

# CESAR *FAX*

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

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## *CESAR FAX* Annual Volume

### Volume 8 1999

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## **ACKNOWLEDGMENTS**

CESAR is pleased to provide this 1999 Annual Volume of the CESAR FAX. To assist you in using this volume, the Table of Contents indexes the 1999 faxes by issue title and subject area.

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

Since the first transmission to 150 recipients on February 17, 1992, the CESAR FAX audience has grown to nearly 4,500 recipients worldwide. With the ongoing support of the Maryland Governor's Office of Crime Control & Prevention, the CESAR FAX continues to provide timely and relevant crime and drug abuse information in an easy-to-read format.

Dr. Eric D. Wish  
Director

# CESAR FAX

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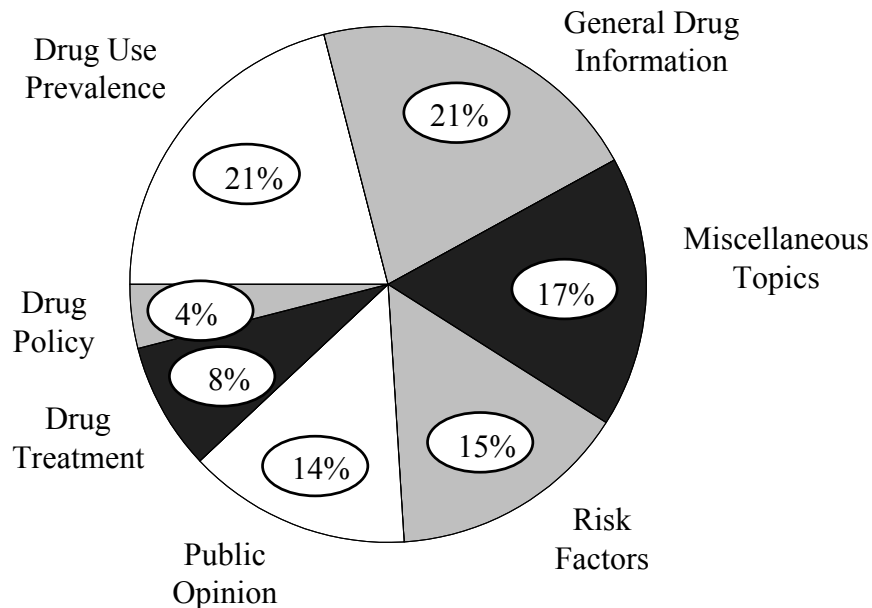
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**University of Maryland, College Park**

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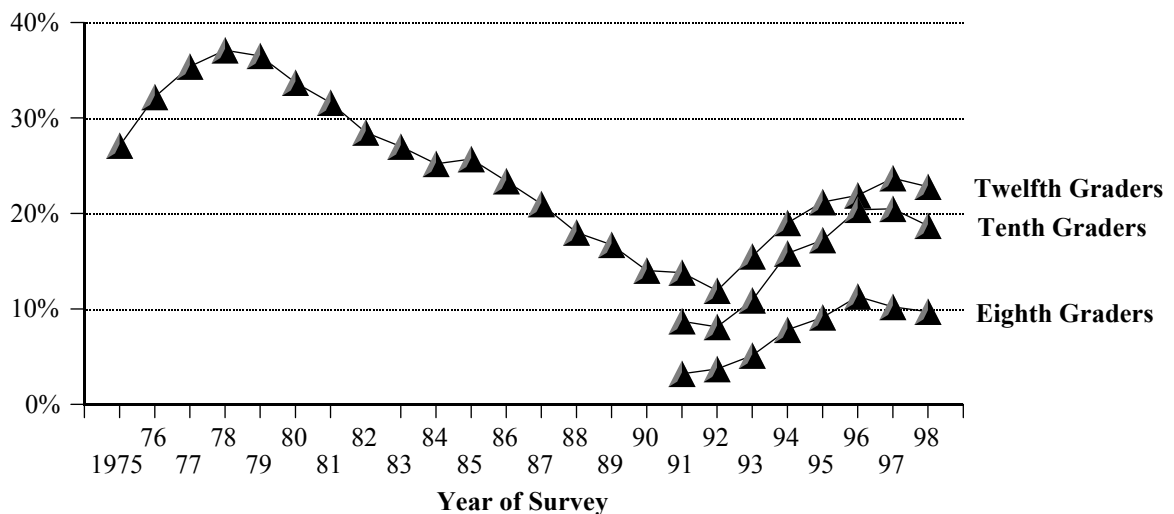
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**University of Maryland, College Park**

## *Student Marijuana Use May Finally Be Declining*

Marijuana use among U.S. students may now be on the decline, according to data from the 1998 national Monitoring the Future study. The percentage of 8th, 10th, and 12th grade students reporting that they used marijuana at least once in the past month decreased slightly from 1997 to 1998. This is the second year of decline for 8th graders and the first year for 10th and 12th graders. The use of other drugs, including alcohol, cigarettes, cocaine, and heroin either declined or remained stable over this period. According to Lloyd D. Johnston, the study's principal investigator, "we seem to be in the middle of a gradual turnaround in young people's use of most kinds of illicit drugs, as well as alcohol, following an earlier period of sustained increases" (p 4).

**Percentage of Eighth, Tenth, and Twelfth Grade U.S. Students Reporting Current Use of Marijuana, 1975-1998**



NOTES: Current use is defined as use at least once during the 30 days prior to the survey.  
Surveys of 8th and 10th grade students began in 1991.

SOURCE: University of Michigan, Monitoring the Future Study Press Release, "Drug Use by American Young People Begins to Turn Downward," December 18, 1998. For more information, contact Lloyd Johnston at 734-763-5043 or visit the Monitoring the Future website at [www.isr.umich.edu/src/mtf/](http://www.isr.umich.edu/src/mtf/).

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**A Weekly FAX from the Center for Substance Abuse Research**

**University of Maryland, College Park**

*Voters in Four States Approved Medical Marijuana Measures in 1998*

Last November voters in Alaska, Nevada, Oregon, and Washington approved measures that allow doctors to prescribe marijuana for medical purposes. The initiatives passed by these four states are more comprehensive than past medical marijuana laws in that they specify eligible medical conditions and possession limits (see table below). All four states' measures require written doctor's consent (for minors only in Nevada) and parental consent for minors. Colorado and the District of Columbia also had medical marijuana propositions on their ballots, but the results were not valid due to administrative and legislative issues. Full copies of the approved ballots are available at CESAR's web site ([www.cesar.umd.edu](http://www.cesar.umd.edu)).

	Alaska	Nevada	Oregon	Washington
<b>Percent Approved</b>	58%	59% <sup>1</sup>	55%	59%
<b>Eligible Medical Conditions</b>	Cancer, glaucoma, HIV/AIDS, seizure and spasticity disorders, severe pain, severe nausea, cachexia, other approved conditions	Cancer, glaucoma, AIDS, seizure and spasticity disorders, severe and persistent nausea or cachexia, other approved conditions	Cancer, glaucoma, HIV/AIDS, seizure and spasticity disorders, severe pain, severe nausea, cachexia, other approved conditions	Cancer, glaucoma, HIV, seizure and spasticity disorders, intractable pain, other approved conditions
<b>Possession Limits</b>	1 oz in usable form; 6 plants (no more than 3 flowering)	None specified	1 oz in usable form or (if at a place where marijuana is produced) 3 mature/4 immature plants and 1 oz per mature plant	60-day supply
<b>Establishes Patient Registry<sup>2</sup></b>	Yes	Yes	Yes	No

<sup>1</sup>This amendment to Nevada's constitution must be approved by voters again in the 2000 election before it can take effect.

<sup>2</sup>A patient registry is a confidential list of persons eligible to use marijuana to treat medical conditions. The measures in Alaska and Oregon specify that registry identification cards be issued to eligible persons.

SOURCES: Alaska 1998 Ballot Measure 8; Nevada 1998 Ballot Question 9; Oregon 1998 Ballot Measure 67; and Washington 1998 Ballot Initiative 692.

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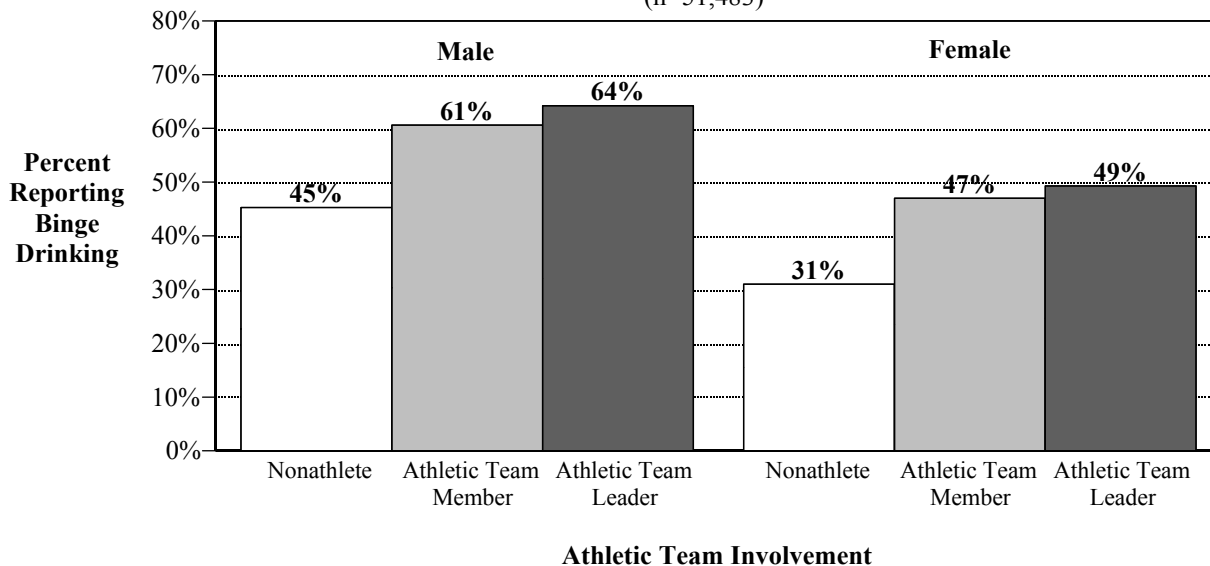
**University of Maryland, College Park**

## *College Athletes Drink Significantly More Than Nonathletes*

College students involved in athletics have significantly higher levels of alcohol use than nonathletes, according to data from over 50,000 college students who completed the Core Alcohol and Drug Survey between 1994 and 1996. Both male and female college athletes were more likely than nonathletes to report that they had engaged in binge drinking\* in the prior two weeks. Moreover, athletic team leaders were just as likely as other team members to binge drink (see figure below). Similar relationships were found for the number of drinks consumed per week and experiencing negative consequences of alcohol or other drug use. The authors suggest that “college healthcare providers and educators need to pay more attention to the alcohol use habits of student-athletes” (p. 261).

**Percentage of Male and Female College Students Reporting Binge Drinking in the Prior Two Weeks, by Level of Athletic Team Involvement**

(n=51,483)



\*Binge drinking was defined as the consumption of five or more alcoholic drinks in a sitting.

SOURCE: Jami S. Leichter et al., “Alcohol Use and Related Consequences Among Students with Varying Levels of Involvement in College Athletics,” *Journal of American College Health* 46:257-262, 1998. For more information, contact Jami Leichter at 618-453-4447.

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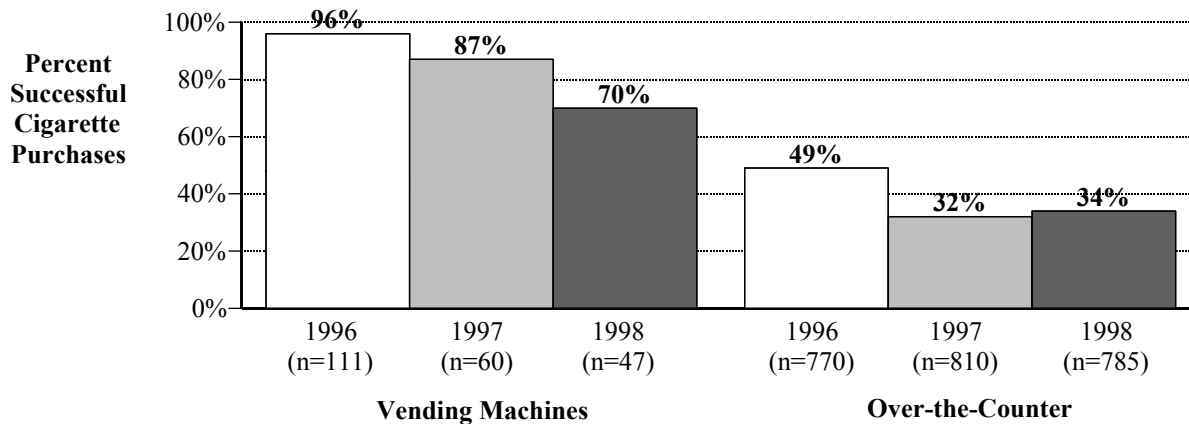
**A Weekly FAX from the Center for Substance Abuse Research**

**University of Maryland, College Park**

## ***Maryland Study Finds Progress in Curbing Vending Machine Cigarette Sales to Minors; Less Success with Over-the-Counter Sales***

In compliance with the Synar Amendment (see box below), the Maryland Alcohol and Drug Abuse Administration and the Office of the Comptroller of the Treasury annually conduct random unannounced inspections of tobacco outlets to ensure that Maryland's law prohibiting the sale of tobacco to youth under age 18 is being enforced. In 1998, underage youth (aged 15 to 17) working for the State were able to purchase cigarettes from 70% of vending machines sampled and from 34% of outlets selling tobacco over-the-counter. While the 70% purchase rate for vending machines is high, it represents a continued improvement over past years. Over-the-counter sales to minors, however, remained stable from 1997 to 1998. Continued efforts should be made to ensure that over-the-counter cigarette sales to minors decrease, such as "providing assistance in quick and easy methods of calculating ages from birth dates and current dates" and "training younger clerks in the requirements of the law" (p. 5).

**Percentage of Successful Underage Cigarette Purchases in Maryland,  
by Type of Tobacco Outlet, 1996-1998**



\*Inspections were conducted between July 19 and August 19, 1998. Youth did not at any time touch or make an actual purchase of tobacco products. The transactions were terminated at the point at which compliance could be determined. The youth were honest when questioned about their ages and they presented actual ID's when they were requested.

SOURCE: Thomas Davis, Maryland Alcohol and Drug Abuse Administration, "Maryland 1998 Synar Report."

### **What is the Synar Amendment?**

The Synar Amendment (42, U.S.C. 300x-26), part of the Public Health Service Act, requires states to have and enforce laws that prohibit the sale of tobacco to anyone under the age of 18. States are also required to conduct annual, random, and unannounced inspections of both stores and vending machines to ensure that the law is being enforced. More information about the Synar Amendment is available on the CESAR BOARD at [www.cesar.umd.edu](http://www.cesar.umd.edu).

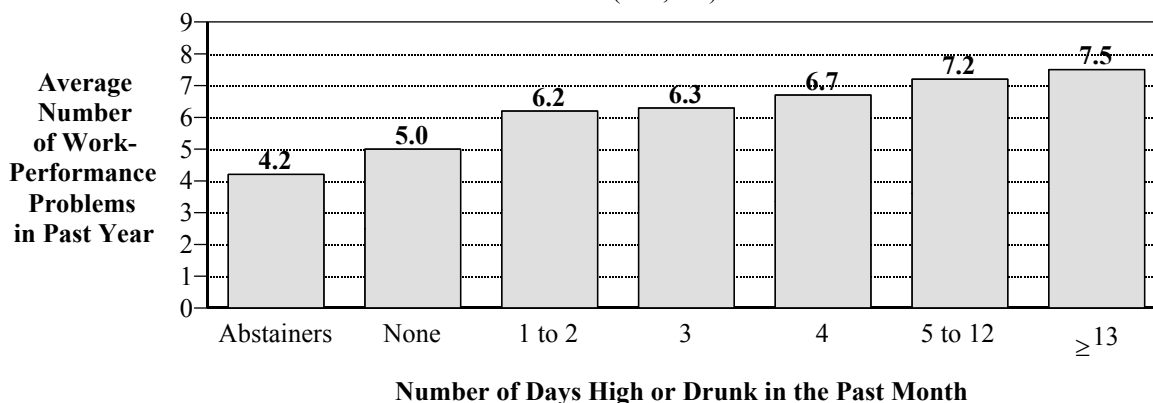
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## *Corporate Drinking Study Finds Relationship Between Alcohol Use and Work Performance*

The more frequently employees get high or drunk from consuming alcohol, the more likely they are to report work-performance problems, according to a study of over 6,000 employees. Employees who abstained from alcohol reported an average of 4.2 work-performance problems in the past year; employees who were high or drunk on 13 or more days in the past month reported an average of 7.5 problems (see figure below). While the authors acknowledge that “the data cannot establish whether heavy drinking causes performance problems at work by way of hangovers, . . . or whether such problems lead to heavy drinking,” they believe that their findings, combined with previous research, “support the position that episodes of heavy drinking leading to hangovers can cause day-after work-performance problems” (pp. 7-8). The authors suggest that the focus of work-place alcohol policies should be expanded to include employees who drink heavily from time to time, but are not necessarily dependent.

**Average Number of Work-Performance Problems\* Among Employees,  
by Number of Days High or Drunk from Consuming Alcohol in the Past Month**  
(n=6,540)



\* Work-performance problems were defined as absenteeism, arriving to work late or leaving early, doing poor-quality work, doing less work, or having arguments with coworkers.

NOTE: Questionnaires were mailed to the homes of employees at sixteen worksites that represented a range of industries and of management attitudes toward drinking. The response rate was 71%.

SOURCE: Thomas W. Mangione, Jonathan Howland, and Marianne Lee, “New Perspectives for Worksite Alcohol Strategies: Results from a Corporate Drinking Study,” December 1998. Funded by The Robert Wood Johnson Foundation and the National Institute on Alcohol Abuse and Alcoholism.

### **CESAR Seeking Manager for Treatment Outcome Project**

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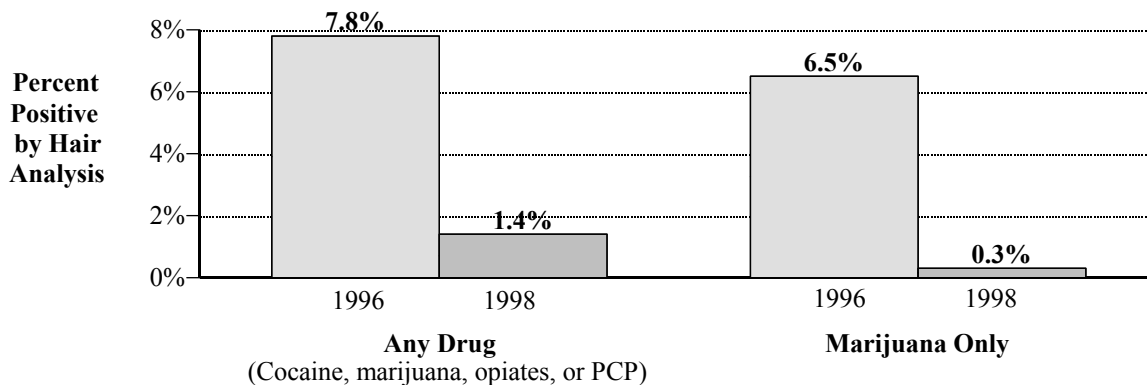
**University of Maryland, College Park**

## *Pennsylvania Prisons Now Nearly Drug Free*

The Pennsylvania Prison Drug Testing Program is a comprehensive drug strategy aimed at eliminating drug use in Pennsylvania prisons. The strategy includes using electronic drug-detection devices, increasing the number of drug-sniffing dog teams, monitoring inmate telephone calls, conducting daily, random urine tests, and expanding substance abuse treatment services. To assess the effectiveness of this strategy, the National Institute of Justice funded hair analyses of 1,000 inmates randomly selected from five prisons in 1996 and 1998, before and after the strategy components were implemented. The percentage of inmates testing positive for any drug decreased from 7.8% in 1996 to 1.4% in 1998. The majority of this decline was due to a decrease in marijuana (from 6.5% in 1996 to 0.3% in 1998), the drug for which inmates most frequently tested positive.

### **Percentage of Pennsylvania Prison Inmates Testing Positive by Hair Analysis for Any Drug and Marijuana Only, 1996 and 1998**

(n=1,000 inmates sampled in each year from five Pennsylvania prisons)



NOTES: The five prisons included in this study were Graterford, Pittsburgh, Somerset, Cresson, and Muncy. NIJ provided aggregate results of the hair analyses to the prisons; individual hair test results remained anonymous.

SOURCE: Adapted by CESAR from data from Commonwealth of Pennsylvania, Department of Corrections, "National Study Reveals Ridge Administration Crackdown Has Made Pennsylvania Prisons Nearly 99 Percent Drug Free," Press Release, 1/22/99. For more information, contact Andy Keyser of the Pennsylvania Department of Corrections at 717-731-7149 or Thom Feucht of the National Institute of Justice at 202-307-2949.

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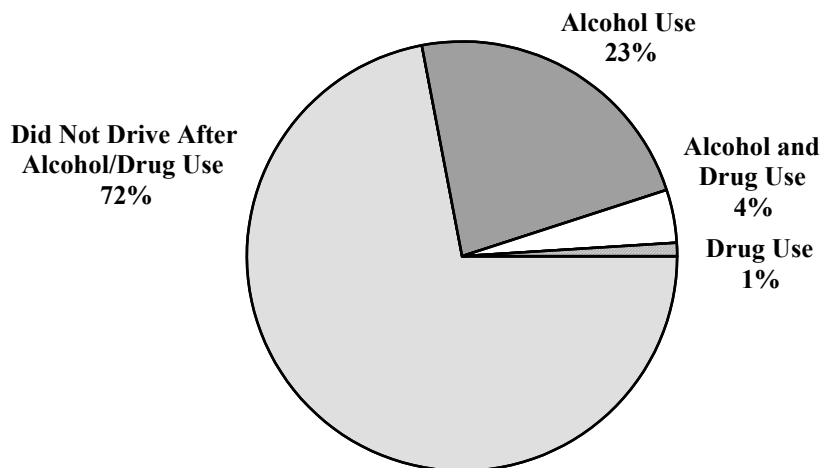
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## *An Estimated 46.8 Million U.S. Drivers Each Year Drive After Using Alcohol and/or Drugs*

An analysis of data from the National Household Survey on Drug Abuse has found that over one-fourth of U.S. drivers--an estimated 46.8 million drivers--have driven within two hours of drug and/or alcohol use in the past year. Twenty-three percent of drivers reported driving after alcohol use and 5% after drug use (either alone or in combination with alcohol). The most distinct difference between alcohol- and drug-involved drivers is age--the prevalence of driving after alcohol use was highest among drivers aged 21-34, while driving after drug use was highest among younger drivers (aged 16-20). The age disparity can be explained, in part, by the fact that marijuana was the most commonly used drug by drugged drivers. The highest rates of marijuana use are typically found among youth.

### **Percentage of Drivers Aged 16 and Older Driving Within Two Hours of Alcohol and/or Drug Use in the Past Year**



SOURCE: Adapted by CESAR from data from Substance Abuse and Mental Health Services Administration and the Department of Transportation, "Driving After Drug or Alcohol Use: Findings from the 1996 National Household Survey on Drug Abuse," Analytic Series: A-8, December 1998. Copies of the report are available from the National Clearinghouse for Alcohol and Drug Information (NCADI) at [www.health.org](http://www.health.org) or 800-729-6686.

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## A Weekly FAX from the Center for Substance Abuse Research

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### *Heroin, Marijuana, and Methamphetamine Indicators Increase Across U.S.*

The Community Epidemiology Work Group (CEWG) is a network of epidemiologists and researchers from across the United States who meet twice a year to review current and emerging substance abuse problems. Information reported at each CEWG meeting is intended to alert substance abuse professionals, policymakers, and the general public to current conditions and potential problems so that appropriate, timely action can be taken. An advance report from the 45th CEWG meeting, held this past December, was recently released by the National Institute on Drug Abuse (NIDA). Following are some of the findings described in the report:

- While “**crack cocaine** continues to be readily available at low prices in almost all CEWG cities,” cocaine indicators (including crack) show a steady decrease over time in most areas (p. 11).
- **Heroin** indicators, such as emergency department mentions and arrests, continued to increase in 12 of the 21 CEWG cities, including Boston, Chicago, Miami, and Washington, D.C. Since high-purity heroin (typically between 60 and 70%) continues to be available on the street, “heroin snorting has become much more prevalent and is spreading to younger populations.” For example, “in Washington, D.C., it was reported that heroin abuse has become increasingly popular among the city’s teenagers and young adults, while in Miami more than one-third of the primary heroin admissions were novice non-injecting abusers” (p. 7).
- In most CEWG cities emergency department **marijuana** mentions have increased dramatically, as have treatment admissions and arrests. In New York City, “cannabis arrests continue to mount and may surpass cocaine and heroin arrests by the end of 1998” (p. 13).
- **Methamphetamine** indicators continued to increase in most West and Southwest CEWG cities. In addition, this drug began to appear more frequently in indicators from other cities, such as Boston, where “reports from the DEA, State Police, and treatment providers suggest that methamphetamine has become more available” (p. 18).

SOURCE: Adapted by CESAR from data from National Institute on Drug Abuse (NIDA), Community Epidemiology Work Group, “Epidemiologic Trends in Drug Abuse: Advance Report,” 1999.

### Want More Information About the CEWG?

For additional information about the CEWG, as well as State Epidemiology Work Groups (SEWGs), visit the CEWG homepage at [www.cdmgroup.com/CEWG](http://www.cdmgroup.com/CEWG).

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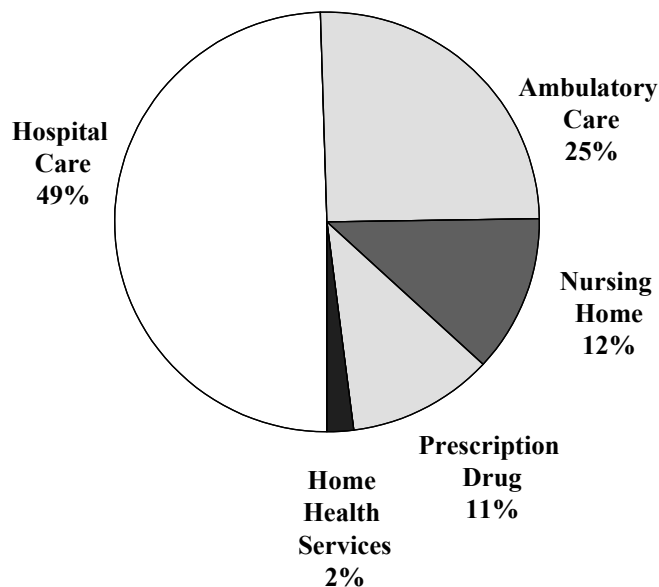
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## *Cigarette Smoking Cost the U.S. an Estimated \$72.7 Billion in Medical Expenses in 1993*

Cigarette smoking cost the U.S. over \$72 billion in medical expenses, according to a study that estimated state-by-state totals of medical expenditures attributable to cigarette smoking for 1993 (the most recent year for which sufficient data were available). The majority of smoking-related medical expenses were for hospital care (49%, or an estimated \$35.9 billion) followed by ambulatory care, which includes physician and other professional services (25%, or an estimated \$18.5 billion). Individual state smoking-related expenditure totals ranged from \$79.6 million to \$8.72 billion. State-by-state data are available on CESAR's web site (go to [www.cesar.umd.edu](http://www.cesar.umd.edu), select CESAR BOARD, then Drug Information, then Cost of Drugs).

### **Estimated U.S. Medical Expenditures Attributable to Cigarette Smoking, by Type of Expenditure, 1993\* (\$72.7 Billion)**



\*Percentages do not add to 100 due to rounding.

NOTE: Medical expenses exclude amounts spent for people younger than 19 years, psychiatric hospital care, and mental retardation nursing homes.

SOURCE: Adapted by CESAR from data from Leonard S. Miller, Xiulan Zhang, Dorothy P. Rice, and Wendy Max, "State Estimates of Total Medical Expenditures Attributable to Cigarette Smoking, 1993," *Public Health Reports* 113:447-458, September/October 1998.

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**A Weekly FAX from the Center for Substance Abuse Research**

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*In Memoriam*

*David N. Nurco, D.S.W.*

*1928-1998*



The substance abuse field lost a valued scientist and human being this past December. Dr. David N. Nurco had a long and distinguished professional career in the behavioral science field. For over 30 years he studied and collected data on the drugs-crime relationship, focusing particularly on narcotic addicts in Baltimore City. In his own words, his research revealed “how the focus of concern changed over the years from an examination of the extent and gravity of the drug ‘abuse’ phenomenon to its correlates in terms of impact on crime and characteristics of users and, finally, to the development and assessment of prevention and intervention strategies” (p. 1818). His research included the following topics:

- Narcotic Addict Careers
- Opportunity and Motivation for Using Narcotic Drugs
- Changing Patterns of Criminal Activity
- Addict Differences in Illegal Income and Employment
- Addict Variations in Type, Frequency, and Severity of Crime
- Vulnerability to Narcotic Addiction
- Social Support Services for Parolees
- Interventions Within the Correctional System
- Prevention and Early Intervention with Inner-City Youth

Dr. Nurco will be sorely missed by the substance abuse research community. To ensure the perpetuation of his work, Friends Research Institute, Inc. and Catholic University of America have established the David N. Nurco Memorial Scholarship Fund (see box below).

SOURCE: Adapted by CESAR from data from David N. Nurco, “A Long-Term Program of Research on Drug Use and Crime,” *Substance Use & Misuse*, 33(9):1817-1837, 1998.

**The David N. Nurco Memorial Scholarship Fund**

The David N. Nurco Scholarship Fund has been established to support students who plan to pursue a career in behavioral research. Scholarships will be awarded on the basis of academic merit and financial need. Contributions to the fund may be made to: Friends Research Institute, Inc., P.O. Box 10676, 505 Baltimore Ave., Baltimore, MD 21285. For more information about the fund, visit CESAR’s web site at [www.cesar.umd.edu](http://www.cesar.umd.edu) (go to CESAR BOARD, then Legislation, Grants, and Contracts, then Grant Calendars and Other Information).

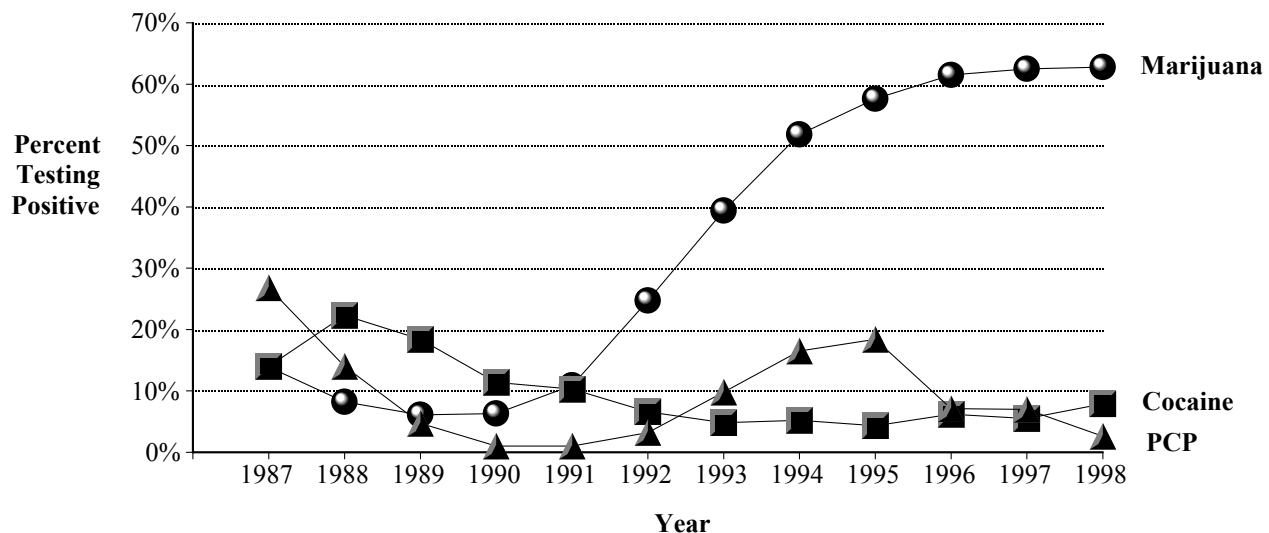
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## *Marijuana Use Among D.C. Juvenile Arrestees May Be Leveling Off*

Since 1994, the majority of D.C. juvenile arrestees have tested positive for marijuana. Recently released data from the D.C. Pretrial Services Agency indicate that marijuana use among this population may be finally leveling off. For the past three years, the percentage of juvenile arrestees testing positive for marijuana has remained around 63%. Cocaine positives have remained at less than 10% since 1992 and PCP positives have dropped significantly over the past several years (from 18% in 1995 to 3% in 1998). D.C. pretrial drug test results for both adults and juveniles are available on CESAR's web site ([www.cesar.umd.edu](http://www.cesar.umd.edu)). Go to CESAR BOARD, then Criminal Justice.

**Percentage of Washington, D.C. Juvenile Arrestees Testing Positive by Urinalysis for Cocaine, Marijuana, and PCP, 1987-1998**



NOTE: D.C. juvenile arrestees were also tested for opiates from 1/87 to 6/94. Less than 1% tested positive for opiates each year.

SOURCE: Adapted by CESAR from data from the District of Columbia Pretrial Services Agency. For more information on D.C. pretrial drug testing, contact Susan Shaffer, Director, D.C. Pretrial Services Agency, at 202-727-2911.

### **CESAR Welcomes New Addition to Staff**

CESAR is pleased to announce that Amelia M. Arria, Ph.D., has joined our staff as Deputy Director for Research. Dr. Arria is also an Assistant Scientist at The Johns Hopkins University School of Hygiene and Public Health in Baltimore, Md. Her strong background in community health and treatment needs assessment makes her an invaluable addition to our staff.

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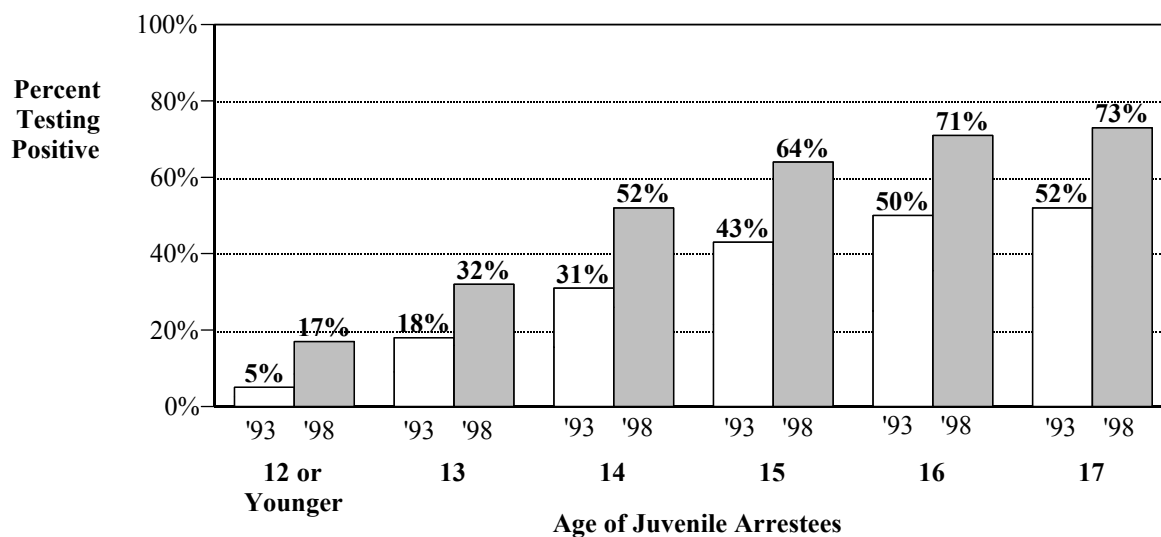
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## *Greatest Increases in D.C. Juvenile Pretrial Arrestee Drug Positives Have Occurred Among Youth 12 or Younger*

The percentage of D.C. juvenile arrestees testing positive for illicit drugs (primarily marijuana) has increased dramatically over the past several years. An analysis of age-specific data from the D.C. Pretrial Services Agency reveals that this increase has occurred among arrestees of all ages. However, the greatest increases have occurred among the youngest age groups. For example, the percentage of arrestees 12 years old or younger testing positive for any drug increased from 5% in 1993 to 17% in 1998--a 240% increase. In contrast, the percentage of 17-year-old arrestees testing positive for any drug increased 40% over the same period (from 52% to 73%). This trend is consistent with national reports of increased marijuana use among youth.

### **Percentage of Washington, D.C. Juvenile Arrestees Testing Positive by Urinalysis for Any Drug, by Age, 1993 and 1998**

(n=3,126 in 1993; 2,394 in 1998)



SOURCE: Adapted by CESAR from data from the District of Columbia Pretrial Services Agency. For more information on D.C. pretrial drug testing, contact Susan Shaffer, Director, D.C. Pretrial Services Agency, at 202-727-2911.

### **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.cesar.umd.edu](http://www.cesar.umd.edu), select CESAR BOARD, then Criminal Justice.

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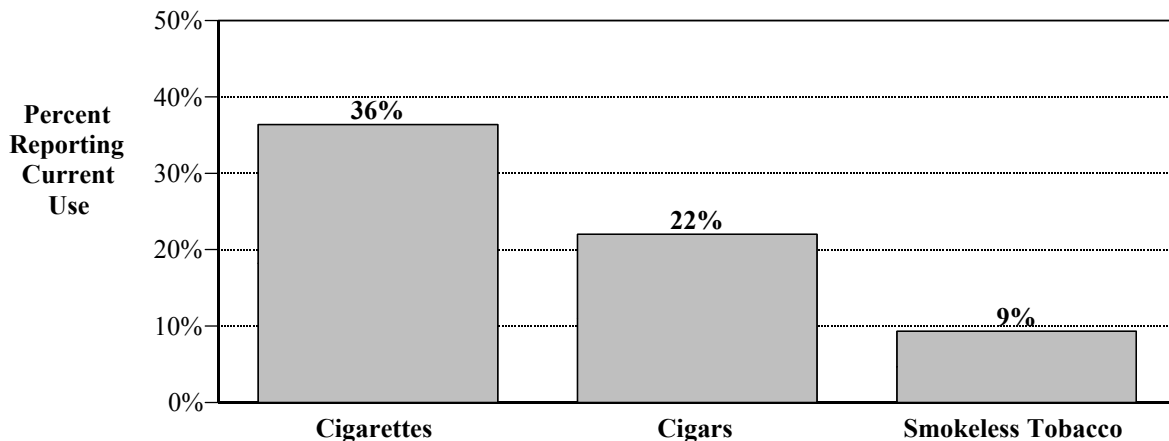
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**University of Maryland, College Park**

## *More Than One-Fifth of U.S. High School Students Smoke Cigars*

According to data from the first nationally representative survey of cigar use among high school students, 22% of students had used cigars at least once in the 30 days prior to the survey. Male students were more likely to use cigars than female students (31% vs. 11%, respectively), regardless of race/ethnicity. In addition to cigar use, 36% of the students reported current cigarette use and 9% reported current smokeless tobacco use. According to the editors, these findings “suggest that a major proportion of U.S. youth already have or are at risk for nicotine addiction and the subsequent health problems caused by tobacco use” (p. 2).

**Percentage of U.S. High School Students Reporting Current Tobacco Use, 1997**  
(n=16,262)



NOTE: Current use is defined as use on one or more of the 30 days preceding the survey.

SOURCE: Adapted by CESAR from data from Centers for Disease Control and Prevention, “Tobacco Use Among High School Students--United States, 1997,” *Morbidity and Mortality Weekly Report*, 47(12):229-233, WWW document; <http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00051762.htm> (accessed 2/26/99).

### **Do You Have Information Regarding the Purchase of Drugs Via the Internet?**

CESAR is looking for any information concerning the sale and/or purchase of legal or illegal drugs on the internet. If you would like to anonymously share information, please contact Brook Wraight of CESAR at 301-403-8329 or [bwraight@cesar.umd.edu](mailto:bwraight@cesar.umd.edu). Thank you!

## A Weekly FAX from the Center for Substance Abuse Research

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### *Youth Report Widespread Use of Cigars Yet Lack Specific Knowledge of the Health Risks*

According to the first national survey of cigar use among high school students, 22% of students were current cigar users in 1997 (see CESAR FAX, Volume 8, Issue 14). To better understand the nature and extent of teen cigar use, the Centers for Disease Control and Prevention, Office on Smoking and Health, recently conducted a series of 18 focus groups with youths ages 11-19. The focus group participants included 230 cigar users and nonusers from schools in 10 major metropolitan areas across all regions of the country. Following are some of the findings of the focus groups:

- *“Teens from [the] focus groups report widespread cigar use and experimentation among their peers” (p. 4).* Thirty-five percent of teens reported that half or more of their peers had smoked a cigar in the past 30 days, and 40% reported increased use among their peers since the previous year. Over half (54%) of the teens reported that they had personally smoked a cigar in their lifetime.
- *“Manufactured cigars, rather than premium cigars, are most commonly used by teens due to their ease of purchase, low cost, sweetened flavors, and pleasant aromas” (p. 7).* Specific brands mentioned as being popular were *Swisher Sweets, Black and Mild, and Phillie Blunts.*
- *“Teens in [the] focus groups report their peers use cigars as blunts for smoking marijuana” (p. 9).* Nearly three-fourths (73%) of the teens knew people about their age who used cigars as blunts for smoking marijuana, typically in a party environment.
- *“Smoking cigars is more socially acceptable among teens and adults than smoking cigarettes or using spit tobacco” (p. 16).* Over half (55%) of the teens in the focus groups reported having been with adults who have allowed teens to smoke cigars.
- *“Though teens in [the] focus groups appear to be generally aware of the adverse effects of tobacco use, they tend to lack specific knowledge of the health risks of cigars” (p. 19).* Teens appeared to draw general conclusions about cigar-related health risks from information learned about other forms of tobacco use.

The authors recommend that the Department of Health and Human Services “develop an action plan to address the public health risks posed by cigars, particularly access by youth,” including “an initiative to inform the public through a public awareness and educational effort appropriate for cigars” (p. 24). A copy of the report is available online at [www.dhhs.gov/progorg/oei](http://www.dhhs.gov/progorg/oei) or by calling 800-848-8960.

SOURCE: Adapted by CESAR from data from Department of Health and Human Services, Office of Inspector General, *Youth Use of Cigars: Patterns of Use and Perceptions of Risk*, February 1999.

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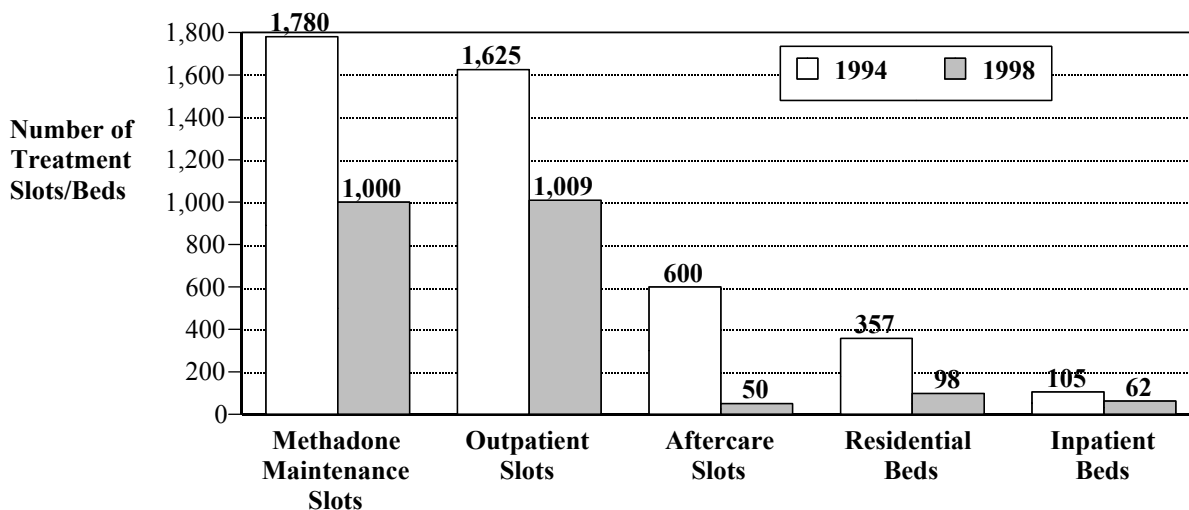
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***Report on Drug Use in Washington, D.C.  
Finds City's Current Treatment Efforts Inadequate***

Publicly funded drug treatment is scarce in the District of Columbia, according to a report released Friday by Drug Strategies. "Facing Facts: Drugs and the Future of Washington, D.C.," examines the nature and extent of substance use in the District, its impact on crime and health, and available prevention and treatment programs. According to the report, the District's treatment capacity has dropped significantly since 1994. The number of methadone maintenance treatment slots available decreased from 1,780 in 1994 to 1,000 in 1998--despite the fact that in an average month, 90% of D.C. residents on a treatment waiting list are waiting for admission to a methadone maintenance program. The report recommends a significant increase in funding for treatment services. Currently, the District spends \$42 per capita on prevention and treatment--compared to \$1,257 per capita on criminal justice.

**Number of Washington, D.C. Publicly Funded Treatment Slots and Beds Available, 1994 and 1998**



SOURCE: Adapted by CESAR from data from Drug Strategies, "Facing Facts: Drugs and the Future of Washington, D.C.," 1999. For more information, contact Drug Strategies at 202-289-9070.

**Washington, D.C. Substance Abuse Report Now Available from Drug Strategies**

To request a complimentary copy of the report, "Facing Facts: Drugs and the Future of Washington, D.C.," fax your name and address to Drug Strategies at 202-414-6199. The report is also available on their web site ([www.drugstrategies.org](http://www.drugstrategies.org)).

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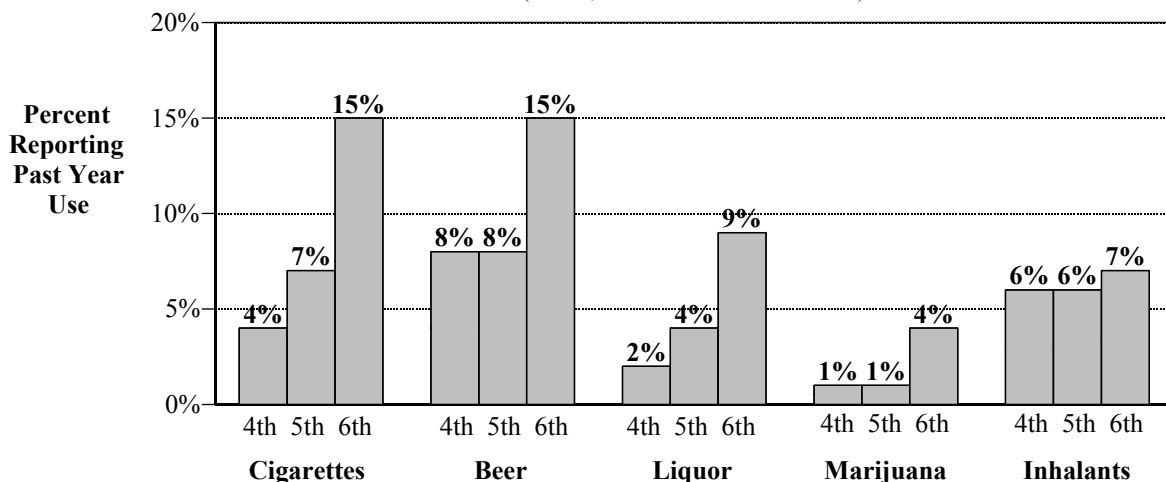
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### *Alcohol, Tobacco, and Other Drug Use Begin As Early as Fourth Grade; Dramatic Increases Seen by Sixth Grade*

Fourth, fifth, and sixth graders report a small but striking level of substance use, according to a survey conducted with 26,086 students in 22 states. Among 4th graders, 4% reported past year cigarette use and 8% reported past year use of beer. By 6th grade, these rates had jumped to 15% for both cigarette and beer use. Similar increases between 4th and 6th grades were found for liquor and marijuana. Inhalant use remained at around 6% for all three grade levels. The authors suggest that “social factors such as associating with new friends might explain the escalation in drug use” (p. 1). For more information, contact the National Parents’ Resource Institute for Drug Education (PRIDE) at 800-279-6361.

#### Percentage of Fourth, Fifth, and Sixth Grade Students Reporting Past Year Substance Use, 1997-98

(N=26,086 students in 22 states)



NOTE: Past year use is defined as use on one or more occasions during the past year.

SOURCE: Adapted by CESAR from data from the National Parents Resource Institute for Drug Education (PRIDE), “Study Shows Nine-Year-Olds Already Involved in Drugs and Alcohol; Transition from Fifth to Sixth Grade Seen as Vulnerable Time,” Pride News Release, April 7, 1999. WWW document: [www.prideusa.org/press99/978\\_4x6.htm](http://www.prideusa.org/press99/978_4x6.htm) (accessed 4/8/99).

#### Do You Have Information Regarding the Purchase of Drugs Via the Internet?

CESAR is looking for any information concerning the sale and/or purchase of legal or illegal drugs on the internet. If you would like to anonymously share information, please contact Brook Wraight of CESAR at 301-403-8329 or [bwraight@cesar.umd.edu](mailto:bwraight@cesar.umd.edu). Thank you!

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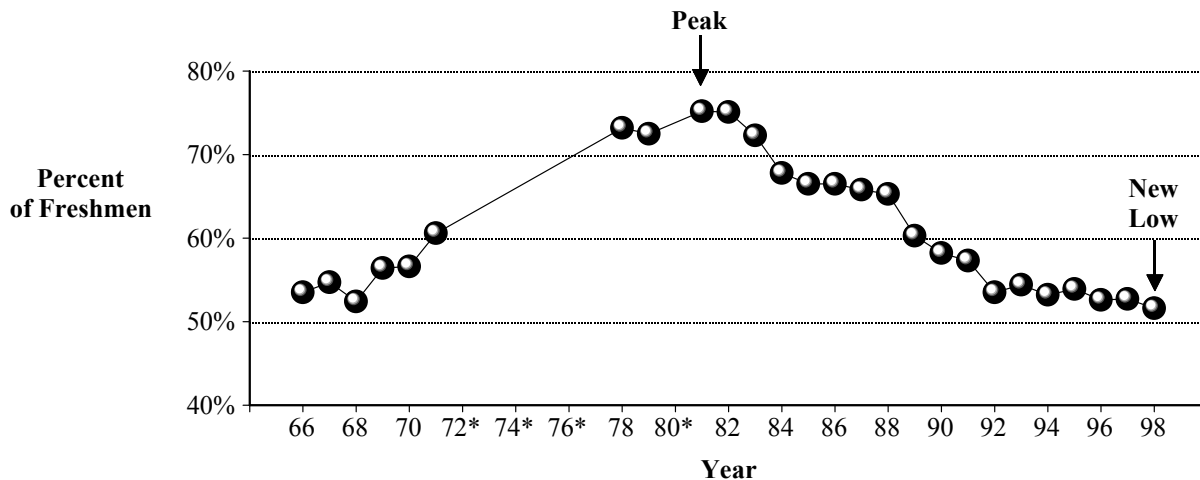
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## *Beer Drinking Among College Freshmen Reaches Record Low*

According to data from the Cooperative Institutional Research Program's annual college freshman survey, students entering their freshman year in 1998 reported the lowest levels of beer drinking since the survey began in 1966. Just over one-half (52%) of all college freshmen reported that they had occasionally or frequently drunk beer in the year prior to the survey, compared to the high of 75% in 1981. The decline in beer drinking has occurred among both men and women, although men continue to drink beer at higher rates than women (58% vs. 46%, respectively). While the relatively high rate of beer drinking among college freshmen remains a cause for concern, the decline in beer consumption over the past two decades is encouraging.

### **Percentage of U.S. College Freshmen Reporting Occasional or Frequent Beer Use in the Year Prior to the Survey, 1966-1998\***

(N=275,811 freshmen entering 469 two- and four-year institutions)



\*The question about beer use was not asked in the 1972-1977 and 1980 year surveys.

SOURCE: Adapted by CESAR from data from Linda J. Sax, Alexander W. Astin, William S. Korn, Kathryn M. Mahoney, "The American Freshman: National Norms for Fall 1998," December 1998. For additional information, contact the Higher Education Research Institute at 310-825-1925.

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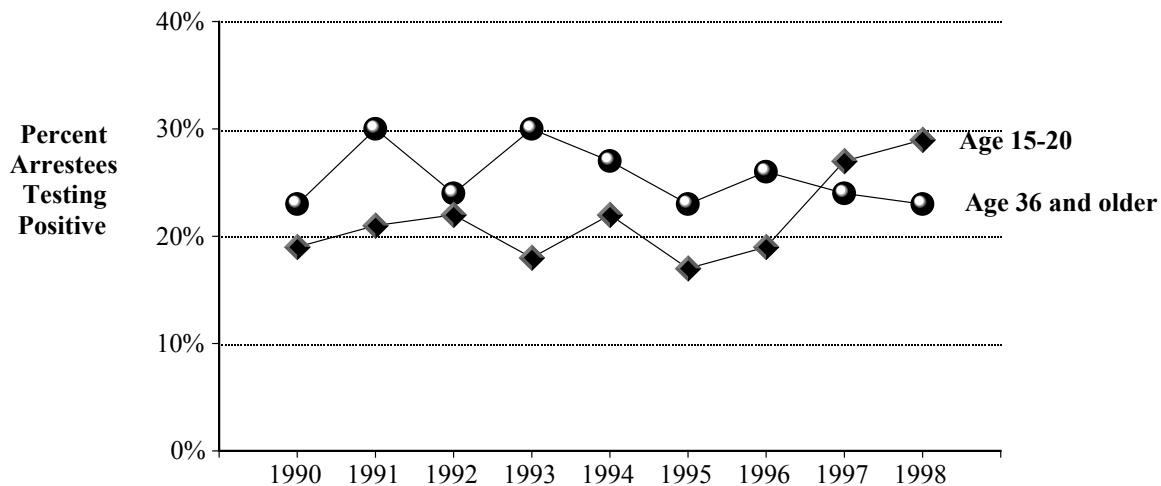
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## *Cocaine Use May Be Increasing Among Adult Arrestees Ages 15 to 20*

Cocaine use has historically been a problem among older arrestees (see CESAR FAX, Volume 7, Issue 34). Recent data from the Arrestee Drug Abuse Monitoring (ADAM) program (formerly the DUF program) show that the percentage of young adult arrestees testing positive for cocaine has been growing in certain sites in the southwestern and southern U.S. Twelve\* of the 35 ADAM sites demonstrate patterns that suggest that cocaine use among the youngest adult arrestees (ages 15-20) may be growing. For example, cocaine positives in San Antonio have been rising since 1995 and are now at 29%--a rate higher than that of the oldest adult cohort. The researchers believe that these patterns are due to an increase in powder cocaine use among young adults since "sites that are demonstrating increases in cocaine positives among 15-20 year olds are typically showing declines in self-reported crack use, but increases in self-reported cocaine use" (p. 15).

**Percentage of Adult Male Arrestees Testing Positive  
by Urinalysis for Cocaine, San Antonio, 1990-1998**  
(n=909 in 1998)



\*Albuquerque, Atlanta, Birmingham, Ft. Lauderdale, Houston, Laredo, Los Angeles, Miami, New Orleans, Phoenix, San Antonio, and Tucson

SOURCE: Adapted by CESAR from data from National Institute of Justice (NIJ), "1998 Annual Report on Cocaine Use Among Arrestees," NIJ Research Report, 1999. A copy of the report is available online at [www.ojp.usdoj.gov/nij/pubs.htm](http://www.ojp.usdoj.gov/nij/pubs.htm).

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***Winter 1998 Pulse Check Highlights Club Drug Use***

The Office of National Drug Control Policy (ONDCP) biannually conducts interviews with drug ethnographers and epidemiologists, law enforcement officers, and substance abuse treatment providers to obtain current information about drug abuse trends. The most recent *Pulse Check* report includes a special analysis of the use of various illicit drugs in nightclub and rave settings. According to the report, the users are typically young, white, and middle to upper class. The drugs used in clubs and at raves “often span beyond the most common drugs (heroin, cocaine, marijuana, and alcohol), to so-called ‘designer drugs,’ herbal mixtures, and a variety of hallucinogens” (p. 44) (see table below). Copies of the *Pulse Check* report are available online at [www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov).

**Club Drugs Reported in Winter 1998 Pulse Check Report**

<b>Drug Name/Type</b>	<b>Street Name</b>	<b>Description</b>	<b>Sites Reporting Use*</b>
MDMA (synthetic psychoactive)	Ecstasy, E, X, XTC, Adam	--Typically in pill form --Mildly hallucinogenic and amphetamine-like effects	Chicago, Honolulu, Miami, New York, St. Petersburg, San Diego, Seattle,
LSD (hallucinogen)	Acid	--Tablet, capsule, liquid, or blotter form --Visual hallucinations and delusions, distorted sense of time and self	Austin, Chicago, Honolulu, Minneapolis, St. Petersburg, Seattle
Ketamine (dissociative anesthetic)	Special K, K	--Powder or liquid form --Effects similar to PCP and LSD	Chicago, Miami, Minneapolis, New York, Newark, Seattle
GHB (sedative)	Georgia Home Boy, Grievous Bodily Harm, Liquid Ecstasy, Scoop	--Liquid form --Increases energy, disinhibition, relaxed muscles	Austin, Chicago, Honolulu, Miami, Newark, Seattle
Rohypnol (benzodiazepine)	Roofies	--Tablet or liquid form --Relaxes muscles, other sedative/hypnotic effects	Austin, Honolulu, Miami, Minneapolis, San Diego

\*Only *Pulse Check* sites with ethnographic reporters (Austin, Bridgeport, Chicago, Denver, Honolulu, Kansas City, Los Angeles, Miami, Minneapolis, New York City, Newark, St. Petersburg, San Antonio, San Francisco, and Seattle) are included.

SOURCE: Adapted by CESAR from data from Office of National Drug Control Policy (ONDCP), “Pulse Check: Trends in Drug Abuse January-June 1998,” Winter 1998.

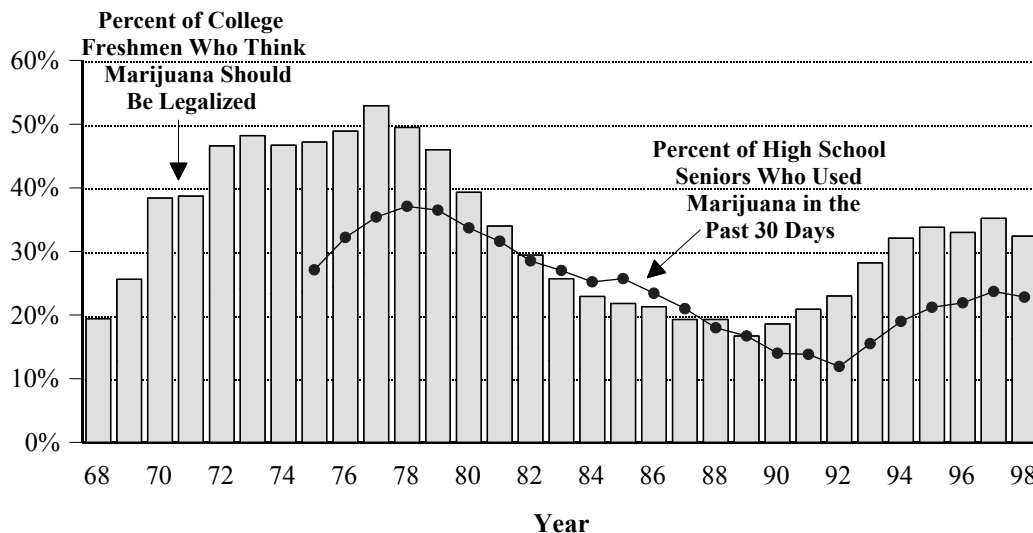
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## *College Freshmen's Support for Legalizing Marijuana May Be Leveling Off*

Support among college freshmen for the legalization of marijuana may be leveling off, according to a survey of over 275,000 freshmen at 469 two- and four-year institutions across the U.S. Since reaching a low of 17% in 1989, the percentage of U.S. college freshmen who believed marijuana should be legalized had steadily increased. Over the past few years, however, the percentages have stabilized at around 33%. This trend in support of marijuana legalization has mirrored that of marijuana use among high school seniors (see graph below).

**Percentage of U.S. College Freshmen Who Somewhat or Strongly Agree That "Marijuana Should Be Legalized," and Percentage of U.S. High School Seniors Who Used Marijuana in the Past 30 Days, 1968-1998**



SOURCE: Adapted by CESAR from data from Linda J. Sax, Alexander W. Astin, William S. Korn, Kathryn M. Mahoney, "The American Freshman: National Norms for Fall 1998," December 1998 and University of Michigan, Monitoring the Future Study Press Release, "Drug Use by American Young People Begins to Turn Downward," December 18, 1998. For more information, contact the Higher Education Research Institute at 310-825-1925 (college freshmen survey) or Lloyd Johnston of the University of Michigan at 734-763-5043 (high school senior survey).

### **CESAR Seeking Full-Time Librarian/Information Specialist for Drug Clearinghouse**

Minimum qualifications are a bachelor's degree, training/experience in running a library/information clearinghouse, and experience with online bibliographic databases and other Internet resources. Knowledge of substance abuse and/or criminal justice fields a plus. Applicants should send a cover letter and resume to: CESAR, ATTN: Librarian, 4321 Hartwick Rd, Ste 501, College Park, MD 20740. No telephone calls please.

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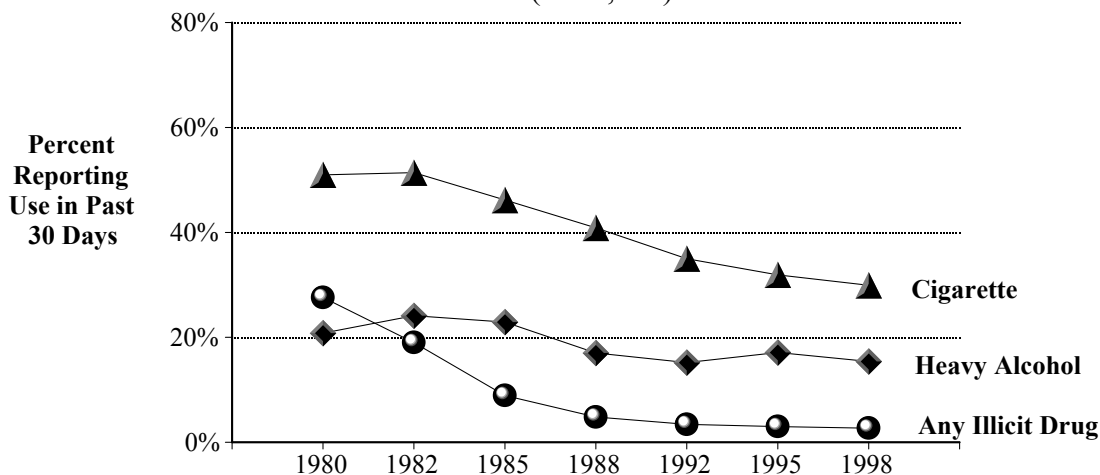
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### *Survey Finds Long-Term Declines in Cigarette and Illicit Drug Use Among Military Personnel; Heavy Alcohol Use Remains Unchanged*

While cigarette and illicit drug use among military personnel has decreased dramatically since 1980, heavy alcohol use has remained relatively stable, according to the *1998 Department of Defense Survey of Health Related Behaviors Among Military Personnel*. Cigarette use in the 30 days prior to the survey decreased from 51% in 1980 to 30% in 1998 while illicit drug use decreased from 28% to 3% over the same period. Heavy alcohol use decreased only slightly (from 21% in 1980 to 15% in 1998). However, a large part of this decline can be attributed to sociodemographic changes among military personnel during this period. According to the authors, "these results suggest that prevention of heavy alcohol use is a topic that may need further emphasis in the Military" (p. 7).

**Percentage of Military Personnel Reporting Past Month Heavy Alcohol, Cigarette, and Illicit Drug Use, 1980-1998**  
(n=17,264)



SOURCE: Adapted by CESAR from data from Robert M. Bray, *1998 Department of Defense Survey of Health Related Behaviors Among Military Personnel*. WWW document: <http://www.tricare.osd.mil/analysis/surveys/98survey/survey.html> (accessed 5/19/99) and Robert M. Bray et al., *1995 Department of Defense Survey of Health Related Behaviors Among Military Personnel*, February 1996. For more information, contact Robert Bray at 919-541-6000.

### Notice of NEDTAC Website Closing

The National Evaluation Data and Technical Assistance Center (NEDTAC) website closed on May 15, 1999 because the contract ended. Many of their products are now available at the National Evaluation Data Services (NEDS) website ([neds.calib.com](http://neds.calib.com)). Questions or comments can be sent to [neds@calib.com](mailto:neds@calib.com).

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***Eighty-Three Percent of Maryland Juvenile Detainees Report They Can Obtain a Gun--  
Almost One-Fifth Have Shot at Someone in the Past Year***

CESAR staff interviewed a representative sample of 649 youth detained in a Department of Juvenile Justice facility in 1996 about their exposure to guns. The gun sub-study was part of a statewide study of drug treatment needs among juvenile detainees in Maryland. The youth reported considerable access to guns--54% said they could obtain a gun within one day, primarily by buying it illegally. About one-fifth had threatened (22%) or shot at someone (17%) in the past year. These youth are typical of youth arrested throughout the country. A similar interview of juvenile arrestees in nine cities in 1995 (Decker and Pennell, 1996) found that the percentage of arrested juvenile males who said that it was easy to get a gun illegally ranged from 35% in Washington, D.C. to 71% in Los Angeles; the cross-site average was 59%.

**Maryland Juvenile Detainees' Gun-Related Behavior and Experience, 1996**  
(n=649)

Md. Detainees Who Reported They:	Percent
Could obtain a gun if needed	83%
Could obtain a gun in one day	54%
Carried a gun in the past year	42%
Were threatened with a gun in the past year	33%
Were shot at in the past year	28%
Threatened someone with a gun in the past year	22%
Shot at someone in the past year	17%

SOURCE: Center for Substance Abuse Research, Unpublished data from the Maryland Juvenile Substance Abuse Need for Treatment Among Arrestees (SANTA) study, 1996. For more information, contact Tom Gray of CESAR at 301-403-8329.

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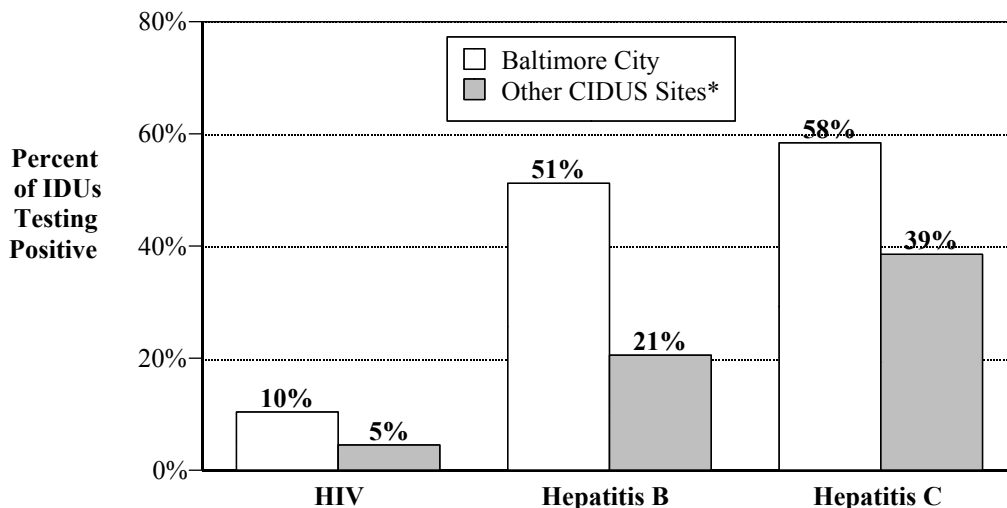
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## ***Young Injection Drug Users in Baltimore City Have Twice the Rate of HIV and Hepatitis B Infection as IDUs in Chicago, Los Angeles, New Orleans, and New York City***

An ongoing study in Baltimore, funded by the Centers for Disease Control and Prevention and the National Institute on Drug Abuse, reports high prevalence of HIV, Hepatitis B and Hepatitis C infection among young injection drug users (IDUs). The study included 212 IDUs aged 15 to 30 in Baltimore City who initiated their injecting career within the preceding 5 years. HIV, Hepatitis B, and Hepatitis C prevalence rates in this study were considerably higher than the average prevalence rates for four other cities\* also participating in the Collaborative Injection Drug User Studies (CIDUS-II) (personal communication, Dr. Edgar Monterroso, CDC). For more information, contact Dr. Steffanie Strathdee of Johns Hopkins School of Public Health at 410-614-4255 or Dr. David Vlahov of the New York Academy of Medicine at 212-822-7383.

**Prevalence of HIV, Hepatitis B, and Hepatitis C Among Young Injection Drug Users, Baltimore City vs. Other CIDUS Sites, 1999**



\*Other sites participating in the Collaborative Injection Drug User Studies (CIDUS) are Chicago, Los Angeles, New Orleans, and New York City

SOURCE: C Fuller, D Vlahov, M Safaeian, D Ompad, and SA Strathdee, *Correlates of HIV Infection among Newly Initiated Adolescent and Young Injection Drug Users*, Society for Epidemiologic Research 32nd Annual Meeting, Baltimore, Maryland, June 10-12, 1999.

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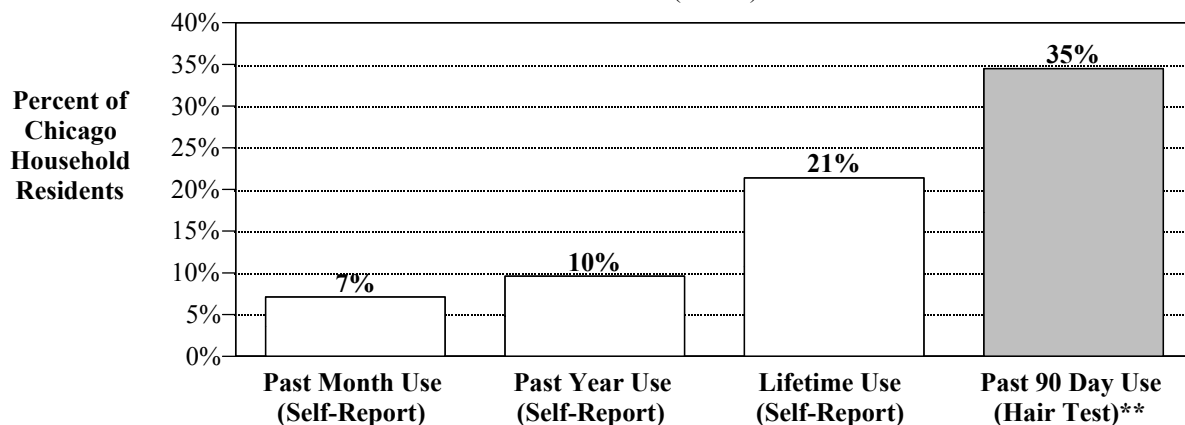
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## *Study Finds That Household Surveys May Underestimate Cocaine Use By Residents of High-Risk Communities*

Estimates of drug use are typically based on findings from household surveys. However, a recent study has found that survey respondents may not provide accurate self reports of their cocaine and heroin use. Researchers interviewed a sample of 322 residents in high-risk\* Chicago neighborhoods who provided a hair specimen for analysis. According to the hair tests, cocaine use was five times greater than the self-reported use in the past month and more than three times greater than the self-reported use in the past year (see figure below). Heroin use was also underreported by respondents. Furthermore, use of a self-administered, computerized interview (audio-CASI) by some respondents did not reduce underreporting. This study should be replicated so that household surveys may be designed to provide policymakers with more accurate estimates of drug use.

### **Estimated Cocaine Use Among Chicago Household Residents, by Self-Report and Hair Test, 1997**

(n=322)



\*High-risk neighborhoods were defined as those with above-average admissions to state-supported drug and alcohol treatment programs.

\*\*Hair segments were cut to 3 cm in length from the root ends, corresponding to estimated drug use in the past 90 days. Approximately 10% of the hair specimens were shorter than 3 cm.

SOURCE: Michael Fendrich, Timothy P. Johnson, Seymour Sudman, Joseph S. Wislar, and Vina Spiehler, "Validity of Drug Use Reporting in a High-Risk Community Sample: A Comparison of Cocaine and Heroin Survey Reports with Hair Tests," *American Journal of Epidemiology* 149(10):955-62, 1999. For more information, contact Michael Fendrich at 312-413-1084.

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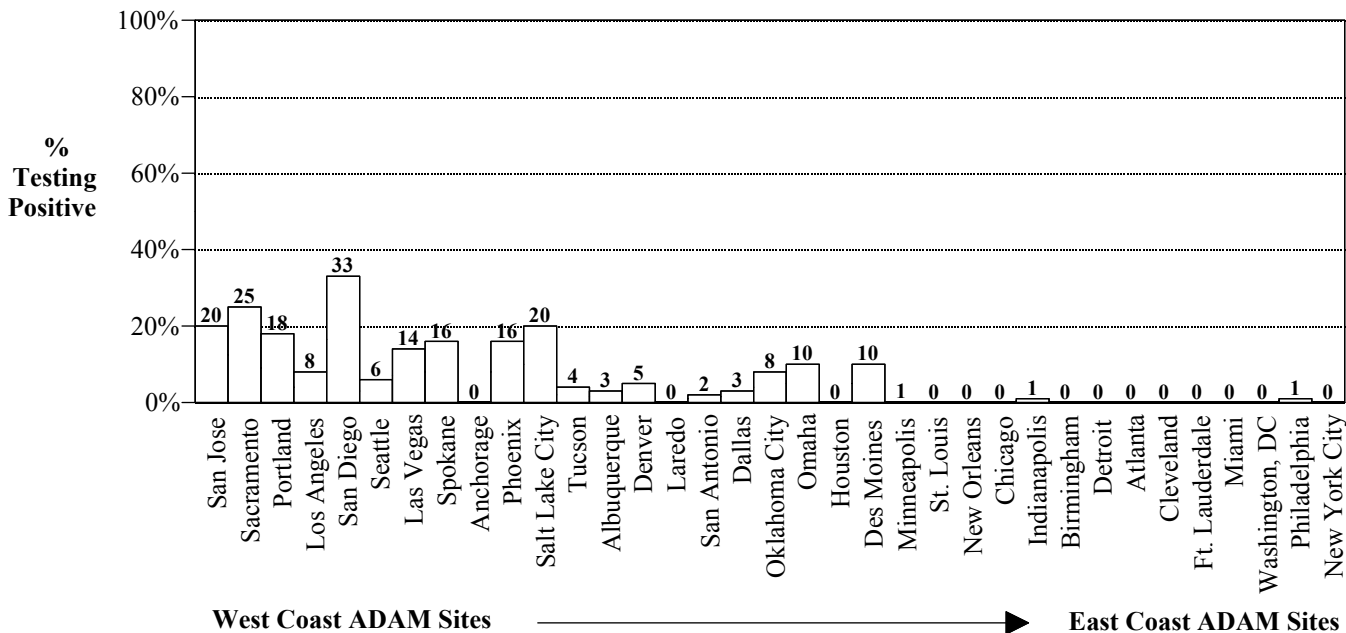
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*Arrestee Methamphetamine Use Shows Clear Regional Variations*

Recent data from the Arrestee Drug Abuse Monitoring (ADAM) program (formerly the DUF program) show that the majority of adult arrestees who test positive by urinalysis for methamphetamine use are in western U.S. ADAM sites. The most active regions appear to be California and areas to the north (Washington, Oregon) and west (Arizona, Nevada, Utah), where methamphetamine positive rates have continued to steadily increase since 1990. In contrast, arrestee meth use in eastern and southern ADAM sites is virtually nonexistent. The authors conclude that “although the rapid growth in methamphetamine use among arrestees has abated, it nevertheless has a broad and strong hold in areas where it appeared a decade ago” (p. 20).

**Percentage of Adult Arrestees Testing Positive for Methamphetamine, by ADAM Site, 1998**



SOURCE: Adapted by CESAR from data from National Institute of Justice (NIJ), “1998 Annual Report on Methamphetamine Use Among Arrestees,” NIJ Research Report, 1999. A copy of the report is available online at [www.ojp.usdoj.gov/nij/pubs.htm](http://www.ojp.usdoj.gov/nij/pubs.htm).



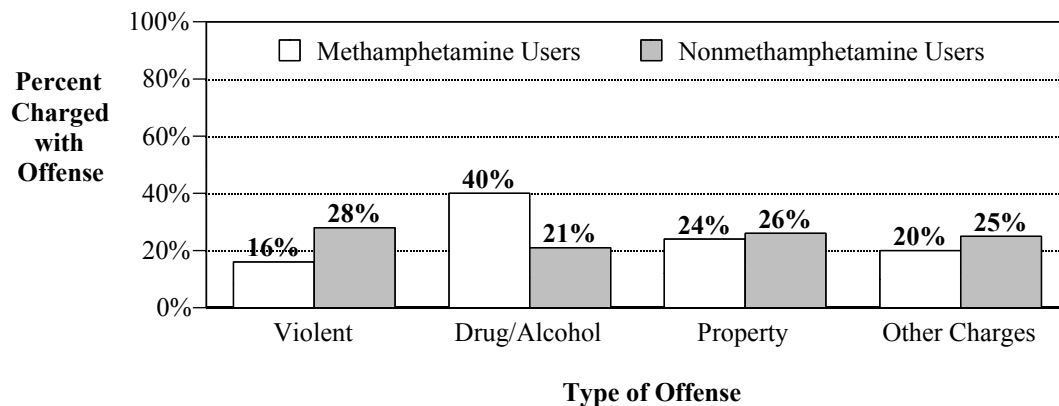
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***Arrestees Who Use Methamphetamine Less Likely Than Non-Meth Users to Be Arrested for a Violent Offense***

Methamphetamine users were significantly less likely than non-users to be arrested for a violent offense, according to recent data from five western Arrestee Drug Abuse Monitoring (ADAM) program sites.\* Overall, 16% of the adult arrestees who reported using meth within the 30 days prior to the interview had been charged with violent crimes--compared to nearly twice as many non-methamphetamine users (28%). According to the authors, this finding appears to differ with medical literature and popular press reports about the connection between methamphetamine and violent behavior. A similar finding 15 years ago showed that D.C. arrestees who used PCP were less likely to be arrested for violent crimes (Wish, 1986).

**Percentage of Adult Arrestees Charged with Violent, Drug/Alcohol, Property, and Other Offenses, by Reported Methamphetamine Use, 1996-97**  
 (n=929 arrestees in Los Angeles, Phoenix, Portland, San Diego, and San Jose ADAM Sites)



\*A methamphetamine addendum was added to the interviews conducted in five western ADAM sites that appeared to have increasing rates of meth use--Los Angeles, Phoenix, Portland, San Diego, and San Jose.

NOTES: Methamphetamine use was measured by self-report. Non-methamphetamine users may have used one or more other drugs.

SOURCES: Adapted by CESAR from data from National Institute of Justice (NIJ), "Meth Matters: Report on Methamphetamine Users in Five Western Cities" NIJ Research Report, 1999. A copy is available at [www.ojp.usdoj.gov/nij/pubs.htm](http://www.ojp.usdoj.gov/nij/pubs.htm).

Eric D. Wish, "PCP and Crime: Just Another Illicit Drug?" In Doris H. Clouet (Ed.), *Phencyclidine: An Update*, NIDA Research Monograph 64, 1986.

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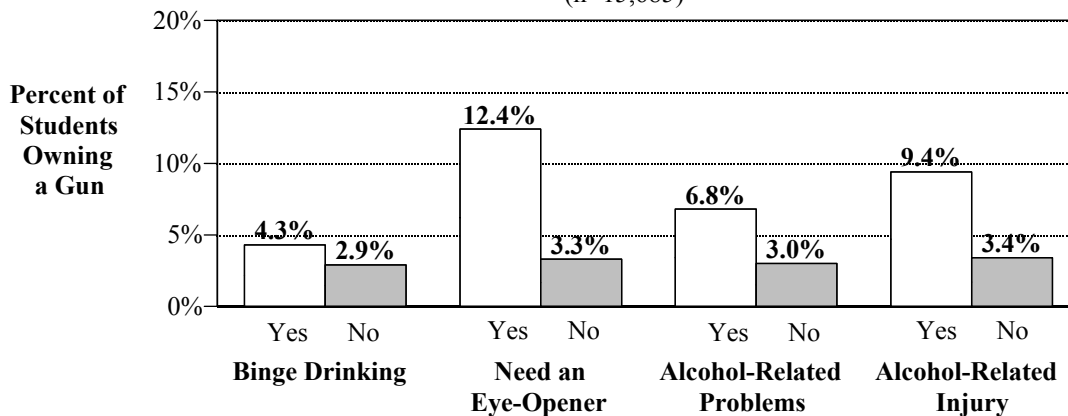
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***College Students With Serious Alcohol Problems More Likely to Own a Gun***

College students with significant alcohol problems are far more likely to own a gun than students without alcohol problems, according to a new survey. The survey of more than 15,000 undergraduate students from 140 U.S. colleges reported that having a gun at college was positively associated with several serious alcohol-related behaviors. These behaviors included binge drinking, needing a drink first thing in the morning as an eye-opener, experiencing alcohol-related problems, and sustaining serious alcohol-related injury. These relationships held even when the study considered gender, region, and fraternity/sorority membership. However, the authors caution that these findings do not imply a causal relationship between gun ownership and alcohol problems. Rather, they suggest that “college gun owners are more likely than those who do not own guns to engage in activities that put themselves and others at risk for severe or life-threatening injuries” (p. 10).

**Percentage of College Students Who Own a Gun,  
 by Alcohol-Related Behaviors, 1997**

(n=15,685)



NOTES: Binge drinking is defined as having five or more drinks in a row in the previous two weeks. Alcohol-related problems mean that a student reported experiencing at least one of the following: damaging property as a result of alcohol ingestion since the term began, being arrested for driving under the influence since the term began, or driving after binge drinking in the month before the survey. All findings reported above were statistically significant ( $p < .0001$ ).

SOURCES: Adapted by CESAR from data from Matthew Miller, David Hemenway, and Henry Wechsler, “Guns at College,” *Journal of American College Health* 48:7-12, July 1999. Available online at: <http://www.hsph.harvard.edu/cas>. For more information, contact Dr. Henry Wechsler at [hwechsle@hsph.harvard.edu](mailto:hwechsle@hsph.harvard.edu) or 617-432-1137.

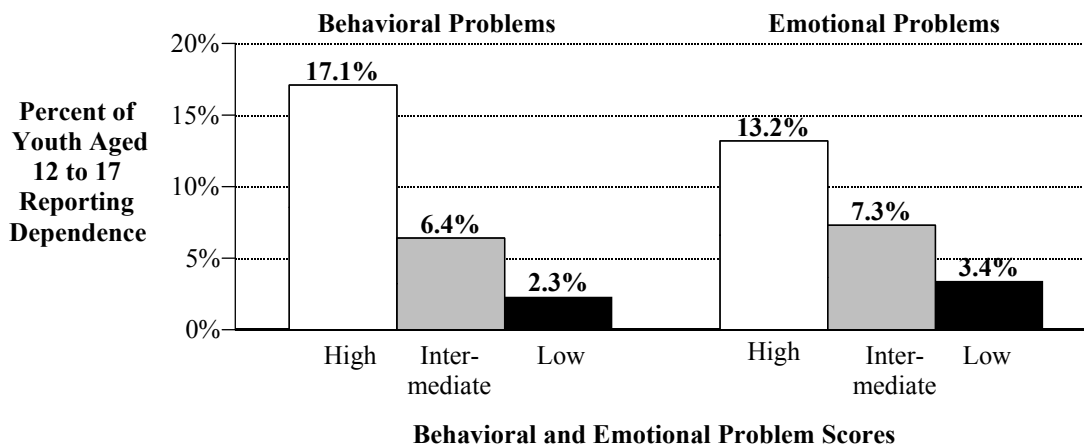
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## *Youth With Behavioral and Emotional Problems More Likely to Report Alcohol or Illicit Drug Dependence*

Adolescents with serious behavioral problems were more than seven times more likely than those with less serious problems to report that they were dependent on alcohol or illicit drugs (17.1% vs. 2.3%), according to an analysis of data from the National Household Survey on Drug Abuse. In addition, youth with serious emotional problems were nearly four times more likely to report dependence (13.2% vs. 3.4%). According to the authors, while “these findings strongly suggest that emotional and behavioral problems represent significant risk factors for adolescent substance use,” future research is needed to identify the exact nature of the relationship between substance use and emotional and behavioral problems (pp. 32-33).

### **Percentage of Youth Aged 12 to 17 Reporting Dependence on Alcohol or Illicit Drugs, by Behavioral and Emotional Problem Scores,\* 1994-1996**



\*Severity levels (high, intermediate, and low) for behavioral and emotional problem scale were determined using values set in the Youth Self-Report (YSR), an instrument extensively used in adolescent studies to assess psychological difficulties.

SOURCES: Adapted by CESAR from data from Substance Abuse and Mental Health Services Administration, Office of Applied Studies, “The Relationship Between Mental Health and Substance Abuse Among Adolescents,” Analytic Series: A-9, 1999. Copies of the report are available from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 800-729-6686.

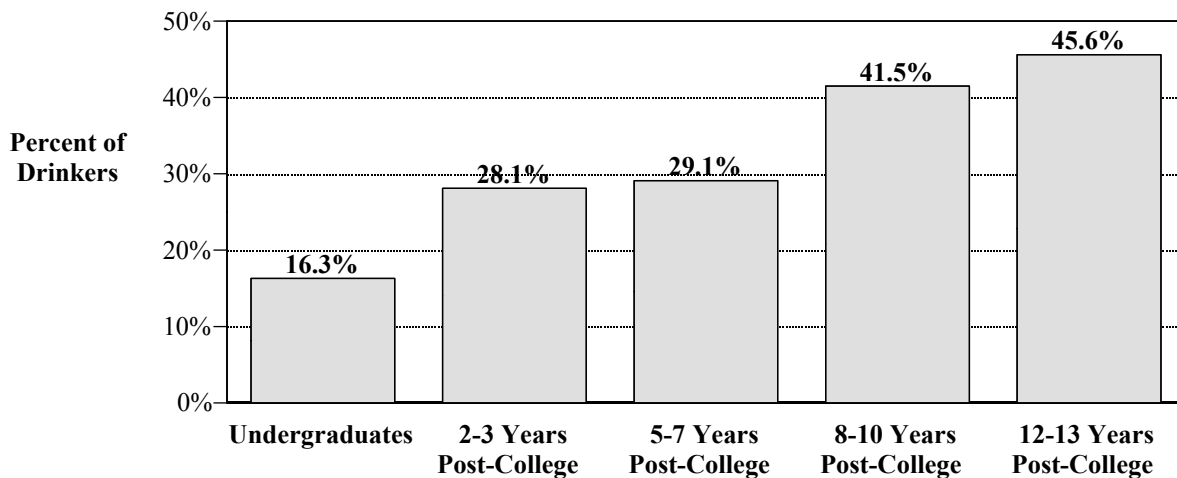
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## *Stress-Motivated Drinking Increases Dramatically in Post-College Years*

While the frequency of drinking is higher among undergraduate students, drinking to relieve and reduce stress is more prominent in the years after college, according to a recent study of drinking patterns among students and graduates of a college in New York State. Post-collegiate males were 1.8 to 2.9 times more likely than undergraduate males to report primarily stress-related reasons for drinking (see figure below). In addition, drinking primarily for stress-reduction became more problematic in post-college years; men who reported that their drinking was primarily motivated by stress drank more heavily than men who did not report stress-motivated drinking. Similar results were found for female students and graduates. The author recommends that future research attempt to replicate these results in other collegiate/post-collegiate populations.

**Percentage of Undergraduate and Post-Collegian Male Drinkers Reporting Predominantly Stress-Motivated Reasons for Drinking, 1991**



NOTE: These data were collected from undergraduate surveys conducted in 1982 (n=1,516), 1987 (n=659), and 1991 (n=926) and from surveys conducted in 1987 (n=870) and 1991 (n=1,151) with graduates of the classes of 1979, 1982 and 1985.

SOURCE: Adapted by CESAR from data from H. Wesley Perkins, "Stress-Motivated Drinking in Collegiate and Postcollegiate Young Adulthood: Life Course and Gender Patterns," *Journal of Studies on Alcohol* 60:219-227, 1999. For more information, contact Dr. Wes Perkins at 315-781-3437 or [perkins@hws.edu](mailto:perkins@hws.edu) or visit [www.hws.edu/~alcohol](http://www.hws.edu/~alcohol).

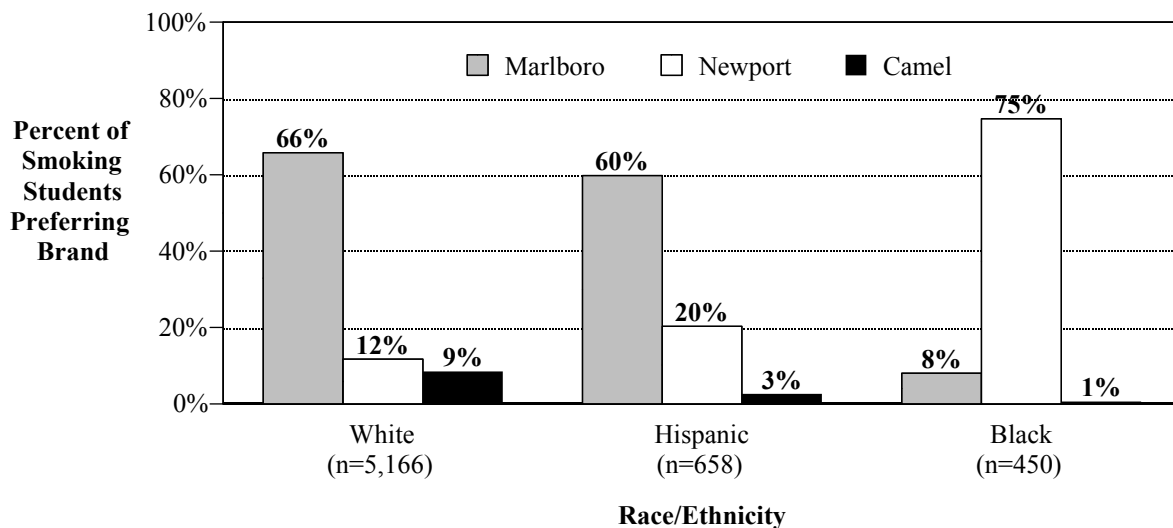
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## *Heavily Advertised Cigarette Brands Are Preferred By High School Smokers*

The high rates of cigarette smoking by American teenagers are associated with only three heavily advertised brands, according to an analysis of data from the national Monitoring the Future school survey. The 1998 survey found that between 19% and 35% of 8th, 10th, and 12th grade students nationwide were current smokers. Among these adolescents, the most popular brands of cigarettes were Marlboro (60%), Newport (18%), and Camel (7%). The only factor that appeared to relate to brand preference was race/ethnicity. The majority of white and Hispanic smokers preferred Marlboro, compared to 8% of African American smokers. The predominant preference among African American smokers was Newport (75%). The authors emphasized that these three brands “have been among the most heavily advertised and promoted cigarette brands, in particular Marlboro” and “two of them (Newport and Camel) have aggressively pursued youth-oriented themes in their advertising” (p. 6).

**Percentage of 8th, 10th, and 12th Grade U.S. Student Current Smokers Reporting Preferred Brand of Cigarette, by Race/Ethnicity, 1998**



NOTES: Current smoking is defined as smoking one or more cigarettes in the 30 days before the survey. Students were asked “What brand of cigarettes do you usually smoke?” to determine brand preference.

SOURCE: Adapted by CESAR from data from Lloyd D. Johnston, Patrick M. O’Malley, Jerald G. Bachman, and John E. Schulenberg, “Cigarette Brand Preferences Among Adolescents,” *Monitoring the Future Occasional Paper 45*, 1999. Online at <http://www.isr.umich.edu/src/mtf/occpaper45/paper.html> (accessed 6/7/99).

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***CSAT's NEDS Website Provides Treatment Evaluation Data Analyses and Information  
(<http://neds.calib.com>)***

The Center for Substance Abuse Treatment (CSAT) established the National Evaluation Data Services (NEDS) to further its mission of expanding the availability of effective treatment services and improving the lives of those affected by alcohol and drug abuse. The NEDS goal is to increase scientifically based analyses to answer vital questions in the substance abuse treatment field and to provide information on those treatment approaches shown to be effective for curbing addiction and related behaviors.

NEDS provides extensive, state-of-the-art access to analytic products and more through the NEDS Web site at <http://neds.calib.com>. Web site users can:

- Obtain NEDS products, including full text and summaries. Products include:
  - Analytic reports on treatment access, services, costs, and outcomes, such as, "Effects of Treatment Program and Client Characteristics on Client Retention."
  - Evaluation methods reports, such as, "Staying in Touch: A Fieldwork Manual of Tracking Procedures for Locating Substance Abusers for Follow-Up Studies."
  - Fact sheets that highlight findings from analyses and reports, such as, "Women in Treatment in the National Treatment Improvement Evaluation Study."
- Obtain information about over 65 substance abuse-related databases, including descriptions of the research, data variables and structures, and locations of the databases
- Access, through direct links, related Federal, state, and other organizations' Web sites.

Many valuable treatment services research and evaluation products and tools are currently available through the Web site, including the National Treatment Improvement Evaluation Study (NTIES) final report and instruments as well as NEDS-developed technical reports, fact sheets, and integrated evaluation methods, concepts, and tools. These holdings are updated every month.

Visit the NEDS Web Site at <http://neds.calib.com> or email [NEDS@Calib.com](mailto:NEDS@Calib.com) to obtain more information.

SOURCE: National Evaluation Data Services (NEDS), conducted under contract to the Program Evaluation Branch of the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. Caliber Associates is the prime contractor for NEDS (Contract No. 270-97-7016), in partnership with Battelle Centers for Public Health Research and Evaluation, (CPHRE), The Lewin Group, and the National Opinion Research Center (NORC). The period of performance is 10-1-1997 to 9-30-2001.

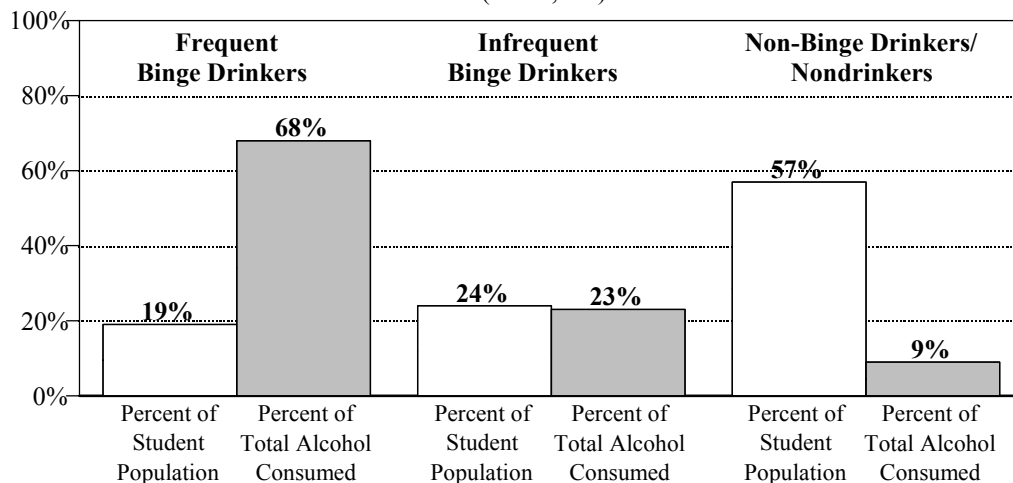
**A Weekly FAX from the Center for Substance Abuse Research**

**University of Maryland, College Park**

## *Frequent Binge Drinkers Account for Majority of Alcohol Consumed by U.S. College Students*

Frequent binge drinkers make up only 19% of the college population, yet account for 68% of alcohol consumed by college students, according to an analysis of data from the Harvard School of Public Health College Alcohol Study (CAS). In contrast, non-binge drinkers represented 57% of the college population, yet consumed only 9% of the alcohol. Furthermore, frequent binge drinkers accounted for nearly half of the students who experienced at least one drinking-related problem, such as driving after drinking. The authors recommend that this and similar survey data be used to formulate campus prevention programs and policies that present the “true” norms of college drinking patterns. For example, CESAR’s Drug and Alcohol Referral and Assessment (DARA) system presents local college alcohol and other drug use trends to inform students about the true nature of substance use on campus (see CESAR FAX, Volume 7, Issue 44, or visit the DARA web site at [www.cesar.umd.edu/dara](http://www.cesar.umd.edu/dara)).

**Percentage of Student Population and Percentage of Total Alcohol Consumed, by Level of Binge Drinking, U.S. College Students, 1993**  
(N=17,046)



NOTES: Binge drinking is defined as the consumption of five or more drinks in a row for men and four or more drinks in a row for women during the two weeks before the survey. Frequent binge drinking is defined as binge drinking three or more times in the past two weeks. Infrequent binge drinking is defined as binge drinking one or two times in the past two weeks.

SOURCE: Adapted by CESAR from data from Henry Wechsler, Beth E. Molnar, Andrea E. Davenport, and John S. Baer, “College Alcohol Use: A Full or Empty Glass?,” *Journal of American College Health* 47:247-252, May 1999. For more information, contact Dr. Henry Wechsler at [hwechsle@hsph.harvard.edu](mailto:hwechsle@hsph.harvard.edu).

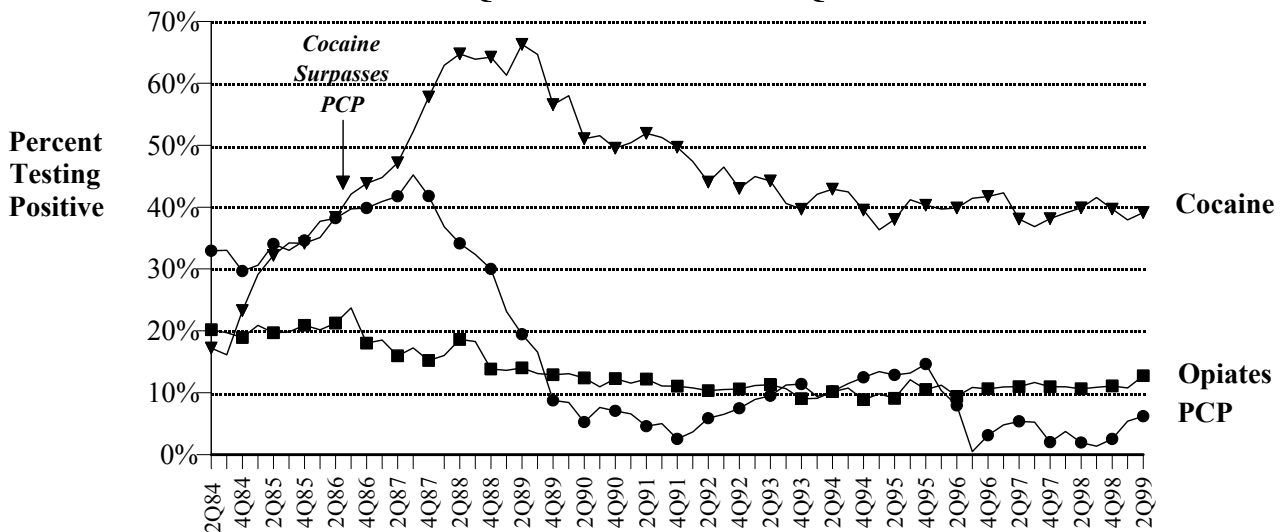
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**University of Maryland, College Park**

## *Drug Test Results Among D.C. Adult Arrestees Have Shifted Dramatically Over the Past 15 Years*

Urinalysis results from adult arrestees in the District of Columbia have changed dramatically since the mid-1980s. However, in recent years, the pattern of test results has remained fairly stable. Fifteen years ago, PCP was the most frequently detected drug among arrestees tested by the D.C. Pretrial Services Agency. At that time, approximately 32% of arrestees tested positive for PCP, 20% for opiates, and 19% for cocaine. However, a dramatic shift occurred beginning in 1985 with the introduction of crack cocaine, and cocaine positives soared while PCP positives declined sharply. Approximately two-thirds of all arrestees tested positive for cocaine in 1989, the highest point since data collection began. By the mid-1990s, the percentage of arrestees testing positive for cocaine had declined to about 40%, although it continues to be the most frequently detected drug. During the second quarter of 1999, the percentage of arrestees testing positive for cocaine (39%), opiates (13%) and PCP (6%) continued the stable pattern existing for several years.

**Percentage of Washington, D.C. Adult Arrestees Testing Positive by Urinalysis for Cocaine, Opiates, and PCP, Second Quarter 1984 to Second Quarter 1999**



SOURCES: Adapted by CESAR from data from the District of Columbia Pretrial Services Agency. For more information on D.C. pretrial drug testing, contact Susan Shaffer, Director of the D.C. Pretrial Services Agency, at 202-727-2911.

### **CESAR Seeking a Project Director and Research Interviewers**

Experience working with criminal justice populations a plus. Applicants should fax (301-403-8342) or e-mail ([cesar@cesar.umd.edu](mailto:cesar@cesar.umd.edu)) a cover letter and resume to the attention of the Director of Personnel.

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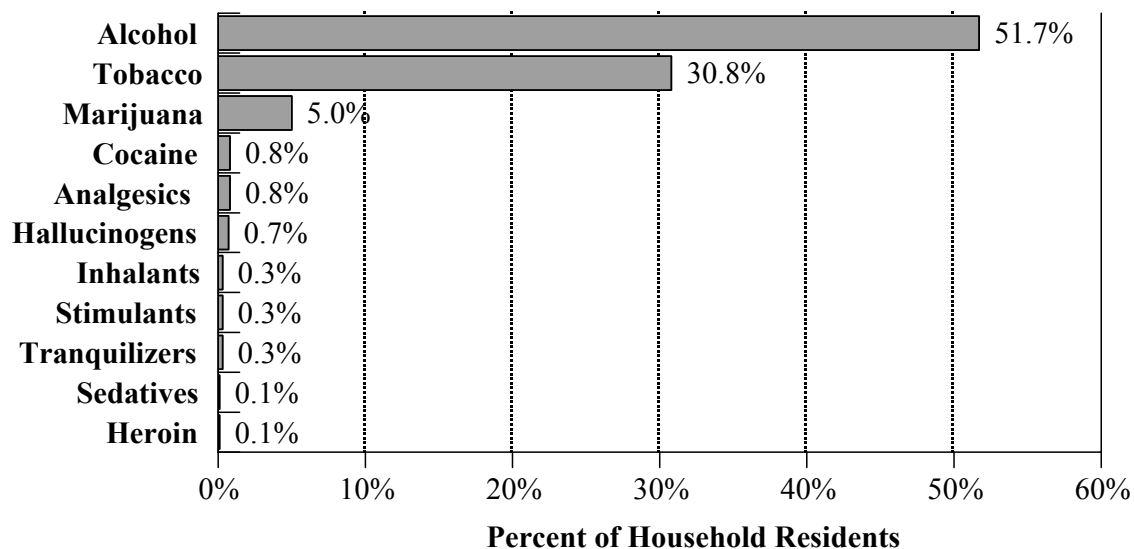
**University of Maryland, College Park**

## *Alcohol and Tobacco are Primary Substances of Use Among Household Residents; Less Than One Percent of Householders Report Cocaine or Heroin Use*

The majority of U.S. household residents aged 12 and older reported using either alcohol (51.7%) or tobacco (30.8%) within the past month, according to data from the 1998 National Household Survey on Drug Abuse. Marijuana was the most frequently used illicit drug, reported by 5% of household residents. All other drugs, including cocaine, heroin, hallucinogens, and inhalants, were used by less than 1% of household residents. Reported rates of illicit drug use are extremely low among household residents for two primary reasons. First, this population does not include those at higher risk of illicit drug use, such as incarcerated and homeless persons. Second, recent research indicates that household residents underreport their illicit drug use (see CESAR FAX, Volume 8, Issue 25).

### **Estimated Percentage of U.S. Household Residents (Age 12 and Older) Reporting Past Month Substance Use, 1998**

(Based on interviews with 25,500 persons)



NOTE: The tobacco category includes cigarettes and smokeless tobacco.

SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (OAS), "Summary of Findings from the 1998 National Household Survey on Drug Abuse," August 1999. A copy of the report is available online at [www.samhsa.gov](http://www.samhsa.gov).

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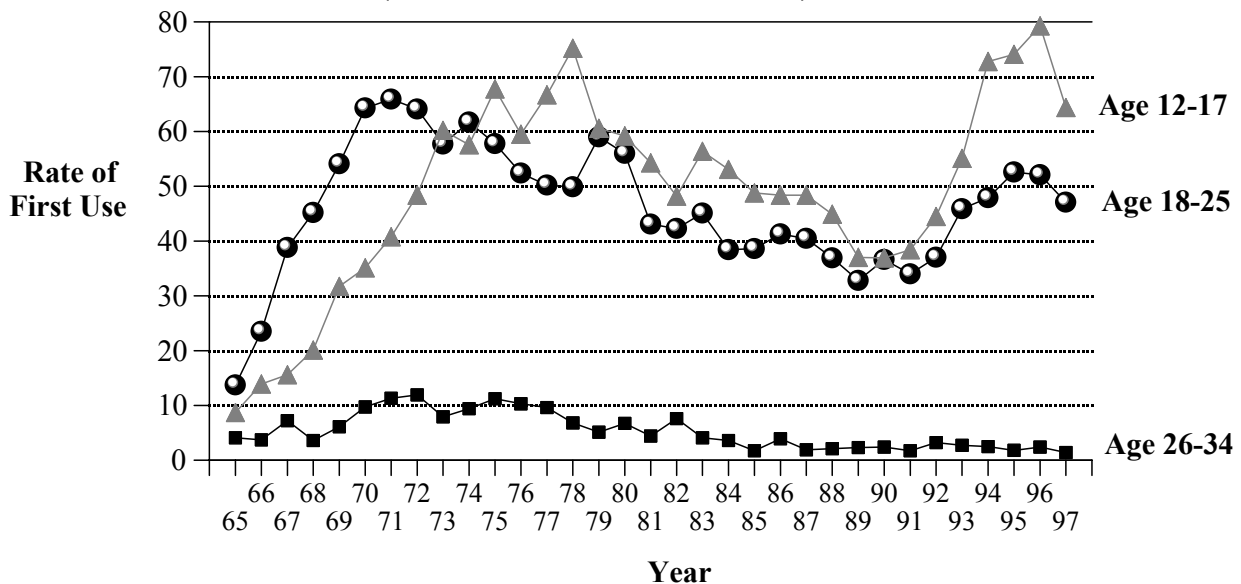
**A Weekly FAX from the Center for Substance Abuse Research**

**University of Maryland, College Park**

### *90s Surge in Marijuana Use by Youth May Be Subsiding: Fewer Youth Age 12-17 Initiated Marijuana Use During 1997*

The rate of new marijuana use by youth ages 12-17 decreased for the first time in almost a decade, according to data from the National Household Survey on Drug Abuse. In 1997, there were 64 new marijuana users ages 12-17 per 1,000 potential users, a 19% decline compared to 1996. In that year the rate was 79 new users per 1,000 potential new users. This represents the first decline in the initiation of marijuana use among this age group since 1989. A similar, yet less substantial, decline occurred among 18-25 year olds (from 52 to 47 new users per 1,000 potential users). The researchers estimate that 2.1 million U.S. household residents aged 12 and older used marijuana for the first time in 1997 and that the mean age of first use was 17.1 years.

**Age-Specific Rates of First Marijuana Use  
(Per 1,000 Potential New Users), 1965-1997**



SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (OAS), "Summary of Findings from the 1998 National Household Survey on Drug Abuse," August 1999. Available online at [www.samhsa.gov](http://www.samhsa.gov).

**Visit CESAR's Expanded and Improved Web Site at [www.cesar.umd.edu](http://www.cesar.umd.edu)**

It's now even easier to locate substance abuse information on CESAR's improved web site. Visit [www.cesar.umd.edu](http://www.cesar.umd.edu) to view the interactive DARA (Drug & Alcohol Referral & Assessment) page containing information for youth and their parents, access past issues of the CESAR FAX, find information on specific drugs, and much more.

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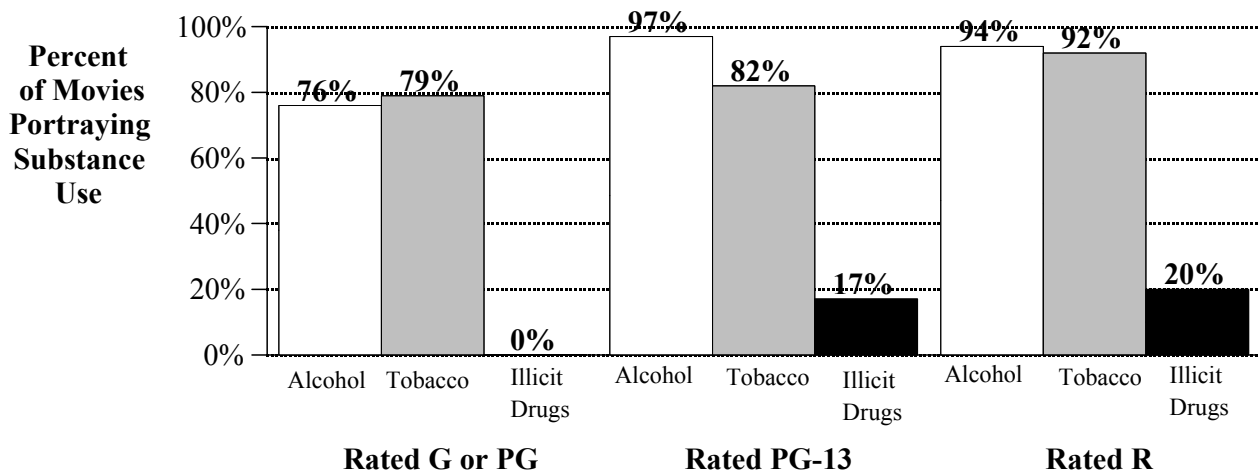
**A Weekly FAX from the Center for Substance Abuse Research**

**University of Maryland, College Park**

***Majority of Popular Movies Portray Alcohol and Tobacco Use;  
Illicit Drug Use Appears in One-Fifth or Fewer Movies***

Alcohol and tobacco use appeared in the majority of the most popular movies rented in 1996 and 1997, while illicit drug use appeared in one-fifth or fewer of the movies. The study tabulated the number of times that alcohol, tobacco, and illicit drug use appeared in G, PG, PG-13, and R-rated movies.\* Alcohol use was portrayed in nearly three-quarters of G or PG movies and nearly all PG-13 and R-rated features. Tobacco use was depicted in four of five movies rated G, PG, or PG-13 and more than nine of ten R-rated movies. In contrast, the portrayal of illicit drug use was significantly lower in all movies. These findings raise questions about why alcohol and tobacco use are so commonly portrayed in movies, regardless of rating.

**Percentage of Movies Rated G, PG, PG-13, and R That Portray Substance Use**



\*The movies reviewed were selected from the Video Software Dealers Association list of the 200 most popular movie rentals in 1996 and 1997. Substance use included explicit portrayals of consumption (drinking alcohol, lighting up or puffing on a cigarette, snorting cocaine, injecting drugs, swallowing pills) and depictions that implied consumption, such as ordering, accepting, or possessing alcohol, tobacco, or other substances.

SOURCE: Adapted by CESAR from data from Donald F. Roberts, Lisa Henriksen, and Peter G. Christenson, "Substance Use in Popular Movies and Music," April 1999. Sponsored by Office of National Drug Control Policy and the Substance Abuse and Mental Health Services Administration. The study is accessible online at [www.health.org/mediastudy/new.htm#\\_Toc447073447](http://www.health.org/mediastudy/new.htm#_Toc447073447).

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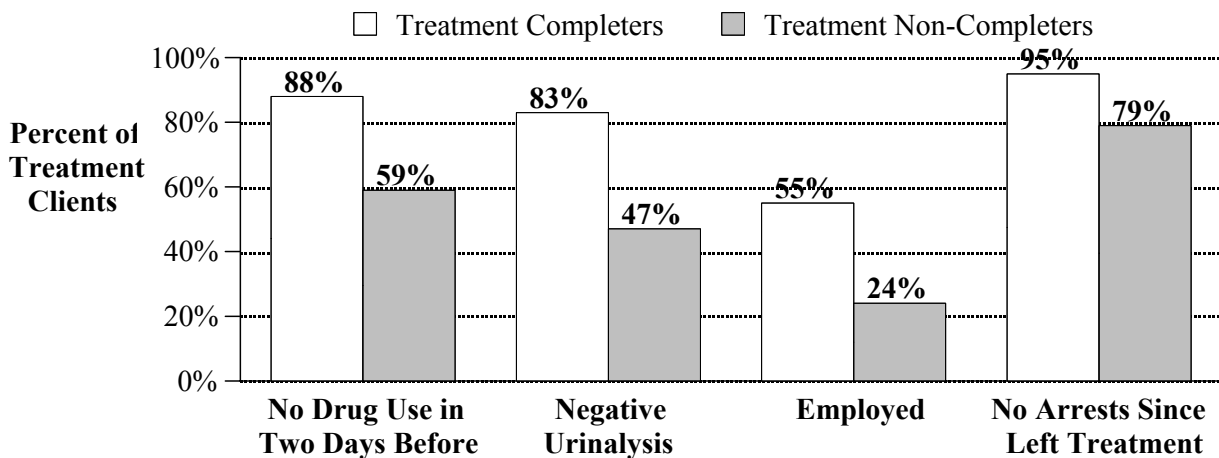
**A Weekly FAX from the Center for Substance Abuse Research**

**University of Maryland, College Park**

## ***CSAT Demonstration Program Shows That Second Genesis Therapeutic Community for Women and Children Has Positive Effects***

Second Genesis set up Mellwood House to allow drug-addicted mothers to bring their children to residential treatment. Nearly one-half of Mellwood clients (48%) said that they would not have been interested in treatment if they had not been able to bring their children with them. Mellwood House follows a modified therapeutic community model that includes individual and group therapy, psychiatric/psychosocial evaluation, life skill training, health and nutrition education, adult basic education, and parenting classes. The CESAR evaluation found that women who completed treatment had significantly higher abstinence, employment, and arrest-free rates at follow-up (approximately eight months after leaving residential treatment) than did non-completers (see figure below). These findings suggest that this new treatment model allowing children to live with their mothers at the therapeutic community merits further adoption.

**Outcomes of Second Genesis Mellwood House Clients at Follow-Up,  
by Treatment Completion, 1996-1998**



SOURCE: Susanna Nemes, Alicia Herman, Eric D. Wish, Leah Schwartzmann, Kenneth Petronis, and Jenny Piatetski, "Mothers in Drug Treatment with Their Children: Evaluation of Second Genesis Mellwood, Executive Summary," July 8, 1999. Copies of the Executive Summary are available from CESAR at 301-403-8329.

### **CESAR Research on Treatment of Antisocial Personality Disorder Clients Just Published**

Nena P. Messina, Eric D. Wish, and Susana Nemes, "Therapeutic Community Treatment for Substance Abusers with Antisocial Personality Disorders," *Journal of Substance Abuse Treatment* 17(1-2):121-128, 1999. Originally summarized in CSAT by Fax, Volume 3, Issue 1 (January 14, 1998).

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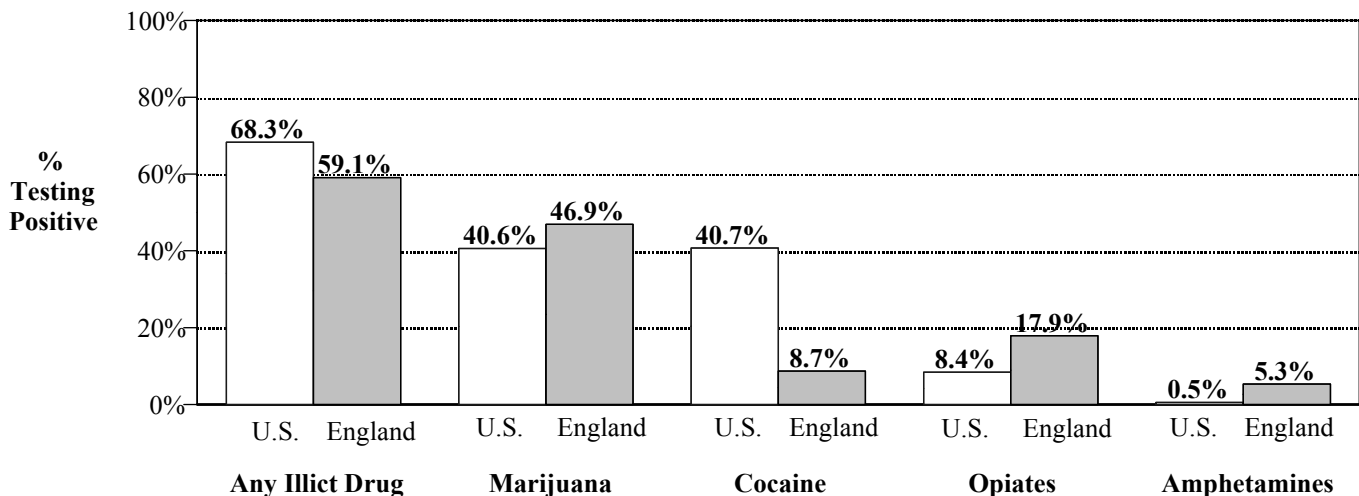
**University of Maryland, College Park**

***First I-ADAM Findings Show More Cocaine, Fewer Opiate Positives Among Arrestees in U.S. than Arrestees in England***

Arrestees in the U.S. and England have remarkably different drug use patterns, according to findings from the recently established International Arrestee Drug Abuse Monitoring (I-ADAM) program. Both the U.S. and England had relatively similar drug positive rates for any illicit drug (68.3% vs. 59.1%) and marijuana (40.6% vs. 46.9%). However, drug positive rates for arrestees in England were ten times higher for amphetamines (5.3% vs. 0.5%) and twice as high for opiates (17.9% vs. 8.4%) than for arrestees in the U.S. However, cocaine positive rates were nearly five times higher among arrestees in the U.S. than those in England (40.7% vs. 8.7%). Now expanded to six other countries (Australia, Chile, the Netherlands, Panama, Scotland, South Africa, and Uruguay), the I-ADAM pilot study began in England in 1996 (see CESAR FAX Volume 7, Issue 36).

**Percentage of Arrestees in U.S. and England Testing Positive for Drugs, 1998**

(England n=621 and U.S. n=4,470)



NOTES: Based solely on population density, the study matched five U.S. ADAM sites (Manhattan, New York; Fort Lauderdale, Florida; Miami, Florida; Washington, D.C.; Birmingham, Alabama) with five English sites (London, Manchester, Nottingham, Sunderland, Cambridge). Any illicit drug use is defined as the use of one or more of these drugs: marijuana, cocaine, opiates, amphetamines, benzodiazepines, and methadone.

SOURCE: Adapted by CESAR from data from the National Institute of Justice (NIJ), "Comparing Drug Use Rates of Detained Arrestees in the United States and England," NIJ Research Report, April 1999. Copies of report are available online at <http://www.ojp.usdoj.gov/nij/intdocs.htm>.

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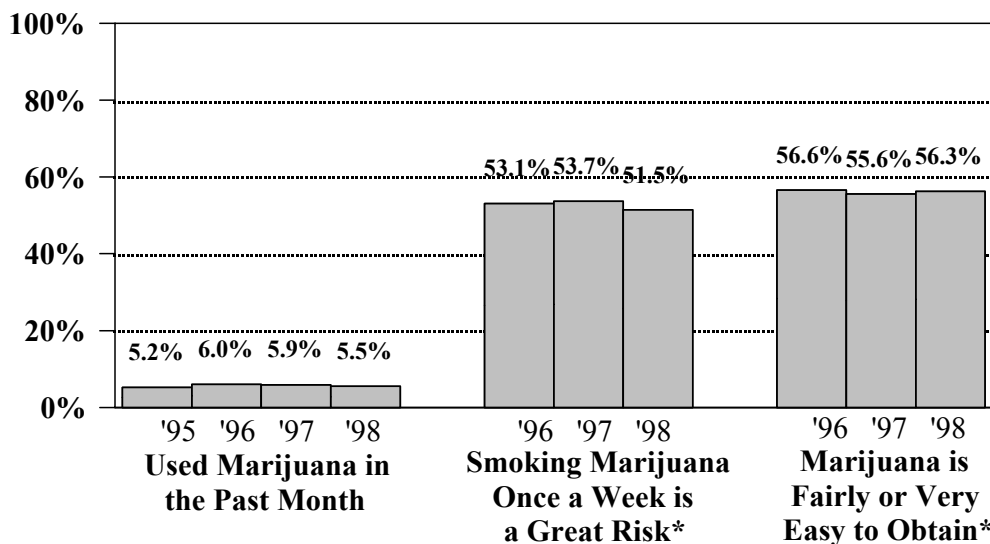
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## *1996 California Medical Marijuana Laws Have Not Increased Marijuana Use in the Household Population*

In 1996 voters in California passed Proposition 215, a bill which allows physicians to recommend use of marijuana for medical treatment (see CESAR FAX, Volume 5, Issue 44). Since that time, the percentage of California residents who reported using marijuana in the past month has remained unchanged at around 6%, according to data from the National Household Survey on Drug Abuse (NHSDA). Furthermore, the perceived risk of smoking marijuana and the availability of marijuana have also remained relatively stable since 1996. Comparable results were found in Arizona, whose residents passed a similar proposition in the same year.

**California Household Residents' Past Month Marijuana Use, Perceived Risk of Marijuana Use, and Perceived Availability of Marijuana, 1995-1998\***



\*1995 data were not available for perceived risk of marijuana use and the availability of marijuana.

NOTE: Residents of California were oversampled in the 1997 and 1998 NHSDA. In addition, the California NHSDA sample for 1995 and 1996 was large enough to allow examination of longer term trends for the state.

SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (OAS), "Summary of Findings from the 1998 National Household Survey on Drug Abuse," August 1999. Available online at [www.samhsa.gov](http://www.samhsa.gov).

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### *Drug Abuse Alert: Bidis (Flavored Cigarettes) - A New Health Threat to U.S. Youth*

**What are bidis?** Often made and imported from India and southeast Asian countries, most bidis (also spelled as beedies and beadies) are small brown cigarettes consisting of approximately 250 mg of tobacco. Bidis are often rolled in tendu or temburni leaf (which suggests that these types of cigarettes may be unfiltered) and secured with a string at one end. Bidis come in a variety of flavors such as regular, chocolate, vanilla, strawberry, orange, mango, cherry, grape, lemon-lime, cinnamon, mint (menthol), clove, and black licorice. Bidis resemble marijuana joints. Bidis can be purchased under name brands such as Irie, Kalash, Mangalore Ganesh, "501 Pinks," Parchan, and Shisagar.

**How are bidis used?** Like regular cigarettes, bidis are smoked or "puffed."

**Who uses bidis?** According to a recent study surveying 642 youths in 7th through 12th grade in a large Massachusetts metropolitan area, 14-22% of the students in each grade reported smoking bidis one or more times during the last 30 days. In a 1998 survey of 461 San Francisco students and teachers, 58% of the respondents admitted to having smoked a bidi at least once.

**What are the health effects of bidi use?** One study found that bidis produced approximately three times more carbon monoxide and nicotine and approximately five times more tar than cigarettes. Like all tobacco products, bidis are mutagenic and carcinogenic. Bidi smokers are at risk for coronary heart disease and cancers of the oral cavity, pharynx, larynx, lung, esophagus, stomach, and liver. Bidi use during pregnancy is also associated with perinatal mortality. (death occurring near the time of birth)

**How are bidis obtained?** Bidis can be found at tobacco specialty and cigarette shops, even gas stations, convenience marts, and the Internet. Anecdotal reports indicate that bidis may be easier to purchase than regular cigarettes.

**Why are bidis popular among youths?** Bidis are inexpensive and trendy and are assumed to be "safer" than cigarettes. Often less costly than a regular pack of cigarettes, a package of 20 bidis can be purchased for \$1.25 to \$4.00. San Francisco teens stated that bidis taste good, made them feel good, are cute, and make users look cool. The San Francisco high school survey found that nearly one-half of the respondents believed that bidis could not give them cancer. Nearly one-eighth of respondents in the Massachusetts survey believed bidis were safer than cigarettes. **Despite being subject to all existing laws and regulations regarding tobacco products, a San Francisco survey of 109 outlets found that almost 7 out of 10 bidi packages did not display a Surgeon General's warning.**

SOURCES: Centers for Disease Control and Prevention (CDC), "Bidi Use Among Urban Youth--Massachusetts, March-April 1999," *Morbidity and Mortality Weekly Report* 48 (36): 796-799, September 17, 1999. A copy is available at [www.cdc.gov/epo/mmwr/preview/mmwrhtml/mm4836a2.htm](http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/mm4836a2.htm).

Booker T. Washington Tobacco Free Project, "Beedies Purchase Survey," March 1998. (Available from 800 Presidio Avenue, San Francisco, CA 94115).

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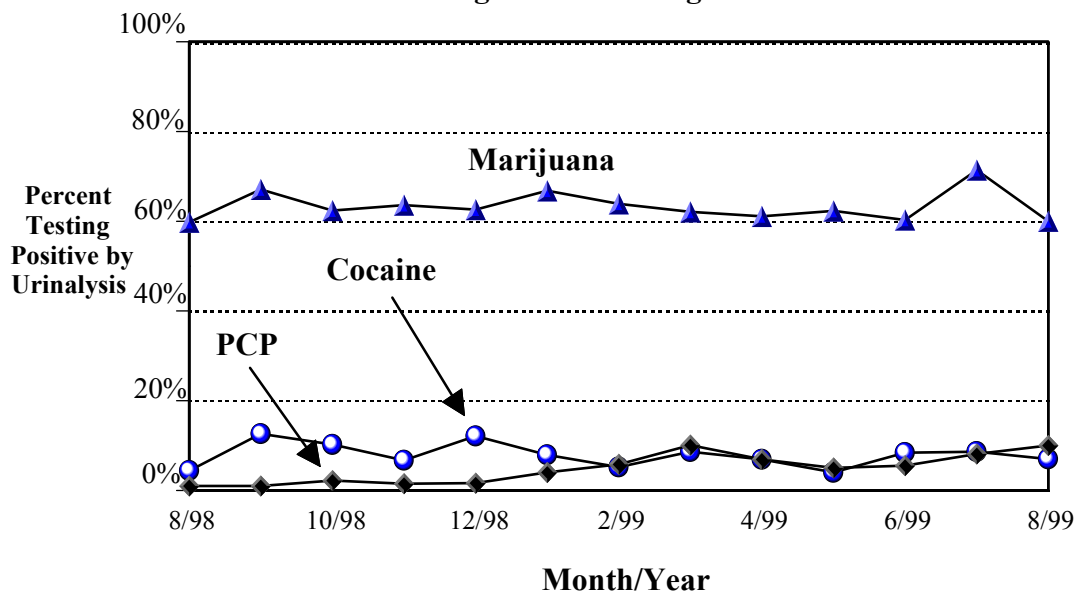
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## *Marijuana Use Stabilizes Among D.C. Juvenile Arrestees in 1999*

Past year results from the District of Columbia Pretrial Services Agency's drug testing program show the percentage of juvenile arrestees testing positive for marijuana has stabilized at about 60%. When the rise began in late 1991, only about 7% of D.C. juvenile arrestees tested positive for marijuana. Marijuana continues to be the drug most likely to be detected among D.C. juvenile arrestees. The rates for cocaine and PCP positives have remained relatively low (under 10%).

**Percentage of Washington, D.C. Juvenile Arrestees Testing Positive by Urinalysis for Marijuana, Cocaine, and PCP  
August 1998 to August 1999**



SOURCE: Adapted by CESAR from data from the District of Columbia Pretrial Services Agency. For more information, contact Susan Shaffer, Director of the D.C. Pretrial Services Agency, at 202-727-2911.

### **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.cesar.umd.edu](http://www.cesar.umd.edu), select CESAR BOARD, then Criminal Justice.

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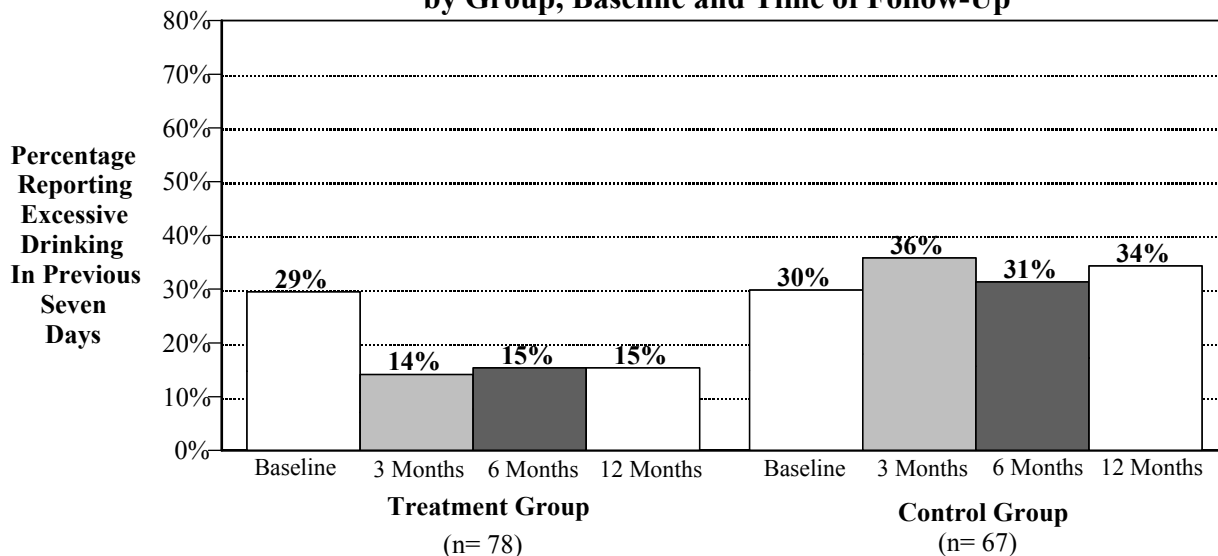
## A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

### *Brief Physician Advice Decreases Excessive Drinking by Older Adults*

A study that “provides the first direct evidence that brief physician advice can decrease alcohol use by older adults in community-based primary care practices” has just been published. (Fleming et al, 1999) The research procedures and measures were similar to those used in Medical Research Council trial and Project TrEAT. The intervention included a workbook with feedback on the patient’s health behaviors, a review of problem-drinking prevalence, reasons for drinking, adverse effects of alcohol, a drinking agreement in the form of a prescription, two 10- to 15- minute visits, and a follow-up phone call from the clinic nurse two weeks after each visit. Adults age 65 and older who were randomly assigned to receive the intervention, experienced marked reductions in excessive drinking, compared to the control group.\*

**Percentage of Older Adults Drinking Excessively in the Previous 7 Days, by Group, Baseline and Time of Follow-Up**



\*Excessive drinking was defined as more than 20 drinks per week for men and more than 13 drinks per week for women.

NOTE: Some of the results could have been caused by the treatment group’s reduced willingness to admit that they drank excessively after they received intervention.

SOURCE: Adapted by CESAR from data from Fleming, M., Baier, L., Lawton Barry, K., Adams, W., & Stauffacher, E.A., “Brief Physician Advice for Alcohol Problems in Older Adults: A Randomized Community-Based Trial,” *The Journal of Family Practice*, 48(5), 378-384.

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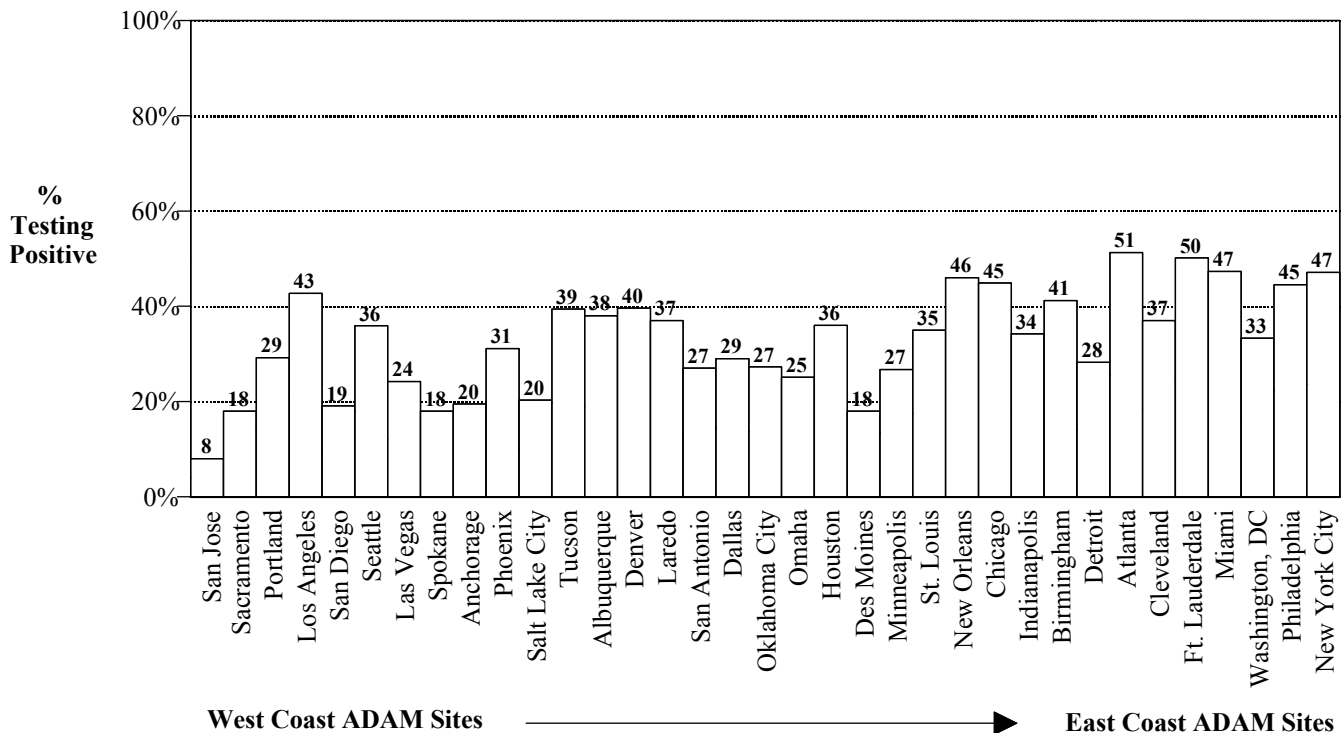
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*Cocaine Use Still Common Among Arrestees, Especially on the East Coast*

According to data from the Arrestee Drug Abuse Monitoring (ADAM) program (formerly the DUF program), male adult arrestees in the eastern part of the U.S. are most likely to test positive by urinalysis for cocaine. ADAM sites in Atlanta and Fort Lauderdale report the highest cocaine positives, 51% and 50%. There can be considerable variation within a state. For example, in California, cocaine positive rates were 8% in San Jose, 18% in Sacramento, 19% in San Diego, and 43% in Los Angeles. The authors note that “while there has been some encouraging stabilization and even decline among arrestees in ADAM in the last few years, cocaine is still the drug most commonly found in test results of male arrestees in 11 of the 35 ADAM sites,” (p. 1).

**Percentage of Male Adult Arrestees Testing Positive for Cocaine, by ADAM Site, 1998**



SOURCE: Adapted by CESAR from data from National Institute of Justice (NIJ), “1998 Annual Report on Drug use Among Adult and Juvenile Arrestees,” NIJ Research Report, 1999. A copy of the report is available online at [www.adam-nij.net/adam/index.htm](http://www.adam-nij.net/adam/index.htm).

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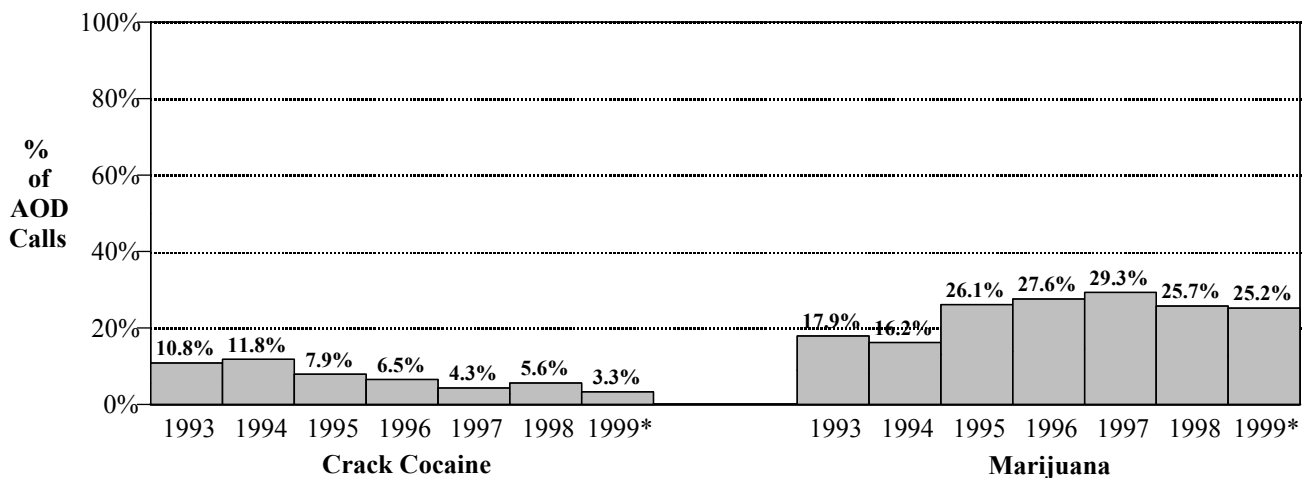
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**University of Maryland, College Park**

## *Youths' Calls to Maryland Crisis Hotline Reflect Changing Drug Use Trends in Cocaine and Marijuana*

The Maryland Automated Hotline Reporting System (MAHRS) enables CESAR to monitor trends in drugs mentioned during calls to 6 crisis hotlines. The Walden/Sierra hotline receives the most alcohol and other drug related (AOD) calls because of its affiliation with a drug treatment program. Calls to the Walden/Sierra hotline from youths under age 21 from 1993 to 1998 show marked differences in calls involving crack cocaine or marijuana. During these years, the percentage of calls for crack cocaine declined from almost 12% to about 3%, while marijuana mentions increased from 18% to 25%. These changes reflect decreasing cocaine and increasing marijuana use by youths during the mid- to late 1990s. (See CESAR FAX, Volume 8, Issue 36).

### **Percentage of AOD Calls Involving Crack Cocaine or Marijuana, from 1993 to 1999\***



\*Through September 1999.

NOTE: The number of AOD calls each year are: 1993--268; 1994--536; 1995--570; 1996--790; 1997--634; 1998--658; and 1999--329.

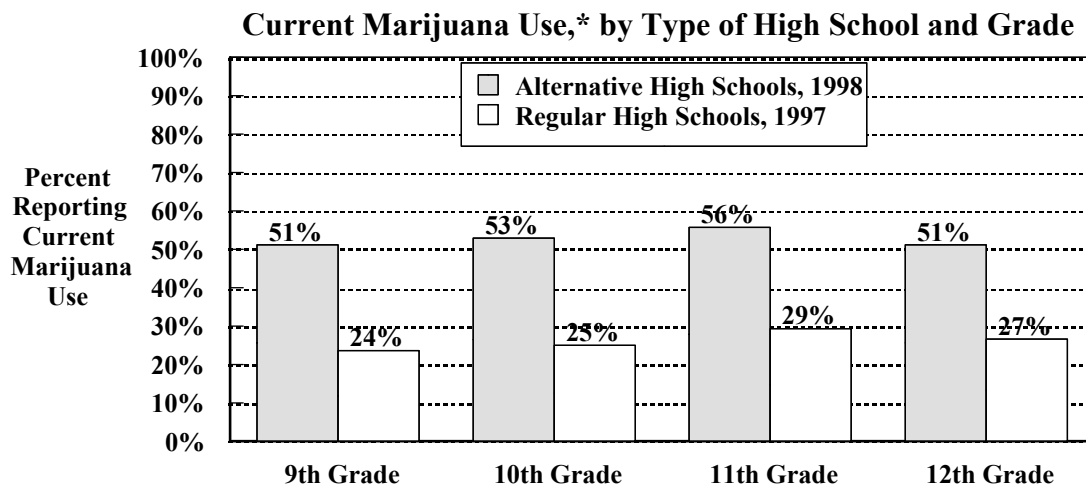
SOURCE: Adapted by CESAR from data from the Maryland Automated Hotline Reporting System (MAHRS). For more information, call Ms. Sheila Philip at (301) 863-6661 or fax her at (301) 862-4880. Walden/Sierra, Inc., 23130 Moakley Street, Leonardtown, MD 20650.

**A Weekly FAX from the Center for Substance Abuse Research**

**University of Maryland, College Park**

## *First National Survey of Alternative High School Students Shows More Marijuana Use*

The Center for Disease Control and Prevention (CDC) conducted the first national Alternative High School Youth Risk Behavior Survey (ALT-YRBS) in 1998. Alternative high schools serve students who are at risk for failing or dropping out of regular high school and students who have been removed from their regular high school because of drug use, violence, or other illegal activity or behavioral problems. Compared to results from the 1997 regular high school YRBS, at all grade levels, twice as many students in alternative high schools reported current marijuana use. In addition, these results demonstrate that “the prevalence of most risk behaviors (such as substance use, violence-related behaviors, and risky sexual behaviors) is higher among students attending alternative high schools compared with students at regular high schools” (p. 2).



\*Current marijuana use was defined as having smoked marijuana one or more times 30 days before the survey.

NOTE: The 1997 YRBS of regular high schools was based on a nationally representative sample of 16,262 students in grades 9-12 in 151 schools. The 1998 ALT-YRBS was based on a nationally representative sample of 8,918 students in grades 9-12 in 115 alternative high schools.

SOURCES: \*Centers for Disease Control and Prevention (CDC). (1998, August). Youth risk behavior surveillance--United States, 1997. *Morbidity and Mortality Weekly Report*, 47(SS-3) pp. 1-55. Available online at [www.cdc.gov/nccdphp/dash/MMWRFile/ss4703.htm](http://www.cdc.gov/nccdphp/dash/MMWRFile/ss4703.htm).

\*CDC. (1999, October). Youth risk behavior surveillance--national alternative high school youth risk behavior survey, 1998. *Morbidity and Mortality Weekly Report*, 48(SS07) pp. 1-44. Available online at [www.cdc.gov/epo/mmwr/preview/mmwrhtml/ss4807a1.htm](http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/ss4807a1.htm).

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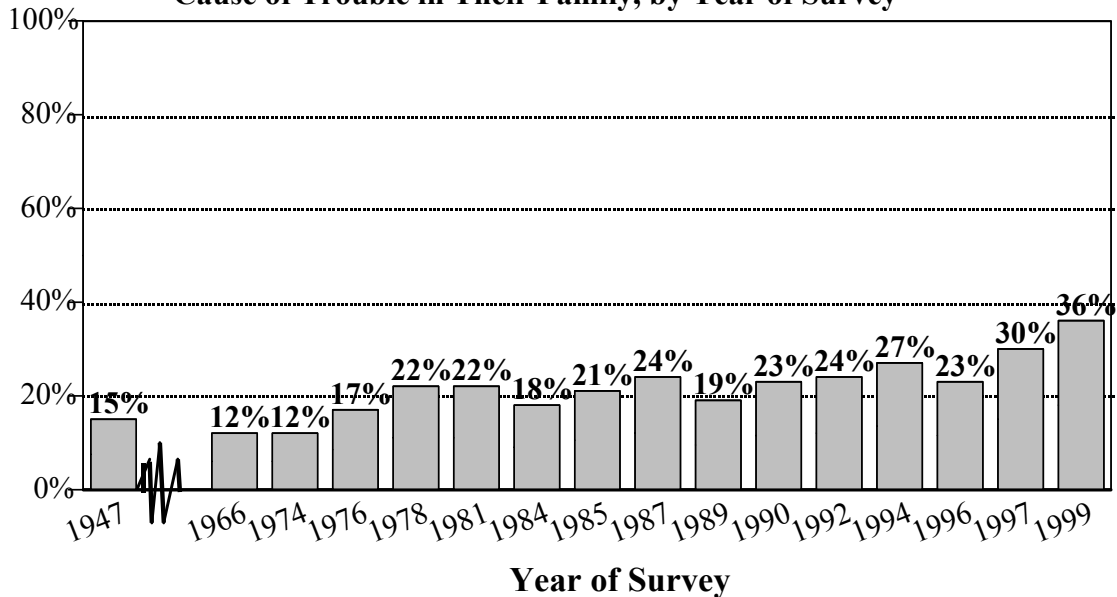
**A Weekly FAX from the Center for Substance Abuse Research**

**University of Maryland, College Park**

***For the First Time in Fifty Years,  
More Than One-Third of U.S. Adults Say Drinking Caused Family Trouble***

According to a recent Gallup Poll, 36% of adults in the U.S. report that drinking has ever been a cause of trouble in their family. This is the highest rate found since the question was first asked in 1947. The 36% rate found in 1999 is more than twice the rate found in 1947. While difficult to interpret, the findings suggest, at a minimum, increased perceptions of alcohol-related problems in the U.S. population.

**Percentage Reporting That Drinking Has Ever Been a Cause of Trouble in Their Family, by Year of Survey**



NOTE: The sample size in 1999 was 1,039 adults ages 18 years and older.

SOURCES: Newport, F. (1999, November 3). More than a third of Americans report drinking has caused family problems. Gallup Organization Poll Releases [Online]. Available: <http://www.gallup.com/poll/releases/pr991103.asp> [1999, November 11]

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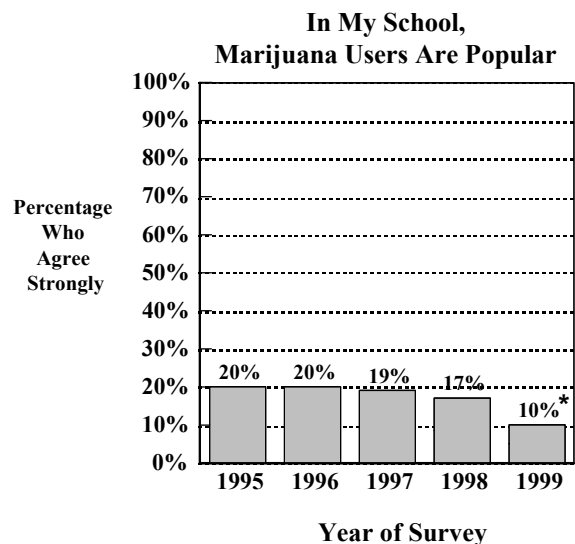
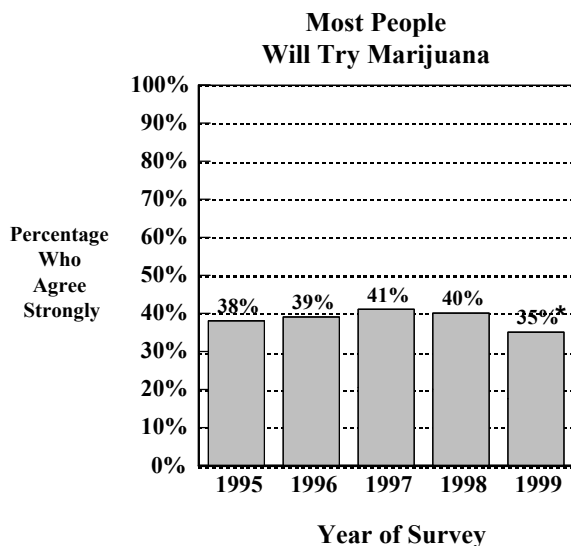
**A Weekly FAX from the Center for Substance Abuse Research**

**University of Maryland, College Park**

## *U.S. Teens' Attitudes Towards Marijuana Suggest That Use May Decline*

Recent data from the 1999 national Partnership Attitude Tracking Study (PATS) show that teenagers' attitudes towards marijuana use have changed in the past year. The Partnership for a Drug-Free America (PDFA) tracked drug-related attitudes and drug use among 6,529 students in grades seven through 12 in 1999. Compared to 1998, students were less likely to say that most people will try marijuana. Students were also less likely to report that marijuana users at their schools are popular. It remains to be seen whether these changes in youths' attitudes towards marijuana will translate into a reduction in use.

### **Students' Perceptions of Marijuana Use and User's Popularity**



\*1999 vs. 1998 is a significant difference at  $p < .05$ .

SOURCES: Partnership for a Drug-Free America. (November 22, 1999). Partnership Attitude Tracking Study, Spring 1999 Teens in Grades 7 through 12 Research Results [Online]. Available: [http://www.drugfreeamerica.org/newscenter/pressreleases/pats99\\_page1.html](http://www.drugfreeamerica.org/newscenter/pressreleases/pats99_page1.html).

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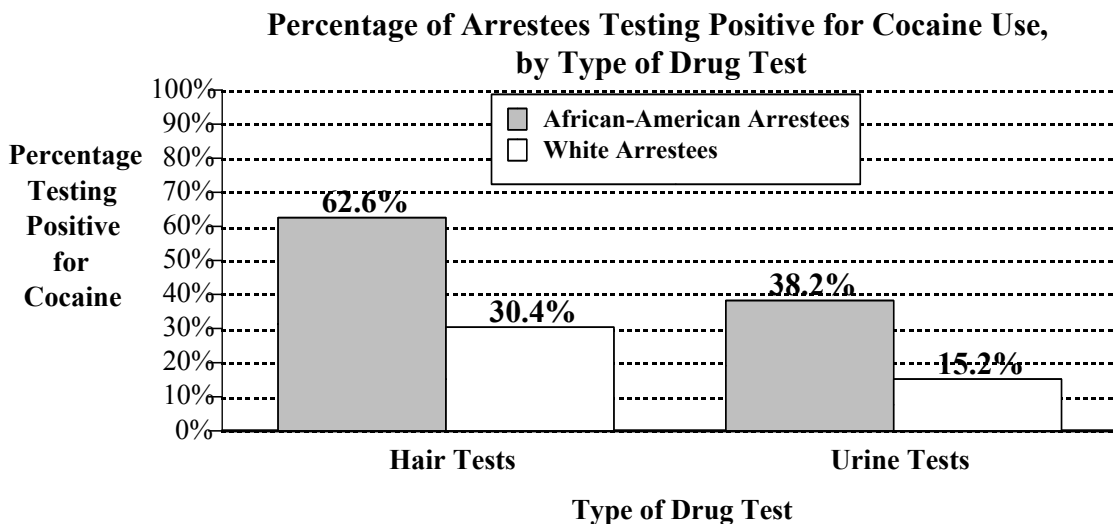
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### *Review Concludes No Racial Bias in Hair Assays*

In a recently published review examining racial bias in hair testing, the authors conclude that, “with regard to hair color, there is no clear link between specific hair color and hair analysis outcome for cocaine” and “that racial bias...does not represent a serious impediment in most real-world applications” (pp. 344-345). One analysis compares hair assay and urinalysis results for cocaine from both African-American and white arrestees. As shown below, African-American arrestees were 2.51 (62.6/30.4) times more likely to test positive than white arrestees through urinalysis and were 2.06 (38.2/15.2) times more likely to test positive through hair assays. The similar ratios accorded by the two techniques suggest no additional bias in hair assays. Dr. Mieczkowski can be contacted via email at [mieczkow@bayflash.stpt.usf.edu](mailto:mieczkow@bayflash.stpt.usf.edu).



NOTE: The sample size for hair positive was 1,065 white arrestees and 201 African-American arrestees. The sample size for urine positives was 1,268 white arrestees and 491 African-American arrestees. The sample consists of adult arrestees in Pinellas (Florida) Drug Use Forecasting (DUF) project.

SOURCES: Mieczkowski, T., & Newel, R. (1999). An analysis of the racial bias controversy in the use of hair assays. In T. Mieczkowski (Ed.) Drug Testing Technology: An Assessment of Field Applications. (pp.318-348). New York: CRC Press.

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**A Weekly FAX from the Center for Substance Abuse Research**

**University of Maryland, College Park**

***No Longer Just a Club Drug,  
Ecstasy (MDMA) Has Become More Mainstream Among Youth***

**Ecstasy is becoming popular among youth.** In the past year, CESAR interviews with arrested juvenile arrestees have found ecstasy to be more mainstream and to be sold outside rave scenes. In addition, the Monitoring the Future study reports lifetime use of ecstasy (MDMA) has more than doubled between 1989 (3.3%) and 1998 (7.2%) among students between the ages of 19 and 28. Recreational use of ecstasy has been popular at “rave” night club environments for a number of years. Rave attendees are usually upper/middle class white youths in their mid-teens to early twenties. Youths are now stating that ecstasy is no longer a club drug. For approximately \$25 a pill, users claim the effects of ecstasy can last from 4 to 8 hours. Users report being drawn to the abundance of energy and heightened sensitivity to touch ecstasy induces.

**What is Ecstasy?** Ecstasy or MDMA (3, 4-methylenedioxyamphetamine) is a synthetic drug that combines properties of mescaline (hallucinogen) with methamphetamine (a type of speed). Ecstasy is often cut with a variety of other drugs such as amphetamine, LSD, ketamine, cocaine, and heroin. However, since MDMA powder is most often compressed into tablet form, it has the appearance of a legitimate and safe pill.

**What other names does it go by?** E, X, XTC, rolls, Adam pills, Lover’s speed, Stacy, and Beans.

**What are the health effects of Ecstasy?** MDMA users report a sense of euphoria, hyperexcitability, rapid heartbeat, dehydration, teeth grinding/jaw clenching, loss of appetite, nausea, and insomnia. In high doses, users have been known to experience panic attacks, seizures, and loss of consciousness. A review of several studies by the National Institute on Drug Abuse (NIDA) concludes “compared to nonusers, heavy MDMA users had significant impairments in visual and verbal memory” (p. 11). Findings from Johns Hopkin University and the National Institute of Mental Health (NIMH) suggests “MDMA use may lead to impairments in other cognitive functions besides memory, such as the ability to reason verbally or sustain attention” (p. 11). In one study using monkeys, brain damage was still present even after 7 years of discontinued use of MDMA.

SOURCES: Mathias, R. (1999). “Ecstasy” damages the brain and impairs memory in humans. *NIDA Notes*, (14) 5, pp. 10-11  
Available online at [http://www.nida.nih.gov/NIDA\\_Notes/NNVol14N4/Ecstasy.html](http://www.nida.nih.gov/NIDA_Notes/NNVol14N4/Ecstasy.html).

Perkins, S.W. (1999). *Drug Identification: Designer and Club Drugs. Quick Reference Guide*  
Carrollton, TX: Alliance Press.

Texas Commission on Alcohol and Drug Abuse. (1997). Ecstasy: Just the Facts. *Research and Technology Transfer Division Fact Sheets*. Available online at <http://www.tcada.state.tx.us/research/facts/ecstasy.html>.

**CESAR RESEARCH RECENTLY PUBLISHED IN  
THE JOURNAL OF SUBSTANCE ABUSE TREATMENT**

“Comparing the Impact of Standard and Abbreviated Treatment in Therapeutic Community:  
Findings from the District of Columbia Treatment Initiative Experiment” (Vol. 17, No. 4, pp. 339-347)

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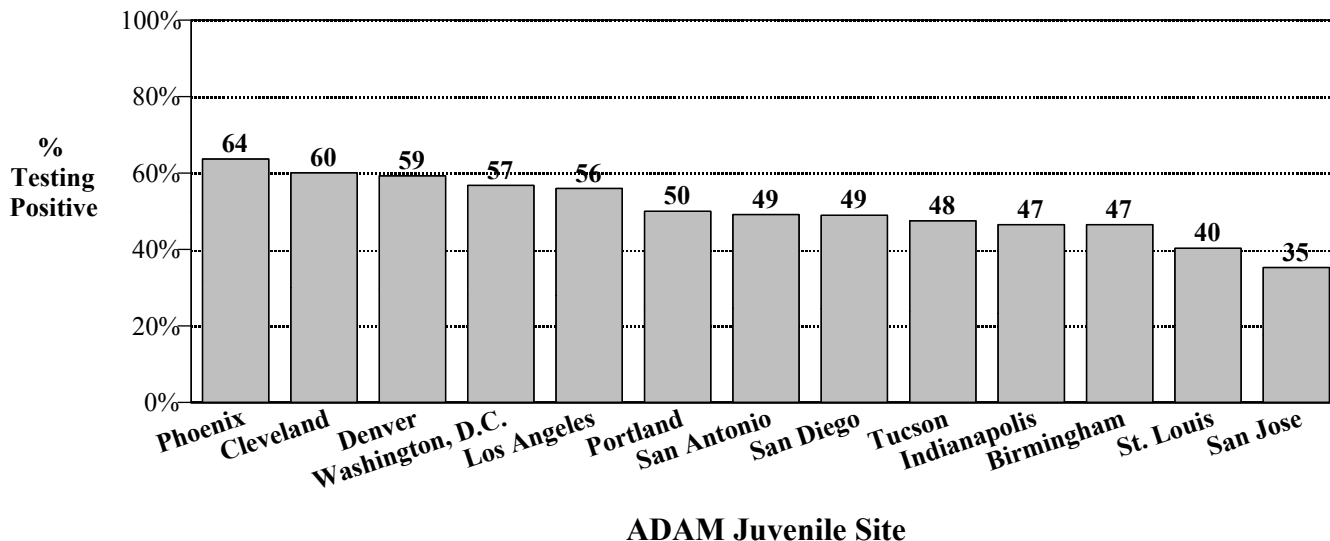
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**University of Maryland, College Park**

## *Marijuana Is the Primary Drug Detected Among Male Juvenile Arrestees in the United States*

According to the Arrestee Drug Abuse Monitoring (ADAM) Program's 1998 Annual Report, "among juvenile arrestees, marijuana is overwhelmingly the primary drug of use" (p. 3). Positive rates for marijuana in the 13 ADAM sites that test male juvenile arrestees ranged from 64% in Phoenix to 35% in San Jose. In contrast, positives for cocaine, the second most detected drug, ranged from 15% to 2%. The rate of positives for any of the 10 drugs tested for ranged from 69% to 40%.

**Percentage of Male Juvenile Arrestees Testing Positive for Marijuana, by ADAM Site, 1998**



NOTE: The sample sizes are: Phoenix - 284, Cleveland - 321, Denver - 452, Washington, D.C. - 118, Los Angeles - 466, Portland - 198, San Antonio - 275, San Diego - 362, Tucson - 61, Indianapolis - 215, Birmingham - 159, St. Louis - 67, and San Jose - 156.

SOURCE: Adapted by CESAR from data from National Institute of Justice (NIJ), "1998 Annual Report on Drug use Among Adult and Juvenile Arrestees," NIJ Research Report. A copy of the report is available online at <http://www.adam-nij.net/adam/index.htm>.

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*Substance Abuse Listservs (Revised)*

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<b>Topic</b>	<b>E-mail or Website Address</b>	<b>Instructions</b>
Criminal justice news, information, services, and publications	<a href="mailto:listproc@ncjrs.org">listproc@ncjrs.org</a>	In the message field type SUBSCRIBE JUSTINFO and your name
Juvenile justice news, information, services, and publications	<a href="mailto:listproc@ncjrs.org">listproc@ncjrs.org</a>	In the message field type SUBSCRIBE JUVJUST and your name
Substance abuse and/or gun violence news summaries, alerts, and research briefs	<a href="http://www.jointogether.org">www.jointogether.org</a>	Click the SUBSCRIBE button under the "JTO Direct" section
Technological research advancements in how drug abuse affects brain and behavior	<a href="mailto:Announce-NIDA@lists.nida.nih.gov">Announce-NIDA@lists.nida.nih.gov</a>	In the subject field type SUBSCRIBE
Alcohol and other drug abuse prevention in higher education	<a href="mailto:majordomo@mail.edc.org">majordomo@mail.edc.org</a>	In the message field type SUBSCRIBE HECNEWS-DIGEST
Current public opinion on politics, the economy, public policies, and social issues	<a href="http://www.gallup.com/update/contact.asp">www.gallup.com/update/contact.asp</a>	Fill in your name and e-mail address and click the SUBMIT button
Information for the addiction, mental health, and children's services fields	<a href="http://www.manisses.com">www.manisses.com</a>	Fill in your email address and click the JOIN LIST button
General information on diseases and occasional information on substance abuse issues	<a href="http://www.cdc.gov/subscribe.html">www.cdc.gov/subscribe.html</a>	Fill in your name and email address and select MMWR

**CESAR Wishes You a Very Happy Holiday Season!**

This is the final issue of Volume 8 of the CESAR FAX. The CESAR FAX will resume with Volume 9, Issue 1 on January 10, 2000. Thank you for your support during 1999!

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