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University of Maryland, College Park

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CESAR
Center for Substance Abuse Research
University of Maryland
4321 Hartwick Road, Suite 501
College Park, MD 20740
301-405-9770 (phone)
301-403-8342 (fax)
cesar@cesar.umd.edu
www.cesar.umd.edu

ACKNOWLEDGMENTS

CESAR is pleased to provide this 1997 Annual Volume of the CESAR FAX. To assist you in using this volume, the Table of Contents groups the 1997 faxes by subject area as well as by issue title.

Since the first transmission to 150 recipients on February 17, 1992, the CESAR FAX audience has grown to over 3,100 recipients worldwide. The CESAR FAX is produced and maintained by Wanda Hauser, with the assistance of CESAR's editor, Jean Shirhall. Other CESAR staff provide valuable assistance in the selection of CESAR FAX topics by their continuous monitoring of crime and drug abuse issues and data sources. With the ongoing support of the Governor's Office of Crime Control & Prevention, the CESAR FAX continues to provide timely and relevant crime and drug abuse information in an easy-to-read format.

Dr. Eric D. Wish
Director

CESAR FAX

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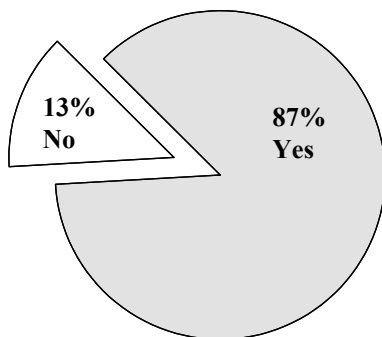
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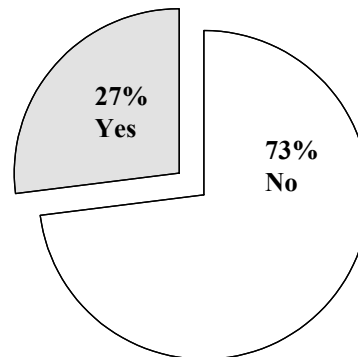
Most Maryland Residents Who Support Medicinal Use of Marijuana Do Not Support Legalizing the Drug

In November, voters in Arizona and California passed propositions allowing the physician-recommended use of illegal substances (Arizona) and marijuana (California). Since then there has been speculation that those who support the medical use of marijuana also support legalizing marijuana. However, results from a telephone survey of Maryland household residents show that this may not be the case. While the majority (87%) of Maryland residents surveyed believed that physicians should be allowed to prescribe marijuana if it is proven to be effective in treating some health conditions, only 27% of those people also believed that the possession of small amounts of marijuana for personal use should be legal.

**While the Majority of Maryland
Residents Support the Medical
Use of Marijuana . . .**
(n=1,018)



**Only 27% of Those Who
Do Also Support
Legalizing the Drug**
(n=812; 87% of 1,018)



NOTE: Excludes 75 people who answered "depends" or "don't know" to either question.

SOURCES: Spring 1994 statewide household telephone poll of adults 18 and older, conducted for CESAR by the University of Maryland Survey Research Center, College Park.

BOUND AND INDEXED COPIES OF VOLUME V CESAR FAX NOW AVAILABLE

Bound copies of the 1996 issues of the CESAR FAX, indexed by both subject and title, are now available. Please contact CESAR by phone (301-403-8329), fax (301-403-8342), or e-mail (cesar@cesar.umd.edu) to request your complimentary copy.

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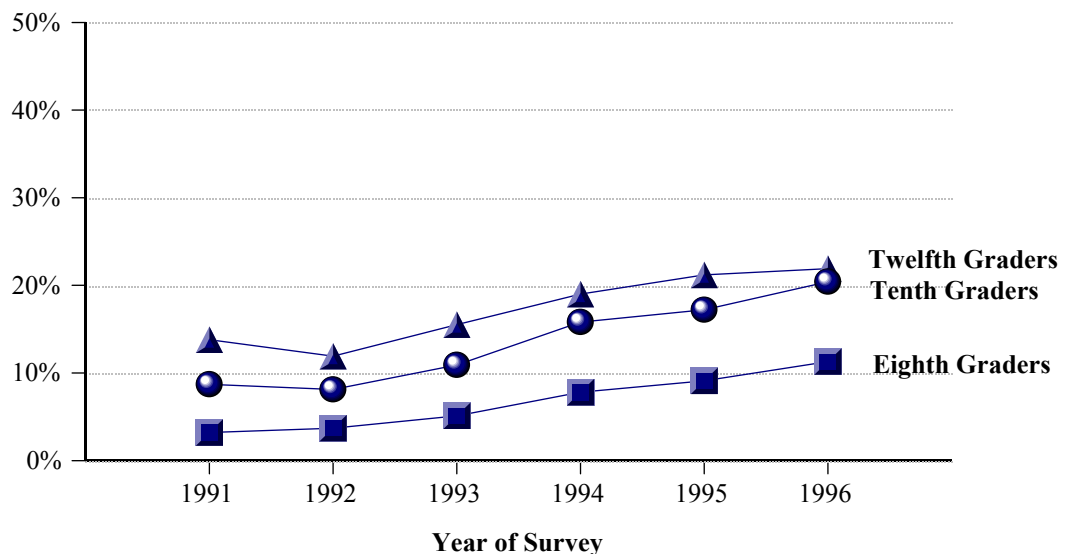
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University of Maryland at College Park

Marijuana Use Among 8th and 10th Graders Continues to Rise; Remains Steady Among 12th Graders

According to data from the national Monitoring the Future Survey, marijuana use among 8th and 10th graders continued to rise in 1996 while use among 12th graders leveled off for the first time since 1993. Current use* of marijuana increased from 9.1% (1995) to 11.3% (1996) among 8th graders and from 17.2% to 20.4% among 10th graders. There were no statistically significant changes in current marijuana use among 12th graders over the same time period. The rise in marijuana use among students has occurred simultaneously with a decline in youths' perceived risk of using the drug (see CESAR FAX Volume 5, Issue 20).

**Percentage of Eighth, Tenth, and Twelfth Grade U.S. Students
Reporting Current Use of Marijuana, 1991-1996**



*Current use is defined as use at least once during the 30 days prior to the survey.

SOURCES: National Institute on Drug Abuse (NIDA), NIDA Media Advisory, *Marijuana and Tobacco Use Still Rising Among 8th and 10th Graders*, December 19, 1996, WWW document; URL <http://www.nida.nih.gov/MedAdv/MAs-yr96.html#12-19> (visited 12/20/96); and NIDA Capsule, *Monitoring the Future Study, 1975-1996*, WWW document; URL <http://www.nida.nih.gov/NIDACapsules/NCMTFuture1.html#PastMonth> (visited 12/20/96).

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park

Study Finds Cocaine and Alcohol Use Among Domestic Violence Participants

A survey team consisting of medical personnel and researchers interviewed assailants, victims, and family members at the scene of police calls for domestic assault in Memphis, Tennessee. According to self-reports of substance use from assailants and victims, as well as reports of substance use seen by family members, nearly all of the assailants (94%) and 43% of the victims had used alcohol and/or other drugs in the six hours prior to the assault. The substance most commonly used by both the assailants and the victims was a combination of cocaine and alcohol. In addition, on-site urinalysis drug testing showed that two-thirds of the assailants who denied recent drug use tested positive for cocaine. According to the author, "less than 15% of assailants with a long history of drug abuse (greater than 6 months) had ever received treatment or counseling". For more information contact Dr. Daniel Brookoff by phone (901-726-8255) or e-mail (brookofd@mhsgate.meth-mem.org).

**Substance Used by Assailants and Victims Prior to Domestic Assault
(As Reported by Participants and/or Family Members)
(n=136)**

Substance	Percent of Assailants Using Substance Prior to Assault	Percent of Victims Using Substance Prior to Assault
Cocaine and alcohol	47%	8%
Cocaine, marijuana and alcohol	20%	7%
Alcohol alone	17%	14%
Marijuana and alcohol	8%	6%
Other drugs/combinations	2%	8%
Any alcohol or other drug use	94%	43%

SOURCE: Daniel Brookoff, "Drug Use and Domestic Violence," National Institute of Justice Research In Progress Seminar Series, 1996. See below for ordering information.

DRUG USE AND DOMESTIC VIOLENCE VIDEO NOW AVAILABLE

A videotape of Dr. Daniel Brookoff's NIJ presentation, "Drug Use and Domestic Violence," is now available from the National Criminal Justice Reference Service (NCJRS) at 800-851-3420 or 301-251-5500. The order number for this video is NCJ163056.

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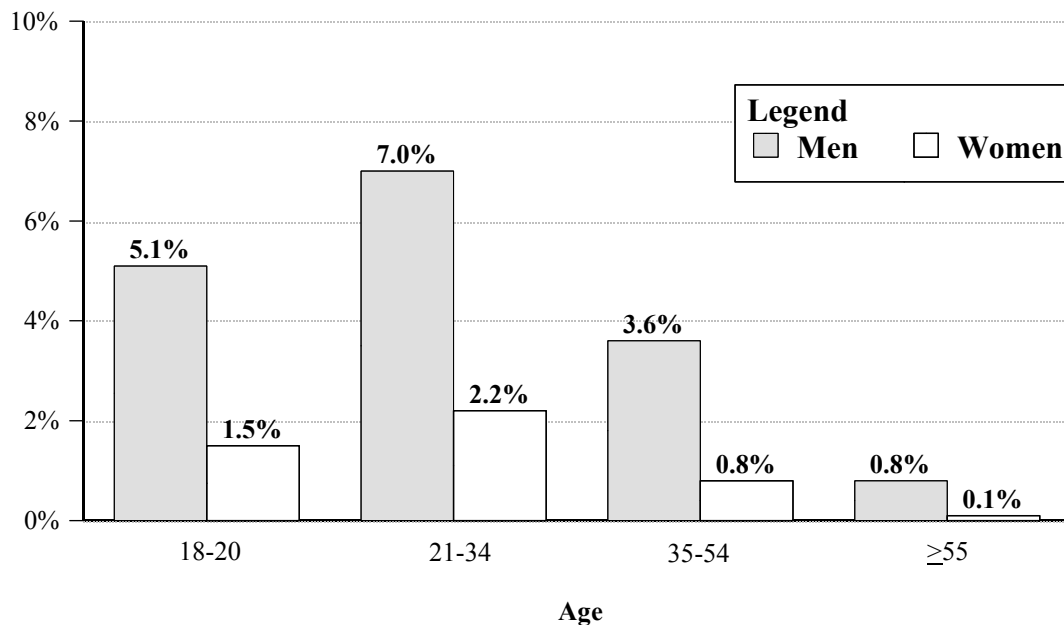
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University of Maryland at College Park

Study Finds High Rates of Alcohol-Impaired Driving Among Underage Drivers

According to a recently published report, there were over 123 million episodes of alcohol-impaired driving among U.S. adults in 1993, and nearly 10 million of those episodes occurred among drivers aged 18 to 20 years. The report analyzed data from the Behavioral Risk Factor Surveillance System (BRFSS), an annual household telephone survey of adults aged 18 or older, to calculate state and national estimates of self-reported alcohol-impaired driving. Alcohol-impaired driving was most frequently reported among men and women aged 21 to 34 years and declined with increasing age. However, the second highest rate of reported alcohol-impaired driving for both male (5.1%) and female (1.5%) drivers occurred among drivers aged 18 to 20 years. Based on these results, the authors recommend “strict enforcement of minimum drinking age laws and the passage of ‘zero tolerance’ laws, which lower the legal alcohol concentration for drivers younger than 21 years of age” (p. 125).

Estimated Percentage of Male and Female U.S. Household Residents Reporting Alcohol-Impaired Driving,* by Age, 1993



*Percentage of respondents who gave a response (not zero) to the question: “And during the past month, how many times have you driven when you’ve had perhaps too much to drink?”

SOURCE: Simin Liu et al., “Prevalence of Alcohol-Impaired Driving: Results from a National Self-reported Survey of Health Behaviors,” *Journal of the American Medical Association*, 1997, 277(2):122-125.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park

***Possible Risk Factors Among Baltimore City Narcotic Addicts:
Parental Alcohol Abuse, Criminal Activity, and Separation Before Age 11***

According to the results of a study of narcotic addicts in Baltimore City, children exposed to family deviance and/or disruption are more likely to become addicted than children who are not exposed. Between July 1986 and April 1991, narcotic addicts, peer controls, and community controls[□] were interviewed about various factors considered likely to predispose narcotic addiction, including family deviance and disruption of the family structure. Addicts were more likely than members of both control groups to report the occurrence of family deviance and disruption prior to age 11. The specific types of deviance or disruption found to be significantly ($p \leq .01$) related to group membership (addicts, peer controls, or community controls) are shown in the table below. The authors conclude that “although family factors are not the only contributors to deviant behavior, the present findings suggest that preventive drug abuse interventions need to include components designed to reduce the adverse effects of an unhealthy family environment” (p. 112).

**Percentage of Subjects Reporting the Occurrence of
Family Deviance/Disruption Before Age 11**

Type of Family Deviance/Disruption	Addicts (n=255)	Peer Controls (n=147)	Community Controls (n=199)
Parents Separated/Divorced	32%	14%	15%
Parents Never Married/Lived Together	9%	3%	4%
Alcohol Abuse by Mother	9%	5%	2%
Criminal Activity by Father	6%	0.7%	0.5%

[□]Narcotic addict: an individual who had used opiates on 4 days or more per week for at least a month. Peer controls: never-addicted individuals who lived in the same neighborhood and were associates of the addicts at age 11. Community controls: never-addicted individuals who lived in the same neighborhood and were not associates of the addicts at age 11.

SOURCE: David N. Nurco et al., “Early family adversity as a precursor to narcotic addiction,” *Drug and Alcohol Dependence*, 1996, 43:103-113. For more information, contact Dr. Nurco at 410-837-3977.

LOOKING FOR NEW FUNDING SOURCES? CHECK OUT CESAR’S WWW HOME PAGE

CESAR’s home page has links to the web sites of over 30 organizations and foundations who may be able to assist you in your funding needs. The links can be found under the “Grants” section of “Links to Other Related Resources” on CESAR’s home page (www.bsos.umd.edu/cesar/cesar.html).

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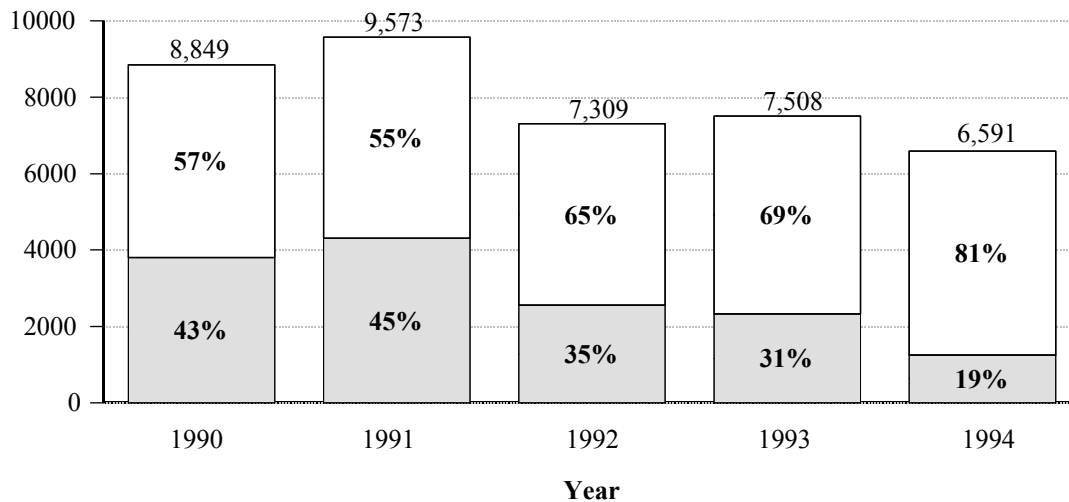
University of Maryland at College Park

Adult Arrests for Drug Sales Decrease in D.C., Possession Arrests Increase

While adult drug arrests in our nation's capital have reached the lowest point in five years, the percentage of those arrests that are for drug possession has increased dramatically. In 1990, 57% of all adult drug arrests in D.C. were for possession and 43% for sales. In 1994 (the most recent year of available data), 81% of adult drug arrests were for possession and only 19% for sales. It is difficult to determine whether this change is the result of a shift in policing and enforcement practices or an actual shift in the occurrence of drug sales and possession. Nevertheless, this trend in the District appears to contrast with recent efforts in some neighboring jurisdictions to place an emphasis on making arrests for drug sales rather than possession.

**Total Number of Adult Drug Arrests for Sales and Possession,
Washington, D.C., 1990-1994**

■ Sales □ Possession



SOURCE: National Council on Crime and Delinquency, Crime and Justice Trends in the District of Columbia, July 1996. Prepared for the District of Columbia Government, Washington, D.C. To request a copy of the report, contact the D.C. Office of Grants Management and Development at 202-727-6537.

\$1 MILLION AVAILABLE FROM OJJDP FOR YOUTH-LED PREVENTION PROGRAMS

The U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) has announced the availability of \$1 million to assist nonprofit, youth-led organizations aimed at preventing alcohol and other drug use among youth. For more information, call the Department of Justice Response Center at 800-421-6770. The application deadline is March 18, 1997.

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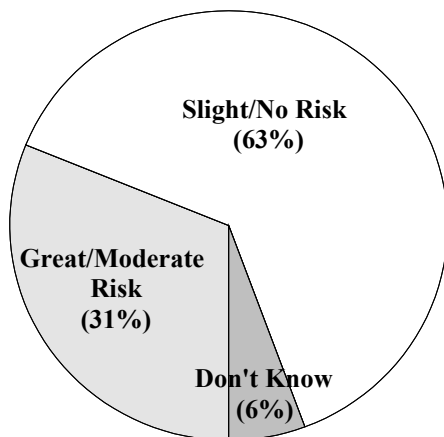
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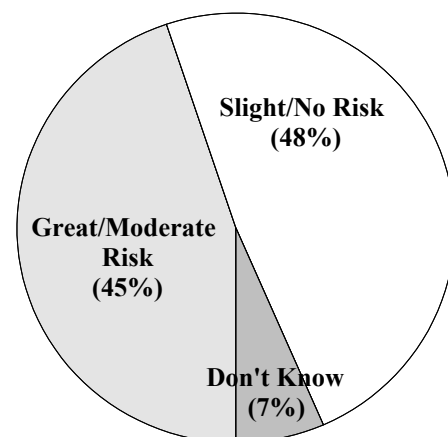
Marylanders Increasingly Likely to Perceive Occasional Marijuana Use as Great/Moderate Risk

One of the issues raised in the recent debate over the medical use of marijuana (see CESAR FAX Volume 5, Issue 44) is the possibility of incurring physical harm from smoking marijuana. According to the results of statewide telephone polls, an increasing number of Maryland residents believe there is a great or moderate risk of harm resulting from occasional marijuana use. In a Fall 1995 poll, 45% reported that smoking marijuana once or twice was a great or moderate risk, up from 31% just six months earlier. Future polls will attempt to discern whether the debate over the medical use of marijuana changes residents' perceptions of the risks of using marijuana.

Perceived Risk of Harm from Smoking Marijuana Once or Twice, Maryland Household Residents, Spring 1995 and Fall 1995



**Spring 1995
(April-June)
(N=989)**



**Fall 1995
(October-December)
(N=1,002)**

NOTE: The response category "Don't Know" also includes those who did not respond to the question.

SOURCE: Jonathan Sushinsky, Margaret Hsu, and Eric Wish, What Marylanders Think About Drugs: Fall 1995 Maryland Household Opinion Poll, Center for Substance Abuse Research (CESAR), College Park, MD, December 1996. For more information, contact Maggie Hsu at mhsu@cesar.umd.edu.

COMPLIMENTARY COPIES OF MD HOUSEHOLD POLL NOW AVAILABLE

"What Marylanders Think About Drugs: Fall 1995 Maryland Household Opinion Poll" is now available, free of charge, from CESAR. You may request your copy via phone (301-403-8329), fax (301-430-8342), or e-mail (cesar@cesar.umd.edu).

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Maryland Teen Writes Winning Antidrug Radio Commercial

Last fall, Maryland State Department of Education's (MSDE) Safe and Drug Free Schools Program challenged Maryland middle and high school students to create a 60-second radio commercial promoting an antidrug message as part of their "Go for the Gold . . . the Choice is Yours!" contest. The entries received were judged by other students and employees of the Baltimore, MD radio station WIYY-98 Rock. The winning commercial, which appears below, was written by Ms. Shannon Patrick, a 9th grade student at River Hill High School in Howard County. Ms. Patrick produced the commercial and it was aired during prime time hours in October and November 1996 on 98 Rock. For more information on the contest, contact Ms. Barbara Scherr of MSDE at 410-767-0291.

Winning Antidrug Radio Commercial Written by Ms. Shannon Patrick

Jamie and I grew up together. He lived across the street from me, and was born only two months before I was. We played together, we went to school together, and we even did our homework together. In third grade, we built the coolest tree house Campfield Elementary had ever seen. In seventh grade we won the Clarksville Soap Box Derby Race. And, this year we went to our first high school dance together. I loved Jamie --- I even thought we might get married some day. He was the best friend that I ever had. But notice that I said "was." We buried Jamie last week. He died. 15 years old. They said that it was a drug overdose. He's gone now. I miss him so much. Thank goodness we did not do everything together!!! I made the right choice, and hope you will too. Go for the gold, the choice is yours.

Maryland Governor's Office of Crime Control & Prevention Now Has Web Site

The Maryland Governor's Office of Crime Control & Prevention has now established its presence on the web. Visit their web site today to learn more about their office, including the names and descriptions of state and federal grant programs that they administer.

www.bsos.umd.edu/cesar/goccp/goccp.html

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Employees Mandated to Enter Treatment Programs Do As Well As Self-Referrals

A recent study reported that employees who tested positive for a drug (primarily alcohol or marijuana) and were required to enter a substance abuse treatment program improved as much as employees (without a positive drug test) who voluntarily sought treatment through their Employee Assistance Program. Study participants were employees of either a large transportation firm or a city service union in Philadelphia. Addiction Severity Index (ASI) interviews were conducted at the time of treatment admission and at follow-up (six months after treatment discharge). As the table below illustrates, both groups reported significant improvements in five of the seven problem areas measured by the ASI. The authors concluded that “the coercive referral condition did not hinder the chances for successful treatment. In fact, it appears that mandatory referral to treatment and the risk of job loss served as a strong motive for treatment compliance” (p. 127).^a

Selected ASI Mean Composite Scores for Coerced and Self-Referred Treatment Patients at Treatment Admission and Six-Month Follow-Up^b

Problems in Prior 30 Days	Coerced Patients (n=96) ^c		Self-Referred Patients (n=161) ^c	
	Treatment Admission	Six-Month Follow-Up	Treatment Admission	Six-Month Follow-Up
Alcohol Use	.34	.09***	.55	.12***
Drug Use	.09	.02***	.16	.03***
Legal Status	.03	.004*	.07	.01***
Family/Social Relationships	.14	.08**	.23	.13***
Psychiatric Symptoms	.15	.06***	.21	.13***

^aWhile the authors provide some evidence for the accuracy of the ASI results, the possibility remains that both groups underreported their drug use at the six-month follow-up because of potential negative consequences to their employment.

^bComposite scores measure the general severity of a problem during the prior 30 days. Scores range from 0.00 to 1.00 with higher numbers indicating more serious problems.

^cNs vary across items due to missing or refused answers.

*p<.05 **p<.01 ***p<.001

SOURCE: Adapted by CESAR from Eli Lawental et al., “Coerced Treatment for Substance Abuse Problems Detected Through Workplace Urine Surveillance: Is it Effective?” *Journal of Substance Abuse*, 1996, 8(1):115-128. For more information, contact Dr. A. Thomas McLellan at 215-823-6095.

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Substance Use More Likely Among Teens Not Living with Both Parents

According to an analysis of data from SAMHSA's National Household Survey on Drug Abuse, adolescents (aged 12-17) living with two biological/adoptive parents were at lower risk of substance use than adolescents living in other family structures. For example, adolescents living with only their mother were 1.9 times more likely to report marijuana use than adolescents living with both parents (see table). While these associations are independent of the effects of age, race/ethnicity, and family income, it was not possible to control for the quality of the familial relationship. According to the authors, "it is possible that the quality of relationships within the family has a stronger effect on adolescent behavior than the number of parents living within the family" (p. 66). Future research on this topic should examine this possibility.

Likelihood of Using Alcohol or Other Drugs Based on Family Structure

Likelihood of Substance Use Compared to Adolescents Living with Two Parents				
Family Structure	Alcohol Use	Cigarette Use	Marijuana Use	Any Illicit Drug Use
Mother + Stepfather	1.5	1.8	1.5	1.6
Mother Only	1.7	1.7	1.9	1.6
Mother + Other Relative	1.5	1.6	2.0	1.7
Other Parental	2.1	2.5	2.9	2.4
Other	1.8	2.0	2.4	2.4

NOTE: "Other Parental" includes Father + Stepmother, Mother + Nonrelative, and Father Only arrangements. "Other" includes Other Relative Only and Spouse Present arrangements. All data are from 1991-1993 NHSDA data, are adjusted for age, race/ethnicity, and family income, and are statistically significant at the .05 level. N=22,237.

SOURCE: Adapted by CESAR from Robert A. Johnson, John P. Hoffman, and Dean R. Gerstein, "The Relationship Between Family Structure and Adolescent Substance Use," July 1996. Prepared by the National Opinion Research Center for the Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Copies of the report may be ordered from the National Clearinghouse for Alcohol and Drug Information at 301-468-2600 or 800-729-6686.

REMINDER: THIS IS NATIONAL INHALANTS AND POISONS AWARENESS WEEK

This week, March 16-22, is the fourth National Inhalants and Poisons Awareness Week, sponsored by the National Inhalant Prevention Coalition (NIPC). For information on inhalant abuse, contact the NIPC at 800-2269-4237.

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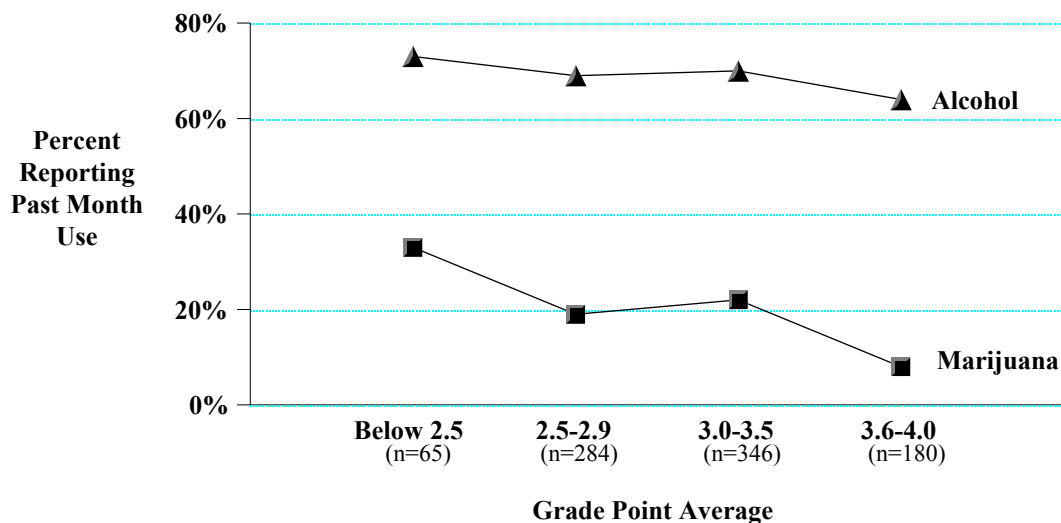
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Marijuana Use, Not Alcohol, Related to College Students' Grades

A 1994 survey of undergraduates enrolled at the University of Maryland at College Park found that those students with the lowest grade point averages (below 2.5) were four times more likely to use marijuana in the past month than those students with the highest grade point averages (33% versus 8% respectively). These findings suggest that marijuana use and lower grades are associated; they do not determine whether one behavior causes the other. No association was found between grades and alcohol use--over 60% of all students reported using alcohol in the past month.

Percentage of UMCP Students Reporting Any Past Month Use of Alcohol and Marijuana, by Grade Point Average



NOTE: These data are for undergraduate students only. Sample sizes on which percentages are based may vary slightly for each substance because of missing values.

SOURCE: M. Hsu et al., *1994 UMCP Student Drug Survey*, October 1995 (Revised). Cosponsored by CESAR and the University Health Center, University of Maryland at College Park. For more information, contact Maggie Hsu at mhsu@cesar.umd.edu.

NIDA OFFERS FUNDING FOR YOUTH SUBSTANCE ABUSE STUDIES

The National Institute on Drug Abuse (NIDA) offers funding to support research in the area of adolescent drug abuse, particularly in regard to gaps in current knowledge. For general information, contact Elizabeth Rahdert at 301-443-0107. For fiscal information, contact Gary Fleming at 301-443-6710. The next application deadlines are June 1 and October 1, 1997.

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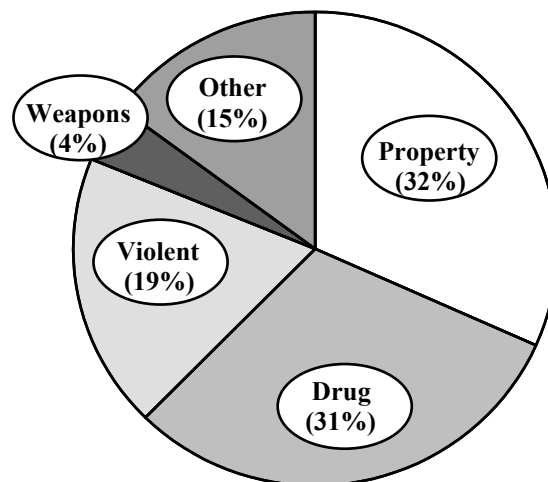
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Majority of State Court Felony Convictions Are for Property or Drug Offenses

According to the most recent Bureau of Justice Statistics (BJS) state court data, the majority of state felony convictions in 1994 were for either property (32%) or drug offenses (31%). Approximately 275,000 individuals were convicted for property offenses, which include burglary, larceny, fraud, and forgery. Slightly fewer were convicted for either possession or trafficking of drugs. Other state felony convictions were for violent (19%), weapons (4%), and other (nonviolent) offenses (15%), such as receiving stolen property and vandalism. The survey, conducted every two years, is of a nationally representative sample of counties across the United States.

Distribution of Offenses for State Court Felony Convictions in 1994
(n=872,217 convictions)



NOTE: Violent offenses include murder, manslaughter, rape, robbery, aggravated assault, sexual assault, and kidnapping. Percentages do not add to 100 due to rounding.

SOURCE: Patrick Langan and Jodi Brown, *Felony Sentences in State Courts, 1994*, Bureau of Justice Statistics Bulletin, January 1997. To order a copy of this bulletin, contact the Bureau of Justice Statistics Clearinghouse at 800-732-3277 or 301-251-5500 and refer to publication number NCJ-163391.

Maryland Governor's Office of Crime Control & Prevention Has New Web Site

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Fake “Lie Detector” Improves Reporting of Alcohol and Other Drug Use

Researchers at the National Opinion Research Center (NORC) have found that persons who believed they were being monitored by a “lie detector” were more likely to report sensitive behaviors such as alcohol and other drug use. Participants in the study were randomly assigned to a control or an experimental group. Those in the control group were asked a variety of sensitive health-related questions in a face-to-face interview. Those in the experimental group completed the same interview while attached by electrodes to a “verifactor,” which they were told could detect lies by measuring physiological responses. In reality, the “verifactor” was a computer connected to a polygraph, which produced a meaningless chart throughout the interview. Participants in the “verifactor” group were significantly more likely to report alcohol or other drug use (see table below). While the authors acknowledge that fake machines “are not generally feasible as methods for reducing misreporting in actual surveys,” they recommend that researchers “design methods that provide a similar motivation for responding accurately or that reduce the motivation to misreport” (p. 220).

Percentage of Respondents Reporting Selected Sensitive Behaviors

	“Verifactor” Group (n=62)	Control Group (n=58)
Ever Smoke Pot	71%	57%
Ever Use Cocaine	44	26
Ever Use Amphetamines	39	19
Ever Use Other Drugs	39	19
Ever Drink More Than Should	34	16
Smoke Cigarettes	34	21
Ever Drink and Drive	31	17
Drink More Than Average Person	21	3

NOTE: The *n*’s may vary for each behavior due to missing responses.

SOURCE: Roger Tourangeau, Tom Smith, and Kenneth Rasinski, *Motivation to Report Sensitive Behaviors on Surveys: Evidence From a Bogus Pipeline Experiment*, *Journal of Applied Psychology*, 1997, 27(3):209-222. For more information, contact Kenneth Rasinski at 773-753-7500.

DC-METRO AREA NONPROFIT GROUPS ELIGIBLE FOR YOUTH VIOLENCE PREVENTION GRANTS

The Kaiser Permanente Mid-Atlantic States Region Impact Grants program has funds available for nonprofit groups in the Washington, D.C. metropolitan area that support youth violence prevention activities. For more information, contact Barbara Henley at 301-816-6163 or 301-816-6404.

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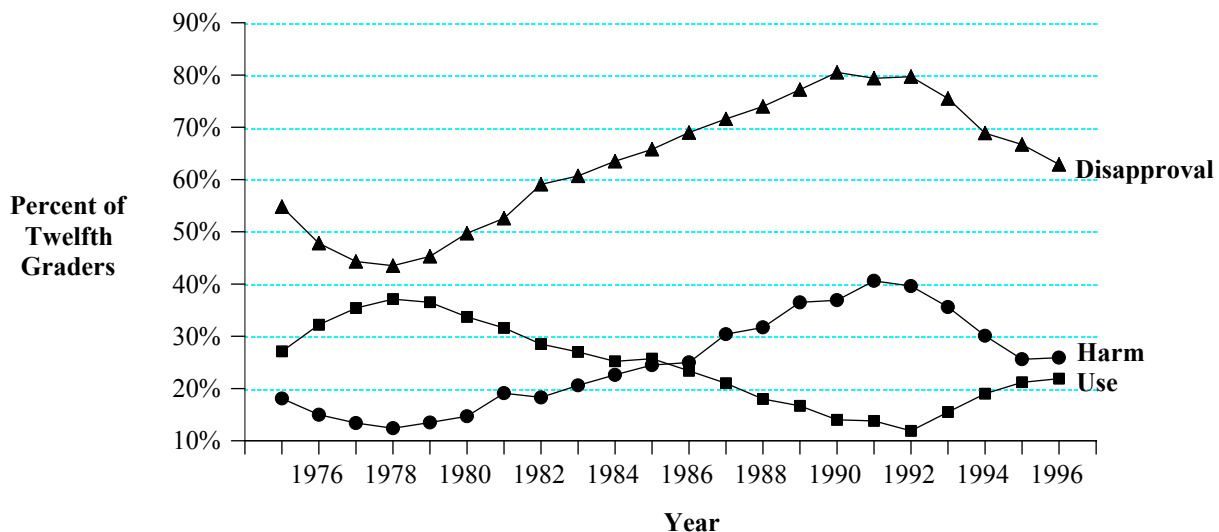
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1996 Student Survey Shows That Marijuana Use is Related to Perceptions of Harm and Disapproval

Data from the national Monitoring the Future student survey show that as disapproval and perceptions of harm of marijuana use have decreased since the early 90s, use of marijuana among twelfth graders has increased. According to the researchers, a likely cause of these trends “is the fact that this most recent crop of youngsters grew up in a period in which drug use rates were down substantially from what they had been 10 to 15 years earlier. This gave youngsters less opportunity to learn from others’ mistakes and resulted in . . . ‘generational forgetting’ of the hazards of drugs.” The researchers also note that “in recent years youngsters have heard less about the dangers of drugs from a number of sectors that have paid less attention to the issue, including parents, schools, and the media” (p. 3).

Percentage of U.S. Twelfth Grade Students Reporting Marijuana Use, Disapproval, and Harm, 1975 - 1996



NOTE: Disapproval: Percentage of twelfth graders disapproving of people who are 18 or older smoking marijuana occasionally.
Harm: Percentage of twelfth graders reporting that people are at “great risk” of harming themselves if they smoke marijuana occasionally.
Use: Percentage of twelfth graders reporting marijuana/hashish use within the past 30 days.

SOURCE: University of Michigan, Monitoring the Future Study Press Release, *The Rise in Drug Use Among American Teens Continues in 1996*, December 19, 1996, WWW document; URL <http://www.isr.umich.edu/src/mtf/mtfnar96.html> (accessed 4/4/97); and *Monitoring the Future-High School Drug Stats Tables*, WWW documents; URL <http://www.isr.umich.edu/src/mtf/mtf96t04.html>, and [/mtf96t07.html](http://www.isr.umich.edu/src/mtf/mtf96t07.html), and [/mtf96t09.html](http://www.isr.umich.edu/src/mtf/mtf96t09.html) (accessed 4/3/97).

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Study Estimates That Establishing a National Needle Exchange Program in 1987 Could Have Reduced the Rate of HIV Infections by at Least 15%

HIV infection among injection drug users (IDUs) in the United States has been growing rapidly since the late 1980s. In fact, one study estimates that nearly 50% of new HIV infections each year now occur among IDUs.¹ For this reason, another study asserts, "the prevention of HIV transmission among IDUs should be a cornerstone of any attempt to stem the HIV epidemic in the USA" (p. 604). That study, published last month in the British journal, *The Lancet*, estimates that the HIV incidence rate in the U.S. could have been decreased by 15% to 33% had a national needle exchange program been implemented during the early stages of the AIDS epidemic. In other words, an estimated 4,000 to 10,000 HIV infections could have been prevented between 1987 and 1995. These estimates were derived from a statistical model that accounted for the effectiveness and level of use of existing needle exchange programs.

Needle exchange programs provide sterile needles to drug users so that they do not have to share needles or reuse them. At least six states have allocated funds for needle exchange programs, including Maryland. In 1994, Baltimore City began its first needle exchange program and last month the Maryland General Assembly approved a bill that will allow the program to continue indefinitely. In the District of Columbia, the Whitman-Walker Clinic, which operates the area's largest AIDS clinic, was recently awarded a contract from the D.C. government to establish a needle exchange program.²

The authors of the *Lancet* study estimate that the continued absence of a national needle exchange program in the United States could result in an additional 5,200 to 11,300 preventable HIV infections by the year 2000. For more information, contact Dr. Peter Lurie at 415-597-9100.

¹Scott D. Holmberg, "The Estimated Prevalence and Incidence of HIV in 96 Large US Metropolitan Areas," *American Journal of Public Health*, 1996, 86(5):642-654.

²Amy Goldstein, "Study Finds Needle Swap is Imperative," *The Washington Post*, March 10, 1997, B1.

SOURCE: Peter Lurie and Ernest Drucker, "An opportunity lost: HIV infections associated with lack of a national needle-exchange programme in the USA," *The Lancet*, 1997, 349:604-608.

NATIONAL INSTITUTES OF HEALTH AGENCY OFFERS RESEARCH GRANTS

NIH's Agency for Health Care Policy and Research, under its Small Project Grant Program, will fund projects (up to \$50,000) researching health-care service issues. The Public Health Service grant application form, PHS 398 (rev. 5/95), will be accepted on a continuing basis for these grants. For more information, contact Jill Bernstein at 301-594-1455.

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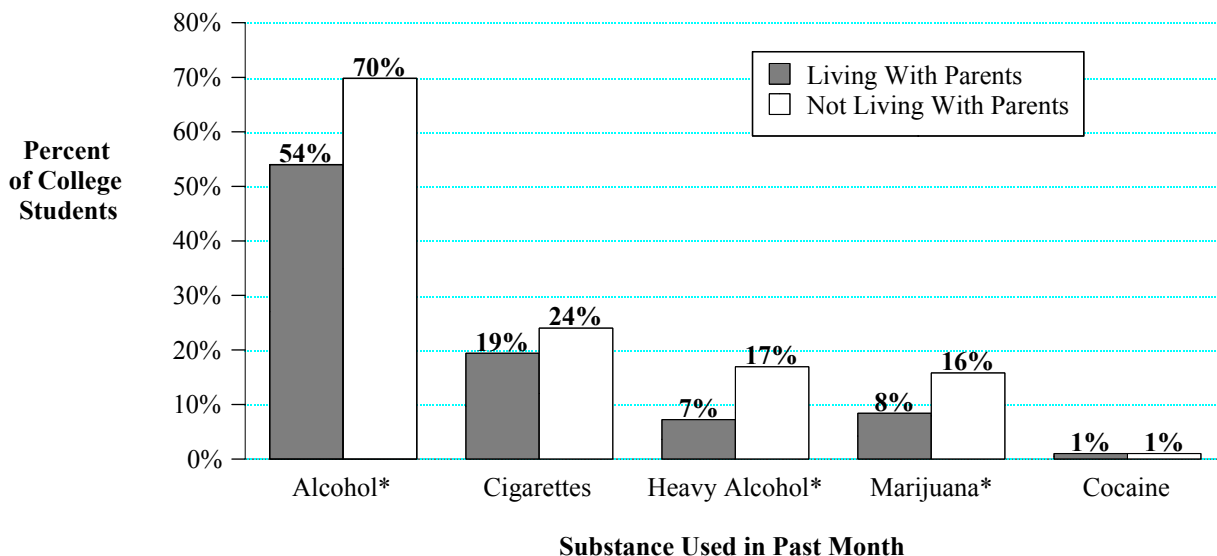
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College Students Living with Parents Report Lower Rates of Substance Use

In an effort to identify whether living arrangements have an effect on substance use among college students, researchers from the Substance Abuse and Mental Health Services Administration analyzed data from the National Household Survey on Drug Abuse collected between 1991 and 1993. College students living with their parents reported statistically lower rates of past month alcohol, heavy alcohol, and marijuana use. Cocaine and cigarettes were the only substances for which usage rates were not significantly affected by the students' living arrangements. These results remained even after controlling for age, sex, and race. According to the authors, these results suggest that "overall rates of use for young adults should not be used to characterize specific subgroups of young adults" (p. 65). For more information, contact Joe Gfroerer or Janet Greenblatt at 301-443-7980.

**Percentage of U.S. College Students Reporting
Past Month Substance Use, by Living Arrangement**



*Differences were found to be statistically significant after controlling for age, sex, and race.

NOTE: Data are based on 1991-1993 National Household Surveys on Drug Abuse. The category "Heavy Alcohol" is defined as the consumption of five or more drinks per occasion on each of 5 or more days in the past 30 days.

SOURCE: Joseph Gfroerer, Janet Greenblatt, and Douglas Wright, "Substance Use in the US College-Age Population: Differences According to Educational Status and Living Arrangement," *American Journal of Public Health*, January 1997, 87(1):62-65.

●●● ERRATUM ●●●

The announcement in CESAR FAX Issue 15 for the Small Project Grant Program incorrectly identified the Agency for Health Care Policy and Research (AHCPR) as a National Institutes of Health agency. The AHCPR is one of the Department of Health and Human Services' Public Health Service agencies. We apologize for the error.

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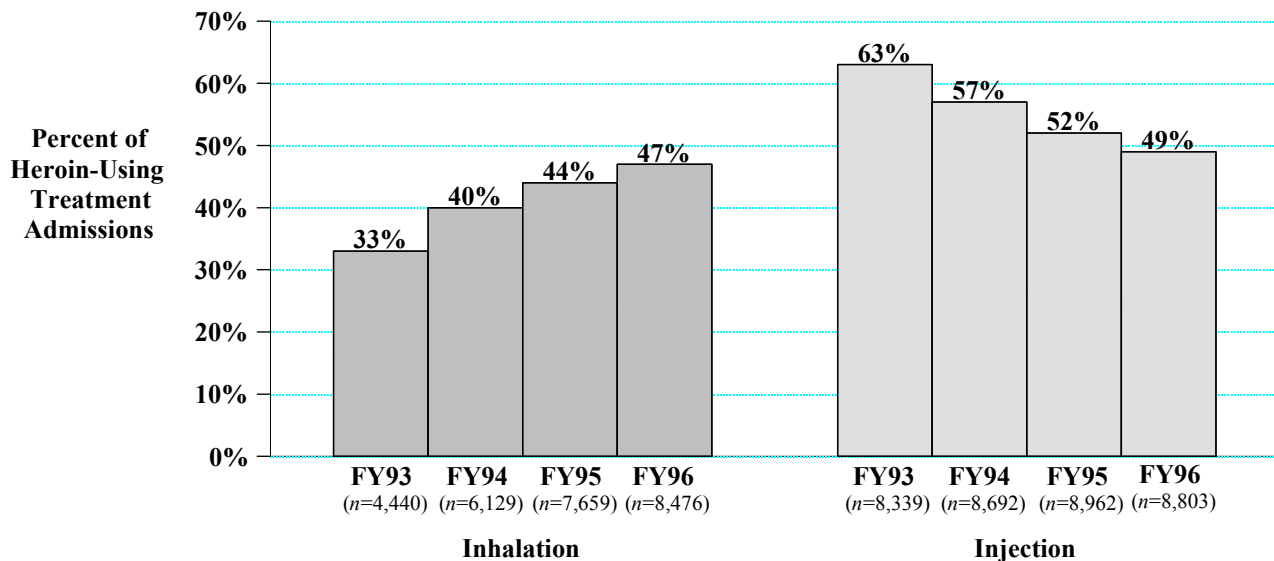
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Maryland Treatment Data Show Heroin Inhalation Increasing, Injection Decreasing

Data recently released by the Maryland Alcohol and Drug Abuse Administration (ADAA) show that heroin inhalation has been steadily increasing among heroin-using treatment admissions since FY93, while heroin injection has been steadily decreasing over the same period. ADAA officials believe this shift in the route of heroin administration has occurred because “injected drug use has become the leading factor in new cases of HIV infection in Baltimore and it is likely more addicts are rejecting needles as a mode of administration.” Another contributing factor may be that “Maryland State Police report the heroin available on the street is of a higher purity than in the past, making inhalation a more acceptable route of administration to many users” (p. 91).

Primary Route of Heroin Administration at Admission, Maryland Heroin-Using Treatment Clients, Fiscal Years 1993-1996



SOURCE: Alcohol and Drug Abuse Administration, Maryland Department of Health and Mental Hygiene, *Trends and Patterns in Maryland Alcohol & Drug Abuse Treatment: Fiscal Year 1996*. For more information, contact the Maryland Alcohol and Drug Abuse Administration at 410-767-6886.

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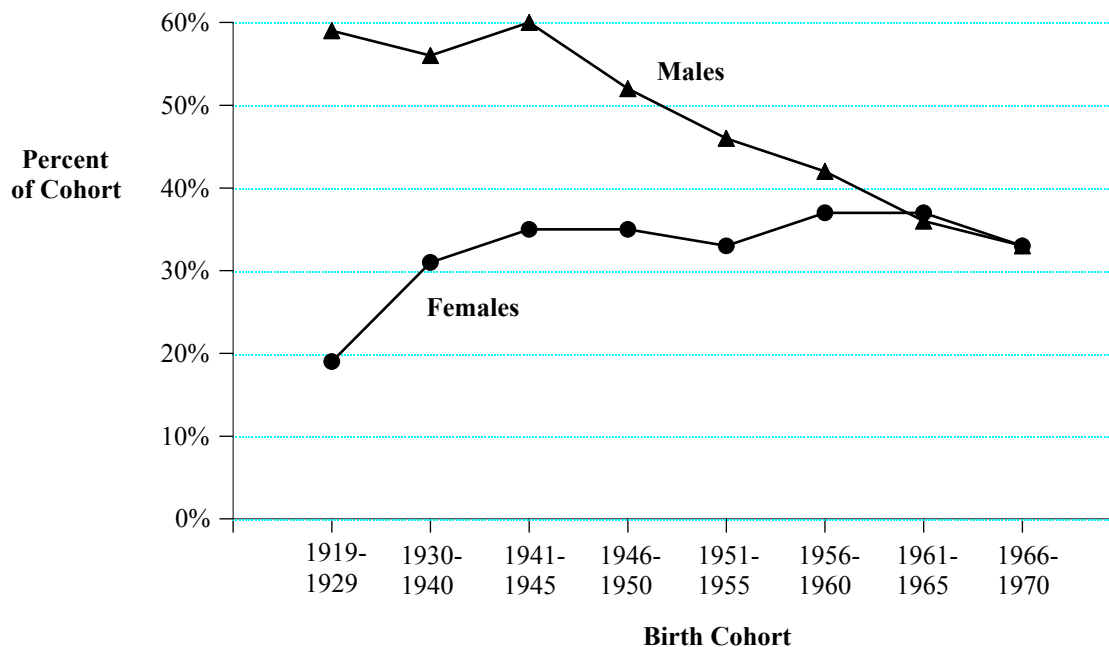
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Household Survey Reveals Convergence of Male and Female Smoking

An analysis of data collected by the National Household Survey on Drug Abuse (NHSDA) during 1991 to 1993 has found distinct shifts in the gender composition of cigarette smoking in the United States. In the cohort born 1919-1929, 59% of males used cigarettes daily before the age of 21 compared to only 19% of females. In each succeeding birth cohort, the gap between male and female smoking has narrowed. For example, in the cohort born 1966-1970, 33% of both males and females were daily cigarette smokers before the age of 21. For more information, contact Joe Gfroerer at 301-443-7980.

Percentage of U.S. Household Residents Reporting Daily Cigarette Use Before Age 21, by Birth Cohort and Sex
(N=87,915)



NOTE: Estimates are based on retrospective reports of age at first drug use by NHSDA survey respondents interviewed during 1991-1993.

SOURCE: Robert Johnson et al., *Trends in the Incidence of Drug Use in the United States, 1919-1992*, Substance Abuse and Mental Health Services Administration, March 1996.

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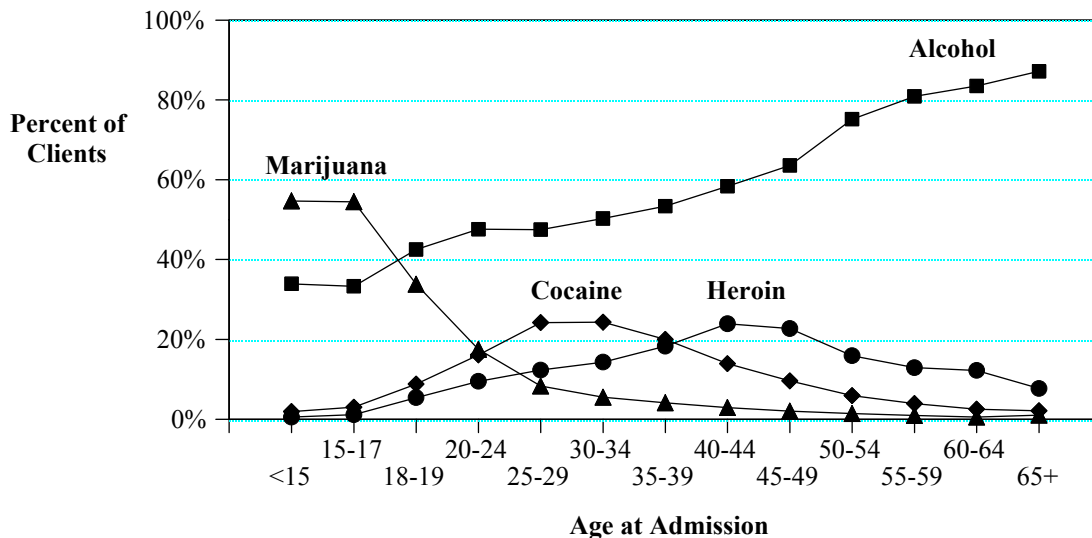
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National Treatment Data Reveal Age-Specific Substance Abuse Patterns

The Substance Abuse and Mental Health Services Administration (SAMHSA) has been collecting national treatment data under the Treatment Episode Data Set (TEDS) since 1992. The TEDS comprises state-collected data on client admissions to treatment programs receiving any public funds. Recently released 1995 data show distinct age differences in the primary substance of abuse reported by treatment clients. Reporting of alcohol as the primary substance of abuse increased with age while reporting of marijuana decreased with age. A different pattern emerges with cocaine and heroin. Cocaine abuse peaked between the ages of 25 and 34, while heroin abuse peaked between the ages of 40 and 49.

Percentage of Treatment Clients Reporting Selected Drugs as the Primary Substance of Abuse, by Age at Treatment Admission, 1995



SOURCE: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, *Treatment Episode Data Set Advance Report 12*, WWW document; URL <http://www.samhsa.gov/oas/teds> (accessed 4/16/97).

National Treatment Report Now Available from SAMHSA's Web Site

Treatment Episode Data Set Advance Report 12, featuring data from publicly funded treatment programs across the United States, is now available at the Substance Abuse and Mental Health Services Administration's World Wide Web site (www.samhsa.gov) under "Publications, Reports, and Statistical Information."

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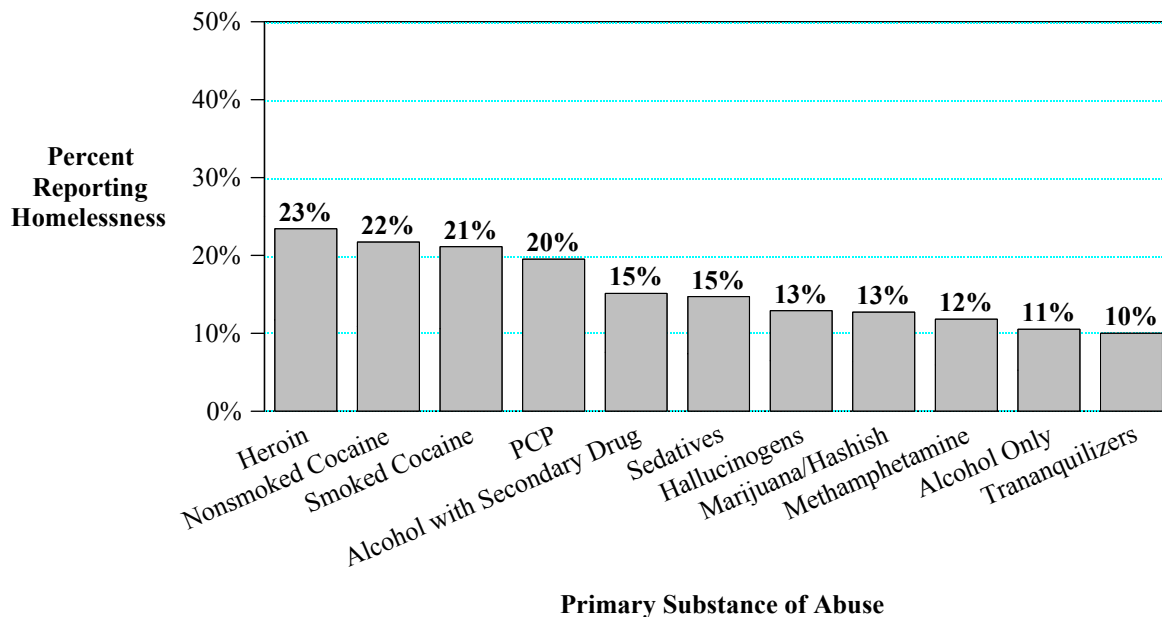
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Heroin, Cocaine, and PCP Treatment Admissions Have Highest Rates of Homelessness

The most recent data from the Substance Abuse and Mental Health Services Administration's national Treatment Episode Data Set (TEDS) show that homelessness was related to the primary substance abused. Overall, 15% of all treatment client admissions in 1995 reported being homeless. However, heroin abusers had the highest homeless rate (23%), followed by cocaine (nonsmoked, 22%; smoked, 21%), and PCP abusers (20%). Some of these variations may be related to age differences in the drug of choice (see CESAR FAX Volume 6, Issue 19).

Percentage of Treatment Admissions Reporting Homelessness, by Primary Substance of Abuse, 1995



NOTE: The TEDS comprises state-collected data on client admissions to treatment programs receiving any public funds.

SOURCE: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, *Treatment Episode Data Set Advance Report 12*, WWW document; URL <http://www.samhsa.gov/oas/teds> (accessed 4/16/97).

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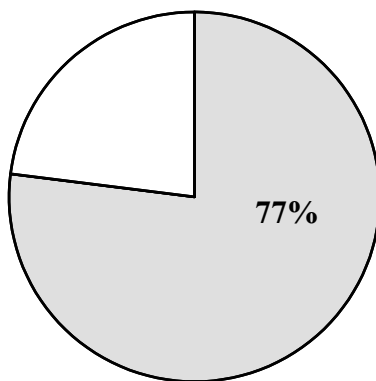
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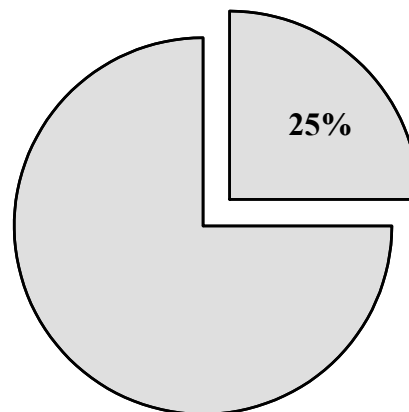
Research in Chicago Reveals Needle Sharing Linked to Clogged Needles

Qualitative and quantitative research in Chicago has linked the clogging of needles/syringes to the subsequent sharing of them by injection drug users (IDUs). Using data from three separate samples of heroin injectors over a period of 18 months*, researchers found that more than three-fourths reported clogging of their needles/syringes within the past year. One-fourth of those injectors who reported clogging also reported they had shared needles/syringes when this occurred.

**77% of Heroin Injectors
Reported Clogged Needles**
(n=856)



**And 25% of Them Shared
Needles When This Occurred**
(n=656; 77% of 856)



The researchers learned that the most common cause of clogging was improperly cut heroin. This may be due to “inexperience in cutting drugs and the difficulty of obtaining the usual soluble diluents . . . and adulterants” as well as the “intentional purchase by injectors of intranasal heroin . . . in the quest for a superior quality of heroin” (p. 319). The authors recommend developing “street outreach intervention strategies that can mitigate wherever and whenever possible the conditions that lead to the clogging of needles/syringes and the possible sharing of them” (p. 319). For more information, contact Dr. Terry Furst at 212-845-4498.

*The first set of data was collected from structured interviews with 39 respondents. The second and third sets of data were collected from an ongoing survey (n=417 and n=400).

SOURCE: R. Terry Furst et al., “The ‘Jelling-Up’ of Dope: Implications for the Transmission of HIV Among IDUs,” *Addiction Research*, 1997, 4(4):309-320.

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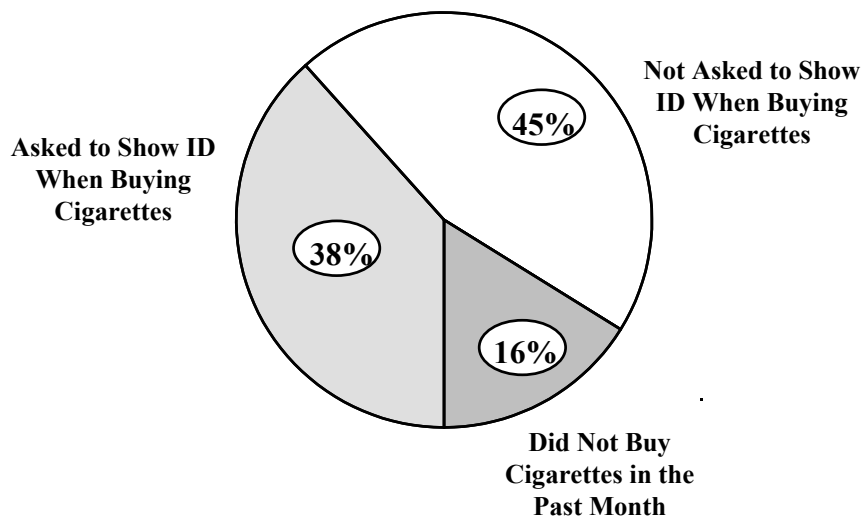
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Nearly Half of Maryland High School Seniors Who Smoke Report Buying Cigarettes Without Being Asked to Show Proof of Age

Maryland, like all U.S. states, prohibits the sale of cigarettes to anyone under the age of 18. According to a recent survey of Maryland high school students, 32% of 12th graders reported smoking cigarettes within the past 30 days. Of this group, 45% reported they were not required to show proof of age when purchasing cigarettes (see figure below). In February 1997, federal legislation was enacted that, in addition to banning the sale of tobacco products to minors, requires age verification by photo ID for anyone under the age of 27 trying to buy tobacco products. Future adolescent surveys should continue to monitor the ability of minors to purchase cigarettes.

“During the Past 30 Days, Were You Ever Asked to Show Proof of Age When You Tried to Buy Cigarettes?”
(Maryland 12th Graders Who Reported Smoking Cigarettes Within the Past 30 Days)



NOTE: Percentages do not add to 100 because a few respondents provided more than one answer to the question and were not counted.

SOURCE: Adapted by CESAR from Maryland State Department of Education (MSDE), 1996 Maryland Adolescent Survey, May 1997. For more information, contact Milt McKenna of the MSDE at 410-767-0303.

Library Position Open at CESAR

CESAR is looking for a full-time librarian to run its library and information clearinghouse. Applicants should have knowledge of the drugs and criminal justice fields and training/experience in library management, acquisitions, reference work, and use of Internet resources. Send resumes or requests for position description to CESAR, Attn. Librarian via fax (301-403-8342) or e-mail (cesar@cesar.umd.edu). No phone calls please. The University of Maryland is an EO/AA employer. Minorities and women are encouraged to apply.

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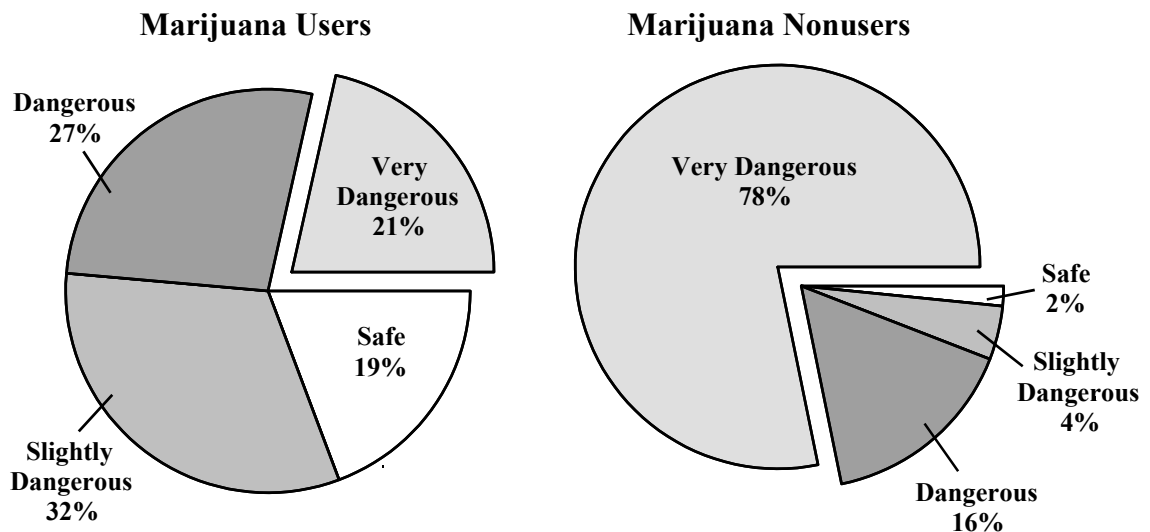
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Maryland Eighth Grade Drug Users Perceive Less Danger in Drug Use Than Nonusers

Previous national research has found that drug-using students perceive less danger in drug use than nonusing students (see CESAR Fax Volume 6, Issue 14). Data from the 1996 Maryland Adolescent Survey show that these differences exist among Maryland students as well. Nineteen percent of Maryland 8th grade students reported using marijuana at least once. Of these students, 21% believed that marijuana use was very dangerous compared to 78% of nonusers. Similar differences were found among 10th and 12th grade students and for other drugs. The Maryland State Department of Education recommends that “knowledge and skills curricula should be supplemented with programs which target users in order to eliminate the misperception that their behavior will not have detrimental effects on their future” (p. 74).

Perceived Danger of Using Marijuana, Maryland Eighth Grade Marijuana Users vs. Nonusers



NOTE: Percentages do not add to 100 due to rounding and deletion of multiple responses.

SOURCE: Adapted by CESAR from Maryland State Department of Education (MSDE), 1996 Maryland Adolescent Survey, May 1997. For more information, contact Milt McKenna of the MSDE at 410-767-0303.

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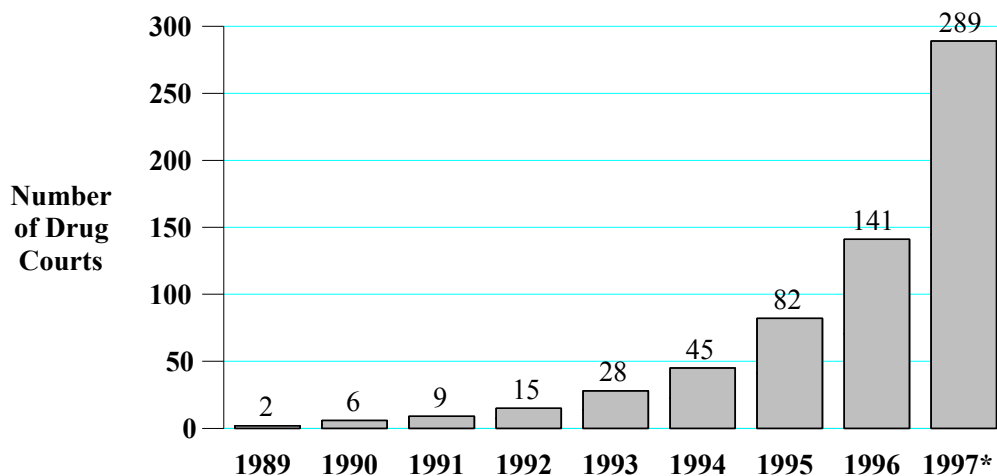
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Drug Courts Found to be Cost-Effective Means of Reducing Crime and Substance Abuse

A recent study by Drug Strategies examined the development and effectiveness of drug courts across the nation. The report, *Cutting Crime: Drug Courts in Action*, concluded that drug courts reduce criminal recidivism and drug abuse, are cost-effective, and may make case processing more efficient. Drug courts offer nonviolent drug offenders reduced criminal penalties upon completion of court-supervised substance abuse treatment. Today, nearly 300 drug courts are either operating or being planned in 48 states, the District of Columbia, and Puerto Rico.

Number of U.S. Drug Courts, 1989-1997



*Includes about 100 drug courts being planned.

NOTE: Data for the report were collected from individual drug court evaluations; federal and state sources; and extensive interviews with drug court professionals nationwide, including on-site interviews with practitioners at 10 drug courts.

SOURCE: Adapted by CESAR from Drug Strategies, *Cutting Crime: Drug Courts in Action*, 1997, Washington, DC. For more information, contact Drug Strategies at 202-663-6090.

Drug Courts Report Now Available from Drug Strategies

Cutting Crime: Drug Courts in Action describes the development and effectiveness of drug courts across the nation. To purchase a copy (\$12.95), contact Drug Strategies at 2445 M Street, NW, Suite 480, Washington, DC 20037, 202-663-6090.

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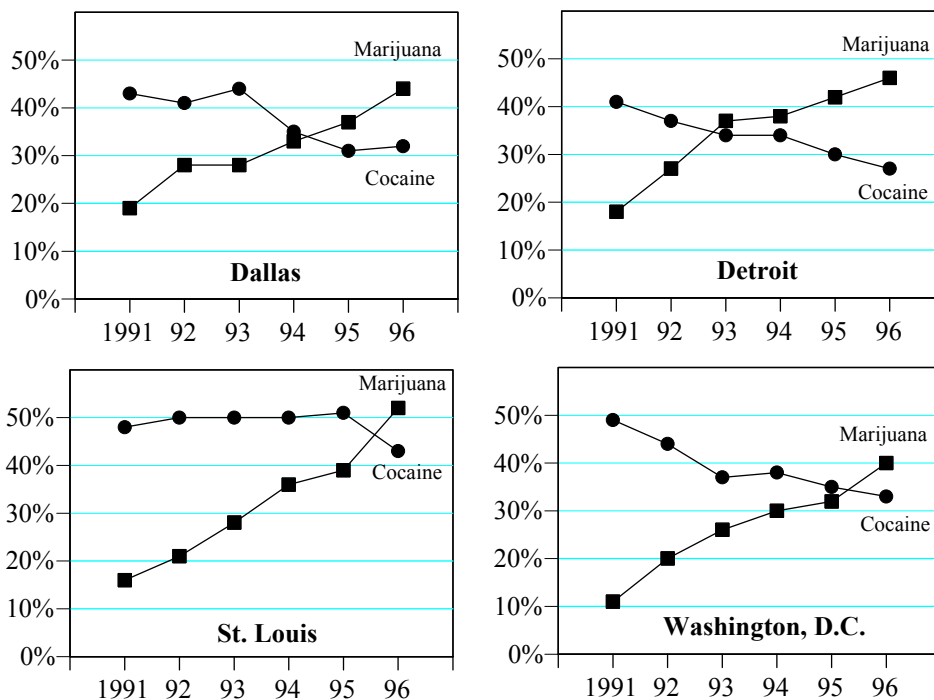
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Marijuana Replacing Cocaine as Drug of Choice Among Adult Arrestees

Data from the 1996 Drug Use Forecasting (DUF) annual report show that at almost every DUF site marijuana use among adult male arrestees increased “at rates exceeding those noted in recent years” (p. 9). The percentage of adult male arrestees testing positive for marijuana is now equal to or greater than that for cocaine in 13 of the 23 DUF sites, including Dallas, Detroit, St. Louis, and Washington, D.C. (see figure and note below). According to the report, “marijuana appears to have broadly replaced cocaine as the drug of choice among arrestees” (p. 12). In the past, cocaine has been the drug of choice among adult arrestees, and increases in marijuana use have occurred primarily among the juvenile arrestee population.

Percentage of Adult Male Arrestees Testing Positive for Cocaine and Marijuana, by Selected DUF Site, 1991-1996



NOTE: The percentage of adult male arrestees testing positive for marijuana was equal to or greater than that for cocaine at 13 DUF sites: Birmingham, Dallas, Denver, Detroit, Indianapolis, Omaha, Philadelphia, Portland, St. Louis, San Antonio, San Diego, San Jose, and Washington, D.C.

SOURCE: Adapted by CESAR from data from the “1996 Drug Use Forecasting Annual Report on Adult and Juvenile Arrestees,” Drug Use Forecasting (DUF) program, National Institute of Justice (NIJ). A copy of the report may be ordered from NCJRS at 800-851-3420 or 301-251-5500.

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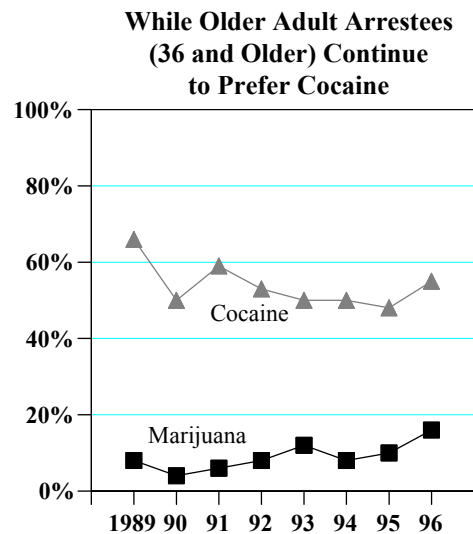
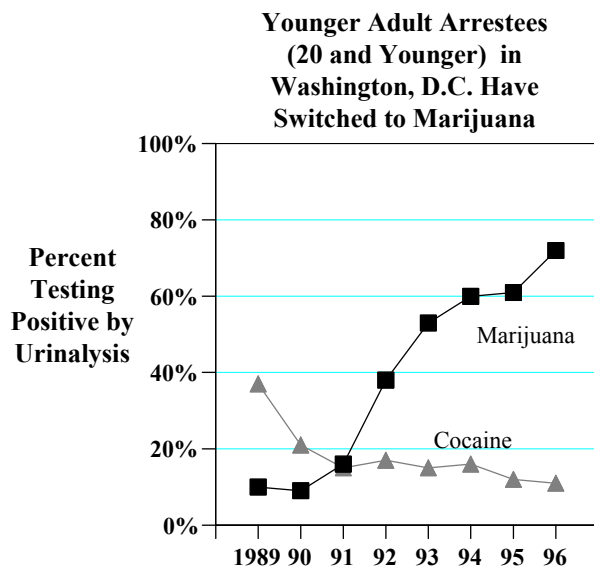
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Younger Arrestees in U.S. Favor Marijuana; Older Arrestees Stay with Cocaine

Data from the 1996 Drug Use Forecasting (DUF) annual report indicate that marijuana may be replacing cocaine as the drug of choice among adult arrestees (see CESAR FAX, Volume 6, Issue 25). This change, however, is occurring primarily among younger arrestees. For example, in Washington, D.C., the percentage of adult arrestees aged 20 and younger who tested positive for marijuana increased from 10% in 1989 to 72% in 1996, while those testing positive for cocaine decreased from 37% to 11% over the same period. This is in sharp contrast with the trends among adult arrestees aged 36 and older—their marijuana and cocaine use has not changed dramatically since 1989. Similar trends were found among male arrestees in a majority of the DUF sites across the United States. It remains to be seen whether this shift away from cocaine and toward marijuana will affect the course of offenders' criminal careers.



SOURCE: Adapted by CESAR from data from the "1996 Drug Use Forecasting Annual Report on Adult and Juvenile Arrestees," Drug Use Forecasting (DUF) program, National Institute of Justice (NIJ). A copy of the report may be ordered from NCJRS at 800-851-3420 or 301-519-5500.

NEW SUBSTANCE ABUSE TREATMENT BIBLIOGRAPHIES NOW AVAILABLE ONLINE

Four new bibliographies from the Center for Substance Abuse Treatment's National Evaluation Data and Technical Assistance Center (NEDTAC) are now available for browsing and downloading at CESAR's web site (www.bsos.umd.edu/cesar/cesar.html). Selected full-text bibliographies with overviews are also available at the NEDTAC web site (www.calib.com/nedtac/).

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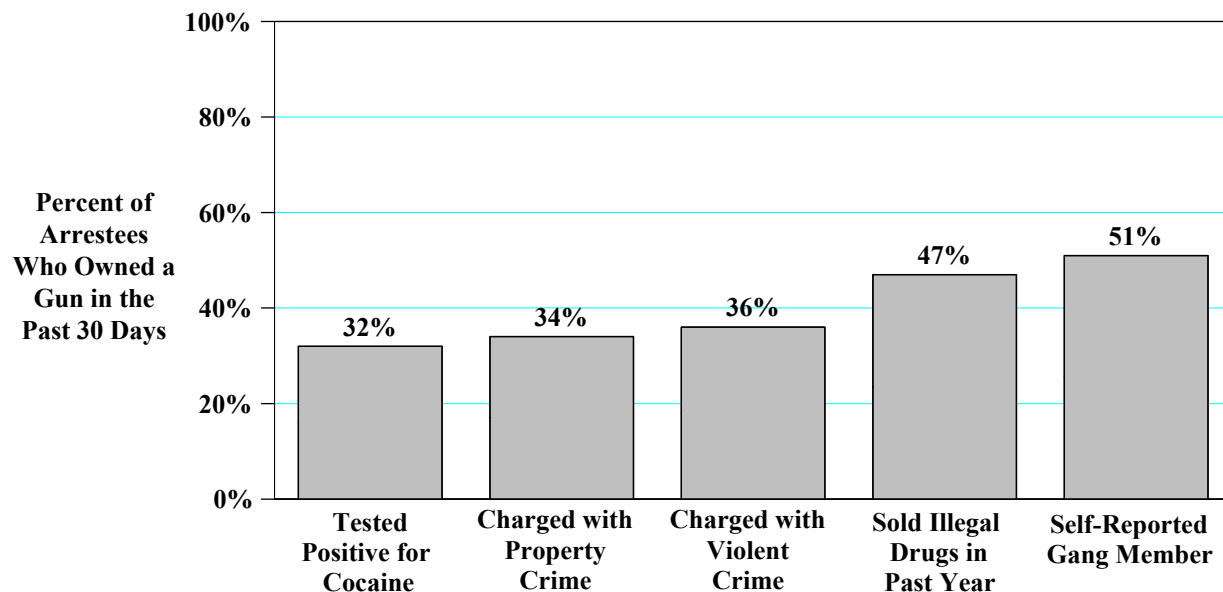
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Arrestees Who Report Gang Membership and Drug Dealing Most Likely to Own Guns

Gang membership and drug sales are most associated with gun ownership among arrestees, according to a study of the possession, access, and use of firearms among arrestees. Data were collected from interviews with arrestees in 11 National Institute of Justice Drug Use Forecasting (DUF) sites during the first 6 months of 1995. Overall, 35% of the arrestees interviewed reported that they had owned a gun in the past month. Those who tested positive by urinalysis for cocaine or were charged with a violent crime reported gun ownership rates similar to that of the entire sample. However, arrestees who reported that they had sold illegal drugs in the past year or were members of a gang were substantially more likely to report owning a gun (47% and 51%, respectively).

Percentage of Arrestees Reporting Gun Ownership in the Past 30 Days, by Selected Risk Factor*



*Data were collected from 11 DUF sites: Atlanta, Denver, Detroit, Indianapolis, Los Angeles, Miami, New Orleans, Phoenix, St. Louis, San Diego, and Washington, D.C. N=4,670 adult males, 1,871 adult females, 1,337 juvenile males, and 177 juvenile females. The n's for individual categories vary due to missing responses.

NOTE: The findings above may be partially accounted for by arrestees' willingness to report deviant behaviors. Arrestees who report selling drugs or being a gang member may be more likely to admit to owning a gun.

SOURCE: Adapted by CESAR from data from Scott H. Decker, Susan Pennell, and Ami Caldwell, *Arrestees and Guns: Monitoring the Illegal Firearms Market, Final Report*, May 1996. A copy of the report may be ordered from NCJRS at 800-851-3420 or 301-519-5500.

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Summer 1997 National Pulse Check Report: An Encyclopedia of Drug Slang

For the past five years, the Office of National Drug Control Policy (ONDCP) has been publishing periodic “pulse checks” on current national trends in drug use and drug markets. The reports are based on qualitative and quantitative data from ethnographers, treatment professionals, and law enforcement officers. The *Pulse Check* reports are a rich source of current drug slang, such as the “cafeteria use” of drugs reported by sources across the country in the Summer 1997 *Pulse Check* (see table below). Such information can be invaluable to researchers, law enforcement officers, and treatment providers, to whom remaining abreast of the constantly evolving drug vernacular is essential.

<u>Drug/Slang</u>	<u>Definition</u>
Cafeteria Use	The use of a number of drugs, typically hallucinogenic and sedative/hypnotic “club drugs.”
Club Drugs	Drugs popular with youth who are part of a club scene and want to take the drugs to gain increased stamina for late night dancing and partying. Generally includes marijuana, MDMA, LSD, and Ketamine. In the West and South may also include methamphetamine and prescription drugs.
Double Breasting	Selling both cocaine and heroin. Traditionally, cocaine and heroin had distinct markets.
Slab	A large piece of crack about the size of a stick of chewing gum which is sometimes scored to form smaller pieces (Bridgeport and New York).
Lace	Marijuana and cocaine cigarette (Miami).
Primo	Marijuana and crack cigarette (San Diego, Texas).
Ozone	Marijuana, PCP and crack cigarette (Chicago).
Bathtub Crank	Poor quality methamphetamine made by individual entrepreneurs in the local market.

SOURCE: Adapted by CESAR from data from the Office of National Drug Control Policy (ONDCP), *Pulse Check: National Trends in Drug Abuse*, Summer 1997. To receive a complimentary copy, contact the ONDCP Drugs and Crime Clearinghouse at 800-666-3332. For more information, contact Dr. Dana Hunt of Abt Associates at 617-492-7100.

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Methamphetamine Use in the Western United States: An In-Depth Look

Over the past several years, the Office of National Drug Control Policy's Pulse Check series has reported the increase and spread of methamphetamine use in West Coast states. To gain more in-depth information concerning this trend, a special Pulse Check study was conducted in six states that appear to have been affected the most by methamphetamine--Arizona, California, Hawaii, New Mexico, Oregon, and Washington. Drug ethnographers, law enforcement officials, and treatment providers in each state were interviewed to determine the nature and extent of methamphetamine use in this region.

What is the Level of Methamphetamine Use?

Ethnographers, law enforcement officials, and treatment providers in all six states reported that methamphetamine use was a high-priority problem. On average, 27% to 55% of treatment admissions in each of the states were methamphetamine users. In several areas, methamphetamine has surpassed alcohol and cocaine as the primary drugs of abuse among treatment admissions. Interestingly, all states reported that the primary reason for methamphetamine clients' entry into treatment was legal problems, such as "aggressive behaviors like fighting or bizarre or inappropriate behaviors which prompt others to call the police" (p. X).

Who is Using Methamphetamine?

In five of the six states, the majority of methamphetamine users are described by sources as white males in their 20s and 30s who are blue collar workers or unemployed. However, there have been recent increases in use among youth, Native American and Hispanic populations. Hawaii was the only one of the six states to report a wide range in the types of users; "while many [treatment] programs report that users are young (teens and twenties), there is a range of jobs, ethnicities, and education levels reported" (p. IX).

How is Methamphetamine Being Used?

Patterns of use varied across the six states. According to treatment data, snorting and smoking were the most common modes of ingestion in California and Arizona, while the majority of treated users in Oregon and New Mexico preferred snorting or injecting the drug. In Hawaii, no treatment programs reported that clients injected; 81% reported that clients smoked the drug. Treatment providers in Washington reported that clients were equally likely to smoke, snort, or inject methamphetamine. Some unique modes of ingestion were also reported. In California, "putting methamphetamine into coffee in what is termed 'biker's coffee' is reported by ethnographic sources as popular among young professionals interested in the drug's energizing and appetite suppressant effects" (p. III). Eating methamphetamine (putting methamphetamine on paper or food and chewing it) was reported by a law enforcement source in Washington State.

SOURCE: Adapted by CESAR from data from the Office of National Drug Control Policy (ONDCP), *Pulse Check: National Trends in Drug Abuse*, Summer 1997. To receive a complimentary copy, call the ONDCP Drugs and Crime Clearinghouse at 800-666-3332. For more information, contact Dr. Dana Hunt of Abt Associates at 617-492-7100.

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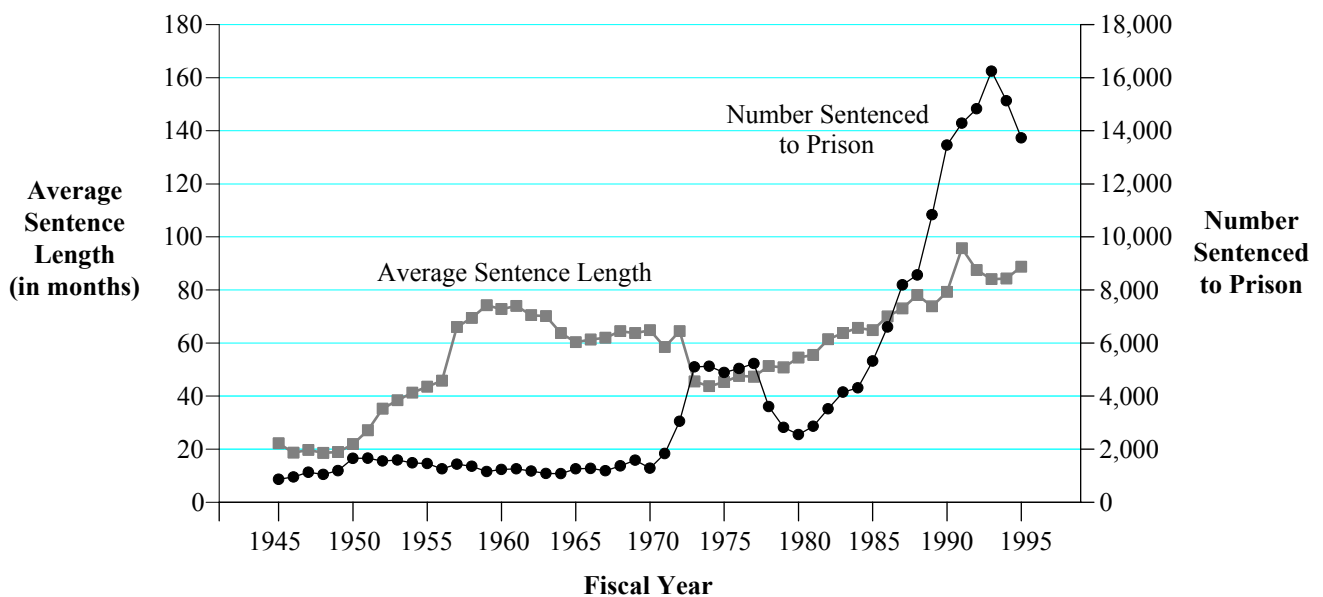
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Number and Length of Federal Drug Prison Sentences May Now be in Decline

Both the number of defendants sentenced to federal prison for drug law violations and the average sentence length for such violations may be declining from the peaks reached in the early 1990s, according to data from the Administrative Office of the United States Courts. Since the 1980s, the number and average length of drug law sentences had been increasing, due in part to the effect of legislation that prescribed mandatory minimum sentences for drug abuse offenses. By 1991, the average sentence length had peaked at 96 months. The number of drug law violators sentenced to prison increased even more dramatically over this period, reaching a peak of 16,247 in 1993--more than six times the number in 1980. Since reaching these peaks, the number and average length of drug law sentences have decreased slightly, indicating a possible reversal of previous trends.

Total Number of Defendants Sentenced to Imprisonment for Drug Law Violations and Average Sentence Length (in months), U.S. District Courts, FY 1945-1995*



*Data from 1978-1990 may exclude defendants sentenced to life, split, indeterminate, suspended, or sealed sentences.

SOURCE: Adapted by CESAR from data from Bureau of Justice Statistics (BJS), *Sourcebook of Criminal Justice Statistics Online*, WWW document; URL <http://www.albany.edu/sourcebook> (accessed 7/16/97).

National Inhalant Conference to be Held August 22-25

The National Inhalant Prevention Coalition (NIPC) is sponsoring a National Inhalant Conference, August 22-25, in Nashville, TN. For more information, contact the NIPC at 800-269-4237. Details on the event are also available at NIPC's web site (www.inhalants.org).

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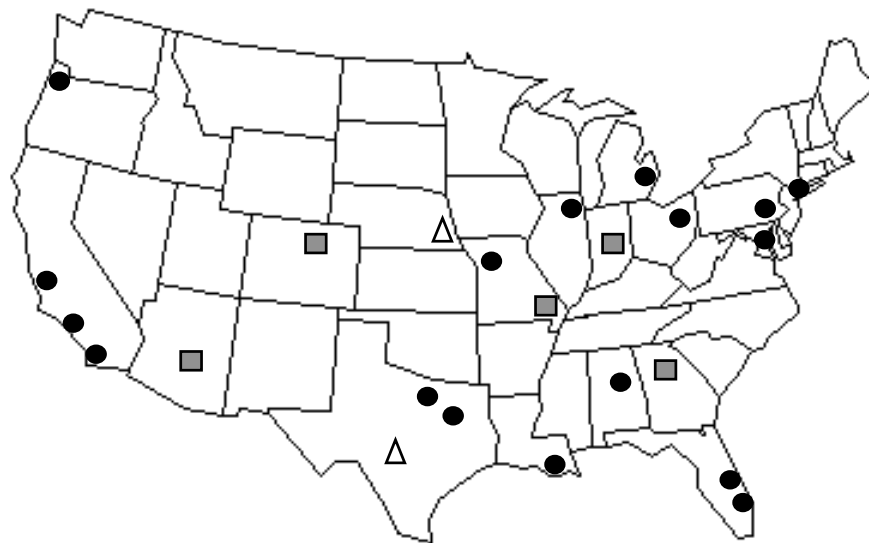
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Analyses of DUF Data Suggest That the Crack/Cocaine Epidemic is Declining in the U.S.

Crack/cocaine use is declining among U.S. arrestees, according to a report released last Wednesday by the National Institute of Justice (NIJ). An analyses of data from NIJ's Drug Use Forecasting (DUF) program indicate that crack/cocaine use appears to be on the decline among the majority of the 24 DUF sites nationwide. Ten DUF sites experienced a substantial decline in the overall rate of crack/cocaine use detected by urinalysis between 1987 and 1996. Another seven sites reported substantial declines in crack/cocaine use among young adults aged 18-20, "which suggested declines in the overall rate were forthcoming" (p. 11). The remaining sites have either reached a plateau (five sites) or have not experienced a crack/cocaine epidemic (two sites). The report also examines the phases of the crack/cocaine epidemic, suggesting that "changes in use by youths indicate important transitions in a drug's popularity" (p. 1).

Status of Crack/Cocaine Epidemic Among Arrestees at 24 Drug Use Forecasting Sites, 1996



- **Decline** (Birmingham, Chicago, Cleveland, Dallas, Detroit, Ft. Lauderdale, Houston, Kansas City, Los Angeles, Manhattan, Miami, New Orleans, Philadelphia, Portland, San Diego, San Jose, and Washington, D.C.)
- **Plateau** (Atlanta, Denver, Indianapolis, Phoenix, and St. Louis)
- △ **No Epidemic** (Omaha and San Antonio)

SOURCE: Adapted by CESAR from data from Andrew Golub and Bruce Johnson, *Crack's Decline: Some Surprises Across U.S. Cities*, National Institute of Justice Research in Brief, July 1997. For more information, contact Andrew Golub at 914-478-2278. To receive a copy of the report, contact the National Criminal Justice Reference Service (NCJRS) at 1-800-851-3420 or 301-519-5500. A full copy of the report is also available via the NCJRS website (www.ncjrs.org).

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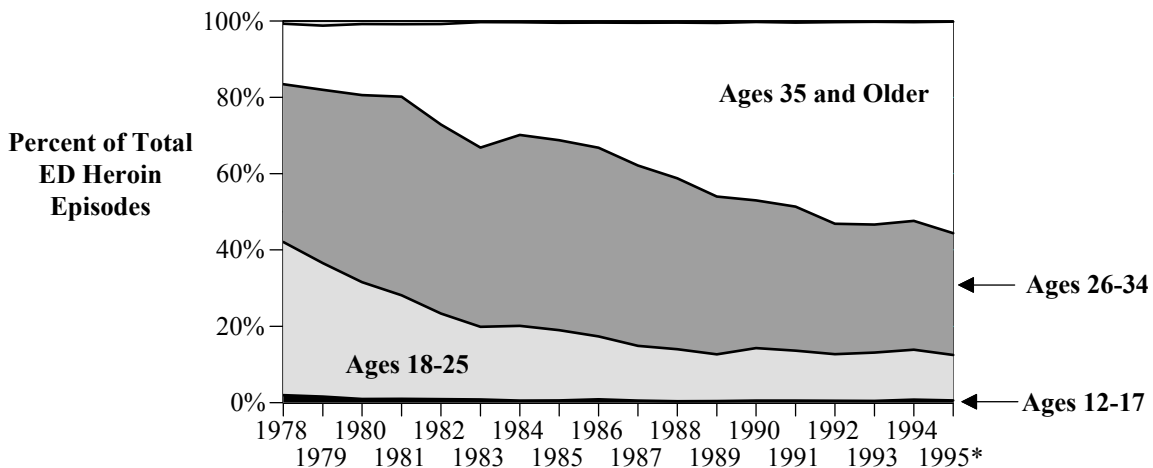
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Majority of Heroin-Related Emergency Department Episodes in the U.S. Now Occur Among Persons 35 and Older

Since 1978, the number of heroin-related emergency department (ED) episodes occurring among persons aged 35 and older has more than tripled, according to data from the national Drug Abuse Warning Network (DAWN). In 1978, the majority of heroin-related ED episodes occurred among 26-34 year-olds (41%) and 18-25 year-olds (40%); only 16% of these episodes occurred among persons aged 35 and older. Preliminary data for 1995 show that this age group (35 and older) now accounts for over one-half (55%) of all heroin-related ED episodes, reflecting an aging population of drug abusers treated at emergency departments.

Age Distribution of U. S. Emergency Department (ED) Heroin-Related Episodes 1978-1995



*Data for 1995 are preliminary.

SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration (SAMHSA), "Historical Estimates from the Drug Abuse Warning Network," Advance Report Number 16 and "Mid-Year Preliminary Estimates From the 1996 Drug Abuse Warning Network," Drug Abuse Warning Network Series D-2, July 1997. For more information, contact SAMHSA at 301-443-7980.

Mental Illness and Substance Abuse Conference to be Held in Baltimore, MD

A conference on "Integrated Approaches to Co-occurring Mental Illness and Substance Abuse" will be held September 21-23, 1997 at the Omni Inner Harbor Hotel in Baltimore, MD. For more information, contact Colleen Dunne by phone (215-842-4380) or e-mail (dunne@auhs.edu).

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University of Maryland, College Park

Drug Abuse Alert: Inhalants

What are inhalants? Inhalants are any substance that produce intoxication when intentionally inhaled. Inhalants fall into four major categories: 1) solvents, such as paint thinners, gasoline, and glues; 2) aerosols, such as hair, deodorant, and paint sprays; 3) anesthetics, such as nitrous oxide, which is used as an aerosol propellant in whipped cream; and 4) nitrites (amyl and butyl).

What are the street names for inhalants? Amyl nitrite is known as “poppers” or “snappers,” due to the sound the glass capsules make when they are broken open. It is also known as “pearls” and “amys.” Butyl nitrite’s street names are derived from the manufacturer’s brand names when they are sold as room deodorizers: Bolt, Bullet, Climax, Locker Room, Rush, Hardware, Quick Silver, Discorama, Highball, and Thrust. The term “whippets” is used to describe the small metal cannisters of nitrous oxide that are sold as chargers for whipped cream makers.

How are inhalants used? Inhalants are most typically “sniffed” or “snorted” directly from the container. Liquid solvents may be poured onto a rag and held over the mouth for “huffing.” Another method of inhalant use is “bagging”--placing the substance into a bag or balloon and inhaling.

Who uses inhalants? Inhalants are most commonly used by white and Hispanic youth in their late childhood and early adolescence. According to data from the 1996 national Monitoring the Future survey, 21% of 8th, 19% of 10th, and 17% of 12th graders reported ever using inhalants (excluding nitrites). However, inhalant use is not limited to youth. A 1994 University of Maryland survey found that 8% of undergraduate students had used inhalants in the past year; 4% in the past month.

What are the effects of inhalant use? Inhalant users experience effects similar to that of heavy drinking--euphoria, stimulation, and a loss of inhibition. In addition, some users may have temporary sensory and perceptual hallucinations. The high from inhalant use is rapid and short-lived. Physically, inhalants depress the body’s central nervous system, creating short-term effects, such as decreased blood pressure, irregular heartbeat, drowsiness, nausea, and vomiting. Long-term effects of chronic use include short-term memory loss, liver and kidney damage, and permanent brain damage. In addition, any inhalant use--even first time use--may result in sudden death (typically from heart failure).

SOURCE: Adapted by CESAR from data from National Institute on Drug Abuse, *Inhalant Abuse*, WWW document; URL <http://www.nida.nih.gov/ResearchReports/Inhalants/Inhalants.html> (accessed 7/30/97), Stephen Braunginn, Wisconsin Clearinghouse for Prevention Resources, *Prevention Strategies to Reduce Inhalant Use and Abuse*, WWW document; URL <http://www.uhs.wisc.edu/wch/paper2.htm> (accessed 7/30/97), and National Inhalant Prevention Center, *About Inhalants*, WWW document, URL <http://www.inhalants.org/about.html> (accessed 7/30/97).

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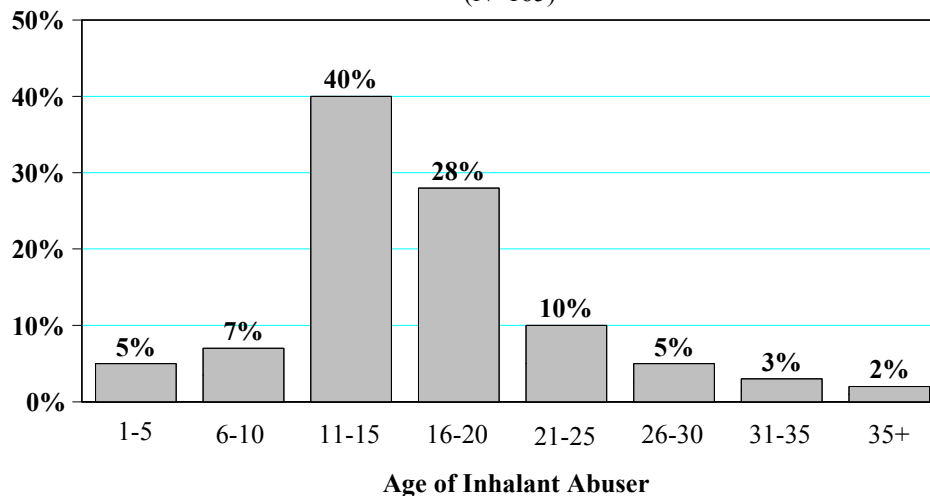
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Most Reported Incidents of Inhalant Abuse Occur Among 11-15 Year Olds

Abuse of inhalants is highest among young adolescents according to data collected over 12 months from two Regional Poison Information Centers (RPICs).^{*} While the ages of the 165 people intentionally exposed to inhalants ranged from 4 to 45, the majority (40%) of the cases reported to the RPICs involved youth aged 11 to 15; 28% were 16 to 20 year olds. All other age groups each accounted for 10% or less of the total number of intentional exposures reported. The most commonly reported abused substances were spray paint (34%) and gasoline (27%). The authors encourage communities to utilize RPIC data in their inhalant abuse prevention efforts because the data may “act as an initial indicator for the patterns within the community” (p. 173).

Intentional Inhalant Abuse Cases Reported to Two Regional Poison Information Centers, by Age August 1, 1994 to July 31, 1995

(N=165)



*All inhalant exposures with a reason of intentional abuse reported to two RPICs (Kentucky Regional Poison Center and Pittsburgh Poison Center) between August 1, 1994 and July 31, 1995.

SOURCE: Adapted by CESAR from data from Henry A. Spiller and Edward Krenzelok, “Epidemiology of Inhalant Abuse Reported to Two Regional Poison Centers,” *Clinical Toxicology*, 1997, 35(2):167-173. For more information, contact Henry Spiller of the Kentucky Regional Poison Center at 502-629-5326.

Find Out More About Inhalant Abuse on the World Wide Web

The National Inhalant Prevention Coalition’s website (www.inhalants.org) contains a variety of inhalant resources, including current inhalant statistics, effects of inhalant use, and a directory of state poison control centers.

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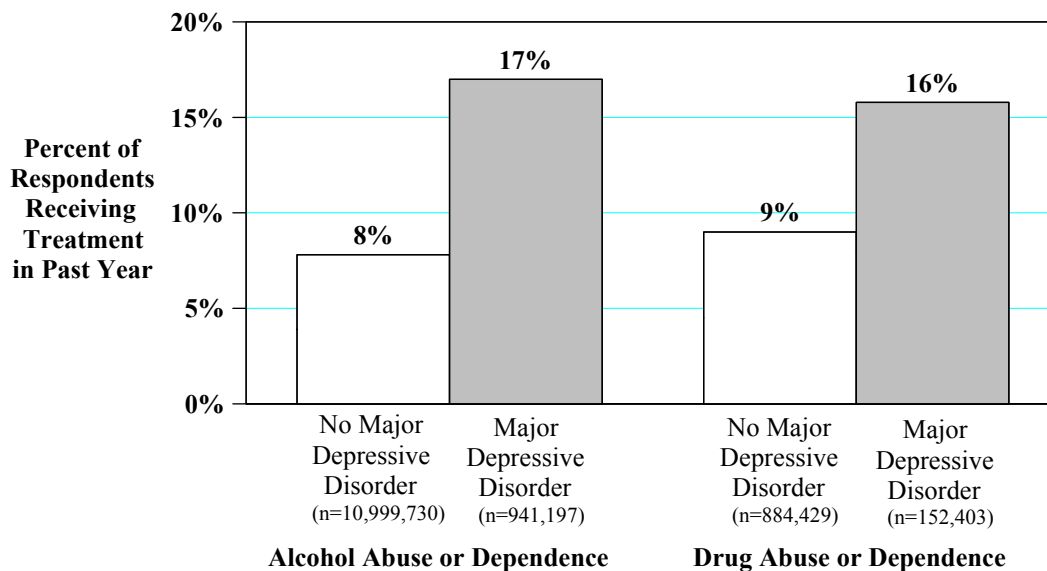
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Association Between Substance Use and Major Depression in Treatment Populations May be Influenced by Increased Treatment Seeking

Household survey data from the National Longitudinal Alcohol Epidemiologic Survey (NLAES) have been analyzed to examine the influence of comorbid major depression and substance use disorders on alcohol and drug treatment. Respondents with both a major depressive and a drug or alcohol use disorder (abuse/dependence based on DSM-IV criteria) were approximately twice as likely as those without a major depressive disorder to report that they had received substance abuse treatment in the past year. According to the author, "these findings suggest that the magnitude of the association between substance use disorders and major depression seen in clinical samples is, in part, due to increased treatment-seeking behavior in comorbid individuals" (p. 13). Future analyses of the NLAES data will investigate the factors that influence treatment entry.

Percentage of Respondents Receiving Alcohol/Drug Treatment in the Past Year, by Presence of a Major Depressive and Alcohol or Drug Disorder



SOURCE: Adapted by CESAR from data from Bridget Grant, "The Influence of Comorbid Major Depression and Substance Use Disorders on Alcohol and Drug Treatment: Results of a National Survey," *Treatment of Drug-Dependent Individuals with Comorbid Mental Disorders*, National Institute on Drug Abuse Research Monograph No. 172, 1997, 172:4-15. For more information, contact Dr. Bridget Grant at 301-443-3306.

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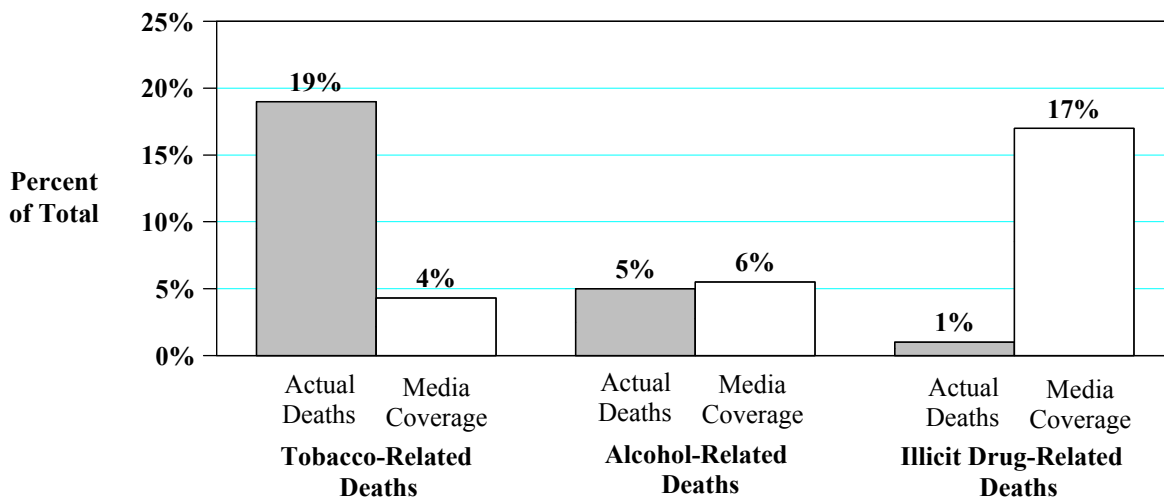
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***Study Finds That the Media Overemphasizes Illicit Drug-Related Deaths;
Underemphasizes Tobacco-Related Deaths***

A recent article in the American Journal of Public Health concludes that the print media's representation of illicit drug- and tobacco-related deaths is not consistent with actual mortality rates. The study examined national print media from 1990 for the amount of mortality-related text. The authors found that "there were substantial disparities between actual causes of death and the amount of coverage given those causes in the print media" (p. 843). One of the causes of death most underrepresented by the news media was tobacco use; 4% of the mortality-related text in 1990 was devoted to tobacco use, compared to 19% of actual deaths attributed to tobacco in that year. Conversely, the illicit use of drugs was overrepresented by the news media (17% of the mortality-related text versus 1% of the actual deaths). The authors conclude that health professionals should "aggressively and proactively work with the news media to produce a more balanced agenda and to counteract the effects of journalistic practices that distort accurate presentations of relative risk" of mortality (p. 844).

**Percentage of Actual Substance Use-Related Deaths
vs. Print Media Coverage of Substance Use-Related Deaths, by Substance, 1990**



*The most widely circulated publication in each of four categories (weekly news magazine, general interest women's magazine, general interest monthly magazine, and daily newspaper) was randomly sampled and coded for mortality-related text (measured in square centimeters).

SOURCE: Adapted by CESAR from data from Karen Frost, Erica Frank, and Edward Maibach, "Relative Risk in the News Media: A Quantification of Misrepresentation," American Journal of Public Health, 1997, 87(5):842-845. For more information, contact Dr. Edward Maibach at 202-973-5800.

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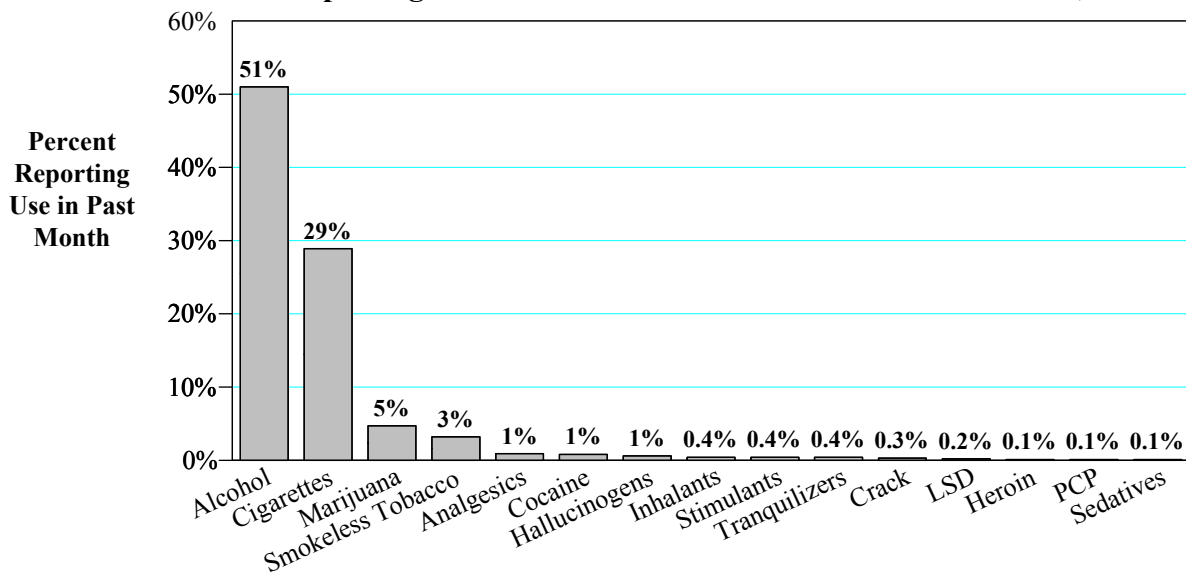
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Alcohol and Cigarettes Remain Most Frequently Used Substances Among U.S. Household Residents

Data from the 1996 National Household Survey on Drug Abuse (NHSDA) show that alcohol and cigarettes are the substances most frequently used by U.S. household residents. A majority of the respondents aged 12 and older reported that they had used alcohol (51%) at least once in month prior to the survey, followed by cigarettes (29%), marijuana (5%), and smokeless tobacco (3%). Use of all other drugs was reported by 1% or less of the respondents. Despite the magnitude of alcohol and cigarette use in the U.S., proportionate public media attention is often not given to this problem (see CESAR FAX, Volume 6, Issue 36).

**Percentage of U.S. Household Residents Aged 12 and Older
Reporting Substance Use at Least Once in the Past Month, 1996**



SOURCE: Adapted by CESAR from data from Substance Abuse and Mental Health Services Administration, Office of Applied Studies, "Preliminary Results from the 1996 National Household Survey on Drug Abuse," WWW document; URL <http://www.samhsa.gov/oas/nhsda/pe1996/httoc.htm> (accessed 9/4/97). For more information, contact SAMHSA's Office of Applied Studies at 301-443-6239.

Preliminary Results from the 1996 NHSDA Now Available from SAMHSA

A copy of the "Preliminary Results from the 1996 National Household Survey on Drug Abuse" can be ordered from the National Center for Alcohol and Drug Information (NCADI) at 301-468-2600 or 800-729-6686. The report is also available online at SAMHSA's web site (www.samhsa.gov).

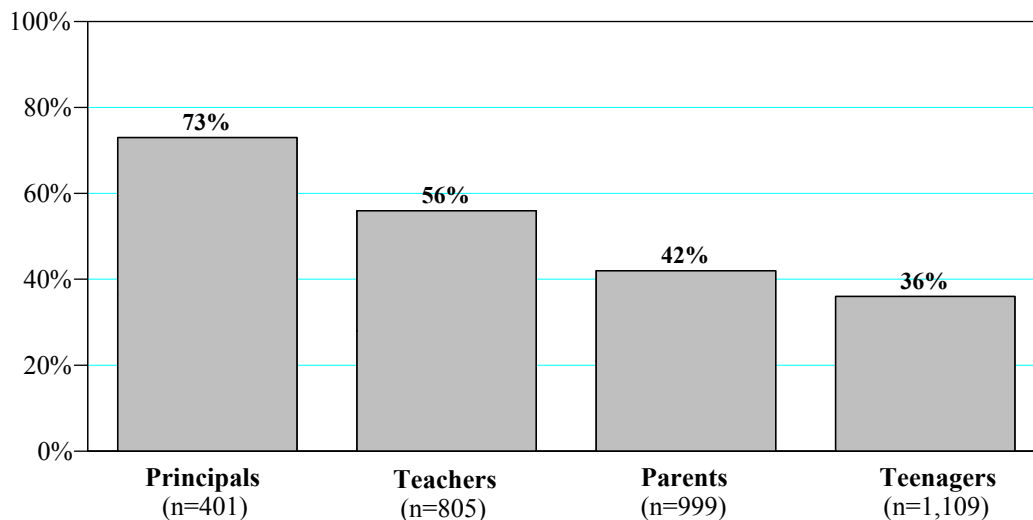
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Teens and Teachers Have Differing Perceptions of Whether Schools Are Drug-Free

Teenagers' perceptions of drug use in their schools differ dramatically from those of educators, according to the results of two national surveys conducted by the National Center on Addiction and Substance Abuse (CASA). The majority of principals (73%) and teachers (56%) surveyed reported that their school was drug-free, in that students do not keep, use, or sell drugs on school grounds. In contrast, only 36% of teens participating in a separate household survey reported that their school was drug-free. According to CASA, attending a school which is not drug-free is "one of the factors which significantly increases a teen's risk of substance abuse" (p. 16).

Percentage of Respondents Reporting That Their School is Drug-Free, 1997



NOTE: The surveys of teachers and principals were conducted by telephone in June 1997 with a random sample selected from a commercial list of persons in these occupations. The surveys of parents and teenagers were conducted by telephone in June and July 1997 with a random sample of households in the 48 contiguous states.

SOURCE: Adapted by CESAR from data from the National Center on Addiction and Substance Abuse at Columbia University (CASA), "1997 CASA National Survey of Teens, Their Parents, Teachers & Principals," WWW document (Adobe Acrobat); URL <http://www.casacolumbia.org/pubs/index.htm> (downloaded 9/10/97). For more information, contact Alyse Booth at 212-841-5260.

Conference on HIV/AIDS in the Workplace to Be Held November 18, 1997

The Employee Assistance Professionals Association (EAPA) is sponsoring a free, day-long conference, "How to Respond to HIV/AIDS in the Workplace," on November 18, 1997 at the Baltimore Convention Center. This comprehensive program is designed to prepare business owners and managers to address HIV/AIDS as a workplace issue. To obtain a brochure and registration form, contact Ellen Miller (703-522-6272) or Judith Green-Slaughter (410-239-8033) before October 15.

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Evidence of an Impending National Heroin Epidemic is Inconclusive

Over the past several years there has been speculation of a forthcoming heroin epidemic in the United States. Since 1994, qualitative studies of drug use in major cities across the nation have observed an emerging class of new, young heroin users (see CESAR FAX, Volume 5, Issues 2 and 46). However, quantitative data supporting the emergence of a national heroin epidemic is ambiguous. For example:

- The estimated number per year of U.S. household residents (aged 12 and older) using heroin for the first time increased significantly between 1992 and 1995, from 40,000 to 141,000. However, the rate of current (within the past 30 days) heroin use among household residents has remained at or below 0.1% since 1979 (*National Household Survey on Drug Abuse, Substance Abuse and Mental Health Services Administration*).
- Current heroin use among 8th, 10th, and 12th grade students nationwide has increased significantly since 1991. However, current heroin use for all three grades remains at less than 1% each (*Monitoring the Future, National Institute on Drug Abuse*).
- Historically, epidemics of illicit drug use first appear among the arrestee population. Since 1992, recent heroin use among male arrestees aged 15 to 20 has increased in four cities (Houston, New Orleans, Philadelphia, and St. Louis). However, heroin use among adult male arrestees has remained stable or decreased in the majority of U.S. cities participating in the Drug Use Forecasting (DUF) program, and continues to remain low (typically below 10%) relative to cocaine and marijuana use (*Drug Use Forecasting, National Institute of Justice*).
- The estimated national rate (per 100,000 population) of heroin-related emergency department (ED) episodes has been increasing since 1990 (from 15 to 33 in 1995). However, this increase appears to be concentrated in a handful of cities (Baltimore, Boston, Los Angeles, Newark, San Francisco, and Seattle). In addition, the majority of heroin-related episodes in 1995 occurred among persons aged 35 and older (55%) and were most frequently for the treatment of "chronic effects" (26%), suggesting that the rise in heroin-related ED visits may be due, in part, to a cohort of users experiencing chronic effects of long-term heroin use (*Drug Abuse Warning Network, Substance Abuse and Mental Health Services Administration*).

Certainly, the nature of heroin use is changing. The increased purity of heroin available on the streets, coupled with concern about AIDS, has led to a shift from heroin injection to inhalation. And the ability to inhale heroin may be attracting younger, middle class users. However, it would be premature to conclude from existing drug use trends that a national heroin epidemic is imminent.

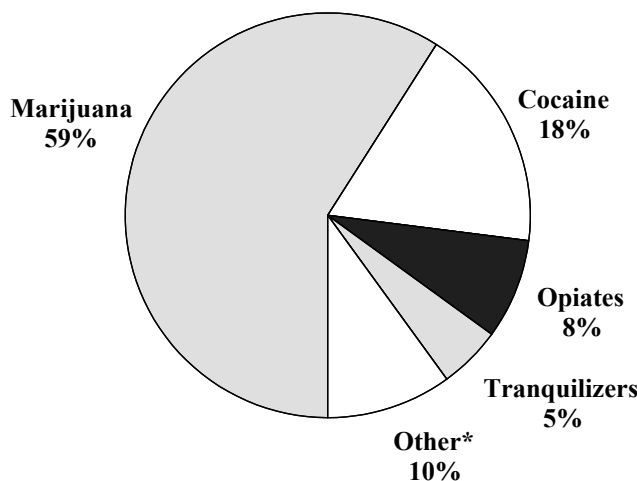
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Marijuana Most Frequently Detected Drug Among Tested U.S. Workforce

More than one-half (59%) of positive workplace drug tests conducted in the first six months of 1997 were positive for marijuana, according to data from SmithKline Beecham Clinical Laboratories (SBCL).[□] The only other drugs detected with any frequency were cocaine (18% of all positive tests), opiates (8%), and tranquilizers (5%); all other drugs were each detected in less than 5% of the positive tests. The overall rate of drug positives for the first six months of 1997 was 5%, continuing a decline evident since SBCL began conducting workplace drug tests in 1987 (see CESAR FAX, Volume 5, Issue 40).

**Drug Distribution of Positive Urine Tests Among U.S. Workforce
Tested by SmithKline Beecham Clinical Laboratories, January - June 1997**



[□]More than 2.2 million tests were conducted from January to June of 1997. Reasons for testing include pre-employment, periodic, random, post-accident, for cause, and returned to duty.

*The category "Other" includes amphetamines (4%), barbiturates (3%), methadone (0.7%), methaqualone (0.01%), PCP (0.4%), and propoxyphene (1.6%).

SOURCE: Adapted by CESAR from data from SmithKline Beecham Clinical Laboratories, "Workplace Drug Test Positives Continue Downward Trend, SmithKline Beecham Data Show," WWW document; URL <http://www.sb.com/news/dti.html> (downloaded 9/22/97). For more information, contact Thomas Johnson at 800-877-7478 or 610-454-6202.

Access Additional Workplace Drug Information at CESAR's Web Site

CESAR's web site contains numerous articles and statistics on workplace drug issues, including a survey of Maryland businesses and sample policy statements for workplace drug abuse programs. Go to www.bsos.umd.edu/cesar/cesar.html and select CESAR BOARD, then Workplace.

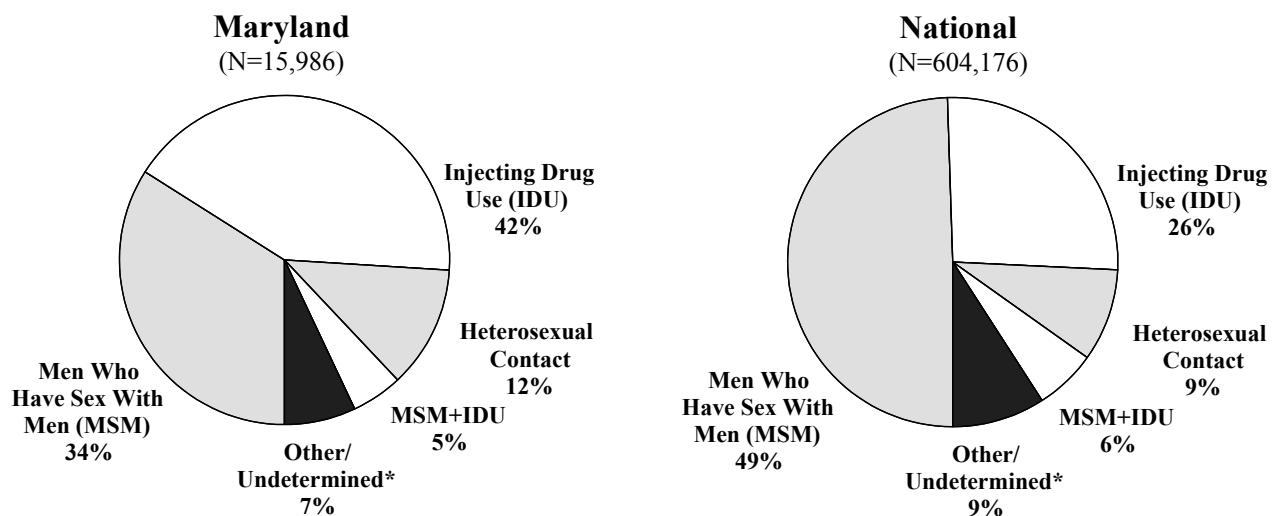
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Injecting Drug Use Associated with More AIDS Cases in Maryland than Nationally

The most recent data from the Maryland AIDS Administration show that of the nearly 16,000 AIDS cases diagnosed since 1981, 42% were associated with injecting drug use (IDU). This differs dramatically from the national trend; injecting drug use accounts for 26% of AIDS cases nationally. It is possible that the high rate of IDU-related AIDS cases in Maryland is due to the considerable degree of heroin use in Baltimore (see CSAT by Fax, Volume 2, Issue 17). The majority (52%) of Maryland AIDS cases are from Baltimore City.

Percentage of Cumulative Adult/Adolescent AIDS Cases Through June 30, 1997, by Exposure Category



*The category "Other/Undetermined" includes hemophilia/coagulation disorder and blood transfusion recipient.

SOURCE: Adapted by CESAR from data from the "Maryland HIV/AIDS Update," AIDS Administration, State of Maryland Department of Health & Mental Hygiene, August 1997; and the "HIV/AIDS Surveillance Report," 9(1), WWW document (Adobe Acrobat); URL http://www.cdc.gov/nchstp/hiv_aids/stats/haslink.htm (downloaded 9/25/97). For Maryland AIDS information, contact Carol Christmyer at 410-767-5198. For national AIDS information, contact the CDC National AIDS Clearinghouse at 800-458-5231.

CDC National AIDS Clearinghouse Offers HIV/AIDS Information and Materials

The Centers for Disease Control and Prevention's (CDC) National AIDS Clearinghouse provides information and materials on HIV and AIDS from databases maintained by the Clearinghouse, as well as from information sources maintained by other organizations, both public and private. The Clearinghouse services can be accessed by calling 1-800-458-5231.

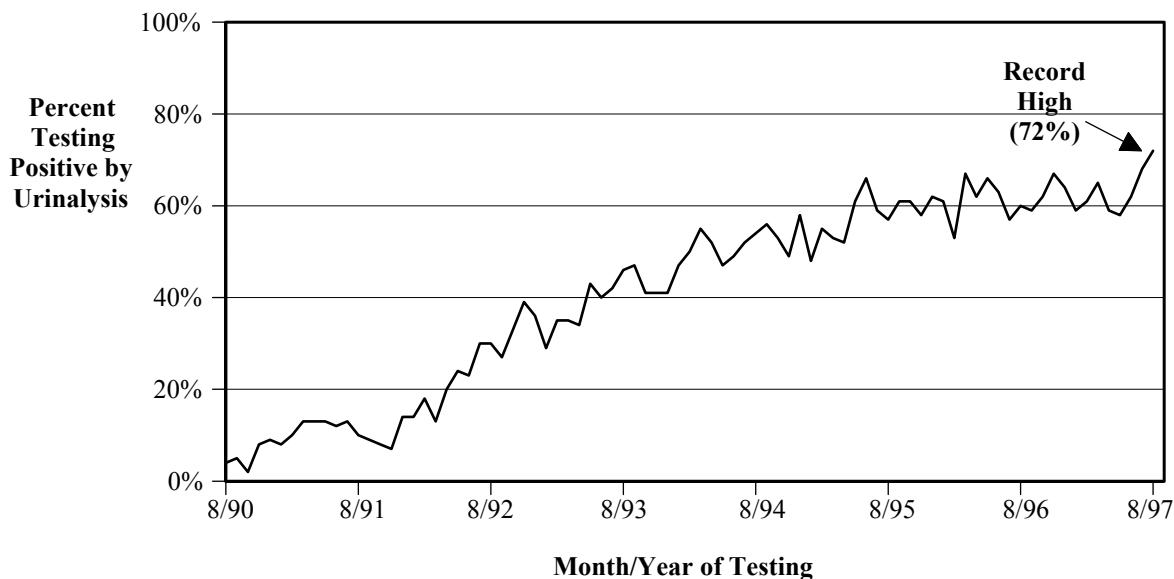
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Record Percentage of D.C. Juvenile Arrestees Test Positive for Marijuana

The most recent drug test results from the District of Columbia Pretrial Services Agency show that 72% of juvenile arrestees tested positive by urinalysis for marijuana in August 1997; 74% tested positive for any drug. These are the highest rates of both overall drug positives and marijuana drug positives since drug testing of juvenile arrestees began in 1985. The positivity rates for cocaine and PCP remain relatively low (6% and 8%, respectively). Marijuana use among juvenile arrestees in the District of Columbia has been rapidly increasing since 1990, when rates averaged 6% for the year. This increase reflects a recent nationwide trend of increased marijuana use among youth (see CESAR FAX, Volume 5, Issue 38 and Volume 6, Issue 2). For more information, contact Susan Shaffer, Director of the D.C. Pretrial Services Agency, at 202-727-2911.

**Percentage of Washington, D.C. Juvenile Arrestees
Testing Positive by Urinalysis for Marijuana,
August 1990 to August 1997**



SOURCE: Adapted by CESAR from data from the District of Columbia Pretrial Services Agency.

Washington, D.C. Pretrial Drug Test Data Available at CESAR's Web Site

D.C. pretrial drug test data for both adult and juvenile arrestees are available at CESAR's world wide web site. Go to www.bsos.umd.edu/cesar/cesar.html, select CESAR BOARD, then Criminal Justice.

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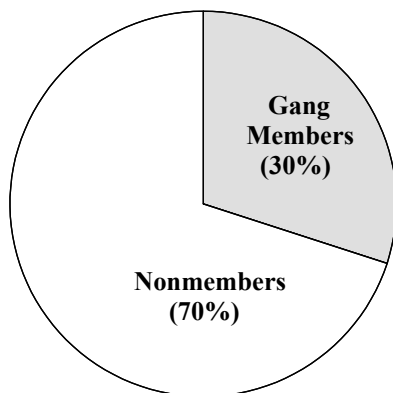
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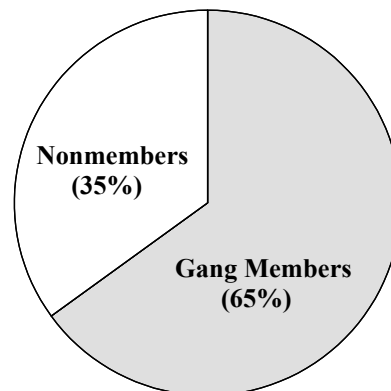
Youth Gang Members Responsible for Disproportionate Share of Delinquent Behavior

According to the Rochester Youth Development Study (RYDS), “gang members account for a disproportionate share of delinquent acts, particularly the more serious offenses” (p. 1). One thousand 7th and 8th grade students attending Rochester, New York public schools in 1988 were interviewed regarding their delinquency, drug use, and related problem behaviors. Subsequent interviews were conducted every six months for four years. While only 30% of the RYDS respondents reported being a gang member at some point prior to the end of high school, gang members accounted for 65% of delinquent acts reported by all youth over the four-year period (see figure below). In addition, 86% of all serious delinquent acts, 63% of all reports of alcohol use, and 61% of all reports of drug use were reported by gang members. The authors conclude that “these findings underline the importance of establishing effective intervention programs for gang-involved youth because failure to do so may result in a failure to make substantial progress in the Nation’s efforts to reduce serious, violent, and chronic delinquency” (p. 3).

**While 30% of All Respondents
Reported Being a Gang Member . . .**



**65% of All Delinquent Acts Were
Reported by Gang Members**



NOTE: All data are based on self-reported behaviors. The question asked to determine gang membership was, “Are you a member of a street gang or a posse?”

SOURCE: Adapted by CESAR from data from Terence Thornberry and James Burch, “Gang Members and Delinquent Behavior,” *Juvenile Justice Bulletin*, Office of Juvenile Justice and Delinquency Prevention, June 1997. For more information, contact Dr. Thornberry at 518-442-5218. A copy of the Bulletin is available from the Juvenile Justice Clearinghouse at www.ncjrs.org/ojjhome.htm or 800-638-8736.

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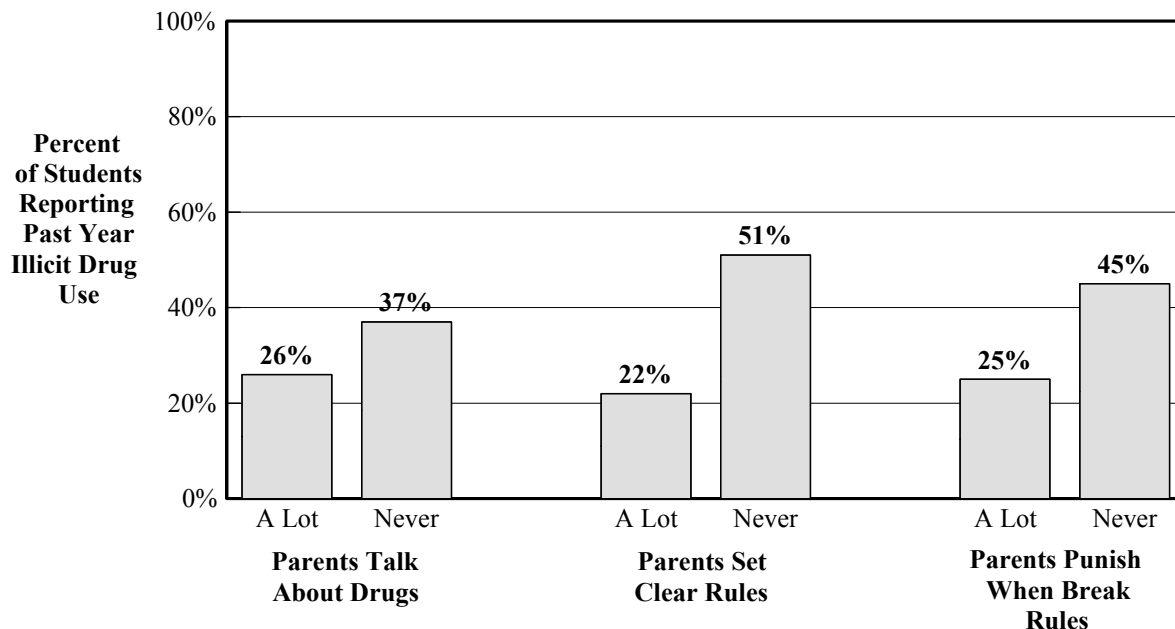
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PRIDE Survey Finds Relationship Between Parental Intervention and Student Drug Use

According to the most recent Parents' Resource Institute for Drug Education (PRIDE) school survey, parents may have an important influence on their children's' drug use. Students who reported that their parents talked to them "a lot" about the problems of alcohol and other drugs were less likely to report using any illicit drug in the past year than students whose parents "never" discussed drugs with them (26% vs. 37%). Illicit drug use was also lower among students whose parents regularly set clear rules for them and who punished them when they broke the rules. The authors believe that "this study accentuates the important role that parents play in preventing drug use" (p. 2). For more information, contact Doug Hall of PRIDE at 770-458-9900.

Percentage of Students (Grades 6-12) Reporting Any Illicit Drug Use in the Past Year, by Parental Intervention, 1996-1997

(N=141,077)



NOTE: The PRIDE survey was administered to 141,077 middle and high school students from 28 states. Questionnaires were completed between September and June of the 1996-1997 school year.

SOURCE: Adapted by CESAR from data from "Junior High Students Continue to Show Increases in Drug Use," Parents' Resource Institute for Drug Education (PRIDE) Press Release, WWW document; URL <http://www.prideusa.org/press96> (downloaded 11/6/97).

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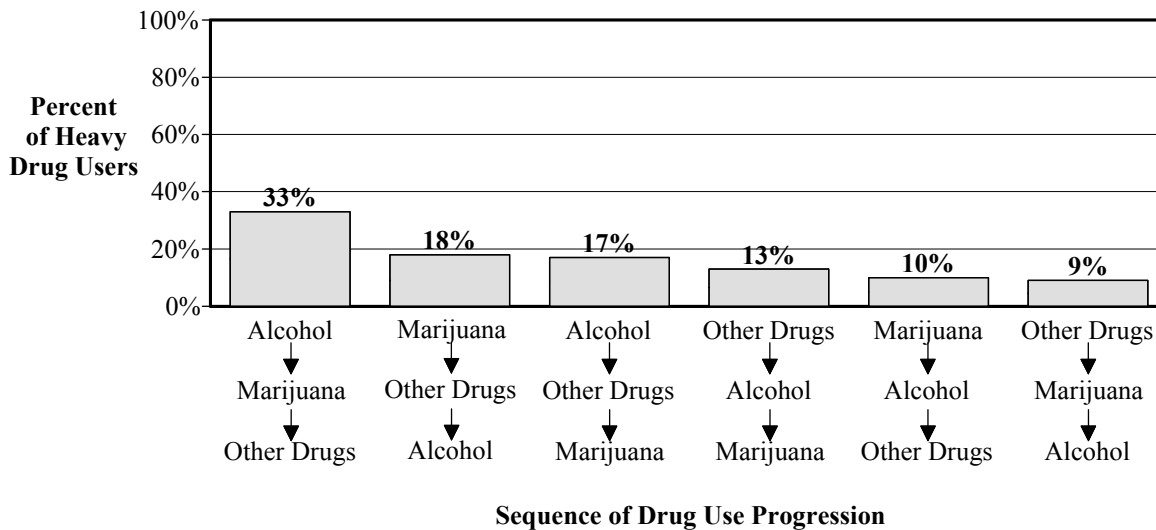
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Gateway Sequence of Drug Use May Not Apply to Heavy Drug Users

Previous studies have reported that between 75% and 93% of drug users followed a typical “gateway” sequence of drug use--alcohol, followed by marijuana, followed by other illicit drugs.* However, a recent study suggests that heavy drug users--those whose drug use occupies a substantial portion of their daily behavior--are less likely to follow this sequence of drug progression. A secondary analysis of data collected from two ethnographic studies of heavy drug users in New York City between 1984 and 1987 revealed that only 33% of the heavy drug users followed the conventional progression of drug use. According to the authors, these findings suggest that drug “sequencing patterns may vary markedly, depending on the overall drug involvement of the sample under study” (p. 193). Thus, “drug abuse prevention messages based on the gateway model may be least effective for a segment of the population that potentially will abuse drugs the most” (p. 194).

**Sequence of Drug Use Progression by Heavy Drug Users,
New York City, 1984-1987**

(N=285)



*e.g., J. Donovan and R. Jessor, “Problem Drinking and the Dimension of Involvement With Drugs: A Guttman Scalogram Analysis of Adolescent Drug Use,” *American Journal of Public Health*, 1983, 73:543-552; D. Kandel and K. Yamaguchi, “From Beer to Crack: Developmental Patterns of Drug Involvement,” *American Journal of Public Health*, 1993, 83:851-855.

SOURCE: Adapted by CESAR from data from Mary Ellen Mackesy-Amiti, Michael Fendrich, and Paul Goldstein, “Sequence of Drug Use Among Serious Drug Users: Typical vs. Atypical Progression,” *Drug and Alcohol Dependence*, 1997, 45:185-196. For more information, contact Michael Fendrich at 312-413-1084 or Paul Goldstein at 312-996-6038.

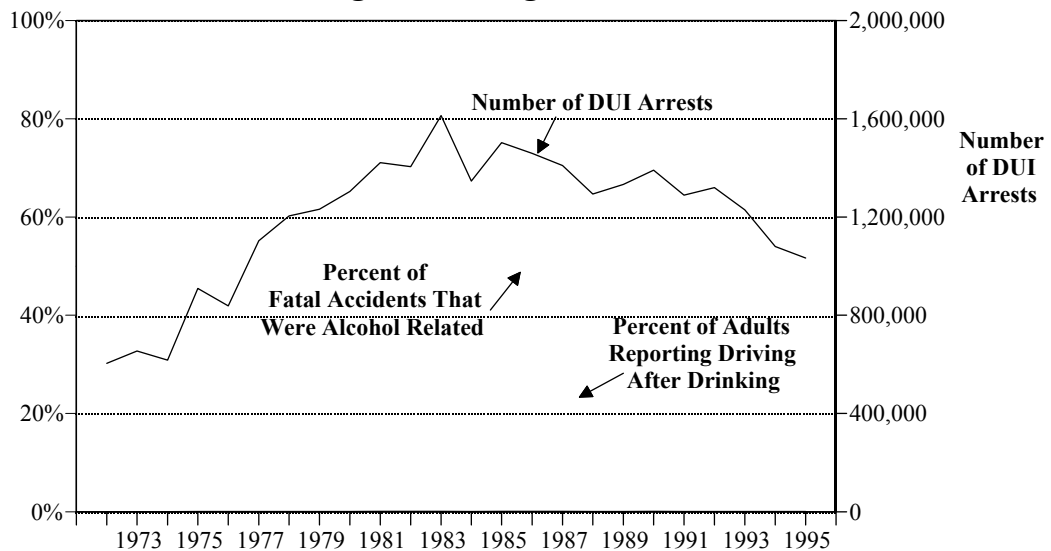
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National Indicators Reveal a Decline in Drinking and Driving

According to several national indicators, the prevalence of drinking and driving in the United States has been declining since the early 1980s. Data from the FBI's Uniform Crime Reporting system show that the number of arrests for driving under the influence (DUI) decreased from a peak of 1,613,000 in 1983 to 1,033,000 in 1995. Similarly, there has been a decrease in the percentage of fatal accidents that were alcohol-related (from 57% in 1982 to 41% in 1995), as well as in the percentage of adults reporting that they drive after drinking (from 30% in 1983 to 17% in 1995). Many factors have probably influenced this trend, including the emergence of grassroots efforts against drinking and driving, an increase in public awareness of the problem, and the enactment of stricter alcohol-impaired driving legislation.

National Drinking and Driving Trends, 1972-1995*



*Number of DUI arrests, 1972-1995; percentage of fatal motor vehicle crashes in which either a driver or a nonoccupant (i.e., pedestrian) had a measurable blood alcohol concentration of 0.01 or higher, 1982-1995; percentage of adult household drivers reporting driving after drinking alcohol "all the time" or "sometimes," 1983-1995.

SOURCE: Adapted by CESAR from data from the Bureau of Justice Statistics (BJS), *Sourcebook of Criminal Justice Statistics Online*, Tables 3.95 (Respondents reporting driving after drinking alcohol), 3.96 (Total fatalities and fatalities in alcohol-related motor vehicle crashes), and 4.28 (Arrests for alcohol-related offenses and driving under the influence), WWW document; URL <http://www.albany.edu/sourcebook> (accessed 11/17/97).

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

***NIH-Sponsored Independent Consensus Panel Calls for
Increased Availability of Methadone Treatment with Less Government Regulation***

Opiate addiction is a medical disorder that can be effectively treated with methadone maintenance treatment (MTT), according to a statement issued by an independent consensus panel convened by the National Institutes of Health (NIH). At the November 17-19 National Consensus Development Conference on Effective Medical Treatment of Heroin Addiction, experts in the fields of neuroscience, epidemiology, heroin prevention, and heroin treatment presented and discussed the most current data on the treatment of heroin and other opiate addiction. Following the presentations, an independent consensus panel of experts weighed the scientific evidence and wrote a draft statement addressing the most important issues. The following were among the panel's findings:

- “Of the various treatments available, MMT [methadone maintenance treatment], combined with attention to medical, psychiatric, and socioeconomic issues, has the highest probability of being effective” (p. 3).
- While other methods of opiate treatment have been developed (such as LAAM and buprenorphine), “the use of these medications is at an early stage, and it may be some time before their usefulness has been adequately evaluated” (p. 7).
- Less than 20% (115,000) of the total opiate-addicted population of 600,000 are known to be in methadone maintenance treatment (MMT) programs.
- A major barrier to providing MMT is unnecessary Federal regulations that “limit the flexibility and responsiveness of the programs, require unproductive paperwork, and impose administrative and oversight costs greater than what are necessary for many patients” (p. 8).

The panel recommended, among other things, that unnecessary government regulation of MMT be eliminated. “DHHS [Department of Health and Human Services] can more effectively, less coercively, and much more inexpensively discharge its statutory obligation to provide treatment guidance to MMTs, physicians, and staff by means of publications, seminars, Web sites, continuing medical education, and the like” (p. 8). A full copy of the consensus statement is available by calling 1-888-NIH-CONSENSUS or by visiting the NIH Consensus Development Program Web site at consensus.nih.gov.

SOURCE: Adapted by CESAR from data from the National Institutes of Health, *Effective Medical Treatment of Heroin Addiction*, Consensus Development Statement, WWW document; URL http://odp.od.nih.gov/consensus/statements/cdc/108/108_stmt.html (accessed 11/20/97).

•• 301-403-8329 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.bsos.umd.edu/cesar/cesar.html ••
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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

1997 "Keeping Score" Report Highlights Youth Substance Abuse Programs; Recommends Increased Spending on Evaluation and Prevention Programs

The 1997 edition of *Keeping Score*, released by Drug Strategies last week, calls for increased spending on drug prevention programs, which currently receive the least amount of support from the federal drug control budget. The report focuses on substance use among youth and highlights 18 innovative local and national prevention, treatment, and criminal justice programs. Below are some of the national prevention programs identified:

- **Reconnecting Youth**, a school-based program that targets students in danger of expulsion, school failure, or dropout. Eligible students meet five days a week to receive instruction on self-esteem, communication, decision making, and personal control.
- **SMART Moves** (Skills, Mastery, and Resistance Training), a community-wide program working to reduce substance use as well as premature sexual activity. The comprehensive program includes the SMART Kids drug prevention program, after-school homework assistance, tutoring, a parenting program, and family enrichment activities.
- **Youth Out of the Education Mainstream** (YOEM), a federally funded program that helps at-risk youth to continue and/or complete their education. YOEM also helps communities form local partnerships and develop prevention strategies, and then provides the resources necessary to implement those strategies.

While many of the programs identified in *Keeping Score* appear to have had promising results, only a few have been "rigorously evaluated through scientifically controlled outcome studies." The report recommends that more money be invested in evaluation research "so that programs can build on what we have learned about the impact and cost-effectiveness of various prevention efforts" (p. 1).

SOURCE: Adapted by CESAR from Drug Strategies, *Keeping Score: We Can Reduce Drug Abuse*, Washington, D.C., 1997.

1997 *Keeping Score* Report Now Available from Drug Strategies

To receive a copy of the 1997 edition of *Keeping Score*, please send a request, along with your name and mailing address, to Drug Strategies, 2445 M Street, NW, Washington, D.C. 20037.

Requests may also be faxed to 202-663-6110.

A Weekly FAX from the Center for Substance Abuse Research

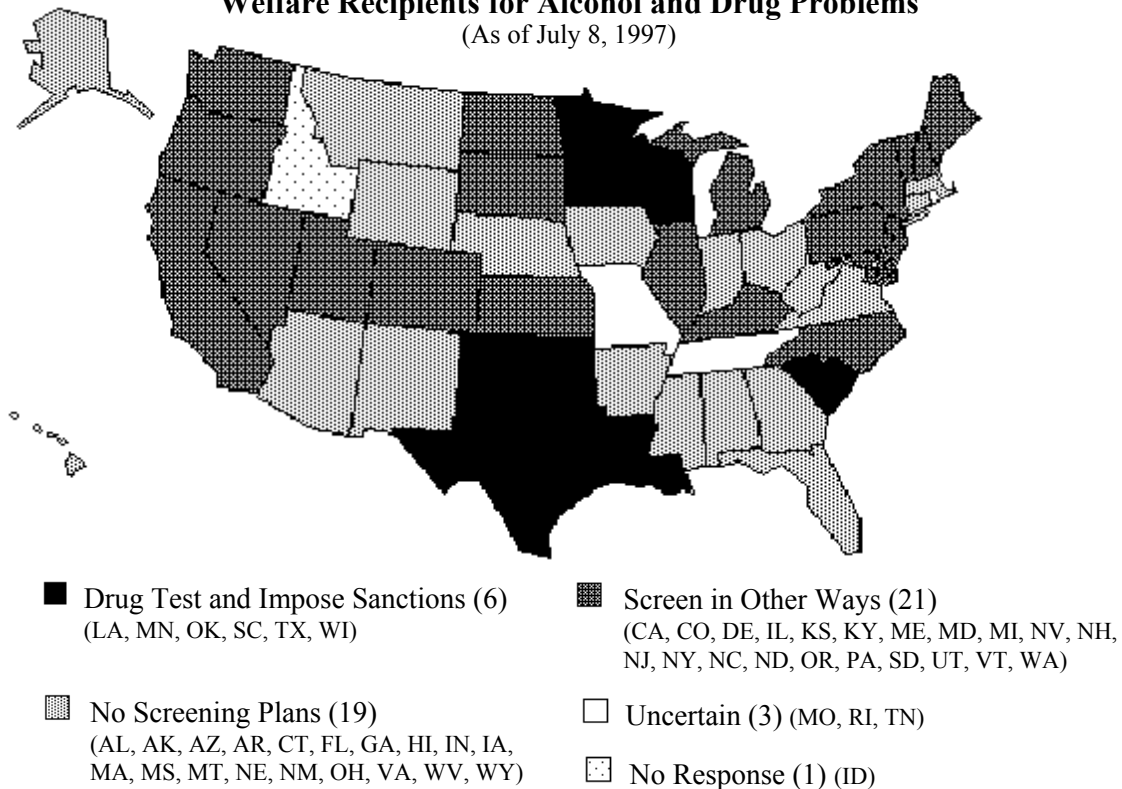
University of Maryland, College Park

More Than Half of States Plan to Screen Welfare Recipients for Alcohol and Other Drug Use

In 1996 the federal government passed welfare reform legislation that, among other things, authorized states to test welfare recipients for illegal drug use and sanction them if they test positive. A recent survey of state welfare directors and state alcohol and drug abuse directors found that more than one-half of the states have passed or plan to pass legislation to screen welfare recipients for alcohol and other drug problems. Of the 27 states, 6 will require urine drug testing of some or all of their welfare recipients and impose sanctions for a positive test. Twenty-one states will screen welfare recipients in other ways, most often using traditional screening tools. For example, Maryland welfare applicants and recipients will be screened with a modified CAGE instrument, a short questionnaire effective in detecting alcoholism. **In light of the research showing underreporting of illicit drug use among disadvantaged populations, CESAR recommends that states utilize drug testing to identify users.**

How States Will or Plan to Drug Test or Otherwise Screen Welfare Recipients for Alcohol and Drug Problems

(As of July 8, 1997)



SOURCE: Adapted by CESAR from data from the Legal Action Center, "Making Welfare Reform Work: Tools for Confronting Alcohol and Drug Problems Among Welfare Recipients," September 1997. For more information, contact the Legal Action Center at 212-243-1313 (NY office), 202-544-5478 (DC office), or lacinfo@lac.org (e-mail).

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Federal Substance Abuse Information Resources Directory

Resource Name	Phone Number	Web Site Address
Bureau of Justice Assistance Clearinghouse	800-688-4252	www.ojp.usdoj.gov/BJA
Bureau of Justice Statistics Clearinghouse	800-732-3277	www.ojp.usdoj.gov/bjs
Drug Free Workplace Helpline	800-843-4971	www.samhsa.gov/csap/index.htm
Drug Information and Strategy Clearinghouse	800-578-3472	www.hud.gov
Drugs and Crime Data Center and Clearinghouse	800-666-3332	www.whitehousedrugpolicy.gov
Juvenile Justice Clearinghouse	800-638-8736	www.ncjrs.org/ojjhome.htm
National Mental Health Services Knowledge Exchange Network (KEN)	800-789-2647	www.mentalhealth.org
National AIDS Clearinghouse	800-458-5231	www.cdcnac.org
National Clearinghouse for Alcohol and Drug Information (NCADI)	800-729-6686	www.health.org
National Criminal Justice Reference Service (NCJRS)	800-851-3420	www.ncjrs.org
National Drug and Alcohol Treatment Routing Service	800-662-4357	www.samhsa.gov/csat/csat.htm

SOURCES: Center for Substance Abuse Research, *CESAR Links*, WWW document; URL <http://www.bsos.umd.edu/cesar/links.html> (accessed 12/12/97) and President's Crime Prevention Council, *Crime Prevention at Your Fingertips: Federal Internet, Clearinghouse and Resource Center Directory*, 1997.

CESAR Wishes You a Very Happy Holiday Season!

This is the final issue of Volume 6 of the CESAR FAX. The CESAR FAX will resume with Volume 7, Issue 1 on January 5, 1998. Thank you for your support during 1997!

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