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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

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ACKNOWLEDGMENTS

CESAR is pleased to provide this 2010 Annual Volume of the *CESAR FAX*. To assist you in using this volume, the Table of Contents indexes the 2010 issues by title and subject area.

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Since the first fax transmission to 150 recipients on February 17, 1992, the *CESAR FAX* audience has grown tremendously. The *CESAR FAX* transitioned from fax to email as its primary dissemination method in 2004, and is now being sent to more than 5,500 recipients worldwide. The *CESAR FAX* continues to provide timely and relevant substance abuse information in an easy-to-read format.

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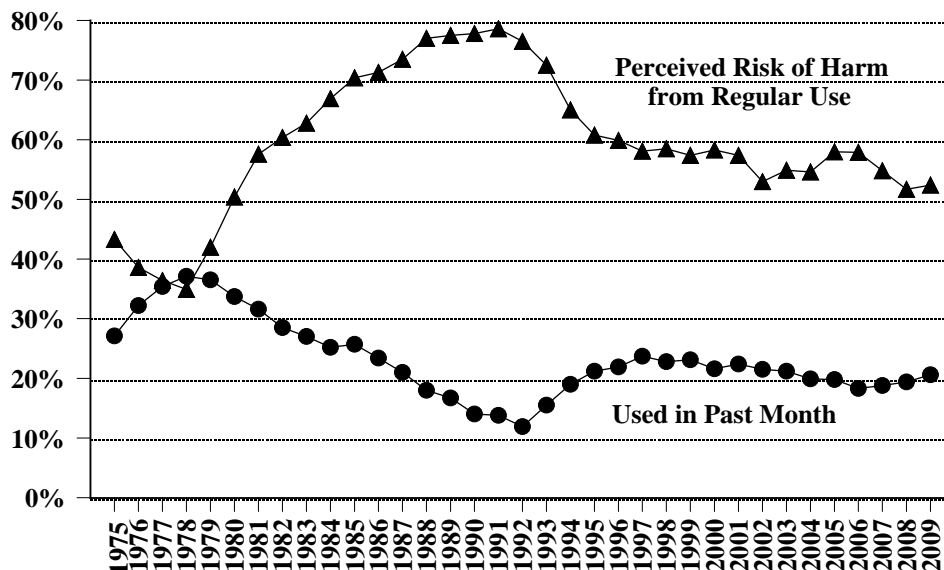
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University of Maryland, College Park

U.S. High School Seniors' Perception of Harm from Regular Marijuana Use Decreasing

Twelfth graders' perceived risk of harm from regular marijuana use has declined in recent years, according to data from the national Monitoring the Future (MTF) survey. In 2008 and 2009, 52% of U.S. high school seniors thought that there was a great risk of harm from smoking marijuana regularly, down from 58% in 2006. Previous MTF data show that as perceived risk decreases, use increases (see figure below). While the percentage of 12th graders reporting that they used marijuana in the past month has increased only slightly (from 18% in 2006 to 21% in 2009), MTF researcher Lloyd Johnston notes that "the upward trending of the past two or three years stands in stark contrast to the steady decline that preceded it for nearly a decade" (p. 1). Similar decreases in perceived harm from marijuana use have been seen among 8th and 10th grade students. These findings illustrate the importance of continuing to present realistic information about the risks and consequences of marijuana use to youth.

Percentage of U.S. Twelfth Grade Students Reporting Past Month Marijuana Use and Perceived Risk of Harm from Regular Marijuana Use, 1975-2009



SOURCE: Adapted by CESAR from University of Michigan, "Teen Marijuana Use Tilts Up, While Some Drugs Decline in Use," Press Release, 12/14/09. Available online at <http://www.monitoringthefuture.org/data/09data.html#2009data-drugs>.

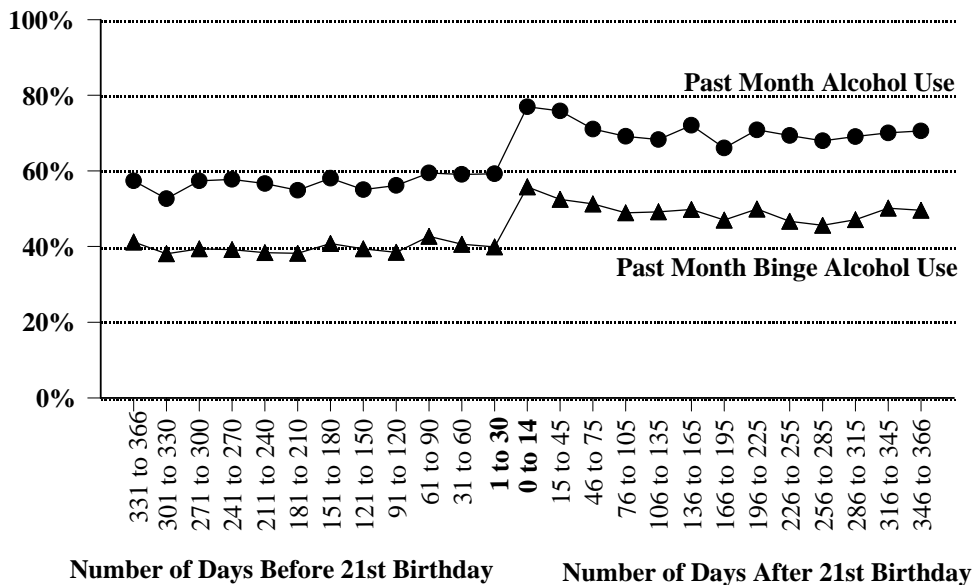
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*Alcohol Use and Binge Drinking Increase in Two Weeks After 21st Birthday;
Remain at Higher Rates After Turning 21*

Rates of past month alcohol use and binge drinking are higher among young adults who have recently turned 21 than among those who are still 20 years old, according to data from the National Survey on Drug Use and Health (NSDUH). Nearly 60% of young adults reported past alcohol use and approximately 40% reported binge drinking in the year before their 21st birthday. These already high rates of alcohol use and binge drinking among minors increase sharply in the 14 days after their 21st birthday, to 77% and 56%, respectively (see figure below). Furthermore, both past month alcohol use and binge drinking rates remained higher among young adults after their 21st birthday.

Percentage of U.S. Young Adults Reporting Past Month Alcohol Use and Binge Drinking, by Number of Days Surveyed One Year Before or After 21st Birthday, 2002 to 2008



NOTE: Past month binge drinking is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), "Alcohol Use Before and After the 21st Birthday," *The NSDUH Report*, December 10, 2009. Available online at <http://www.oas.samhsa.gov/2k9/138/138AlcBefore21stBday.cfm>.

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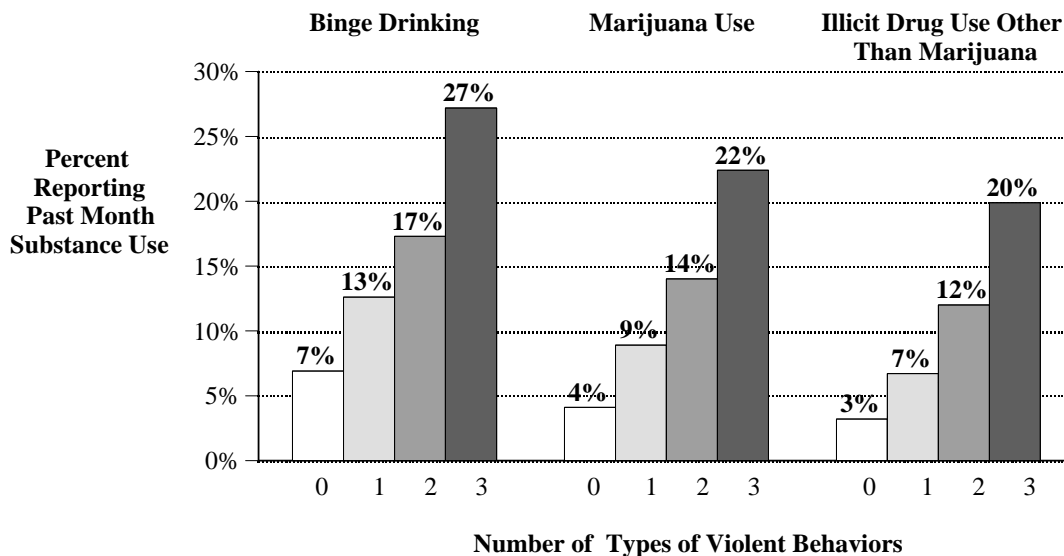
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***Adolescent Females Who Report Engaging in Violent Behavior
More Likely to Also Report Alcohol and Illicit Drug Use***

Slightly more than one-fourth (27%) of adolescent females engaged in at least one of three types of violent behaviors in the past year (getting into a serious fight at school or work, participating in a group-against-group fight, or attacking others with the intent to seriously hurt them), according to data from the National Survey on Drug Use and Health. These females were more likely to report binge drinking and illicit drug use than females who did not report violent behavior in the past year, and the rate of reported substance use increased with the number of violent behaviors reported (see figure below). Compared to girls who reported no violent behavior, girls who reported engaging in all three types of violent behaviors in the past year were nearly four times more likely to report binge drinking in the past month, five times more likely to use marijuana, and nearly seven times more likely to use other illicit drugs. It should be noted that while these findings show a relationship between violent behavior and substance use, they do not provide evidence of a causal relationship between the two (i.e., that the violent behavior causes substance use or vice versa).

Percentage of Females Ages 12 to 17 Reporting Past Month Substance Use, by Number of Types of Violent Behaviors in the Past Year, 2006 to 2008



NOTES: Binge drinking is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Illicit drugs include cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), "Violent Behaviors Among Adolescent Females," *The NSDUH Report*, December 17, 2009. Available online at <http://www.oas.samhsa.gov/2k9/171/171FemaleViolence.cfm>.

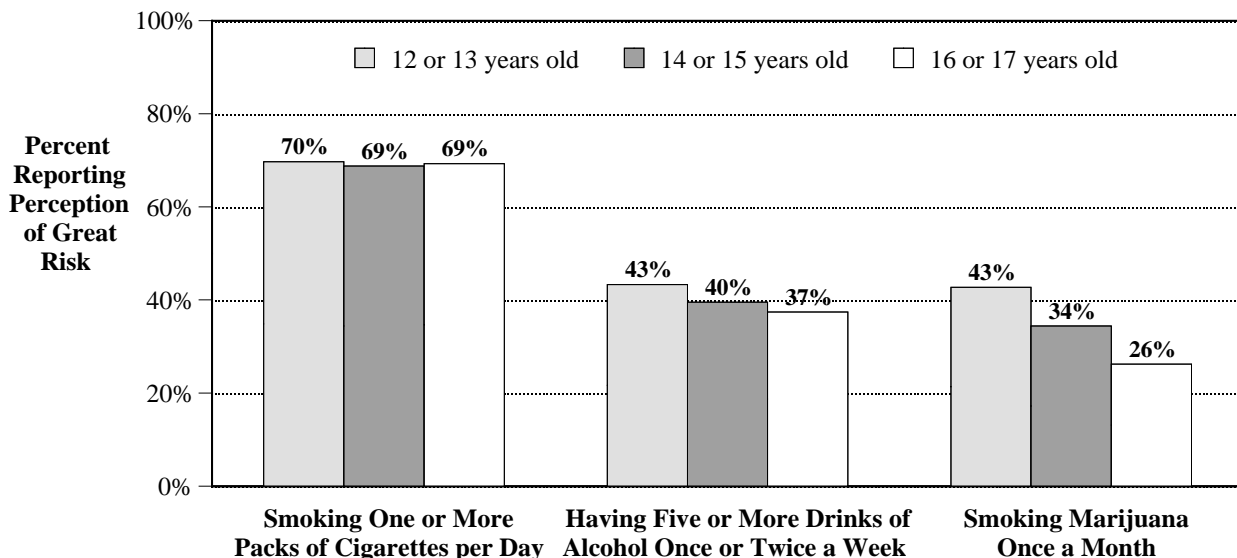
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Adolescents' Perceptions of Risk from Alcohol and Marijuana Use, but Not Cigarettes, Decreases with Age

While the perceived risk of smoking cigarettes remains the same among age groups, older youth are less likely to perceive great risk from alcohol and marijuana use than younger youth. According to an analysis of data from the National Survey on Drug Use and Health (NSDUH), 43% of 12- or 13-year-olds reported that they perceived a great risk in having five or more drinks of alcohol once or twice a week, compared to 37% of 16- or 17-year-olds. Perceptions of risk of harm from smoking marijuana once a month also decreased with age, from 43% among the youngest youth to 26% among youth ages 16 to 17. In contrast, the perceived risk associated with using LSD, cocaine, and heroin increased with age (see *CESAR FAX*, volume 18, Issue 48). Previous research has shown that perceptions of high risks are associated with lower rates of use. According to the authors, these findings suggest that “providing adolescents with credible, accurate, and age-appropriate information about the harm associated with substance use is a key component in prevention programming” (p. 1).

Perception of Great Risk of Using Selected Substances, by Age
(2007 and 2008 data combined; n=44,979)



SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), “Perceptions of Risk from Substance Use Among Adolescents,” *The NSDUH Report*, November 26, 2009. Available online at <http://www.oas.samhsa.gov/2k9/158/158RiskPerceptions.cfm>.

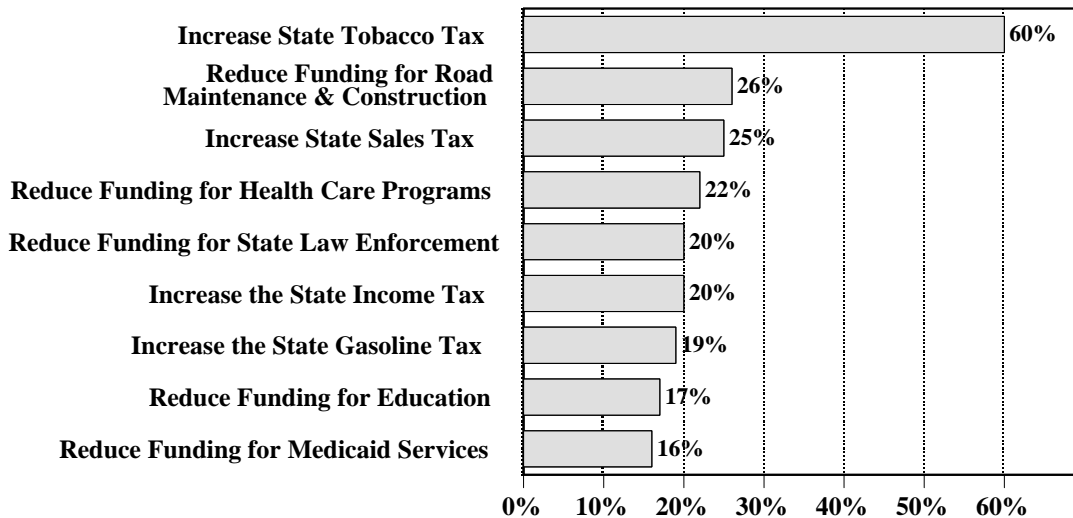
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60% of U.S. Voters Favor Increasing Tobacco Tax to Address State Budget Deficits

A majority (60%) of U.S. voters favor increasing state tobacco taxes as a way to address state budget deficits, according to data from a survey of voters conducted earlier this year. No other proposal, including increasing other taxes or reducing funding for health care, education, or transportation, received more than 26% support (see figure below). Furthermore, 67% of voters supported a specific increase of \$1 per pack in the state tobacco tax, with part of the revenue dedicated to a tobacco use reduction program and the rest to addressing the state budget deficit (data not shown). A report released with the poll estimates that a nationwide \$1 increase of state tobacco taxes would prevent more than 2.3 million kids from becoming smokers, decrease youth smoking rates by 13.1%, prevent more than 1 million premature, smoking-caused deaths, save \$52.89 billion in long-term health care costs, and raise \$9.1 billion in new revenue each year.

Percentage of U.S. Registered Voters that Favor Proposals to Address State Budget Deficits, 2010
(n=847 registered voters)



NOTES: Results are from a national telephone survey of 847 registered voters conducted from January 20-24, 2010, with a margin of error of ± 3.4 percentage points. The questions asked was: "As you may have heard, virtually all states are currently facing severe budget deficits. I am going to read you a list of proposals that have been suggested as a way to address the state budget deficit. After I read each one, please tell me if you favor or oppose that proposal."

SOURCE: Adapted by CESAR from International Communications Research Survey, *Support for Increasing State Tobacco Taxes, National Survey of 847 Registered Voters*, January 2010. Available online at http://www.tobaccofreekids.org/reports/state_tax_report/downloads/state_tax_polling_2010.pdf; and Campaign for Tobacco-Free Kids, American Cancer Society Cancer Action Network, American Heart Association, American Lung Association, and Robert Wood Johnson Foundation, *Tobacco Taxes: A Win-Win-Win for Cash-Strapped States*, 2010. Available online at <http://www.tobaccofreekids.org/winwinwin>.

No CESAR FAX Issue Published on 2/15/2010

Please note that due to the snowstorm, there was no issue of the *CESAR FAX* published last Monday (2/15).

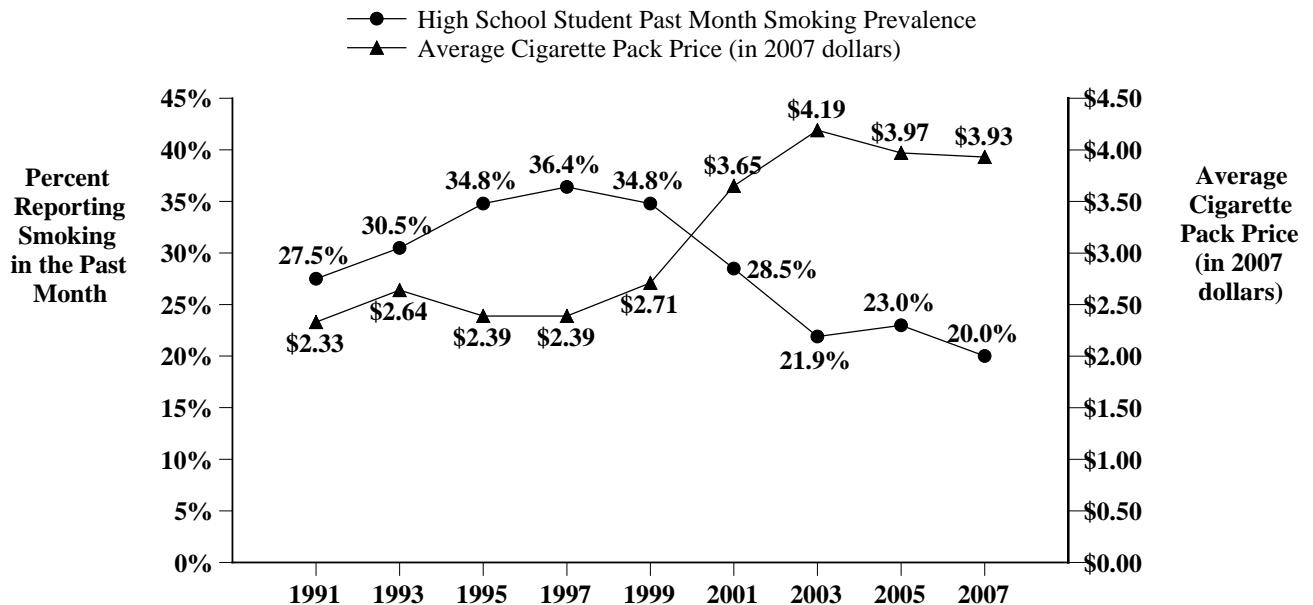
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Smoking Among High School Students Decreases as Cigarette Prices Increase

As cigarette prices increase, smoking among high school students decreases, according to a recent report from the Campaign for Tobacco Free Kids. The average price per cigarette pack increased from \$2.39 in 1997 to \$4.19 in 2003. At the same time, the percentage of high school students reporting smoking cigarettes in the past month decreased from 36.4% in 1997 to 21.9% in 2003. While there are many other factors that affect youth cigarette use, these data support previous studies that show that “for every 10 percent increase in the price of cigarettes, youth smoking declines by approximately 6.5%” (p. 6). A recent poll found that 60% of U.S. voters favor increasing the state tobacco taxes as a way to address state budget deficits (see *CESAR FAX*, Volume 19, Issue 6).

Percentage of U.S. High School Students Reporting Smoking Cigarettes in the Past Month and U.S. Average Cigarette Pack Price (in 2007 dollars), 1991-2007



SOURCE: Adapted by CESAR from Campaign for Tobacco-Free Kids, American Cancer Society Cancer Action Network, American Heart Association, American Lung Association, and Robert Wood Johnson Foundation, *Tobacco Taxes: A Win-Win-Win for Cash-Strapped States*, 2010. Available online at <http://www.tobaccofreekids.org/winwinwin>.

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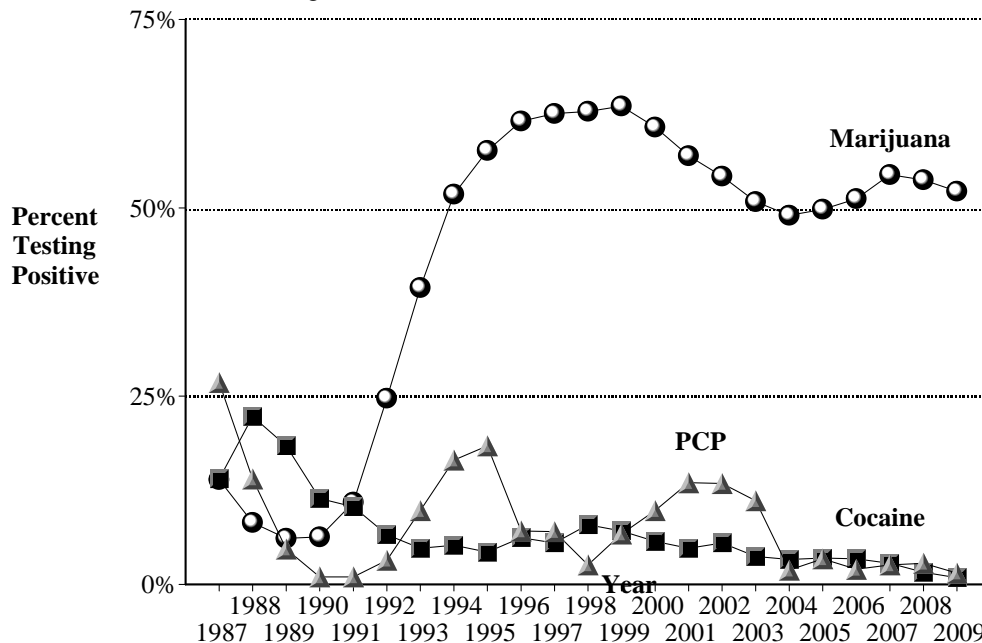
University of Maryland, College Park

Marijuana Remains Drug Most Commonly Detected Among D.C. Juvenile Arrestees; Cocaine Rates Reach Record Low

Marijuana remains the drug most commonly detected among Washington, D.C. juvenile arrestees, according to data from the D.C. Pretrial Services Agency. The percentage of juvenile arrestees testing positive for marijuana increased from the most recent low of 49.0% in 2004 to 54.4% in 2007, then decreased slightly to 52.2% in 2009. In contrast, the percentage testing positive for cocaine has been gradually decreasing over the past decade, reaching a record low of 0.9% in 2009. PCP-positive rates, which have fluctuated greatly in the past, declined to 1.5% in 2009—the lowest rate since 1991.

Percentage of Washington, D.C., Juvenile Arrestees Testing Positive by Urinalysis for Cocaine, Marijuana, and PCP, 1987 to 2009

(N ranged from 1,896 in 2002 to 4,449 in 1988; N=2,614 in 2009)



NOTE: Since August, 2006, D.C. juvenile arrestees have also been tested for amphetamines. The percentage testing positive for amphetamines was 0.6% in 2006; 2.7% in 2007; 1.8% in 2008; and 0.9% in 2009.

SOURCE: Adapted by CESAR from data from the District of Columbia Pretrial Services Agency. Available online at <http://www.dcpsa.gov/foia/foiaERRpsa.htm>. For more information, contact Jerome Robinson, Director of Forensic Research, D.C. Pretrial Services Agency, at jerome.robinson@csosa.gov.

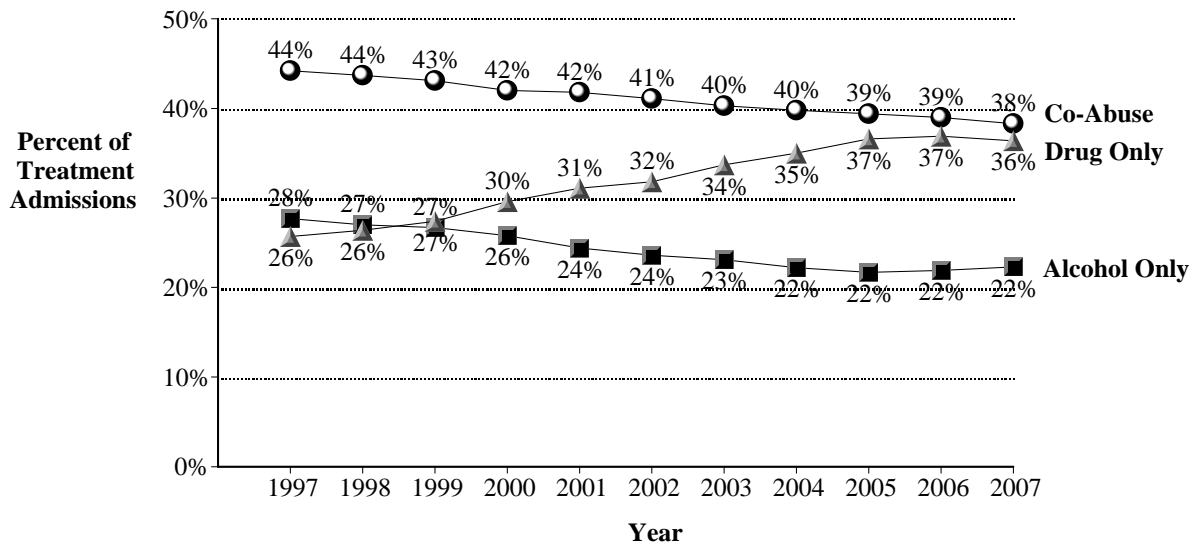
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***Percentage of Drug-Only Treatment Admissions Increased from 1997 to 2007;
Now Rival Admissions for Co-Abuse of Alcohol and Drugs***

Substance abuse treatment admissions are now nearly as likely to be for the treatment of drug-only problems as for the co-abuse of alcohol and drugs, according to the most recent data from the Treatment Episode Data Set (TEDS). Between 1997 and 2007 (the most current year for which data are available), the percentage of U.S. substance abuse treatment admissions for the co-abuse of alcohol and other drugs decreased from 44% in 1997 to 38% in 2007. At the same time, the percentage of admissions solely for drug abuse increased from 26% to 36%, rivaling those for co-abuse. The percentage of treatment admissions for the abuse of only alcohol, which had surpassed drug-only admissions in 1997, decreased from 28% to 22% over the period. While these findings may reflect actual changes in substance abuse and dependence, they may also be the result of other factors, such as changes in insurance policies or access to treatment.

Percentage of U.S. Substance Abuse Treatment Admissions for Alcohol Only, Drug Only, and Co-Abuse of Alcohol and Drugs, 1997 to 2007



NOTE: TEDS only includes facilities that are licensed or certified by the State substance abuse agency to provide substance abuse treatment (or are administratively tracked for other reasons). In general, facilities reporting TEDS data are those that receive State alcohol and/or drug agency funds (including Federal Block Grant funds) for the provision of alcohol and/or drug treatment services.

SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration (SAMHSA), "Treatment Admissions Reporting Abuse of Both Alcohol and Drugs: 1997-2007," *The TEDS Report*, March 4, 2010. Available online at <http://www.oas.samhsa.gov/2k10/207/207AlcDrug2k10.cfm>.

Find Listings and Directions to Maryland Treatment and Other Community Resources

The interactive MDCSL website (www.mdcs.org) allows users to quickly find detailed resource listings for a variety of Maryland community resources, including substance abuse treatment and housing services.

A Weekly FAX from the Center for Substance Abuse Research

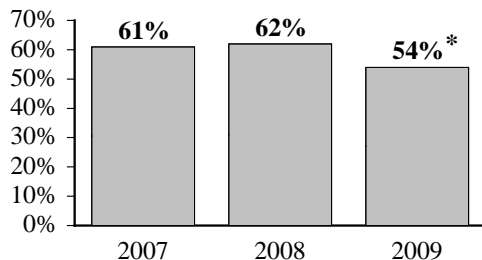
University of Maryland, College Park

High School Students' Perceptions of Risks from Marijuana Use Declined from 2008 to 2009

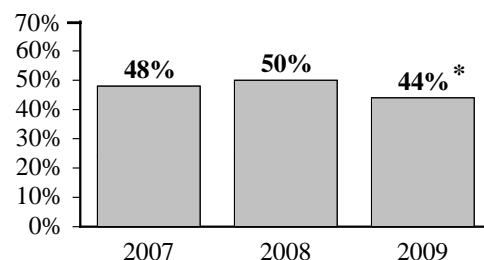
High school students' perceptions of risks from using marijuana declined significantly from 2008 to 2009, according to recently released data from the Parents and Teens Attitude Tracking Study (PATS). In 2009, 54% of students in 9th to 12th grades reported that using marijuana posed a great risk in making their problems worse, down from 62% in 2008. Students were also less likely to believe that marijuana would affect getting depressed (44% vs. 50%), putting themselves or others in danger (60% vs. 68%), and impairing their judgment (57% vs. 65%). Factors that may have influenced these declines include a decrease in learning about the risks of marijuana use and an increase in things that may suggest to youth that marijuana use is benign (e.g., the number of states with medical marijuana laws, the number of movies and music/internet videos portraying marijuana use as normal behavior without consequences).

Percentage of U.S. High School Students Reporting That Using Marijuana Would Pose a Great Risk in . . .

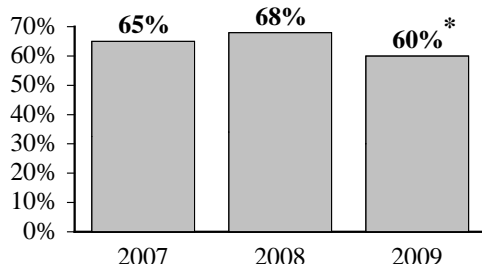
. . . Making Their Problems Worse



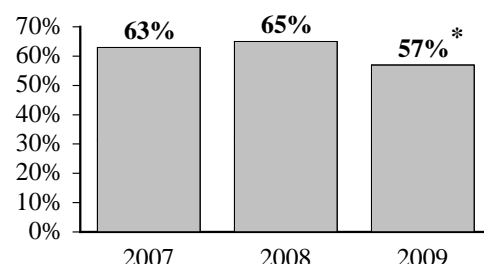
. . . Getting Depressed



. . . Putting Themselves or Others in Danger



. . . Impairing Their Judgment



*Difference between 2008 and 2009 is significant at the .05 level.

NOTE: 2009 data are from a nationally projectable sample of 3,287 students in grades nine through twelve, conducted by the Roper Public Affairs Division of GfK Custom Research North America from March to June 2009. The margin of error is +/- 2.3 percent. Data from the 2006 teen survey are omitted because the study investigators believe them to be inaccurate due to sampling error.

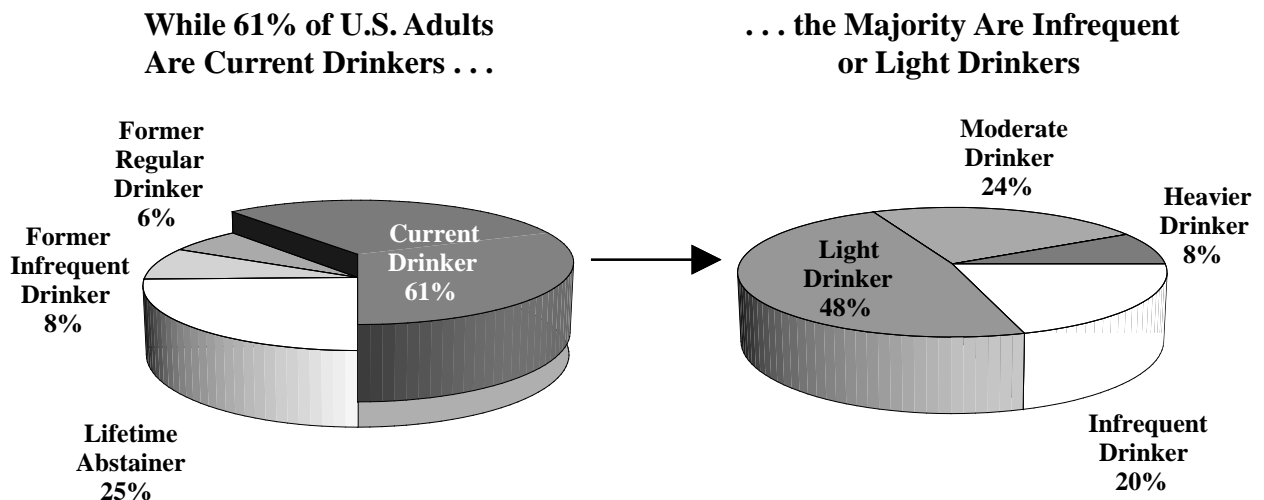
SOURCE: Adapted by CESAR from data from the Partnership for a Drug-Free America, *2009 Parents and Teens Attitude Tracking Study Report*, March 2, 2010. Available online at http://www.drugfree.org/Portal/DrugIssue/Research/Teen_Study_2009/TRACKING_STUDY_PATS_2009.

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Nearly Two-Thirds of U.S. Adults Are Current Drinkers; Majority Are Infrequent or Light Drinkers

Nearly two-thirds (61%) of U.S. adults are current drinkers, according to 2005 to 2007 data from the Centers for Disease Control and Prevention. The majority of these current drinkers were infrequent (11 drinks or less in the past year) or light (3 drinks or less per week) drinkers. Around one-fourth were moderate drinkers and 8% were heavier drinkers* (see figure below). Men were more likely than women to not only be current drinkers (68% vs. 55%), but also to be moderate or heavier current drinkers (28% vs. 12%). In addition, the prevalence of current drinking increased with education, from 44% for adults with less than a high school diploma to 74% for adults with a graduate degree (data not shown).



NOTES: Data are annual averages from the 2005 to 2007 National Health Interview Survey (NHIS), a survey of the U.S. civilian noninstitutionalized population collected using computer-assisted personal interviews of adults aged 18 years and older. *Lifetime Abstainer*: had fewer than 12 drinks in entire lifetime; *Former Infrequent Drinker*: had 12 drinks or more in lifetime, but never as many as 12 drinks in a single year, and had no drinks in the past year; *Former Regular Drinker*: had 12 drinks or more in one year, but no drinks in the past year; *Current Drinker*: had at least 12 drinks in lifetime and at least 1 drink in the past year; *Infrequent Drinker*: had at least 12 drinks in lifetime and 1-11 drinks in past year; *Light Drinker*: had 3 drinks or less per week, on average, in the past year; *Moderate Drinker*: had more than 3 and up to and including 14 drinks per week for men, and more than 3 and up to and including 7 drinks per week for women, on average, in the past year; *Heavier Drinker*: had more than 14 drinks per week for men and more than 7 drinks per week for women, on average, in the past year.

SOURCE: Adapted by CESAR from Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, *Health Behaviors of Adults: United States, 2005-2007*, 2010. Available online at http://www.cdc.gov/nchs/data/series/sr_10/sr10_245.pdf.

CESAR FAX 2009 Bound Volume Available for Purchase

Copies of the *CESAR FAX* 2009 Bound Volume are still available for purchase for \$10 each. Please see our website, www.cesar.umd.edu, for more information.

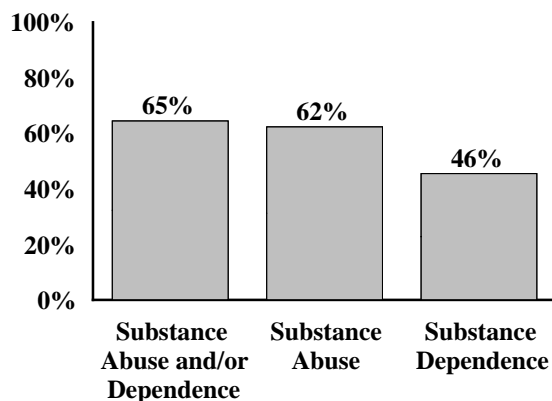
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University of Maryland, College Park

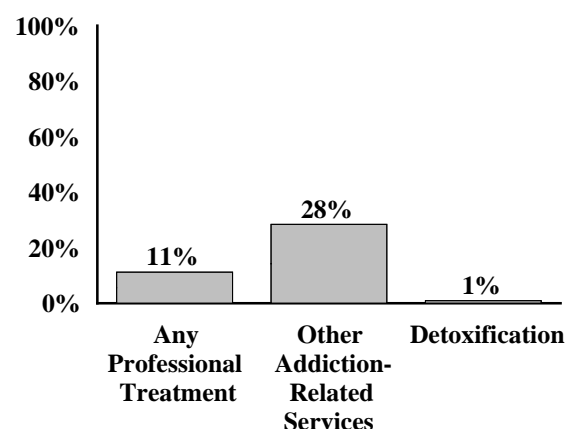
Few U.S. Inmates with Substance Use Disorders Receive Treatment While Incarcerated

Only 11% of U.S. inmates with a substance use disorder receive professional treatment while incarcerated, according to a recent report from the National Center on Addiction and Substance Abuse at Columbia University. Nearly two-thirds (65%) of federal, state, and local inmates ages 12 and older were diagnosed with a substance use disorder (substance abuse and/or dependence) in 2006. Of these inmates, only 11% had received any type of professional treatment while they were incarcerated, including treatment in a residential facility or unit (7%), professional counseling (5%), or pharmacological therapy (0.2%). Inmates were most likely to have received supplemental addiction-related services, such as mutual support and peer counseling (23%) or education (14%). The CASA report estimates that “if all inmates who needed treatment and aftercare received such services, the nation would break even in a year if just over 10 percent remained substance and crime free and employed. Thereafter, for each inmate who remained sober, employed and crime free the nation would reap an economic benefit of \$90,953 per year” (CASA Press Release, p. 1).

While Nearly Two-Thirds of U.S. Inmates in 2006 Had a Substance Use Disorder (SUD) . . .



. . . Only 11% of Those with a SUD Received Professional Treatment While Incarcerated



NOTES: Data were calculated by CASA from the 2004 *Survey of Inmates in Federal Correctional Facilities* data file; the 2004 *Survey of Inmates in State Correctional Facilities* data file; the 2002 *Survey of Inmates in Local Jails* data file; and the U.S. Bureau of Justice Statistics Report, *Prisoners in 2006*. Prevalence rates for 2006 were imputed based on the weighted datasets and the 2006 prison and jail population estimates.

SOURCES: Adapted by CESAR from The National Center on Addiction and Substance Abuse at Columbia University (CASA), *Behind Bars II: Substance Abuse and America's Prison Population, 2010*; and CASA, “New CASA Report Finds: 65 Percent of All U.S. Inmates Meet Medical Criteria for Substance Abuse Addiction, Only 11 Percent Receive Any Treatment,” *CASA Press Release*, February 26, 2010. Available online at <http://www.casacolumbia.org>.

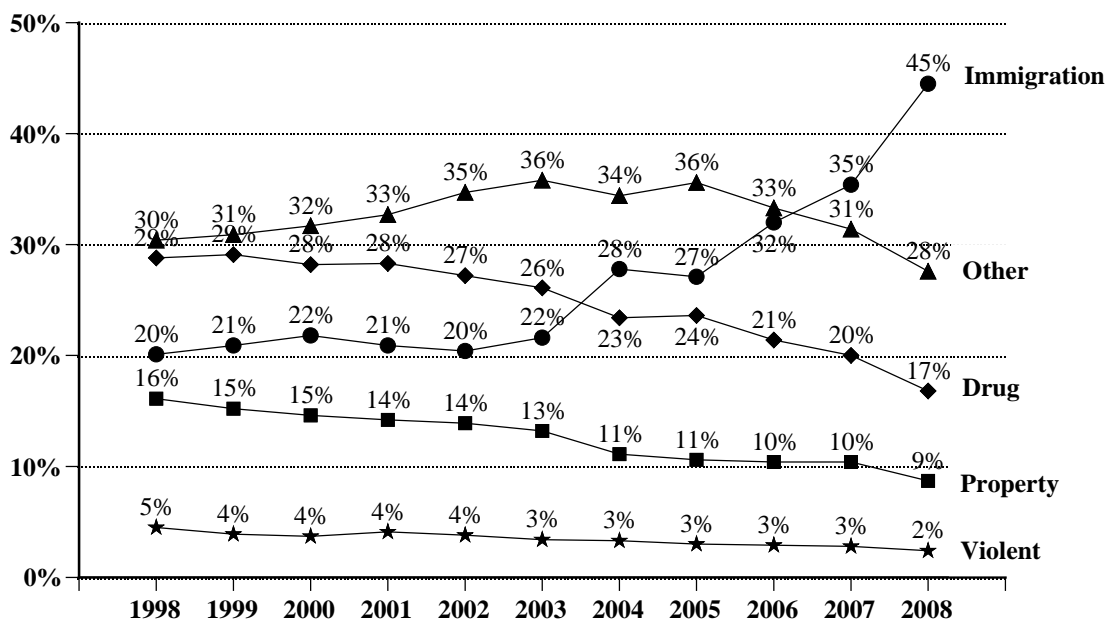
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Proportion of Federal Arrests for Drug, Property, and Violent Offenses Decrease; Immigration Offenses Increase

The proportion of federal arrests that are for drug offenses has decreased over the last decade, according to data from the Bureau of Justice Statistics. Slightly less than one-third (29%) of the federal arrests in 1998 were for drug offenses, compared to 17% in 2008. Similar decreases were seen for arrests for violent, property, and other* offenses (see figure below). The decline in the proportion of arrests for these offenses was driven in part by an increase in the number and proportion of arrests for immigration offenses, from 20% (20,942) in 1998 to 45% (78,037) in 2008. These trends likely reflect both changes in prevalence of the types of crimes being committed and enforcement practices.

Distribution of Federal Arrests by Offense Category, Federal Fiscal Years 1998 to 2008



NOTES: Federal fiscal years run from October 1 to September 30. In FFY 1998, there were a total of 104,119 federal arrests: 4,714 (5%) for violent offenses; 16,786 (16%) for property; 30,012 (29%) for drugs; 20,942 (20%) for immigration; and 31,665 (30%) for other offenses. In FFY 2008, there were a total of 175,556 federal arrests: 4,231 (3%) for violent offenses; 15,321 (9%) for property; 29,571 (17%) for drug; 78,037 (45%) for immigration; and 48,396 (28%) for other offenses.

**“Other offenses” include public-order offenses, weapon offenses, supervision violations, material witness, and records with missing/unknown data.

SOURCE: Adapted by CESAR from data from the Bureau of Justice Statistics, Federal Justice Statistics Resource Center (<http://fjsrc.urban.org>).

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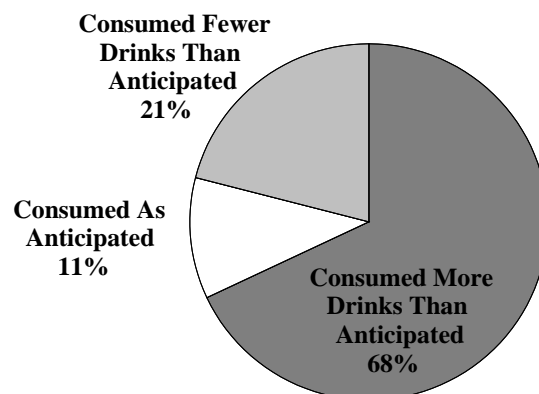
University of Maryland, College Park

More Than Two-Thirds of College Students Who Celebrated Their 21st Birthday with Alcohol Drank More Than They Anticipated; Average of 12 Drinks Actually Consumed, Compared to 7 Anticipated

The majority of college students who planned to drink to celebrate their 21st birthday ended up drinking more than they anticipated, according to a study of 150 college students attending one Southwestern university. More than two-thirds (68%) of celebrants consumed more drinks than they had anticipated (see figure below). Those who underestimated their celebratory consumption anticipated drinking an average of 7 drinks but actually consumed 12 drinks. The study found that students who consumed more drinks than anticipated were more likely to drink faster and drink more shots than students who were accurate or drank less than anticipated. More than half (55%) of celebrants in this study reported drinking free shots in bars. In addition, students who drank more than anticipated were more likely to engage in 21st birthday drinking traditions (e.g., drinking 21 shots, drinking at midnight) and to have more influential peers present that encouraged drinking. Overall, 61% of all those who drank to celebrate had one or more influential peers present and 60% engaged in one or more 21st birthday drinking traditions. According to the authors, “the amount and style of drinking observed during 21st birthday celebrations are excessive and should be viewed as a serious public health threat” (p. 183). They suggest interventions that “encourage responsible peer behavior and teach celebrants skills to stay within their anticipated drinking limits” as well as “community-based interventions to stop or reduce the amount of free shots given to young adults by drinking establishments” (p. 183).

**Alcohol Consumption During 21st Birthday Celebration,
Among College Students Who Had Planned to Drink Alcohol As Part of Their Celebration**

(N=150 college students attending a large public Southwestern university)



SOURCE: Adapted by CESAR from data from Brister, H.A., Wetherill, R.R., and Fromme, K., “Anticipated Versus Actual Alcohol Consumption During 21st Birthday Celebrations,” *Journal of Studies of Alcohol and Drugs* 71(2):180-183, 2010. For more information, contact Heather Brister at hbrister@mail.utexas.edu.

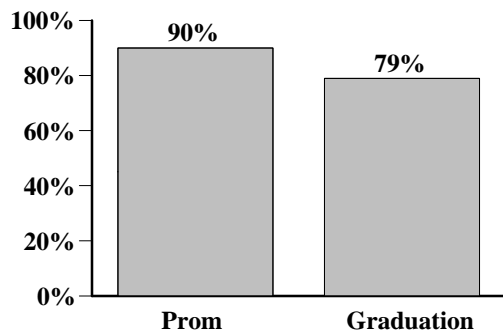
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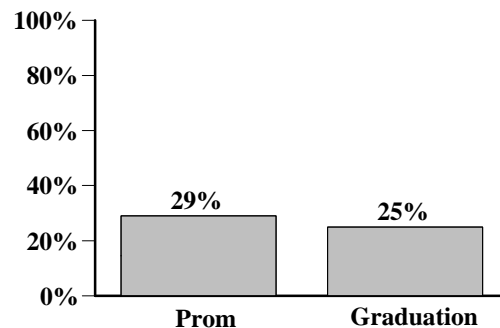
*Nearly All 11th and 12th Graders Believe Their Peers Are More Likely to Drink and Drive on Prom and Graduation Nights;
Less Than One-Third Think Driving on These Nights Is Dangerous*

Students may be more likely to drink and drive on prom and graduation nights, according to a survey of 11th and 12th grade students across the country. Nearly all of the students surveyed (90%) said that their peers are more likely to drink and drive on prom night, and 79% report the same for graduation night. Despite this belief, students do not seem to think that driving on these nights is dangerous. Less than one-third (29%) reported that they believe that driving on prom night comes with a high degree of danger, and 25% said the same for graduation night. These findings suggest that there is a need to provide high school students with prevention messages that paint an accurate picture of the risks and consequences from drinking and driving during prom and graduation season.

While the Majority of 11th and 12th Graders Believe That Their Peers Are More Likely to Drink and Drive on Prom Night and Graduation Night . . .



. . . Considerably Less Believe That Driving on These Nights Comes with a High Degree of Danger



NOTES: The survey was conducted by ORC Guideline for Liberty Mutual and Students Against Destructive Decisions (SADD). A total of 2,531 11th and 12th graders from 25 randomly recruited high schools across the country were surveyed in the Fall of 2009. The margin of error is +/- 1.7 percent.

SOURCE: Adapted by CESAR from data from Liberty Mutual/SADD, "Study Shows 90 Percent of Teens Admit Stronger Likelihood of Drinking and Driving on Prom Night, Yet Less Than One-Third See Dangers," Press Release, 2010.

Live Training Programs on Office-Based Buprenorphine Treatment

MedChi's Center for a Health Maryland is offering a unique series of live training programs on office-based buprenorphine treatment to be held in May and June. Programs include an 8-hour CME Buprenorphine Certification Program, a Clinical Management Tips Program (2.5 CME credits), and a Practice Management Tips Program (3 CME credits). For registration forms and for more information, visit www.healthymaryland.org/buprenorphine.php.

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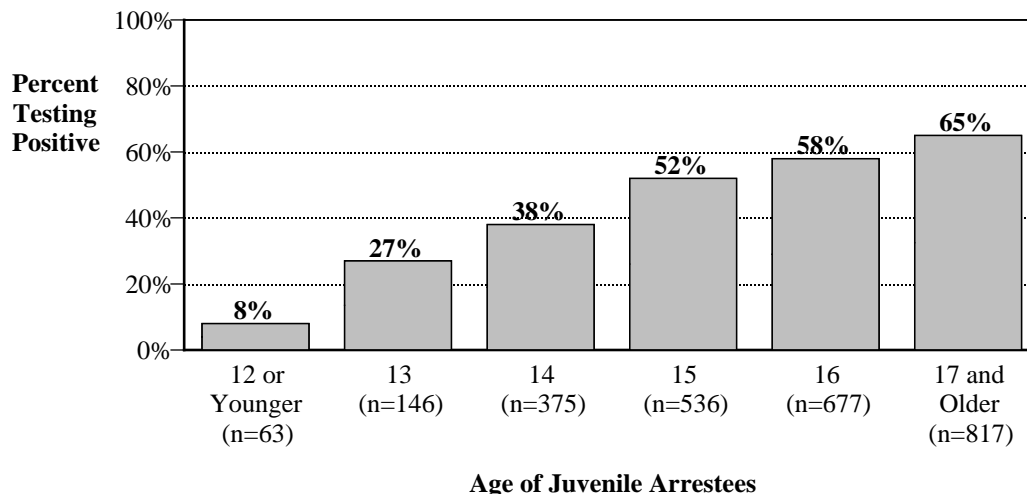
University of Maryland, College Park

Drug Positives Increase Consistently with Age Among D.C. Juvenile Arrestees

The percentage of Washington, D.C. juvenile arrestees who test positive for illicit drugs increases with age, according to data from the D.C. Pretrial Services Agency. Overall, 53% of all juvenile arrestees tested positive for at least one illicit drug in 2009. Less than 10% of arrestees ages 12 or younger tested positive, compared to more than one-fourth of 13-year-olds and 14-year-olds and more than one-half of those ages 15 and 16. The highest rates of drug positives were found among the oldest arrestees—65% of those ages 17 and older (see figure below). Juvenile arrestees in the District test positive nearly exclusively for marijuana. Less than 1% test positive for cocaine, compared to around one-third of adult arrestees (see *CESAR FAX*, Volume 18, Issue 30). These findings suggest an opportunity to provide drug prevention programs for younger arrestees, potentially reducing future drug use.

**Percentage of Washington, D.C. Juvenile Arrestees
Testing Positive by Urinalysis for Any Drug, by Age, 2009**

(N=2,614)



NOTE: DC juvenile arrestees are tested for marijuana, cocaine, PCP, and amphetamines.

SOURCE: Adapted by CESAR from data from the District of Columbia Pretrial Services Agency, Juvenile Drug Testing Statistics. Available online at <http://www.dcpsa.gov/foia/foiaERRpsa.htm>. For more information, contact Jerome Robinson, Director of Forensic Research at the D.C. Pretrial Services Agency at jerome.robinson@csosa.gov.

CESAR Recruiting PI-Level NIH Researcher

CESAR is seeking a PI-level NIH researcher who will relocate to CESAR and CAPER (Center for Addictions, Personality, and Emotion Research) with their existing grants and/or collaborate with CESAR/CAPER staff in obtaining new funding. Multi-year seed funding is possible. If you have a proven funding track record and are interested in working in a supportive and stimulating university-based team environment, please send a letter of interest and a resume to Dr. Eric Wish at CESAR, 4321 Hartwick Rd, Ste 501, College Park, MD 20740; 301-403-8342 (fax); cesar@cesar.umd.edu.

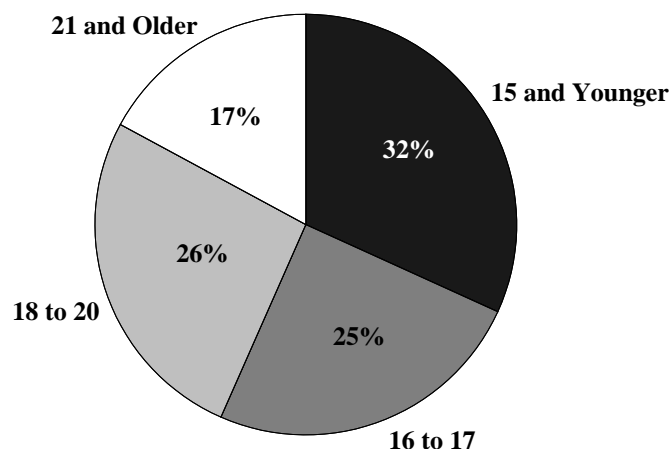
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University of Maryland, College Park

Nearly One-Third of Current Smokers Began Smoking When They Were 15 or Younger

Smoking initiation rates decrease with age, according to data from the National Health Interview Survey (NHIS). One-fifth of adults are current smokers, meaning that they have smoked at least 100 cigarettes in their lifetime and currently smoke. Of these current smokers, nearly one-third (32%) began smoking fairly regularly at age 15 or younger, compared to around one-fourth who started smoking at ages 16 to 20 and 17% who began smoking at age 21 or older (see figure below). While cigarette use among youth has been declining in recent years (see *CESAR FAX*, Volume 18, Issue 45), these findings suggest that youth smoking prevention efforts need to continue unabated.

Age at Which Current Adult Smokers Started Smoking Fairly Regularly, United States, 2005-2007 Annual Average



NOTES: Data are annual averages from the 2005 to 2007 National Health Interview Survey (NHIS), a survey of the U.S. civilian noninstitutionalized population collected using computer-assisted personal interviews of adults aged 18 years and older. Estimates are age-adjusted using the projected 2000 U.S. population as the standard population.

SOURCE: Adapted by CESAR from Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, *Health Behaviors of Adults: United States, 2005-2007*, 2010. Available online at http://www.cdc.gov/nchs/data/series/sr_10/sr10_245.pdf.

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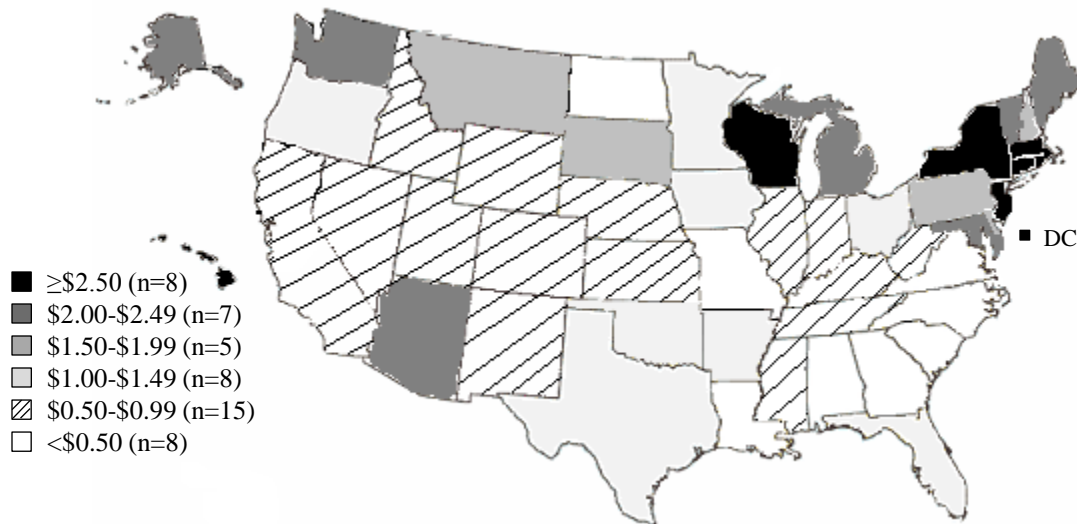
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Cigarette Excise Tax Increases Enacted in 15 States in 2009; Four States Have Not Increased Cigarette Taxes in More Than a Decade

Fifteen states enacted cigarette excise tax increases in 2009, according to a report from the Centers for Disease Control and Prevention. These increases resulted in cigarette excise taxes that ranged from \$0.07 per pack in South Carolina to \$3.46 per pack in Rhode Island (see figure below). However, despite the fact that “increasing cigarette excise taxes is one of the most effective tobacco control policies because it directly increases cigarette prices, thereby reducing cigarette use and smoking-related death and disease,” four states had not increased their cigarette tax in more than a decade as of December 31, 2009—California (not increased since 1998), Missouri and North Dakota (not since 1993), and South Carolina* (not since 1977). In addition, cigarette tax rates in tobacco-growing and bordering southeastern states remain substantially lower than the rest of the country. The mean tax rate (as of December 31, 2009) in the major tobacco growing states of Georgia, Kentucky, North Carolina, South Carolina, Tennessee, and Virginia was \$0.40 per pack, compared to a mean of \$1.46 per pack in the other states.

State Cigarette Excise Tax per Pack of 20 Cigarettes, United States, December 31, 2009



*The South Carolina House and Senate recently voted to raise the cigarette tax by 50 cents per pack. The bill was vetoed by the Governor, but the veto was overridden by the SC Senate on 5/13/10.

NOTES: Data from CDC’s State Tobacco Activities and Evaluation (STATE) system database. Does not include local taxes; approximately 460 communities impose a local tax on cigarettes.
States with cigarette excise tax per pack of ≥\$2.50 are CT, DC, HI, MA, NJ, NY, RI, WI; \$2.00-\$2.49: AK, AZ, MD, ME, MI, VT, WA; \$1.50-\$1.99: DE, MT, NH, PA, SD; \$1.00-\$1.49: AR, FL, IA, MN, OH, OK, OR, TX; \$0.50-\$0.99: CA, CO, ID, IL, IN, KS, KY, MS, NE, NM, NV, TN, UT, WV, WY; <\$0.50: AL, GA, LA, MO, NC, ND, SC, VA.

SOURCE: Adapted by CESAR from Centers for Disease Control and Prevention (CDC), “State Cigarette Excise Taxes—United States, 2009,” *Morbidity and Mortality Weekly Report* 59(13):385-388, 2010. Available online at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5913a1.htm>.

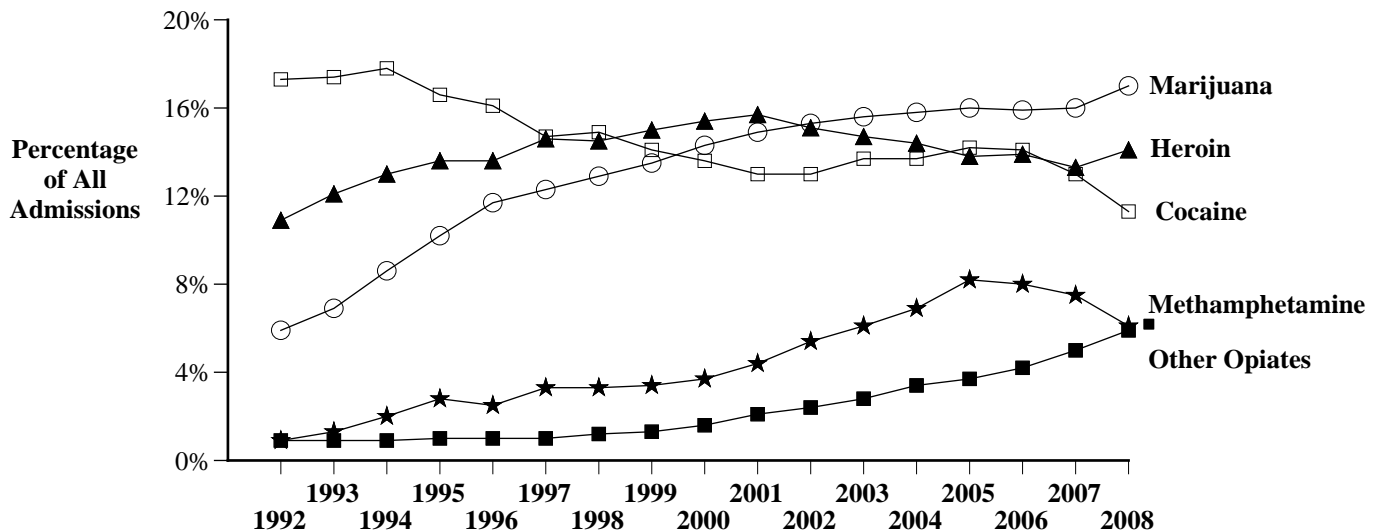
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National Treatment Admissions for Opiates Other Than Heroin Continue to Increase; Now Nearly Equal to Methamphetamine Admissions

The percentage of admissions to state-funded substance abuse treatment facilities citing opiates other than heroin as a primary substance of abuse continue to increase, according to recently released data from the national Treatment Episode Data Set (TEDS). Admissions for the primary abuse of other opiates, such as oxycodone, hydrocodone, and codeine, have increased steadily over the last decade, from 1.2% in 1998 to 5.9% in 2008. In contrast, admissions for the primary abuse of the stimulant drugs cocaine and methamphetamine have been decreasing since 2005. Cocaine treatment admissions decreased from 14.2% in 2005 to 11.3% in 2008, while those for methamphetamine decreased from 8.2% to 6.1%.

Primary Substance of Abuse (Other Than Alcohol) at Admission to U.S. State Licensed or Certified Substance Abuse Treatment Facilities, Ages 12 and Older, 1992 to 2008



NOTE: While the focus of this analysis is on treatment admissions for drugs other than alcohol, it should be noted that admissions for the primary abuse of alcohol decreased over the period from 59.3% in 1992 to 41.4% in 2008.

SOURCE: Adapted by CESAR from the Office of Applied Studies, SAMHSA, *Treatment Episode Dataset (TEDS) Highlights—2008, National Admissions to Substance Abuse Treatment Services*, 2010. Available online at <http://www.dasis.samhsa.gov/teds08/teds2k8natweb.pdf>.

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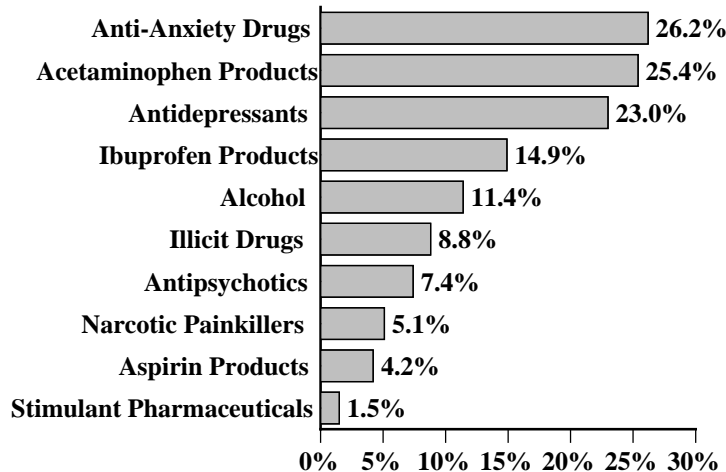
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Youth Emergency Department Visits for Drug-Related Suicide Attempts Most Likely to Involve Anti-Anxiety, Acetaminophen, and Antidepressant Drugs

Nearly one-tenth (8.8%) of the estimated 263,871 drug-related emergency department (ED) visits made by youth ages 12 to 17 in 2008 involved a suicide attempt, according to data from the Drug Abuse Warning Network (DAWN). The drugs most frequently involved in these ED were anti-anxiety drugs (26.2%), acetaminophen products (25.4%), and antidepressants (23.0%). A smaller percentage of ED visits for drug-related suicide attempts involved ibuprofen products (14.9%) and alcohol (11.4%), and less than 10% involved illicit drugs, antipsychotics, narcotic painkillers, aspirin products or stimulant pharmaceuticals (see figure below). The drugs involved in ED visits varied by gender. For example, ED visits by females were more likely than those by males to involve acetaminophen products (28.5% vs. 17.1%) while male ED visits were more likely to involve antipsychotics (14.3% vs. 4.8%; data not shown). The authors note that “an ED visit for a suicide attempt is an opportunity to intervene with the parents/caretakers to educate them about the importance of monitoring the medicines to which the child has access” (p. 3).

**Percentage of U.S. Emergency Department (ED) Visits for Drug-Related Suicide Attempts
Among Youth Ages 12 to 17 Involving Selected Substances, 2008**
(N=23,124 ED visits)



NOTE: Percentages add to more than 100% because multiple drugs may be involved in each ED visit.

SOURCE: Adapted by CESAR from data from Substance Abuse and Mental Health Services Administration (SAMHSA), “Emergency Department Visits for Drug-Related Suicide Attempts by Adolescents: 2008,” *The DAWN Report*, May 13, 2010. Available online at www.oas.samhsa.gov/2k10/DAWN002/SuicideAttemptsYoungAdults.cfm.

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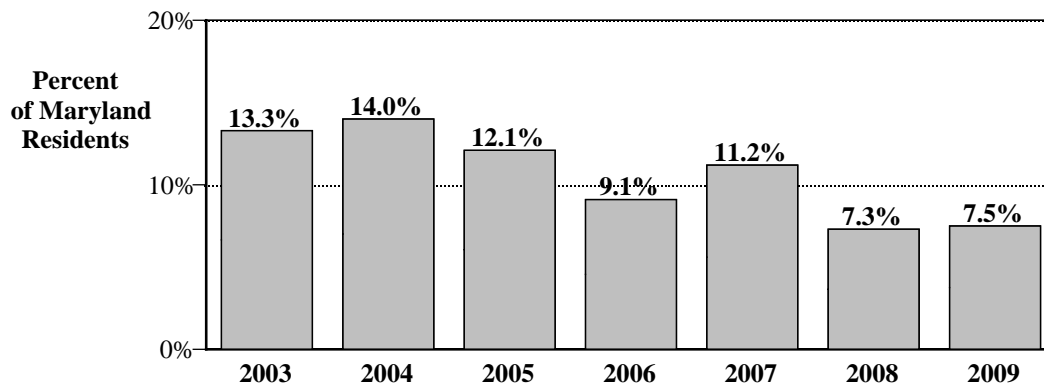
University of Maryland, College Park

Percentage of Maryland Drivers Reporting Drinking and Driving Decreased by Nearly Half Since 2004

The percentage of Maryland drivers reporting drinking and driving has decreased by 46% since 2004, according to data from an annual state-wide telephone survey of licensed drivers. In 2004, 14% of Maryland drivers reported drinking and driving, the highest recorded since the inception of the survey in 2003. This rate decreased to 7.3% in 2008 and remained at approximately this level in 2009. Despite these long-term decreases in reported drinking and driving, slightly less than 35% of drivers surveyed in 2009 believed that it was almost certain or very likely they would be stopped by the police if they drove after drinking too much (data not shown), suggesting that there is an opportunity to further decrease drinking and driving rates in Maryland. The author suggests that “increased media attention as well as high visibility enforcement efforts, such as sobriety checkpoints, should enhance the public’s perception that drinking and driving is a serious offense and one for which they will be apprehended” (p. 8).

Percentage of Maryland Licensed Drivers Reporting Driving After Having a Few Drinks in the Past 30 Days, 2003 to 2009

(N=800 to 850 per year)



NOTES: Data are from an annual state-wide telephone survey of licensed drivers (Monitoring the Future of Maryland) conducted by the University of Maryland, School of Public Health with the support of the Maryland Highway Safety Office. Data are weighted by gender, age, and race to be representative of the state’s driving population. The survey asks about beliefs, knowledge, attitudes, concerns, and behaviors regarding a variety of traffic safety issues and is used by the Highway Safety Office to help in their highway safety planning, implementation, and evaluation efforts.

SOURCE: Adapted by CESAR from data from Beck, K.H., *Seven Years of Surveillance: A Report on Selected Trends of Reported Behaviors, Concerns and Beliefs of Maryland Drivers*, 2009. Available online at <http://www.dpch.umd.edu/research/Surveillance.pdf>.

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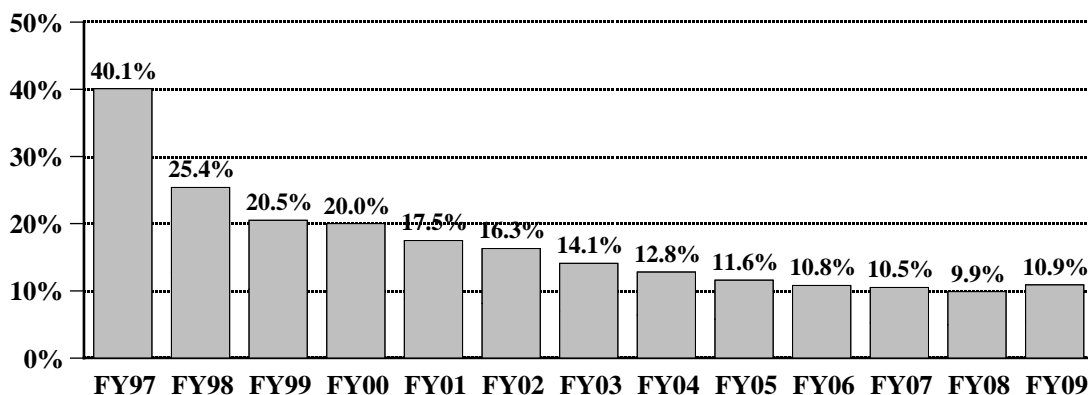
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National Tobacco Sales to Minors No Longer Declining

The percentage of national tobacco retailers selling to minors appears to have leveled off, according to data from the Substance Abuse and Mental Health Services Administration. Since FY97 states have been required under the Synar Amendment to conduct annual random, unannounced inspections of a valid sample of tobacco retailers to ensure that tobacco products are not sold to persons younger than age 18. The average national retailer violation rate* from these inspections decreased from 40.1% in FY97 to 10.8% in FY06. From FY06 to FY09, however, the rate remained stable at around 10.5% (see figure below). According to SAMHSA, this plateau may be the result of decreases in State spending on enforcement of youth tobacco access laws as well as spending on comprehensive tobacco control programs in general.

Tobacco Retailer Violation Rate, National Weighted Average, FY97 to FY09



*The average national retailer violation rate was calculated by weighting each State's reported retailer violation rate by that State's population.

NOTES: Tobacco retailer inspection years are in federal fiscal years, which run from 10/1 to 9/30. In FY09, violation rates ranged from 1.6% (North Dakota) to 18.8% (Oregon).

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), *FFY 2009 Annual Synar Reports: Youth Tobacco Sales*, 2010. Available online at <http://prevention.samhsa.gov/tobacco/synarreportfy2009.pdf>.

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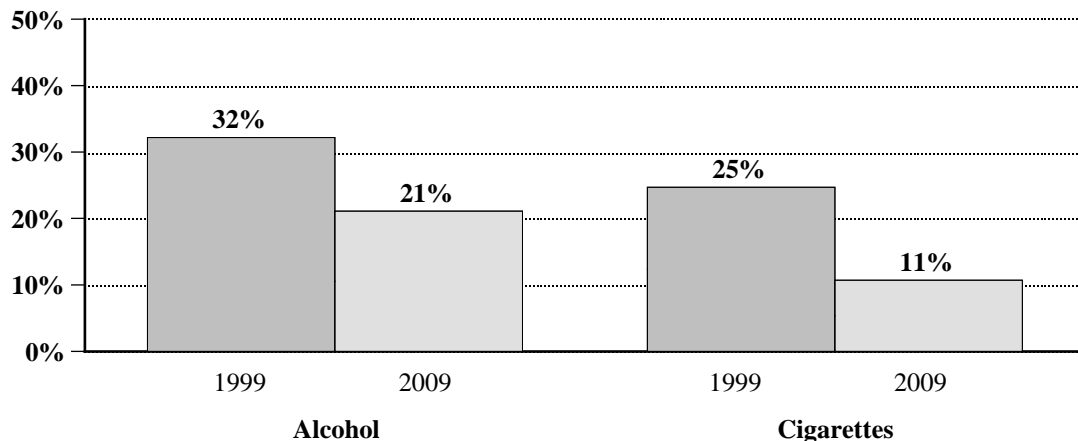
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U.S. High School Students Less Likely to Begin Drinking or Smoking Before Age 13 in 2009 Than in 1999

The percentage of high school students who first tried alcohol or cigarettes before age 13 has decreased over the past decade, according to data from the recently released 2009 Youth Risk Behavior Survey. In 1999, nearly one-third of high school students had reported drinking more than a few sips of alcohol and one-fourth reported smoking a whole cigarette for the first time before age 13. These rates decreased to 21% and 11%, respectively, in 2009. While these declines in early alcohol and tobacco use are encouraging many students still began drinking and smoking before age 13. Previous research has shown a relationship between early alcohol initiation and alcohol abuse and dependence.

Percentage of High School Students Who Tried Alcohol or Cigarettes for the First Time Before Age 13, 1999 and 2009



NOTES: The Youth Risk Behavior Survey employs a three-stage cluster sample design to produce a nationally representative sample of public and private school students in grades 9 to 12.

SOURCE: Adapted by CESAR from the Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance—United States, 2009," *Morbidity and Mortality Weekly Report* 59 (SS-5), June 4, 2010. Available online at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.

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Slightly More Than One-Fifth of Sexually Active High School Students Used Alcohol or Drugs Before Their Last Intercourse in 2009; Males More Likely Than Females to Mix Drugs and Sex

Approximately one-third of U.S. high school students were sexually active in 2009, according to data from the Youth Risk Behavior Survey. Of these sexually active students (defined as having had sexual intercourse during the three months preceding the survey), 22% reported that they used alcohol or drugs before their last sexual intercourse (see figure below). Males were significantly more likely than females to report using alcohol or drugs prior to having sex (26% vs. 17%). Despite a brief rise from 1993 to 2001, these rates are identical to those found when the survey began in 1991 (data not shown).

Percentage of Sexually Active U.S. High School Students Who Reported Using Alcohol or Drugs Before Their Last Sexual Intercourse, 2009



NOTES: The Youth Risk Behavior Survey employs a three-stage cluster sample design to produce a nationally representative sample of 16,410 public and private school students in grades 9 to 12.

SOURCE: Adapted by CESAR from the Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance—United States, 2009," *Morbidity and Mortality Weekly Report* 59 (SS-5), June 4, 2010. Available online at <http://www.cdc.gov/HealthyYouth/yrebs/index.htm>.

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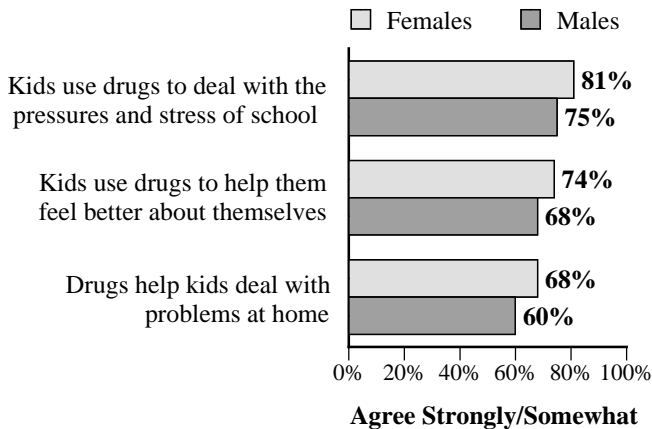
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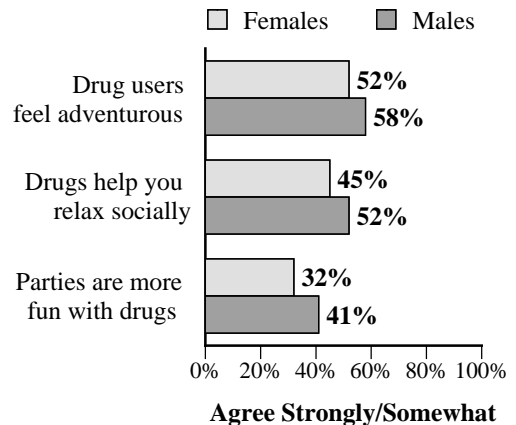
Female High School Students More Likely to Say Teens Use Drugs for Self-Medicating and Coping Benefits

Female high school students are more likely than males to perceive self-medicating and coping reasons for teen drug use, according to a 2009 national survey of high school students conducted by the Partnership for a Drug-Free America. Female students were more likely to say that teens use drugs to deal with the pressures of school and problems at home and to help themselves feel better about themselves. In contrast, male students were more likely to cite having fun and relaxing as reasons for use (see figure below). According to the Partnership President, “parents can help prevent alcohol and drug abuse by recognizing and addressing their daughters’ worries and stresses, by supporting her positive decisions and by taking immediate action if they suspect or know she has been experimenting with drug and alcohol” (Press Release, p. 1).

While Female High School Students Are More Likely to Say Teens Use Drugs to Self-Medicating and Cope . . .



. . . Male High School Students Are More Likely to Cite Having Fun and Relaxing as Reasons for Use



NOTES: 2009 data are from a nationally projectable sample of 3,287 students in grades nine through twelve, conducted by the Roper Public Affairs Division of GfK Custom Research North America from March to June 2009. The margin of error is +/- 2.3 percent. All differences between females and males are significant at the 0.05 level.

SOURCE: Adapted by CESAR from data from the Partnership for a Drug-Free America, “Teenage Girls: Increasingly Vulnerable to Alcohol and Drug Use,” *Research Brief*, 2010; and Partnership, “National Study: New Data Show Teen Girls More Likely to See Benefits in Drug and Alcohol Use,” *Press Release*, 6/29/10. Available online at http://www.drugfree.org/Portal/About/NewsReleases/New_Data.

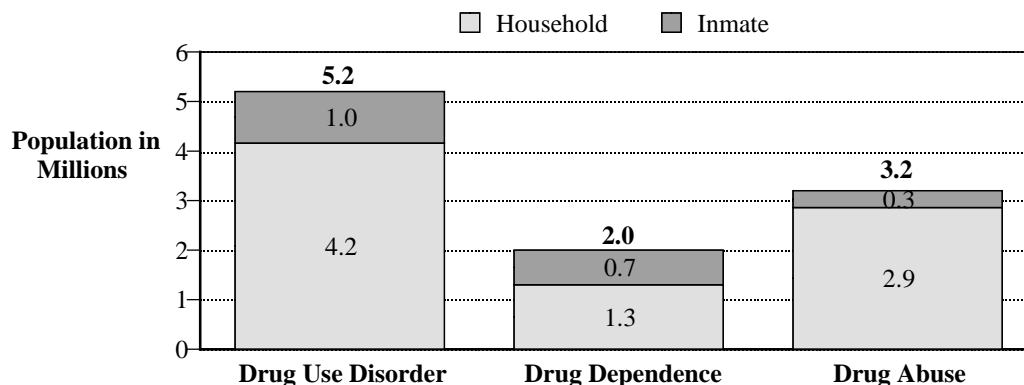
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National Surveys Based Solely on Household Residents Underestimate the Prevalence of Adult Drug Use Disorders

“High rates of DSM-IV substance use disorders among inmates combined with a large inmate population mean that many persons with alcohol and drug use disorders are missed by major U.S. national general population surveys,” according to the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). National estimates of adult substance use disorders are typically based solely on household samples. Excluded from these estimates is the inmate population, which has past-year rates of drug use disorders ranging from 46% in federal prisons to 53% in state prisons and 54% in jails. NIDA and NIAAA researchers estimate that by including inmate populations, national estimates of past-year drug use disorders (drug abuse and/or dependence) increase by 25%, from 4.2 million to 5.2 million. Estimates of drug dependence increase by 54% (from 1.3 million to 2.0 million) while estimates of drug abuse increase by 12% (from 2.9 million to 3.2 million; see figure below). According to the authors, “these results likely would be accentuated for substances such as cocaine, methamphetamine, and heroin, which are rare in the household population but common among inmates” (p. 474). For example, a study of urine tests yielded estimates of cocaine use in the arrestee population that far exceeded estimates from the household survey alone.*

Estimated Number (in millions) of U.S. Adult Household Residents and Inmates Reporting Past Year Drug Use Disorders



NOTES: U.S. household estimates are based on the 2001-2002 Wave 1 National Epidemiologic Survey on Alcohol and Related Conditions (N=43,093). Inmate estimates are based on 2004 drug use disorder data for a sample of state prison inmates (N=14,499), 2004 drug use disorder data aggregated from separate estimates for federal prison inmates with and without mental disorders (N=3,686), and 2002 survey of jail inmates (N=6,982). All surveys used versions of the Alcohol Use Disorders and Associated Disabilities Interview Schedule-IV and in-person interview methods to derive DSM-IV diagnoses.

*Wish, E.D., “U.S. Drug Policy in the 1990s: Insights from New Data from Arrestees,” *Substance Use & Misuse* 25(s3):377-409, 1990.

SOURCE: Adapted by CESAR from data from Compton, W.M., Dawson, D., Duffy, S.Q., Grant, B. F. “The Effect of Inmate Populations on Estimates of DSM-IV Alcohol and Drug Use Disorders in the United States,” *American Journal of Psychiatry* 167(4):473-475, 2010. For more information, contact Dr. Wilson Compton at wcompton@nida.nih.gov.

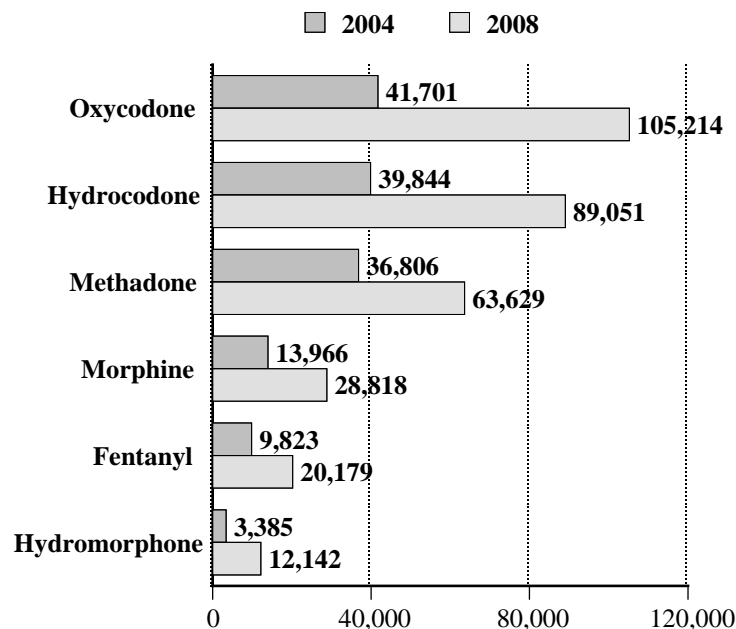
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Number of U.S. Emergency Department Visits Involving Nonmedical Use of Narcotic Pain Relievers More Than Doubled from 2004 to 2008

The estimated number of U.S. emergency department (ED) visits involving the nonmedical use of narcotic pain relievers increased from 144,644 in 2004 to 305,885 in 2008, according to a recent report from the Drug Abuse Warning Network (DAWN). This increase was driven by increases in visits involving the three most reported narcotic pain relievers--oxycodone products (152% increase), hydrocodone products (123% increase), and methadone (73% increase; see figure below). While far fewer visits were associated with hydromorphone products such as Dilaudid®, involvement of hydromorphone in ED visits had the highest increase over the 5-year period (259%). The authors suggest that “increased efforts are needed to educate the public about the risks of misusing narcotic pain relievers and how to recognize the possible symptoms of abuse” (p. 3).

Estimated Number of Emergency Department (ED) Visits Involving the Nonmedical Use of Narcotic Pain Relievers, 2004 and 2008*



*Estimated numbers for specific pain relievers do not equal the total number of ED visits because more than one pain reliever could be involved with each ED visit. ED visits involving the nonmedical use of other narcotic pain relievers not listed above—such as buprenorphine, codeine, propoxyphene, and meperidine products—were either stable between 2004 and 2008 or were found at relatively lower levels.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), “Trends in Emergency Department Visits Involving Nonmedical Use of Narcotic Pain Relievers,” *The DAWN Report*, June 18, 2010. Available online at <http://www.oas.samhsa.gov/2k10/DAWN016/OpioidED.cfm>.

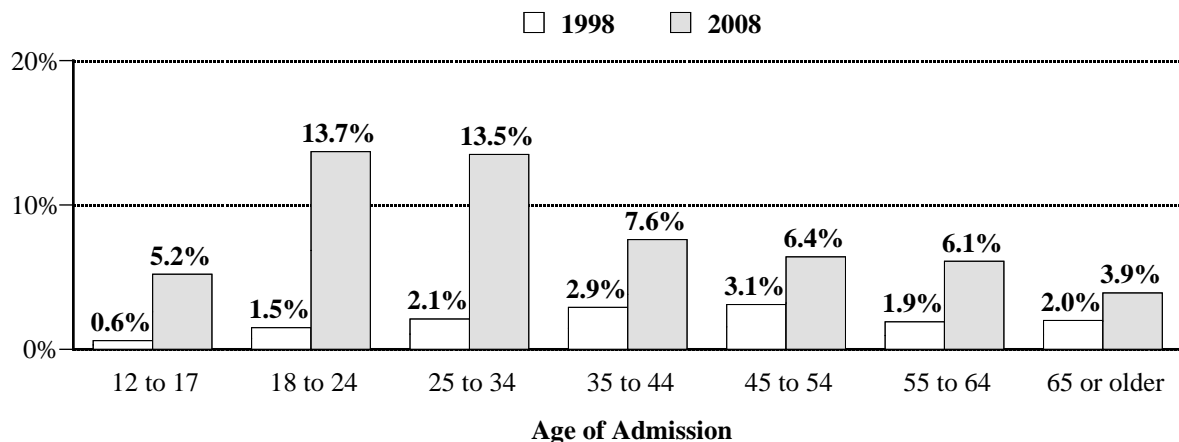
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Percentage of U.S. Treatment Admissions Involving Pain Reliever Abuse Increased More Than Fourfold from 1998 to 2008

The percentage of admissions to state-funded substance abuse treatment programs involving pain reliever abuse increased from 2.2% in 1998 to 9.8% in 2008, according to recently released data from the Treatment Episode Data Set (TEDS). While increases were seen across all age groups, some of the largest increases occurred among adults 18 to 24 years old and 25 to 34 years old, resulting in treatment admissions for these age groups becoming the most likely to involve pain reliever abuse (see figure below). According to the authors, “early identification of pain reliever abuse, outreach to abusers, and provision of appropriate and effective treatment services, including relapse prevention, will be important for helping abusers of prescription pain relievers—and especially those in younger age groups—make long-term productive contributions to society” (p. 5). Similar increases have been seen among emergency department visits involving pain relievers (see *CESAR FAX*, Volume 19, Issue 27).

Percentage of U.S. Substance Abuse Treatment Admissions That Reported Any Pain Reliever Abuse, by Age Group, 1998 and 2008*



*Data are from treatment admissions of persons ages 12 or older where the primary, secondary, or tertiary substance of abuse that led to the treatment episode was prescription pain relievers. Prescription pain relievers refer to drugs such as hydrocodone, oxycodone, morphine, and other drugs with morphine-like effects and excludes heroin and nonprescription methadone.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), “Substance Abuse Treatment Admissions Involving Abuse of Pain Relievers: 1998 and 2008,” *The TEDS Report*, July 15, 2010. Available online at <http://www.oas.samhsa.gov/2k10/230/230PainRelvr2k10.cfm>.

Lectures by Renowned Drug Scientists Available

In the early 1990s, CESAR sponsored a series of lectures with leading scientists in the fields of substance abuse and criminal justice, including David Musto, Robert Dupont, Ethan Nadelmann, David Nurco, and James Inciardi. Limited supplies of VHS tapes of these CESAR Speaker Series lectures are now available for the cost of shipping and handling (\$5 per tape). Don't miss this chance to add these unique lectures to your library! See the CESAR website (www.cesar.umd.edu) for a list of available tapes and for ordering information.

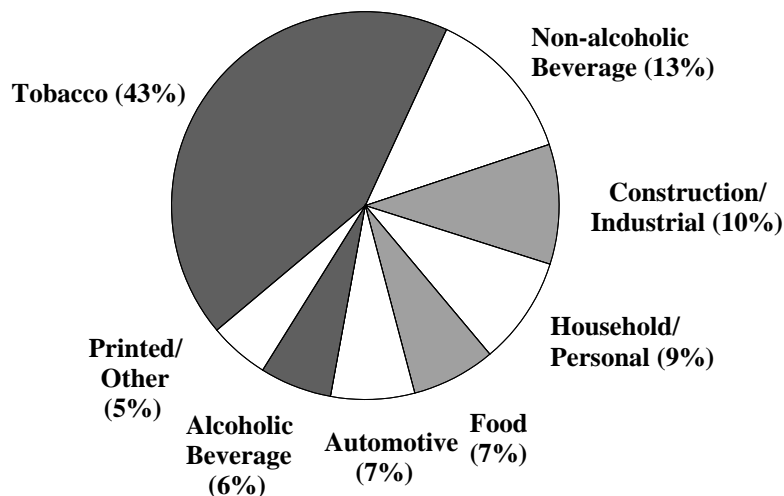
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Tobacco-Related Litter Most Commonly Found Litter on Texas Roadways

Approximately 1.1 billion pieces of litter accumulated on Texas highways in 2009, according to data from the Texas Visible Litter Study. The primary source of this litter was tobacco products (43%), consisting mainly of cigarette butts. Not only have tobacco products remained the most prevalent source of litter on Texas roads across the 2001, 2005, and 2009 Visible Litter Studies, they have actually increased in prevalence in recent years (from 33% in 2005 to 43% in 2009). According to the authors, the “increase in cigarette butts over the past four years also suggests that more campaigns should target tobacco users to reduce litter, which could include partnerships with tobacco producers to distribute a ‘personal ashtray’ that allows smokers to keep the containment device in their cars without using the vehicle’s ashtray” (p. 24).

Types of Litter Found on Texas Roadways, 2009



NOTE: Litter was collected from November 2008 to May 2009 from 163 research segments across Texas, each consisting of a 1,000-foot-long stretch of Texas Department of Transportation maintained roadways.

SOURCE: Adapted by CESAR from NuStats, *Texas Department of Transportation 2009 Visible Litter Study Final Report*, April 2010. Available at http://dontmesswithtexas.org/wpcontent/uploads/2010/04/TxDOT_2009_VLSFullReport.pdf.

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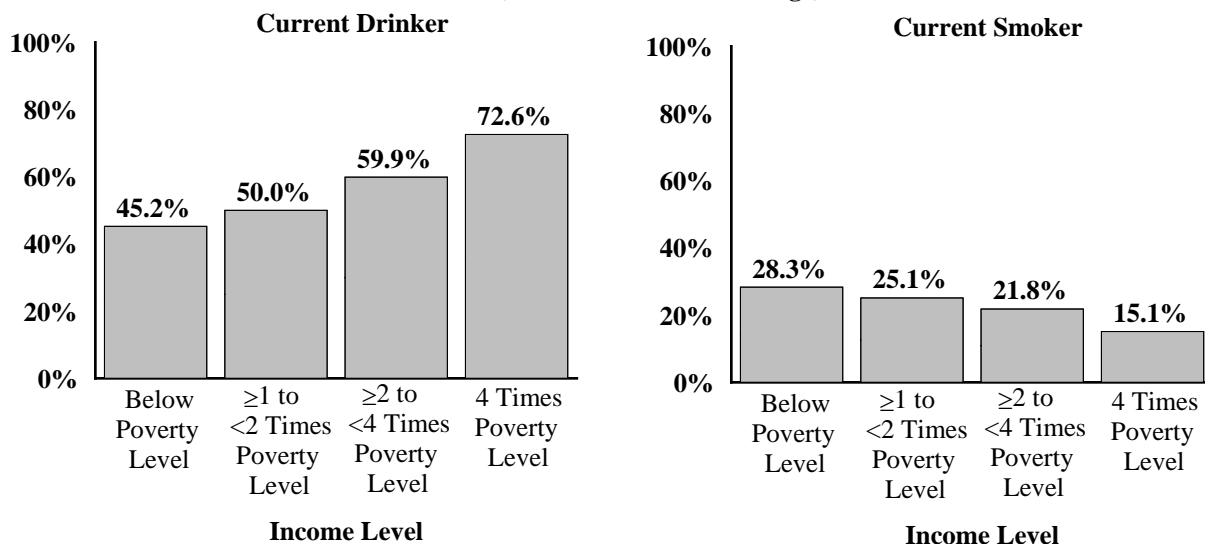
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Higher Income Adults More Likely to Drink; Less Likely to Smoke

Family income level is associated with drinking and smoking, according to data from the National Center for Health Statistics. Alcohol drinking among adults increased steadily with family income level, from 45.2% among those with family incomes below the poverty level to 72.6% among those with an income of four times the poverty level. In contrast, the prevalence of cigarette smoking decreased with increasing income, from 28.3% to 15.1%. Indicators of socioeconomic status (e.g., income, education) have consistently been found to be related to alcohol and tobacco use.

**Percentage of U.S. Adults Reporting Past Month
Alcohol Drinking and Cigarette Smoking, by Income Level
(2005-2007 Annual Average)**



NOTE: Data are combined annual averages from 79,096 completed interviews from the 2005 to 2007 National Health Interview Surveys (NHIS), an annual computer-assisted in-person survey of the U.S. civilian noninstitutionalized population ages 18 and older. Poverty level is defined using the U.S. Census Bureau poverty thresholds for each year, which vary by the size of the family unit as well as by the number of related children under 18 years old living in the household.

SOURCE: Adapted by CESAR from the Centers for Disease Control and Prevention (CDC), *Health Behaviors of Adults: United States, 2005-2007*, 2010. Available online at http://www.cdc.gov/nchs/data/series/sr_10/sr10_245.pdf.

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Poll Finds U.S. Adults with Higher Income and Education Levels Report Lower Smoking Rates

Income and education both affect smoking rates, according to data from a Gallup-Healthways poll of adults ages 30 to 64. The poll found that current smoking decreased as income increased among adults at all education levels, except for those who did not graduate high school. Likewise, smoking decreased as education increased across all income levels. The highest smoking rates were found among those that had the lowest education and income levels, while the lowest smoking rates are found among those with the highest education and income levels. In fact, those in the lowest education and income categories were six times more likely to report smoking than those in the highest categories (42% vs. 7%), suggesting that “the combined effect of income and education is greater than the relationship between smoking and either variable on its own” (p. 2).

Percentage of U.S. Adults Ages 30 to 64 Answering Yes to the Question “Do You Smoke?,” 2009-2010

		<i>Lower Household Income</i> → <i>Higher Household Income</i>			
		Less Than \$24,000	\$24,000 to Less Than \$36,000	\$36,000 to Less Than \$90,000	\$90,000 and More
<i>Lower Education</i> ↓ <i>Higher Education</i>	Less Than High School	42%	36%	40%	40%
	High School Graduate	39%	32%	26%	23%
	Some College/ Vocational School	38%	29%	21%	18%
	College Graduate/ Post-Grad	22%	15%	10%	7%

NOTE: Data are based on telephone interviews with a random sample of more than 220,000 national adults ages 30 and older, conducted between April 1, 2009 and March 31, 2010, as part of the Gallup-Healthways Well-Being Index. Sampling error is ±1 percentage point.

SOURCE: Adapted by CESAR from Gallup, “Income, Education Levels Combine to Predict Health Problems,” Press Release, April 28, 2010. Available online <http://www.gallup.com/poll/127532/income-education-levels-combine-predict-health-problems.aspx>.

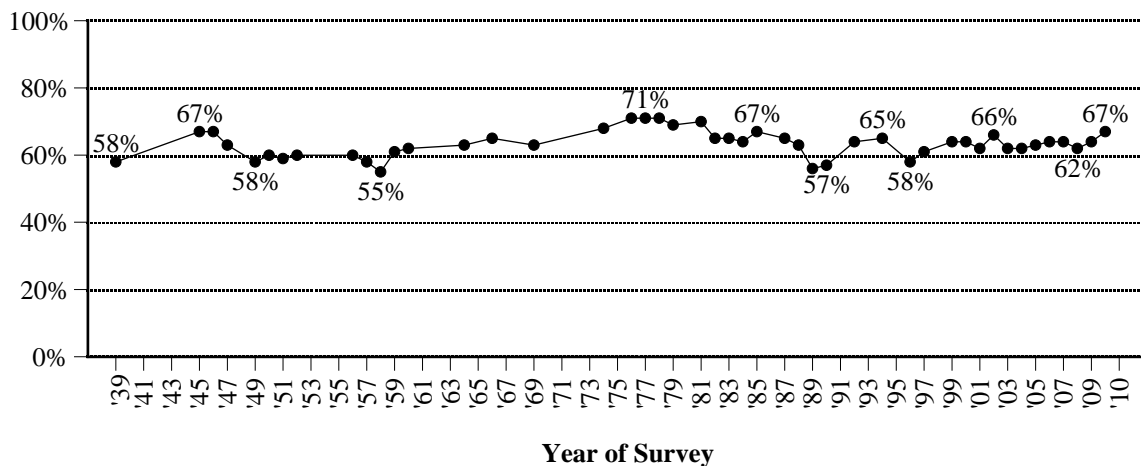
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Alcohol Use Among Adults Has Remained Relatively Stable Over Past 70 Years

Alcohol use among U.S. adults has remained relatively stable over the past 70 years, according to data from the Gallup Poll Social Series. Between 1939 and 2010, the percentage of Americans reporting that they “have occasion to use alcoholic beverages such as liquor, wine, or beer” averaged 63%, ranging from 55% in 1958 to 71% in 1976-1978 (see figure below). Beer was the preferred alcoholic beverage over the time period, followed by wine and liquor. For example, 41% of those who drank alcohol in 2010 reported drinking beer most often, 32% reported drinking wine, and 21% reported drinking liquor (data not shown). These trends are in contrast to those of smoking among American adults, which has decreased by one-half since 1944 (see *CESAR FAX*, Volume 17, Issue 34).

Percentage of U.S. Adults Reporting That They Drink Alcohol, 1939 to 2010



NOTES: Respondents were asked “Do you have occasion to use alcoholic beverages such as liquor, wine, or beer, or are you a total abstainer?” Data for 2010 are based on national telephone (land-line and cellular) interviews conducted July 8-11, 2010 with a random sample of 1,020 adults (ages 18 and older) living in the continental U.S. The margin of error is ± 4 percentage points. If more than one poll was conducted in a year, the poll that occurred closest to the month of July was used in the above graph. Surveys were only conducted in years that have a data point marker.

SOURCE: Adapted by CESAR from Gallup, “U.S. Drinking Rate Edges Up Slightly to 25-year High,” July 30, 2010 (available online at <http://www.gallup.com/poll/141656/Drinking-Rate-Edges-Slightly-Year-High.aspx>) and Gallup News Service, Gallup Poll Social Series: Consumption Habits, undated (available online at http://www.gallup.com/poll/File/141671/Alcohol_July_30_2010.pdf).

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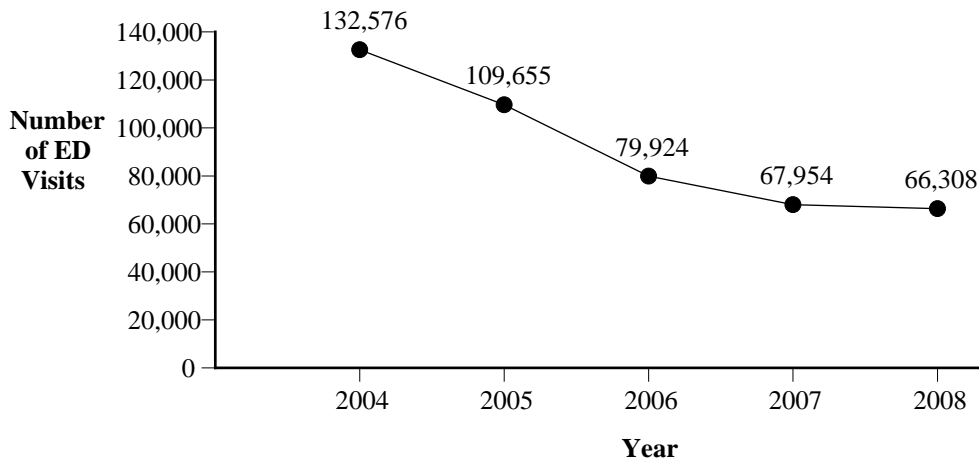
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University of Maryland, College Park

Estimated Number of Emergency Department Visits Involving Methamphetamine Decreased by One-Half in Four-Year Period

The estimated number of U.S. emergency department visits involving methamphetamine has decreased by one-half, according to data from the Drug Abuse Warning Network (DAWN). In 2004, there were an estimated 132,576 emergency department visits related to methamphetamine use—8.2% of all drug misuse or abuse visits. By 2008, this number had decreased dramatically to 66,308 visits, representing only 3.3% of all drug misuse or abuse visits. These trends reflect those of national treatment admissions for methamphetamine abuse (see *CESAR FAX*, Volume 19, Issue 19). However, the authors note that “although overall methamphetamine use has decreased nationally, many people continue to use this highly addictive drug so that it remains a serious health concern among particular subpopulations and in certain regions of the country (e.g., the West Coast)” (p. 3).

Estimated Number of U.S. Emergency Department Visits Involving Methamphetamine, 2004 to 2008



NOTES: DAWN uses a probability sample of hospitals to produce estimates of drug-related emergency department visits for the United States annually. Any ED visit related to recent drug use is included in DAWN. More than one-fourth (27.6%) of the methamphetamine-related ED visits during 2008 involved methamphetamine combined with one other drug (alcohol, other illicit drugs, or pharmaceutical drugs) and 34.2% involved methamphetamine combined with two or more other drugs.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), “Emergency Department Visits Involving Methamphetamine: 2004 to 2008,” *The DAWN Report*, August 24, 2010. Available online at <http://www.oas.samhsa.gov/2k10/DAWN017/Meth.cfm>.

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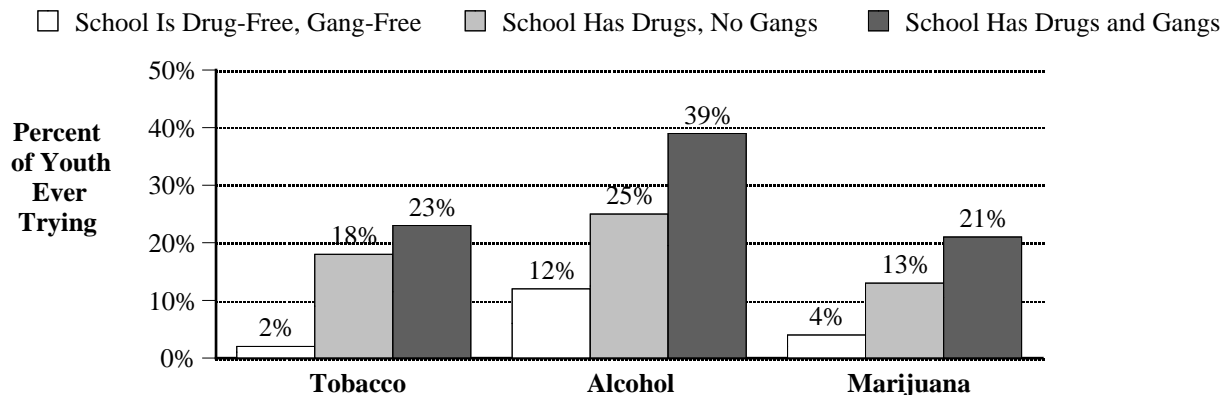
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Youth Attending Drug-Free and Gang-Free Schools Least Likely to Have Ever Tried Tobacco, Alcohol, or Marijuana

Youth attending drug- and gang-free schools are less likely to have ever used tobacco, alcohol, or marijuana, according to a survey conducted by the National Center on Addiction and Substance Abuse at Columbia University (CASA). Only 4% of U.S. youth ages 12 to 17 attending schools with neither drugs nor gangs report ever trying marijuana, compared to 13% of those attending schools with drugs but not gangs and 21% of youth attending schools where drugs were kept, used, or sold and where gangs were present. Similar results were found for ever trying tobacco and alcohol (see figure below). These findings remained “significant and meaningful” even after controlling for socioeconomic status.* The survey also found that youth attending drug- and gang-free schools were least likely to have friends who drank regularly, smoked marijuana, abused prescription drugs, or used illegal drugs (data not shown).

Percentage of U.S. Youth Ages 12 to 17 Reporting They Have Ever Tried Tobacco, Alcohol, or Marijuana, by the Presence of Drugs and Gangs in Their School, 2010



*According to the authors, “the associations between tobacco, alcohol and marijuana use and indicators of gangs and drugs in schools were both significant and meaningful” after running a series of logistic regression analyses to control for socioeconomic status, which was defined as both parental education and income.

NOTE: Data were collected from telephone surveys of a randomly selected sample of 1,000 U.S. youth ages 12 to 17 conducted between April 6 and April 27, 2010 and an internet-based survey of a randomly selected sample of 1,055 U.S. youth ages 12 to 17 conducted between April 8 and April 27, 2010.

SOURCE: Adapted by CESAR from the National Center on Addiction and Substance Abuse at Columbia University, *National Survey of American Attitudes on Substance Abuse XV: Teens and Parents*, August 2010. Available online at <http://www.casacolumbia.org/upload/2010/20100819teensurvey.pdf>.

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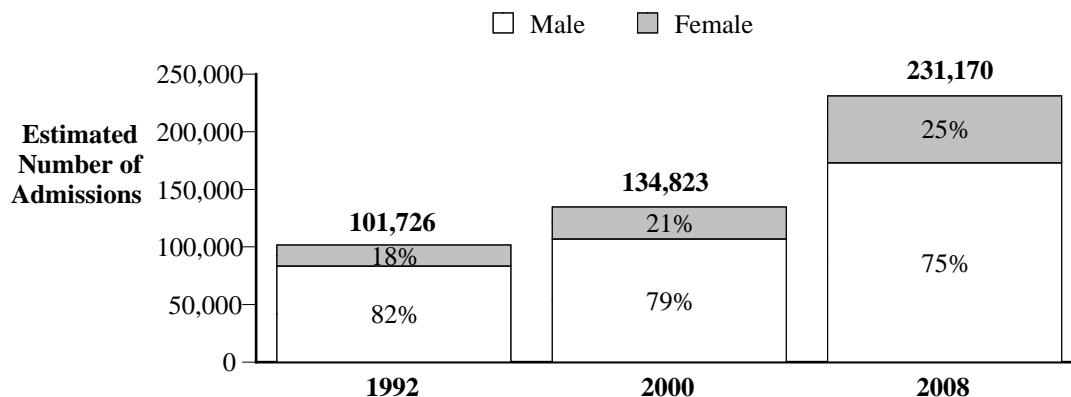
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Number of U.S. Treatment Admissions Among Adults Ages 50 or Older More Than Doubled from 1992 to 2008

The number of older adults admitted to publicly-funded substance abuse treatment programs has more than doubled since 1992, according to data from the national Treatment Episode Data Set (TEDS). In 1992, there were an estimated 101,726 treatment admissions ages 50 or older. By 2008, this number had increased to an estimated 231,170. While the majority of these older adult admissions continue to be male, the proportion of female admissions increased, from 18% of all admissions ages 50 or older in 1992 to 25% in 2008 (see figure below). At the same time there was an increase in the percentage of these treatment admissions who were unemployed (from 19% in 1992 to 31% in 2008) or had no principal source of income (from 11% to 29%; data not shown), suggesting that “this population may need financial assistance with the costs associated with substance abuse treatment” (p. 2).

Estimated Number of Admissions Ages 50 or Older to Publicly-Funded Treatment Programs, by Gender, 1992, 2000, and 2008



NOTES: TEDS comprises state-collected data on client admissions to treatment programs receiving any public funds. TEDS data represent admissions rather than individuals, as a person may be admitted to treatment more than once.

SOURCE: Adapted by CESAR from the Substance Abuse and Mental Health Services Administration (SAMHSA), “Sociodemographic Characteristics of Substance Abuse Treatment Admissions Aged 50 or Older: 1992 to 2008,” *The TEDS Report*, August 5, 2010. Available online at www.oas.samhsa.gov/2k10/240/240OlderAdm2k10.cfm.

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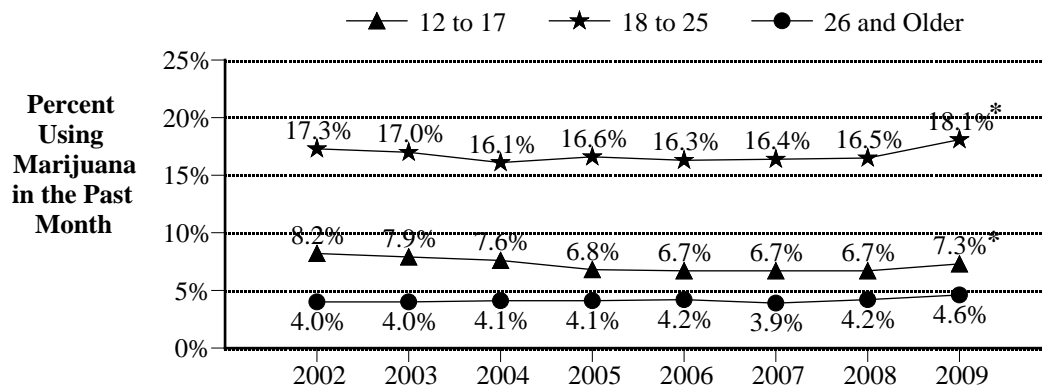
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Current Marijuana Use Among Youth and Young Adults Increases for First Time Since 2002

The percentage of youth and young adults reporting past month marijuana use increased slightly for the first time since 2002, according to recently released data from the National Survey on Drug Use and Health (NSDUH). In 2009, 7.3% of 12- to 17-year-olds and 18.1% of 18- to 25-year-olds reported using marijuana in the past month, compared to 6.7% and 16.5%, respectively, in 2008. While these statistically significant differences are slight, they mirror recent increases in marijuana use found by the national Monitoring the Future survey of high school youth (see *CESAR FAX*, Volume 19, Issue 2). The NSDUH also found that less than one-half (49.3%) of youth ages 12 to 17 now perceive a great harm in smoking marijuana once or twice a week, down from the most recent high of 55.0% in 2005. Research has shown that decreases in the perception of harm associated with use of a drug are often associated with increases in the use of that drug.

Percentage of U.S. Residents Reporting Past Month Marijuana Use, by Age, 2002 to 2009



NOTES: The NSDUH is an annual survey of a representative sample of the civilian, noninstitutionalized population of the United States aged 12 years old or older, conducted through face-to-face interviews at the respondent's place of residence. The survey excludes homeless persons who do not use shelters, military personnel on active duty, and residents of institutional group quarters (such as jails and hospitals).

*Difference between the 2009 and 2008 estimate is statistically significant at the $p \leq .05$ level.

SOURCE: Adapted by CESAR from the Substance Abuse and Mental Health Services Administration (SAMHSA), *Results from the 2009 National Survey on Drug Use and Health: Volume I, Summary of National Findings*, September, 2010. Available online at <http://www.oas.samhsa.gov/nsduhLatest.htm>.

First National Prescription Drug Take-Back Day to Be Held Saturday, September 25th

On Saturday, September 25th, 2010, collection sites around the country will take any expired, unused, or unwanted prescription drugs for safe, legal, and environmentally-friendly disposal. Sponsored by the U.S. Drug Enforcement Administration (DEA) and government, community, public health, and law enforcement partners, this initiative addresses a vital public safety and public health issue. Studies have shown that a majority of prescription drugs are easily obtained from family and friends, including from the home medicine cabinet.

Go to www.dea.gov to view collection sites in your local community.

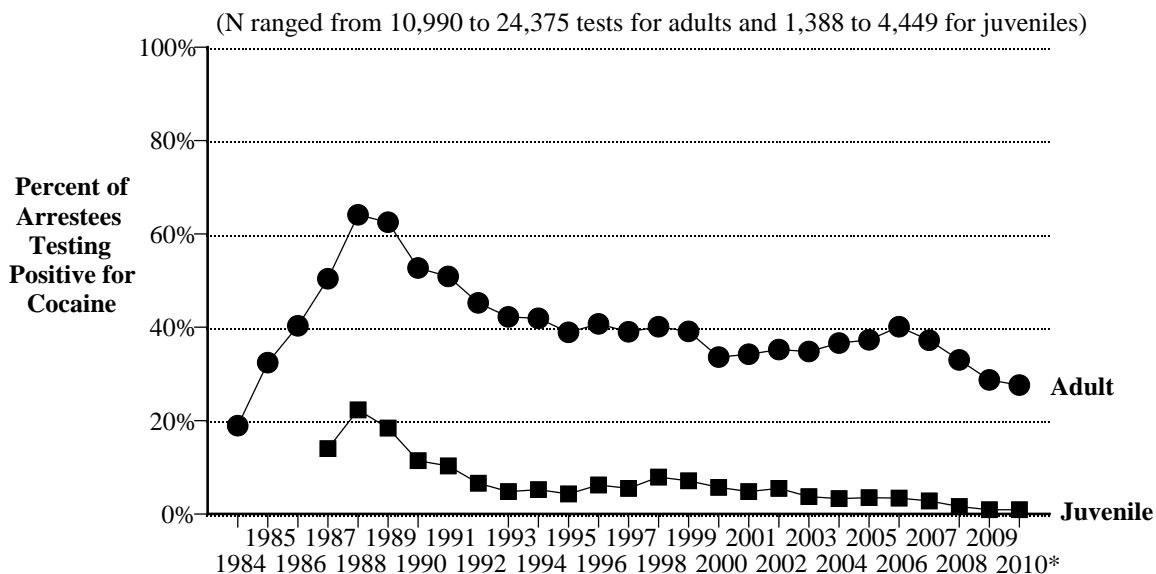
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Percentage of D.C. Arrestees Testing Positive for Cocaine Reaches Lowest Level in More Than 20 Years

Cocaine use among D.C. arrestees continues to decline, according to data from the D.C. Pretrial Services Agency. The percentage of both adult and juvenile arrestees testing positive for cocaine peaked in 1988, at 64% and 22%, respectively. Since then, cocaine positive rates among arrestees have declined significantly. In the first nine months of 2010, only 28% of adult arrestees tested positive for cocaine—the lowest level since 1985. While juvenile arrestees tested positive for cocaine at much lower rates than adults, similar decreases were also seen over the past 20 years. Less than 1% of juvenile arrestees tested positive for cocaine in both 2009 and the first nine months of 2010, the lowest level ever recorded since juvenile testing began in 1987.

Percentage of Washington, D.C., Adult and Juvenile Arrestees Testing Positive for Cocaine, 1984 to 2010*



*Data for 2010 are from the first eight months.

SOURCE: Adapted by CESAR from data from the District of Columbia Pretrial Services Agency. Available online at <http://www.dcpsa.gov/foia/foiaERRpsa.htm>. For more information, contact Jerome Robinson, Director of Forensic Research at the D.C. Pretrial Services Agency at jerome.robinson@csosa.gov.

Technology, Crime & Terrorism: A One-Day Symposium at the University of Maryland

The University of Maryland's College of Behavioral and Social Sciences is sponsoring a one-day symposium, "Technology, Crime & Terrorism," on Wednesday, October 6th from 8:00 am to 5:00 pm. Faculty experts and other specialists nationwide will offer a clear picture on the current challenges—and successes—associated with the intersection of technology, crime and terrorism, with a larger goal of stimulating further dialogue, ideas and partnerships that will lead to new research essential to safety and security. **CESAR is hosting the afternoon panel, "Research and Policy Applications of Drug Testing Technology," with Dr. Robert DuPont.** The symposium is free and open to the public, but registration is requested. For more information, or to RSVP, please go to <http://www.umd.edu/tctsymposium>.

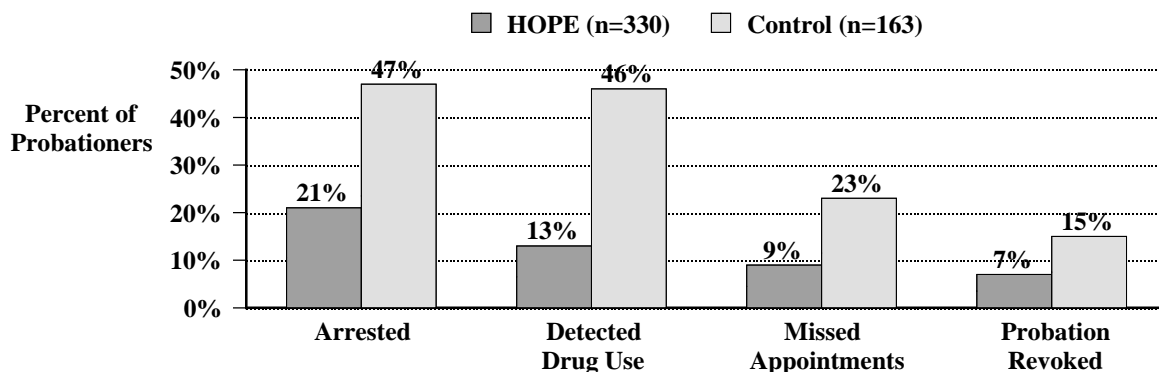
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Hawaii's HOPE Probation Program Demonstrates Effectiveness of Swift and Certain Consequences

Providing swift and certain consequences results in more positive outcomes among probationers, according to the results of a randomized controlled trial of the Hawaii's Opportunity Probation with Enforcement (HOPE) program. Piloted in 2004 by Judge Steven Alm, the HOPE program is a high-intensity supervision program in which probationers receive swift, predictable, and immediate sanctions for each detected violation.* The evaluation found that compared to a control group of probationers receiving probation-as-usual, HOPE probationers were less likely to be arrested for a new crime, use drugs, miss appointments with their probation officer, or have their probation revoked (see figure below). According to Judge Alm, "this is not a miracle—any probation department in the country can do this with the right leadership, strong management, appropriate resources, technical assistance and rigorous performance tracking."¹ The Honest Opportunity Probation with Enforcement (HOPE) Initiative Act of 2009 (HR 4055), which would authorize a national grant program to establish probation programs similar to Hawaii's HOPE program, is currently being considered by a House Judiciary Subcommittee. Dr. Robert DuPont will present findings from the HOPE program at an upcoming one-day symposium at the University of Maryland (see box below).

Probation Outcome Measures, HOPE vs. Control Probationers, October 2007 to October 2008



*HOPE probationers are required to call into a hotline every weekday morning to find out if they have been randomly selected to take a drug test that day. If probationers test positive, they are arrested immediately. If they fail to appear for the test or violate other terms of their probation (e.g., missing a scheduled probation appointment), warrants for their arrest are issued immediately. Once apprehended, a probation modification hearing is held two days later. Violators are typically sentenced to a short jail term, with jail time increasing for subsequent violations. Repeat offenders may be mandated into residential treatment.

¹Alm, Steven S., Testimony before the House Subcommittee on Crime, Terrorism, and Homeland Security, May 11, 2010. Available online at <http://judiciary.house.gov/hearings/pdf/Alm100511.pdf>.

SOURCE: Adapted by CESAR from Hawken, A. and Kleiman, M., *Managing Drug Involved Probationers with Swift and Certain Sanctions: Evaluating Hawaii's HOPE*, Appendix 3 – Summary of Results of the Randomized Controlled Trial of HOPE, U.S. Department of Justice, 2009. Available online at <http://www.ncjrs.gov/pdffiles1/nij/grants/229023.pdf>. The randomized controlled trial was conducted by Pepperdine University, with support from the Smith Richardson Foundation and the National Institute of Justice.

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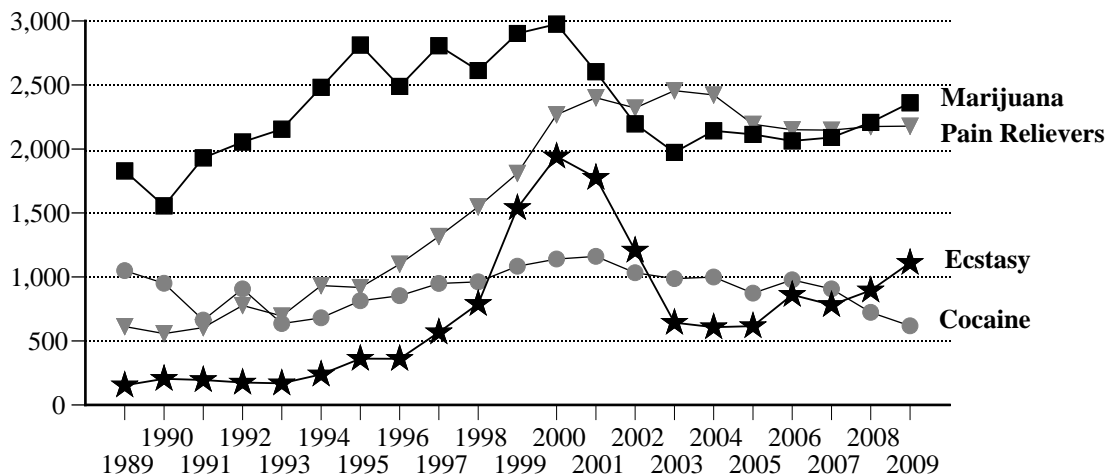
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***First Time Users of Marijuana and Ecstasy Increase;
Number of New Users of Prescription Pain Relievers Remains Stable
While New Cocaine Users Continue to Decrease***

The number of people using marijuana for the first time increased for the third year in a row and the number of new ecstasy users increased for the second year in a row, according to estimates from the 2009 National Survey on Drug Use and Health (NSDUH). More than 2.3 million persons ages 12 or older used marijuana for the first time in 2009, compared to nearly 2.1 million in 2007. Increases were also seen in the number of new ecstasy users (from 781,000 in 2007 to more 1.1 million in 2009). While the estimated number of first-time nonmedical users of prescription-type pain relievers continues to rival that of marijuana, there have been no significant changes in the past five years. In contrast, the number of new cocaine users has been decreasing steadily since 2001. There were an estimated 617,000 new users of cocaine in 2009, the lowest number since 1973. Changes in initiation levels are often leading indicators of emerging patterns of substance use. Thus, these findings suggest that 1) marijuana and ecstasy use may be making a resurgence; 2) the growth in the misuse of prescription pain relievers may have slowed; and 3) there are no signs of growth in cocaine use in this population.

Estimated Number (in thousands) of New Users of Marijuana, Pain Relievers*, Ecstasy, and Cocaine per Year, 1989-2009
(U.S. Residents Ages 12 and older)



*Use of pain relievers refers to the nonmedical use of prescription-type pain relievers and does not include over-the-counter drugs.

NOTE: Estimates from 1989 to 2001 were produced using data from the 2002-2004 NSDUH and are based on initiation during that year. Estimates from 2002 to 2009 refer to initiation in the 12 months prior to the survey, and are produced independently based on the data from the survey conducted that year.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, *Results from the 2009 National Survey on Drug Use and Health: National Findings*, 2010. Available online at <http://oas.samhsa.gov/nsduhLatest.htm>.

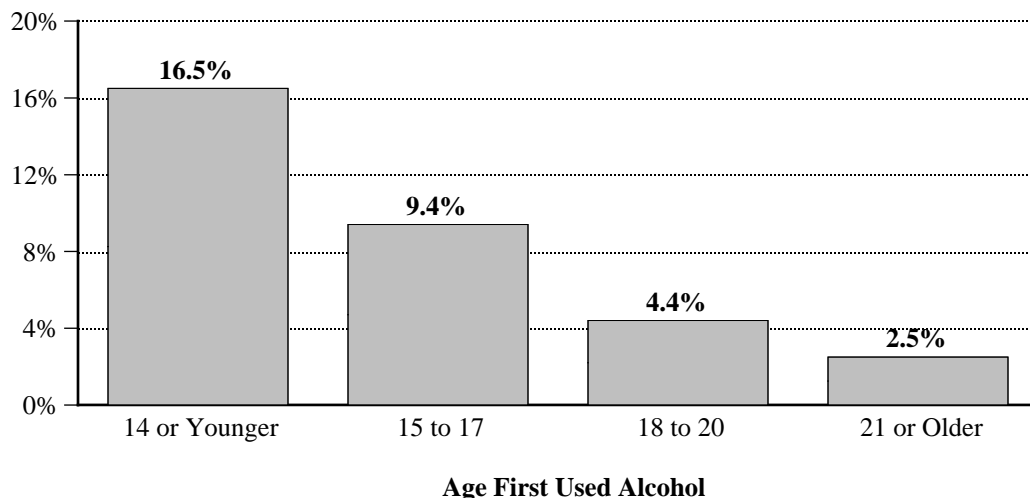
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Adults Who Initiate Alcohol Use Before Age 21 More Likely to Abuse or Become Dependent on Alcohol

Early onset of alcohol use is associated with a greater likelihood of developing alcohol abuse or dependence at a later age, according to data from the National Survey on Drug Use and Health (NSDUH). Those who first used alcohol at or before the age of 14 were nearly four times more likely to meet the criteria for past year alcohol abuse or dependence than those who started using alcohol between the ages of 18 and 20 (16.5% vs. 4.4%) and more than six times more likely than those who started using alcohol at or after age 21 (16.5% vs. 2.5%). These findings illustrate the need for alcohol education and prevention efforts as early as middle school.

Percentage of Adults (Ages 21 or Older) Who Abused or Were Dependent on Alcohol in the Past Year, by Age of First Alcohol Use, 2009



NOTE: Abuse or dependence are defined using DSM-IV criteria.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, *Results from the 2009 National Survey on Drug Use and Health: Detailed Tables*, 2010. Available online at <http://oas.samhsa.gov/WebOnly.htm#NSDUHtabs>.

🌸 In Memoriam: Dr. David F. Musto 1936 - 2010 *🌸*

The substance abuse field lost a valued scientist with the death of Dr. David F. Musto on October 8, 2010. Dr. Musto was a renowned expert in drug control policy who had a long and distinguished career in the field. His New York Times obituary can be found on line at <http://www.nytimes.com/2010/10/14/us/14musto.html>.

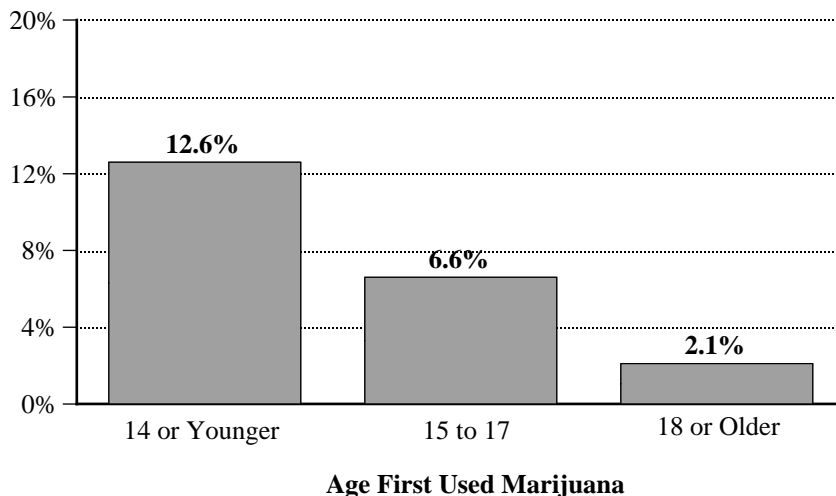
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Early Marijuana Use Related to Later Illicit Drug Abuse and Dependence

Adults who first started using marijuana at or before the age of 14 are most likely to have abused or been dependent on illicit drugs in the past year, according to data from the National Survey on Drug Use and Health (NSDUH). Adults who first used marijuana at age 14 or younger were six times more likely to meet the criteria for past year illicit drug abuse or dependence than those who first used marijuana when they were 18 or older (12.6% vs. 2.1%) and almost twice as likely as those who started between the ages of 15 and 17 (12.6% vs. 6.6%). Similar results have been found for early alcohol use (see *CESAR FAX*, Volume 19, Issue 40) and the early non-medical use of prescription drugs (see *CESAR FAX*, Volume 17, Issue 8).

Percentage of Adults (Ages 18 or Older) Who Abused or Were Dependent on Illicit Drugs in the Past Year, by Age of First Marijuana Use, 2009



NOTE: Abuse or dependence are defined using DSM-IV criteria.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, *Results from the 2009 National Survey on Drug Use and Health: Detailed Tables*, 2010. Available online at <http://oas.samhsa.gov/WebOnly.htm#NSDUHtabs>.

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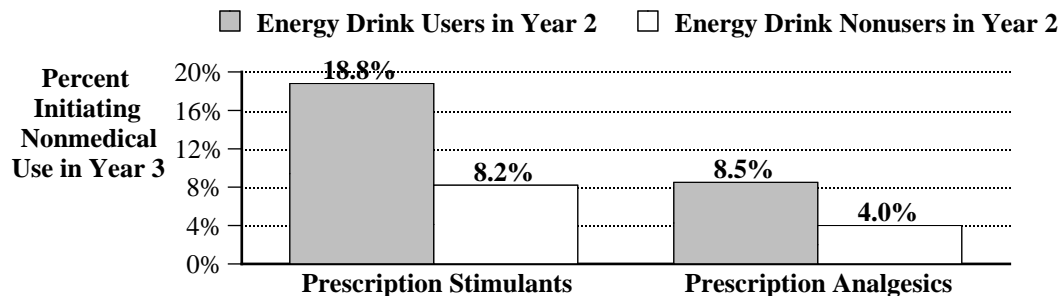
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College Students Who Use Energy Drinks More Than Twice as Likely to Initiate Nonmedical Use of Prescription Stimulants and Analgesics in Subsequent Year

More than one-third (36.5%) of third-year college students reported that they consumed energy drinks in 2006, according to data from the College Life Study, an ongoing longitudinal study of a cohort of college students recruited from one large, public, mid-Atlantic university. Energy drink use was significantly related to higher levels of past and concurrent alcohol and drug use (data not shown). In addition, energy drink users were significantly more likely to subsequently initiate the nonmedical use of prescription stimulants and analgesics. Nearly one-fifth (18.8%) of energy drink users who reported no prescription stimulant use in their second year of college subsequently started using prescription stimulants nonmedically the following year, compared to only 8.2% of energy drink nonusers. Similar results were found for the initiation of the nonmedical use of prescription analgesics (8.5% vs. 4.0%). Additionally, energy drink use predicted subsequent nonmedical use of prescription stimulants and analgesics, even after controlling for demographics, sensation seeking, caffeine consumption, and prior use of the drug of interest. However, no such association was found for subsequent use of other drugs (i.e., tobacco, marijuana, hallucinogens, cocaine, ecstasy, or prescription tranquilizers). According to the authors, “one possible explanation is that energy drinks, like prescription drugs, might be regarded by some students as safer, more normative, or more socially acceptable than using illicit ‘street’ drugs...” (p. 79).

Percentage of College Students at a Large, Public Mid-Atlantic University Initiating Nonmedical Prescription Stimulant and Prescription Analgesic Use in Their Third Year of College, by Energy Drink Use in Their Second Year of College, 2005-2006



NOTE: Nonmedical use was defined as any use of “medications that were not prescribed for you or that you took only for the experience or feeling they caused.”

SOURCE: Adapted by CESAR from Arria, A.M., Caldeira, K.M., Kasperski, S.J., O’Grady, K.E., Vincent, K.B., Griffiths, R.R., and Wish, E.D., “Increased Alcohol Consumption, Nonmedical Prescription Drug Use, and Illicit Drug Use Are Associated with Energy Drink Consumption Among College Students,” *Addiction Medicine* 4(2):74-80, 2010. For more information, contact Dr. Ameila Arria at aarria@umd.edu.

Central Washington University Bans Alcohol Energy Drinks from Campus

The nine Central Washington University students who were hospitalized last month after an off-campus party had been drinking the caffeinated malt liquor “Four Loko”. According to a press release from the University, the blood alcohol levels of hospitalized students ranged from .123 to .35. The University has now banned alcohol energy drinks from their campus. For more information on alcohol-energy drinks and the FDA’s inquiry into the safety of such drinks, see *CESAR FAX*, Volume 18, Issue 46 (<http://www.cesar.umd.edu/cesar/cesarfax/vol18/18-46.pdf>).

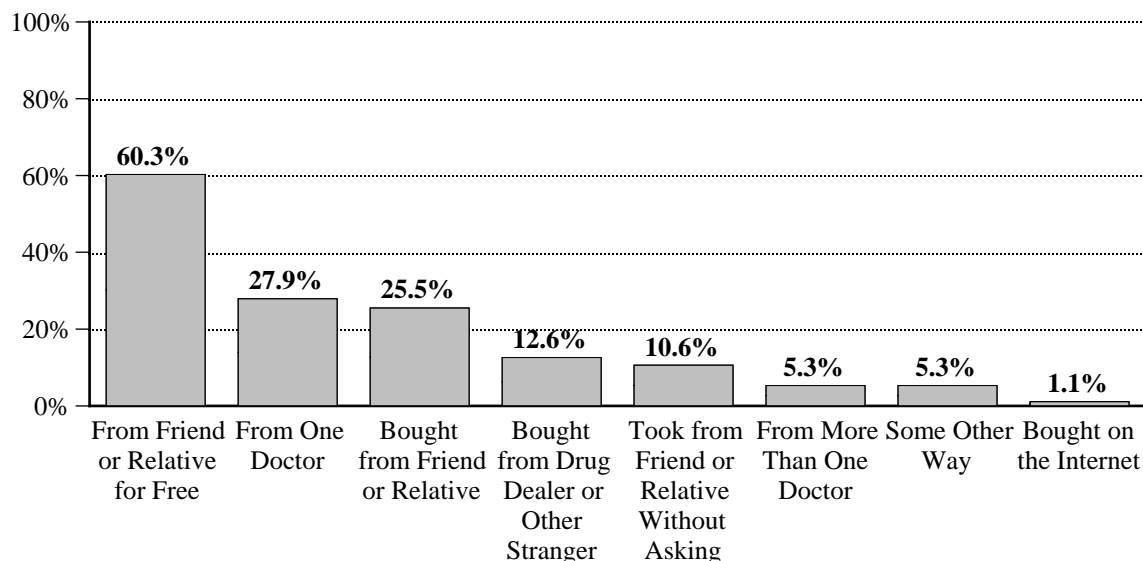
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Majority of Prescription Pain Reliever Abusers Get the Drugs Free from Friends or Relatives

In 2009, nearly 5.3 million people ages 12 and older reported the nonmedical use of prescription pain relievers in the past month, according to data from the National Survey on Drug Use and Health (NSDUH). The majority of these users—60.3%—reported that they obtained the pain relievers free from a friend or relative. The other most commonly mentioned methods were obtaining them from a doctor (27.9% from one doctor and another 5.3% from more than one doctor) and buying them from a friend or relative (25.5%). Only 1.1% reported buying their prescription pain relievers on the internet. This past September, the Drug Enforcement Administration (DEA) hosted the first-ever national Take-Back Initiative, collecting more than 121 tons of unused, unwanted, and expired prescription medications for proper disposal.

**Method of Obtaining Prescription Pain Relievers
Reported by Past Month Nonmedical Users Ages 12 or Older
(2008 & 2009 Combined Annual Averages)**



NOTES: Percentages do not sum to 100 because respondents could indicate multiple sources from which they obtained pain relievers for past month nonmedical use. The response options “Wrote a fake prescription” and “Stole from doctor’s office, clinic, hospital, or pharmacy” were reported by less than one percent of those who used prescription pain relievers nonmedically in the past year and are not shown in the figure above.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, *Results from the 2009 National Survey on Drug Use and Health: Detailed Tables*, 2010. Available online at <http://oas.samhsa.gov/WebOnly.htm#NSDUHtabs>.

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National Drug Intelligence Center's SENTRY Offers a Drug Early Warning and Response System

What is SENTRY? Launched in February 2009, SENTRY is an internet-based system that collects qualitative and quantitative data from a wide network of drug abuse professionals to identify, evaluate, and track the development of new drug abuse trends. The timely nature of SENTRY allows new drug-related behaviors to be recognized in the early stages and this critical information to be shared in real time.

Who reports to SENTRY? Qualitative and quantitative drug use information is reported to SENTRY by participating correctional officers, drug diversion investigators, emergency medical personnel, forensic chemists, juvenile detention officers, law enforcement officers, medical toxicologists, school nurses, school resource officers, treatment providers, and others. SENTRY participants provide information on new or unusual drug-related activity via an electronic submission form. As of November 9, 2010, SENTRY had more than 1,000 participants from all 50 states, including 20 from Maryland.

What types of drugs does SENTRY focus on? SENTRY'S primary focus is on synthetic drugs, such as LSD, ecstasy, and methamphetamine. However, the system also tracks other drugs, including over-the-counter and prescription medication, botanical substances and extracts, and products which are used in the manufacturing of synthetic drugs. Some past trends identified were the abuse of Salvia in the Midwest, the presence of mephedrone in North Dakota and Oregon, the emergence in New Jersey of a possible heroin/fentanyl combination with the street name of "kill" or "keel", and national law enforcement reports of the increasing use of synthetic cannabinoid products by teens.

How is information disseminated? SENTRY information is presented on an interactive online map that color-codes verified events by drug type and allows users to view individual event details. In addition, when qualitative information obtained from SENTRY participants identifies a pattern of drug-related activity, a *DrugAlert Watch* report is issued. NDIC then continues collecting additional quantitative data on the pattern. If a trend is detected, a *DrugAlert Warning* report, combining both the quantitative and qualitative information, is issued. Both the SENTRY map and *DrugAlerts* can be accessed at <http://www.justice.gov/ndic/sentry>.

NOTE: SENTRY is operated by NDIC in coordination with ONDCP and supports the National Synthetic Drugs Action Plan.

SOURCE: Adapted by CESAR from U.S. Department of Justice, National Drug Intelligence Center (NDIC), SENTRY. Available online at <http://www.justice.gov/ndic/sentry/index.htm>.

Want to Report to SENTRY?

Become part of a nationwide network of professionals who report emerging drug abuse trends and be among the first to see these new patterns developing for yourself! Information on how to become a SENTRY participant can be found on SENTRY's website at <http://www.justice.gov/ndic/sentry>.

A Weekly FAX from the Center for Substance Abuse Research

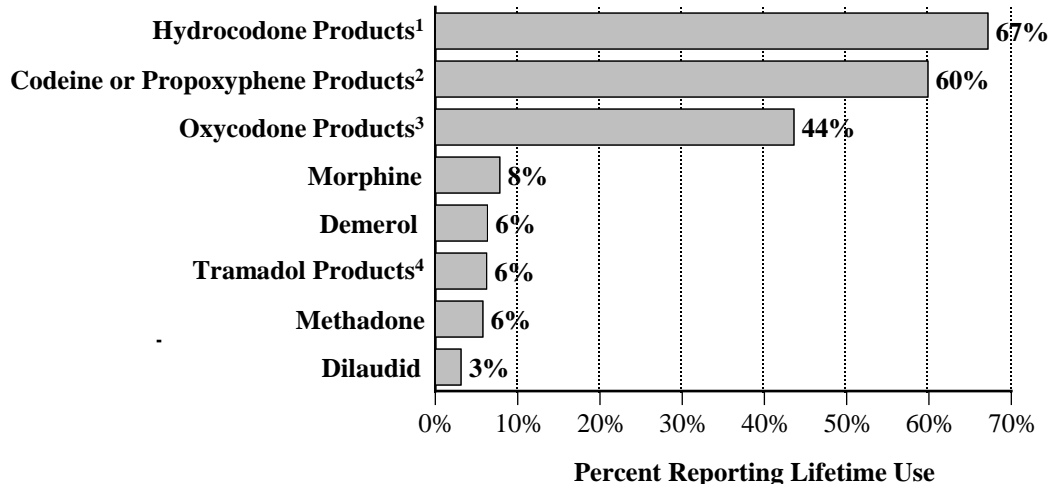
University of Maryland, College Park

Nearly 14% of U.S. Residents Report Lifetime Nonmedical Use of Prescription Pain Relievers; Hydrocodone, Codeine/Propoxyphene, and Oxycodone Products Most Commonly Used

Nearly 14% of U.S. residents--an estimated 35 million people ages 12 and older—reported using prescription pain relievers nonmedically at least once in their lifetime, according to data from the 2009 National Survey on Drug Use and Health (NSDUH). Hydrocodone products (such as Vicodin® and Lortab®), codeine or propoxyphene products (such as Darvocet® and Darvon®), and oxycodone products (such as OxyContin®, Percocet®, and Percodan®) were the most commonly reported pain relievers, used by 67%, 60%, and 44%, respectively, of persons who had used a prescription pain reliever nonmedically in their lifetime. Other pain relievers used nonmedically included morphine, Demerol®, tramadol products, methadone, and Dilaudid® (see figure below).

Specific Pain Relievers Used by U.S. Residents Ages 12 and Older Who Reported Lifetime Nonmedical Use of Pain Relievers, 2009*

(N=an estimated 35,046,000 lifetime nonmedical users of pain relievers)



*Percentages do not sum to 100 because respondents could cite more than one type of pain reliever used nonmedically in the past year.

¹Includes Vicodin®, Lortab®, Lorcet®, and hydrocodone.

²Includes Darvocet®, Darvon®, Tylenol® with Codeine, codeine, Phenaphen® with Codeine, propoxyphene, and SK-65®.

³Includes Percocet®, Percodan®, Tylox®, and OxyContin®.

⁴Includes tramadol and Ultram®.

NOTE: The NSDUH questionnaire does not ask specifically about all types of prescription pain relievers that could be used nonmedically. For example, buprenorphine, a prescription opioid used to treat opioid addiction, is not included in the list of specific pain relievers presented to the respondent. Adding buprenorphine to this list would provide important information about any nonmedical use of this drug.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, *Results from the 2009 National Survey on Drug Use and Health: Detailed Tables*, 2010. Available online at <http://oas.samhsa.gov/WebOnly.htm#NSDUHtabs>.

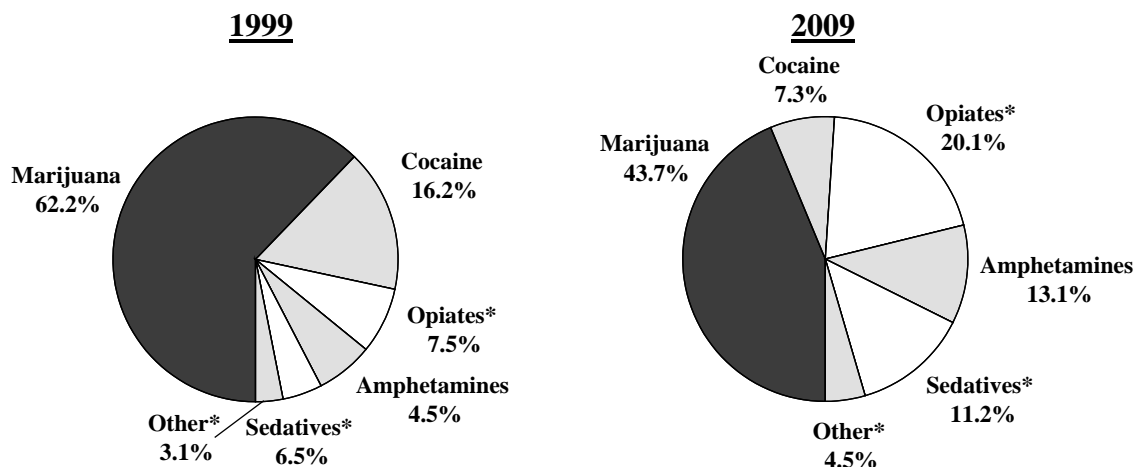
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Percentage of Positive Employee Drug Tests Containing Marijuana and Cocaine Decreases; Sedatives, Amphetamines, and Opiates Increases

In 2009, Quest Diagnostics conducted drug tests on more than 5.5 million urine samples collected from workers across the nation. According to the most recent drug testing index, 3.6% of all tests conducted in 2009 were positive for at least one illicit drug. Marijuana continues to be the drug most frequently detected. However, the percentage of positives for marijuana has decreased significantly over the past 10 years, from 62.2% of all drug positives in 1999 to 43.7% in 2009. The percentage of cocaine positives also decreased in the last decade, from 16.2% to 7.3% of all drug positives. In contrast, the percentage of positives for sedatives nearly doubled (from 6.5% to 11.2%), while those for amphetamines and opiates nearly tripled (from 4.5% to 13.1% and 7.5% to 20.1%, respectively).

Drugs Detected in Positive Urine Tests Among U.S. Workers, 1999 and 2009



*The category "opiates" comprises methadone, propoxyphene, oxycodone, and other opiates. The category "sedatives" comprises barbiturates and benzodiazepines. The category "other" comprises PCP, acid/base, oxidizing adulterants, substituted urines, and invalid specimens.

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.

SOURCES: Adapted by CESAR from Quest Diagnostics, "U.S. Worker Use of Prescription Opiates Climbing, Shows Quest Diagnostics Drug Testing Index," *News from Quest Diagnostics*, September 16, 2010 (Available online at http://www.questdiagnostics.com/employersolutions/dti/2010_09/dti_index.html); and Quest Diagnostics, "Drug Use in the General U.S. Workforce Increased in First Half of 2001, According to Quest Diagnostics' Drug Testing Index," *News from Quest Diagnostics*, November 30, 2001 (Available online at http://www.questdiagnostics.com/brand/business/dti_112001/b_bus_lab_emp_drugtesting_index.html). For more information, contact Barb Short at 973-520-2800.

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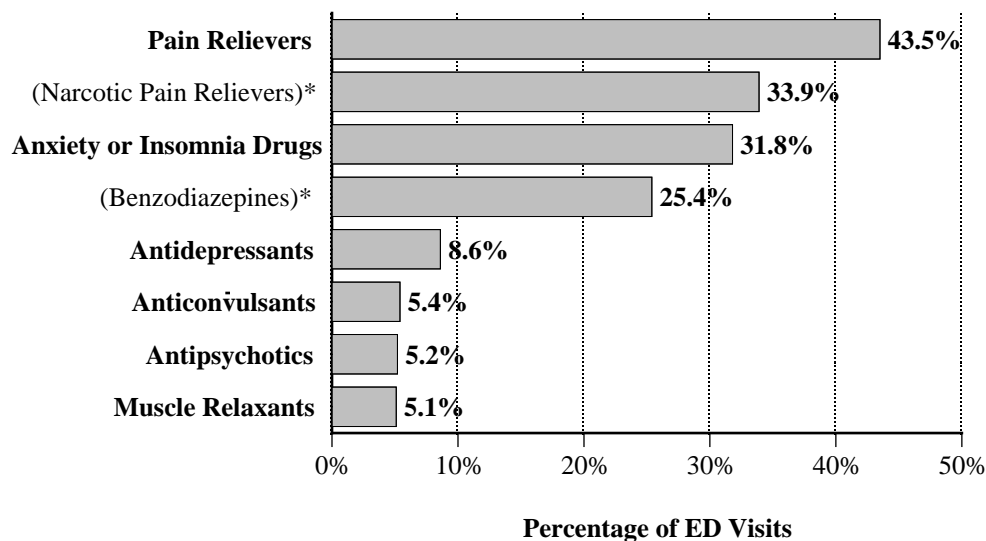
University of Maryland, College Park

Pain Relievers Most Common Drug Involved in Emergency Department Visits for Pharmaceutical Misuse or Abuse by Older Adults

In 2008 there were an estimated 256,097 emergency department visits by adults ages 50 or older involving the misuse and abuse of pharmaceutical drugs—more than double the estimated 115,803 visits in 2004. According to data from the Drug Abuse Warning Network (DAWN), pain relievers were the type of pharmaceutical most commonly involved in such visits (43.5%), followed by anxiety or insomnia drugs (31.8%; see figure below). In addition, one-fifth of the ED visits related to pharmaceutical misuse or abuse also involved alcohol (data not shown). The authors suggest that “education for caregivers about the abuse potential of certain medications and the early warning signs of abuse may be needed” and that “prevention messages that target older adults could warn against the dangerous combination of alcohol and pharmaceuticals.” (p. 3).

Selected Drugs Involved in Emergency Department (ED) Visits for Pharmaceutical Misuse or Abuse, Adults Ages 50 or Older, 2008

(N=an estimated 256,097 visits)



*“Narcotic Pain Relievers” are also included in the category “Pain Relievers”. “Benzodiazepines” are also included in the category “Anxiety or Insomnia Drugs”.

NOTES: The category “Pharmaceutical Misuse and Abuse” are drug misuse and abuse ED visits excluding those involving alcohol and illicit drugs. Because multiple drugs may be involved in each visit, percentages may add to more than 100 percent.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), “Drug-Related Emergency Department Visits Involving Pharmaceutical Misuse and Abuse by Older Adults,” *The DAWN Report*, November 25, 2010. Available online at <https://dawninfo.samhsa.gov/pubs/shortreports/default.asp>.

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

***Maryland Community Services Locator (MDCSL) Website
Links Maryland Residents to Nearly 9,000 Community Resources***

The Maryland Community Services Locator (www.mdcsl.org) is an interactive online directory developed to assist professionals and community members in locating community services. The MDCSL allows users to obtain organizational contact information and other details, map resources by location, and get instant directions to programs. Since its launch in October 2007, the website has expanded to include nearly 9,000 criminal justice, health, and social services programs throughout Maryland, which are each verified annually by MDCSL staff. In addition to being able to find programs by location, the MDCSL now offers the following features.

- Enhanced service information—including services offered, populations served, and payment options—for 5 of the 25 types of programs (HIV/STD Testing Sites, Housing Programs, Substance Abuse Treatment Programs, Support Groups, and Victim Services) is now available. The MDCSL team is currently working to make enhanced service information available for several new areas, including adult education, job readiness/employment, and food and family assistance programs.
- Another addition to the site is the *Resource Links* section, located on the left-hand side of the homepage. This section includes a listing of 180 hotlines organized by type; extensive resource links organized by topic (such as Cash Assistance, Foreclosure Resources, Energy/Utility Assistance, and Veterans Benefits and Programs); and links to other state- and county-level resource directories.

Stay Informed on Recent MDCSL Developments

We encourage you to visit *Informational Materials on the MDCSL* (http://www.mdcsl.org/avjsc/csl_info.asp) to:

- Join our email listserv to receive periodic updates regarding new website features.
- Sign up for a monthly online webinar by visiting and registering to participate.
- Access free online MDCSL tutorial videos and recorded webinars which can be viewed at any time
- Download or order free MDCSL informational materials, such as flyers and posters.

SOURCE: CESAR, The Maryland Community Services Locator (MDCSL). Funded by the Governor's Office of Crime Control and Prevention under grant number BJAG-2007-1465. For more information, or to share resource information, please contact us at 301-405-9796 or mdcsl@cesar.umd.edu.

Interested in Establishing a Community Services Locator in Your County or State?

CESAR can share lessons learned during the development and implementation of the MDCSL, provide consultant services, or manage the development of your program. Please send inquiries to mdcsl@cesar.umd.edu.

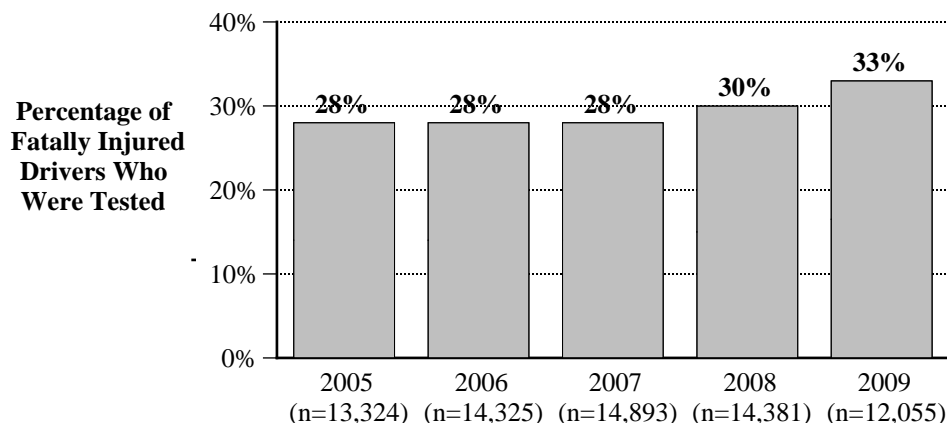
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University of Maryland, College Park

One-Third of Fatally Injured Drivers with Known Test Results Tested Positive for at Least One Drug in 2009

The percentage of fatally injured drivers testing positive for drugs increased over the last five years, according to data from the National Highway Traffic Safety Administration (NHTSA). Each year between 56% and 65% of drivers fatally injured in motor vehicle crashes were tested for the presence of drugs in their systems. In 2009, 33% of the 12,055 of drivers fatally injured in motor vehicle crashes with known test results tested positive* for at least one drug, compared to 28% in 2005 (see figure below). The drugs tested for included both illegal substances as well as over-the counter and prescription medications, (which may or may not have been misused). In 2009, marijuana was the most prevalent drug found in this population—approximately 28% of fatally injured drivers who tested positive were positive for marijuana¹. The authors caution that “drug involvement rates among those with unavailable drug test results may be similar to those for whom results are available, or there may be a systematic bias that could influence the unavailable rates in a positive or negative direction.”

Percentage of Fatally Injured Drivers With Known Test Results Testing Positive for at Least One Drug*, 2005-2009



*Nicotine, aspirin, alcohol, and drugs administered after the crash are excluded. Testing positive for drugs only means that the drugs were found in the driver's system and does not imply impairment or indicate that drug use was the cause of the crash or the fatality.

¹CESAR analysis of 2009 NHTSA FARS data.

SOURCE: Adapted by CESAR from National Highway Traffic Safety Administration (NHTSA), “Drug Involvement of Fatally Injured Drivers,” *Traffic Safety Facts*, November 2010. Available online at <http://www-nrd.nhtsa.dot.gov/Pubs/811415.pdf>.

CESAR Wishes You a Very Happy Holiday Season!

This is the final issue of the *CESAR FAX* for 2010. The *CESAR FAX* will resume with Volume 20, Issue 1 on January 10th, 2011. Thank you for your support during the past year!