsequent enforcement practices. For example, marijuana use peaked in the U.S. during the late 70s and early 80s, reached record lows in the early 90s, and then increased again in the late 90s (see *CESAR FAX*, Volume 12, Issue 39 and Volume 8, Issue 2).

Percent Distribution of Arrests for U.S. Drug Abuse Violations, by Type of Drug, 1982-2003



NOTES: The category "heroin/cocaine" includes opium or cocaine and their derivatives (i.e. morphine, heroin, codeine). The category "synthetic narcotics" includes manufactured narcotics that can cause addiction (i.e. Demerol®, methadone). The category "other drugs" includes all other drugs that do not fall within the other three categories.

SOURCES: Adapted by CESAR from U.S. Department of Justice, Federal Bureau of Investigation, *Crime in the United States, 2003*, 2004 (available online at http://www.fbi.gov/ucr/03cius.htm); and U.S. Department of Justice, Bureau of Justice Statistics, *Sourcebook of Criminal Justice Statistics Online* (available online at http://www.albany.edu/sourcebook/pdf/t429.pdf), accessed 11/17/04.

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research

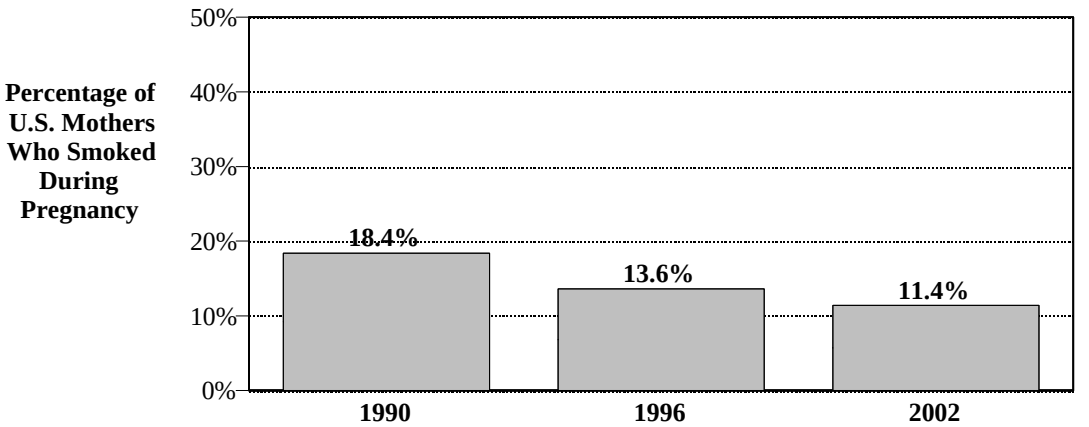
University of Maryland, College Park

Smoking During Pregnancy Decreased by More Than One-Third Since 1990

The percentage of women who smoked during pregnancy decreased by 38% from 1990 to 2002, according to data from the National Center for Health Statistics. Data on maternal smoking was collected from birth certificates from 49 states, the District of Columbia, and New York City.* In 1990, 18.4% of women giving birth in the United States reported smoking during pregnancy, compared to 11.4% in 2002. Declines in individual states ranged from 5.8% in West Virginia (from 27.8% in 1990 to 26.2% in 2002) to 68% in Massachusetts (from 25.3% in 1990 to 8.1% in 2002). The authors conclude that "while evidence suggests that specific cessation programs have been at least partly successful, . . . further efforts are needed to persuade these women of the health risks posed to their infants and themselves from smoking during pregnancy" (p. 913).

Editor's Note: Part of this decline may have been because women were less likely to report smoking during pregnancy in 2002 than they were in 1990 due to a decreased social desirability and increased stigmatization of smoking.

Percentage of U.S. Mothers Who Reported Smoking During Pregnancy; 1990, 1996, and 2002



*No data were presented for California because smoking is not reported on birth certificates in the standard format. Not all states had data available for the entire period (Indiana, New York state, and South Dakota data are missing in 1990 and 1996; New York City and Oklahoma are missing in 1996).

SOURCE: Adapted by CESAR from Centers for Disease Control and Prevention, "Smoking During Pregnancy—United States, 1990-2002," *Morbidity and Mortality Weekly Report* 53(39):911-915, 2004. Available online at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5339a1.htm.

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CESAR FAX

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Vol. 13, Issue 49

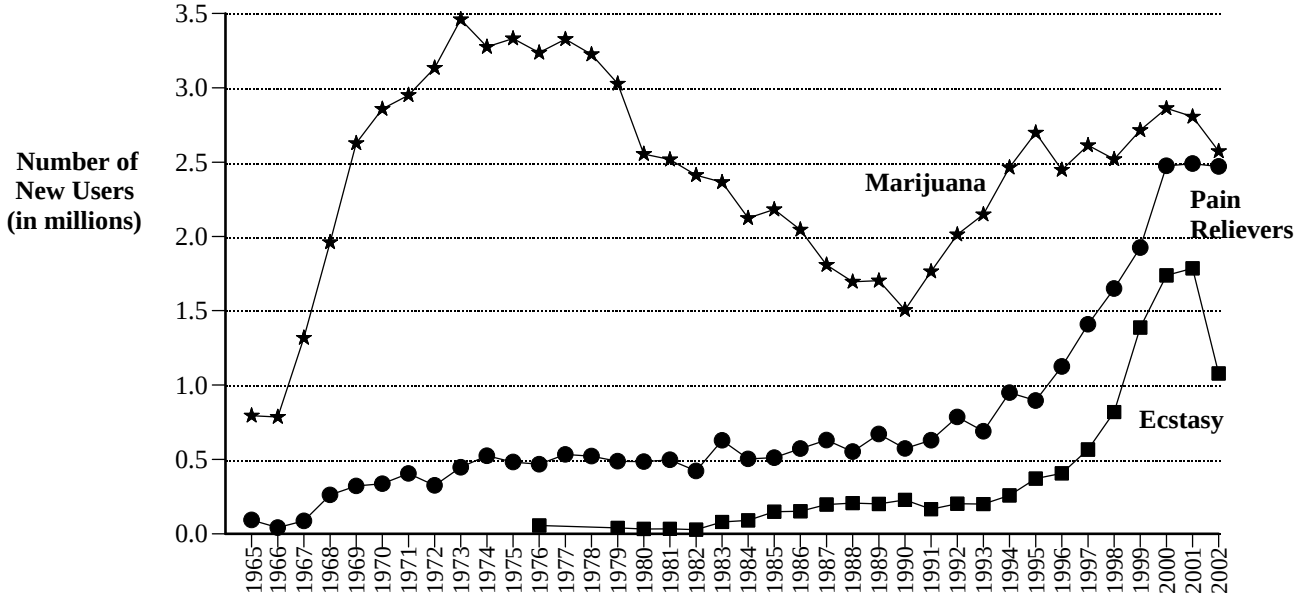
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Number of First Time Non-Medical Users of Prescription Pain Relievers Remains at Peak Level, Rivaling Marijuana; Number of New Ecstasy Users Declines

The number of people who used prescription pain relievers for non-medical purposes for the first time was nearly equal that of new marijuana users in 2002, according to data from the National Survey on Drug Use and Health (NSDUH). From 2001 to 2002, the number of new marijuana users decreased to slightly less than 2.6 million. At the same time, the number of Americans who reported non-medical use of prescription pain relievers for the first time remained at a peak level of nearly 2.5 million users. Also noteworthy was the dramatic decrease in the number of new ecstasy users, from a peak of 1.8 million in 2001 to 1.1 million in 2002. These findings support other indicators of increased non-medical use of prescription pain relievers in the United States (see CESAR FAX, Volume 13, Issue 44).

Estimated Number of U.S. Residents (Age 12 and Older) Reporting First-Time Use of Ecstasy, Marijuana, and Prescription Pain Relievers per Year, 1965-2002



NOTES: 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 2002. Nonmedical use of prescription pain relievers is defined as the use of a prescription pain reliever that was not prescribed for the user or that was used only for the experience or feeling it caused.

SOURCE: Adapted by CESAR from Office of Applied Studies, Substance Abuse and Mental Health Services Administration. *Overview of Findings From the 2003 National Survey on Drug Use and Health,* 2004. Available online (http://oas.samhsa.gov/nhsda.htm#NHSDAinfo).

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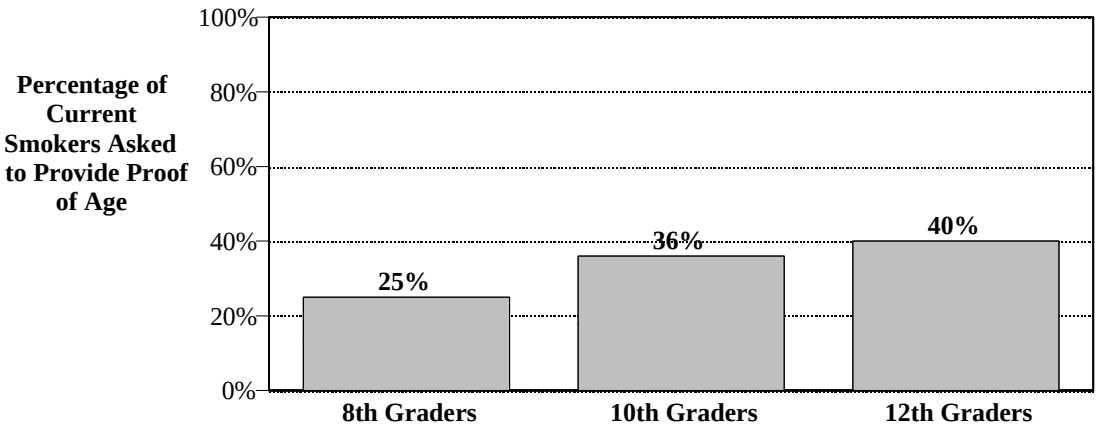
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Few Underage Smokers Asked to Provide Proof of Age When Purchasing Cigarettes; Younger Smokers Least Likely to Be Carded

Youth smokers in 8th, 10th, and 12th grades in the United States are rarely asked to provide proof of age when attempting to buy cigarettes, according to combined data from the 1997 to 2002 Monitoring the Future studies. Surprisingly, as the table below shows, the youngest smokers were least likely to be asked to provide identification, although the reasons for this are unclear (see box below). Since 1996, all 50 states, the District of Columbia, and the U.S. territories have been required to have and enforce laws that prohibit the sale and distribution of tobacco products to people under 18 years of age.

Percentage of U.S. 8th, 10th, and 12th Grade Current Smokers Asked to Provide Proof of Age at Their Last Cigarette Purchase Attempt, 1997 to 2002 Data Combined



NOTES: Current smokers were asked "The last time that you tried to buy cigarettes in a store or gas station, were you asked for proof of age?" Current smokers are persons who had smoked at least once in the past 30 days.

SOURCE: Adapted by CESAR from Johnston, L.D., O'Malley, P.M., and Terry-McElrath, Y.M. "Methods, locations, and ease of cigarette access for American youth, 1997-2002," *American Journal of Preventive Medicine* 27(4):267-276, 2004. For more information, contact Dr. Lloyd D. Johnston at (734) 763-5043.

Why Are Younger Youths Less Likely to Be Carded When Buying Cigarettes?

We would like to hear about any research findings as to why 8th grade students are least likely to be asked to provide proof of age when attempting to purchase cigarettes in stores or gas stations. Please email us at cesar@cesar.umd.edu with your comments. Thank you!

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research

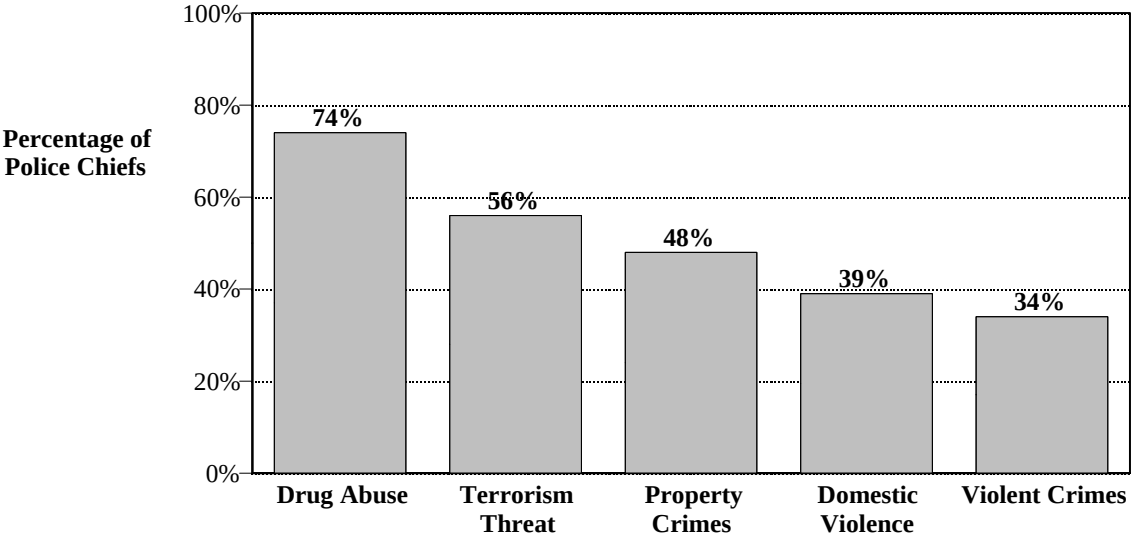
University of Maryland, College Park

Majority of Police Chiefs Report Drug Abuse Is a Serious Problem in Their Community; Three Out of Four Report Inadequate Resources to Deal with Drug Abuse

Drug abuse is the most serious and under-resourced problem faced by law enforcement, according to a recent survey of 300 police chiefs across the United States. Sixty-three percent of police chiefs reported that drug abuse was a serious problem in their community—more than any other issue (data not shown). Furthermore, three-fourths of police chiefs reported that there are too little resources available for their police department to use in dealing with drug abuse. Chiefs in medium-size communities and small towns were most likely to express dissatisfaction with the resources they have to deal with drug abuse (data not shown).

Percentage of U.S. Police Chiefs Reporting They Have Too Little Resources to Deal With Issues, 2004

(N=300)*



*A national telephone survey of 300 chiefs of police in large cities, medium communities, and small towns was conducted in June 2004 by Peter D. Hart Research Associates

SOURCE: Adapted by CESAR from Drug Strategies, *Drugs and Crime Across America: Police Chiefs Speak Out,* December 2004. Available online at http://www.drugstrategies.org/Police_Poll.pdf.

CESAR Wishes You a Very Happy Holiday Season!

This is the final issue of Volume 13 of the *CESAR FAX*. The *CESAR FAX* will resume with Volume 14, Issue 1, on January 3, 2005. Thank you for your support during the past year!

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