

CESAR *FAX* →

January-December 2000

Volume 9, Issues 1-50

Distribution: 4,615

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

CESAR FAX Annual Volume

2000

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ACKNOWLEDGMENTS

CESAR is pleased to provide this 2000 Annual Volume of the *CESAR FAX*. To assist you in using this volume, the Table of Contents indexes the 2000 faxes by issue title and subject area.

The *CESAR FAX* is produced and maintained by Wanda Hauser, with the assistance of Uyen Pham and Kara Johnson. 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 web site.

Since the first transmission to 150 recipients on February 17, 1992, the *CESAR FAX* audience has grown to more than 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

Volume 9

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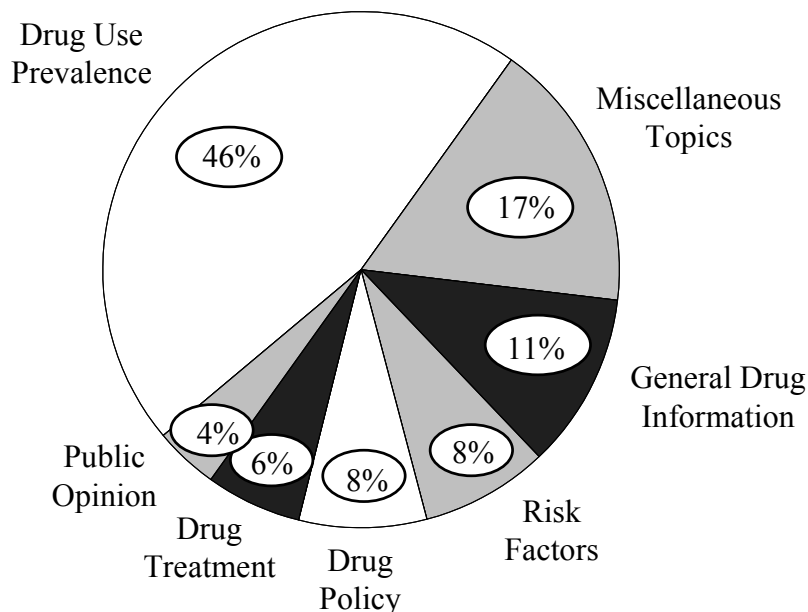
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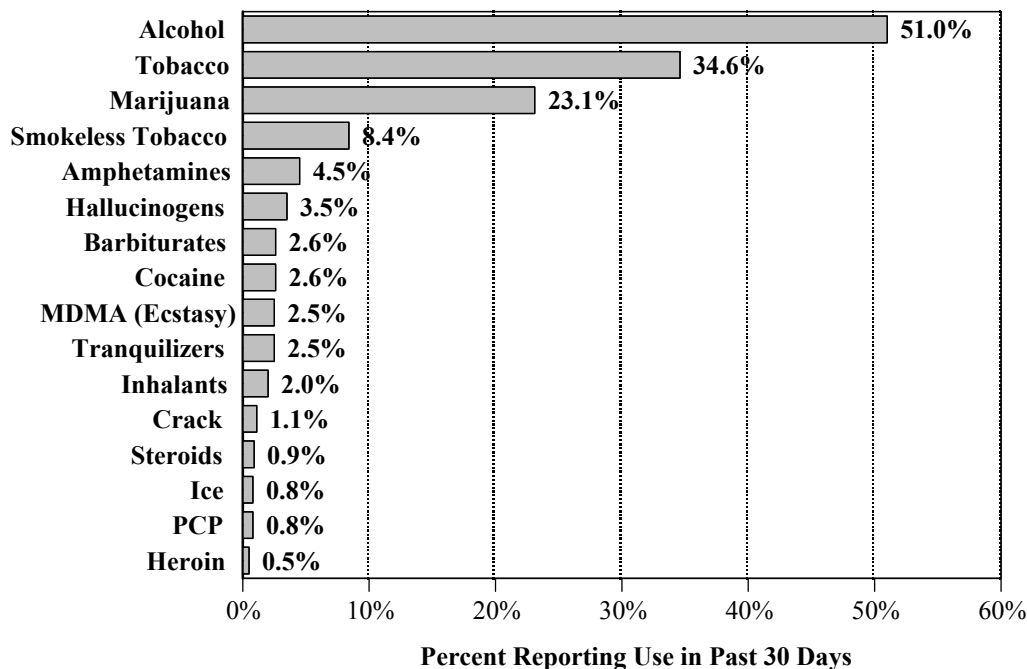
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High School Seniors Most Likely to Be Using Alcohol, Tobacco, and Marijuana (Revised--Replaces Prior Version)

The top three substances used by U.S. high school seniors are alcohol, tobacco, and marijuana, according to data from the 1999 Monitoring the Future survey. One-half (51.0%) of seniors reported using alcohol in the past month and nearly one-fourth (23.1%) reported marijuana use. Cigarette and smokeless tobacco use was reported by 34.6% and 8.4%, respectively. All other drugs were used by less than 5% of high school seniors. These patterns have remained unchanged for several years (see CESAR FAX, Volume 5, Issue 22).

Percentage of U.S. High School Seniors Reporting Drug Use in the Past 30 Days, by Drug Type, 1999



SOURCE: Adapted by CESAR from data from University of Michigan, Monitoring the Future Study Press Release, "Drug Trends in 1999 Among American Teens Are Mixed," December 17, 1999. For more information, contact Lloyd Johnston at 734-763-5043 or visit the Monitoring the Future website at www.isr.umich.edu/src/mtf/.

Part/Full-Time Editor/Writer Needed

CESAR is looking for an in-house senior editor with experience in the social science or health areas. Experience in editing substance abuse reports and working in a consulting firm environment preferred. Please e-mail inquiries and resumes to cesar@cesar.umd.edu. Thank you.

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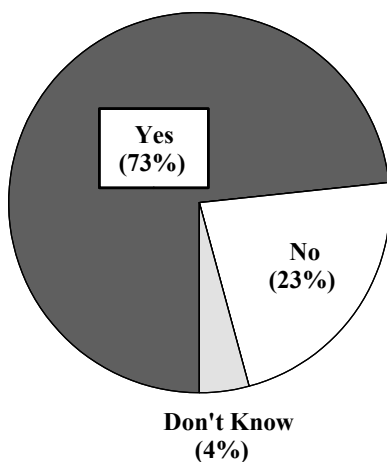
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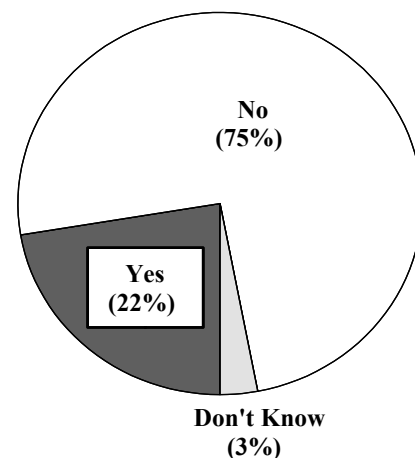
Majority of Maryland Residents Support Medical Use of Marijuana, Not Legalization

According to the results of a recent household telephone poll, nearly three-quarters (73%) of Maryland residents support the medical use of marijuana. However, less than one-quarter (22%) of residents believe that adults should be allowed to possess small amounts of marijuana for their personal use. Recently, voters in several states have passed referenda supporting the use of marijuana for medicinal purposes (see CESAR FAX, Volume 8, Issue 3). Legislation supporting the medical use of marijuana in Maryland is expected to be introduced by Delegate Donald Murphy (R-Baltimore County) this month.

While Nearly Three-Quarters of Maryland Residents Support the Medical Use of Marijuana . . .



Less Than One-Quarter Support Legalizing Marijuana



NOTE: The questions asked were, "Do you think physicians should be allowed to prescribe marijuana for medical use?" (n=1,000) and "Do you think adults 21 or older should be able to possess small amounts of marijuana for their personal use without legal penalty?" (n=1,001).

SOURCE: George S. Yacoubian, Jr. and Eric D. Wish, "What Maryland Residents Think About Drugs and Crime," Summer/Fall 1999 Maryland Household Opinion Poll, January 2000. For more information, contact Dr. Eric Wish at 301-403-8329.

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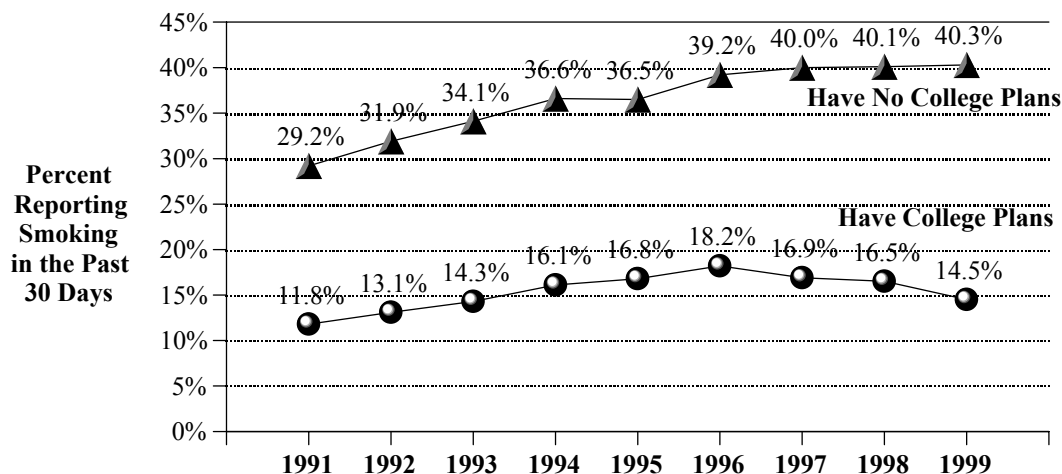
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College-Bound 8th Graders Less Likely to Smoke--Use Declining

American teenagers with college plans report lower rates of cigarette smoking than their peers who have no plans to attend college. According to national data from the 1999 Monitoring the Future (MTF) study, 14.5% of 8th grade students with college plans report smoking in the past 30 days, compared to 40.3% of students without college plans. In addition, 8th grade students who plan to attend college have also experienced recent decreases in their smoking rates (see figure below). "It is in [the] college-bound sector that we see most of the decline in smoking so far," reports MTF principal investigator Lloyd Johnston. "There has been rather little improvement in the lower grades among the non-college bound, who traditionally have far higher smoking rates" (p. 2). Similar (though not as significant) differences were found for 10th and 12th grade students.

Percentage of Eighth Grade U.S. Students Who Smoked Cigarettes in the Past 30 Days, by Plans to Complete Four Years of College, 1991-1999



SOURCE: Adapted by CESAR from data from University of Michigan, "Drug Trends in 1999 Among American Teens Are Mixed," Monitoring the Future Study Press Release, December 17, 1999. For more information, visit the Monitoring the Future website at www.monitoringthefuture.org.

Full/Part Time Research Associate Position Available

CESAR is seeking a Research Associate to conduct comprehensive literature searches on various substance abuse treatment topics and integrate findings into concise reports. Applicants must have a social science background, be experienced with computers, proficient in internet-based research, and possess excellent writing skills. Please send resumes to cesar@cesar.umd.edu.

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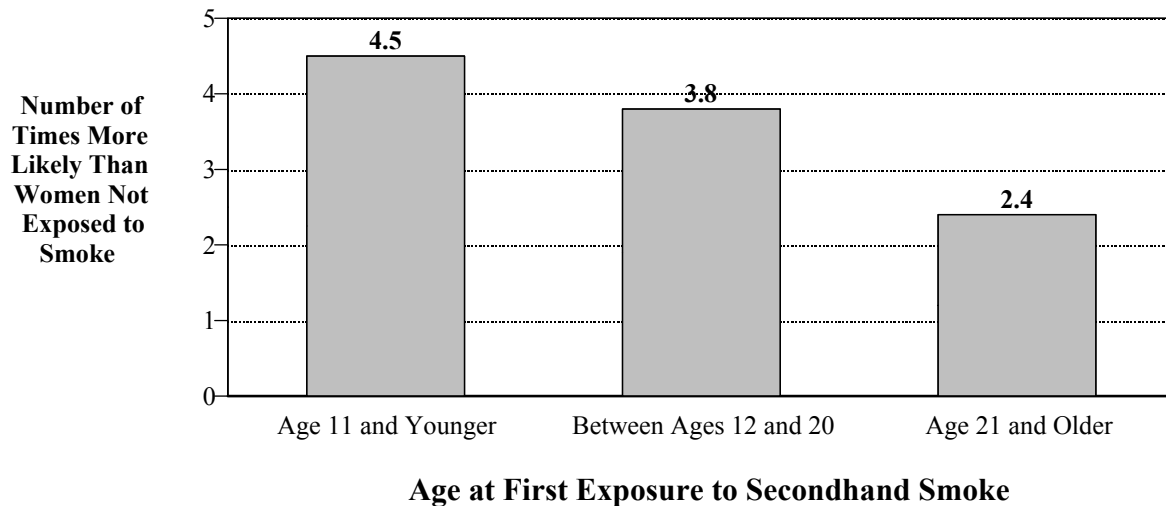
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Women Exposed to Secondhand Smoke Are At Higher Risk for Breast Cancer

A Massachusetts study has found that nonsmoking women with any history of passive exposure to cigarette smoke in their residence were twice as likely to develop breast cancer as nonsmoking women never exposed to secondhand smoke. This association was affected by the age at first exposure--the highest risk was found for "first exposure at an age prior to breast tissue development" (p. 9). Women who had been exposed to smoke at age 11 or younger had the highest risk (4.5 times more likely to have breast cancer than women who were never exposed), while women first exposed at age 21 or older had the lowest increased risk (2.4 times more likely). The authors conclude that "these observations suggest both a real association and a need for further examination of the relation between exposure to cigarette smoke and the occurrence of breast cancer" (p. 11).

**Increased Risk of Nonsmoking Women Developing Breast Cancer,
by Age of First Exposure to Secondhand Smoke**



NOTES: The data were adjusted for age, body mass index, number of term pregnancies, history of radiation therapy, history of breast cancer (self and family), history of benign breast disease, and duration of passive smoking.

SOURCE: Adapted by CESAR from data from Timothy Lash and Ann Aschengrau, "Active and Passive Cigarette Smoking and the Occurrence of Breast Cancer," *American Journal of Epidemiology* 149(1):5-13 (1999). For more information, contact Timothy Lash at 617-638-5172 or tlash@bu.edu.

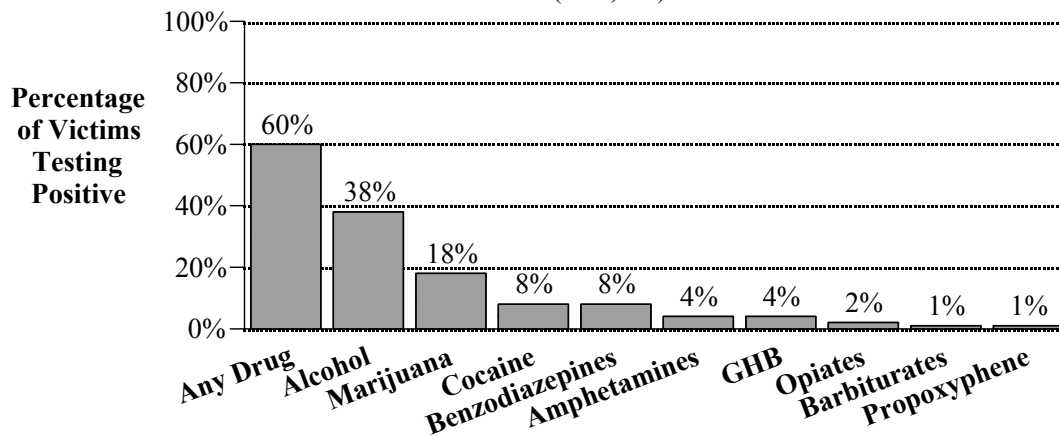
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U.S. Victims of Sexual Assault Test Positive for a Variety of Drugs, Including GHB

Urine samples from victims of sexual assault where drug use was suspected were collected from law enforcement agencies, emergency rooms, and rape centers across the U.S. Of the 1,179 samples analyzed, 60% were positive for at least one drug. The most common substances found were alcohol (38%), marijuana (18%), cocaine (8%), and benzodiazepines (8%). GHB, a drug frequently mentioned as being involved in sexual assault cases, was found in 4% of the samples (see April 1999 DEWS Alert for more information on GHB). This is of special note because laboratories do not routinely test for this drug, thus allowing the potential for undetected use of GHB in sexual assaults. According to the authors, "urine samples should be collected from a sexual assault victim as soon as possible from the time of the incident" and tested for a wide range of drugs, including GHB. The authors caution, however, that "the presence of these substances in the urine of individuals does not necessarily indicate the involvement of these drugs in the sexual incident and may reflect an exposure to the drug before or after the incident" (p.145).

**Percentage of Sexual Assault Victims Testing Positive for Selected Drugs,
May 1996-June 1998***
(n=1,179)



*No samples tested positive for PCP or methaqualone.

NOTE: A total of 49 states, the District of Columbia, and Puerto Rico submitted samples for this study. Most (65%) of the samples were collected within 24 hours of the incident, and 96% of the samples were collected within 72 hours.

SOURCE: Adapted by CESAR from data from M.A. ElSohly and S.J. Salamone, "Prevalence of Drugs Used in Cases of Alleged Sexual Assault," *Journal of Toxicology* 23:141-146 (May/June 1999).

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Texas Study Warns of Codeine Cough Syrup Abuse

Leaning on Syrup, a report by the Texas Commission on Alcohol and Drug Abuse, presents the findings of interviews with Texas law enforcement officials, drug treatment providers, and 25 adults in Houston who reported abusing codeine cough syrup. According to the report, Texas health officials “should be aware of this latest drug problem and should warn public health workers involved with both adults and children” (p. 22). Following are some of the findings of the report.

How is cough syrup obtained? Codeine cough syrup is available by prescription from physicians or through the illegal drug market (often at “syrup houses”).

How is cough syrup abused? It can be drunk undiluted or mixed with alcohol or soft drinks to improve the taste. It is also used in combination with other drugs, such as marijuana or heroin. Some people interviewed reported coating marijuana joints or blunts with codeine cough syrup.

Who abuses cough syrup? “People from different sociodemographic groups are involved in the procurement, misuse, and underground economy of syrup” (p. 22).

What are the effects of abusing cough syrup? Cough suppressant syrups usually consist of three ingredients that can have psychoactive side effects: codeine, dextromethorphan (DXM), and diphenhydramine (i.e., Benedryl). Codeine and diphenhydramine have sedative effects while DXM use results in euphoria, relaxation, and altered perceptions (for more information on DXM, see the March 1999 *DEWS ALERT*). Other effects reported by users include fatigue, a loss of coordination, constipation, and urinary retention.

Why is cough syrup abused? Reasons cited by users for abusing codeine cough syrup include that it is free, legal, and perceived as safer than illegal drugs. Syrup is often used “to ameliorate the effects of a drug binge” or “as an aid in self-treatment for drug abuse” (p. 16).

What are street names for cough syrup? In Houston, codeine cough syrup is also known as lean (referring to the effect of users losing their coordination), nods (referring to the sedative effect), AC/DC, barr, down, and Karo.

SOURCE: Texas Commission on Alcohol and Drug Abuse (TCADA), “Leaning on syrup: Procurement and misuse of codeine cough syrup in Houston,” October 1999. For more information, contact TCADA at 512-349-6600. A copy of the report is also available online at www.tcada.state.tx.us/research/lean.html.

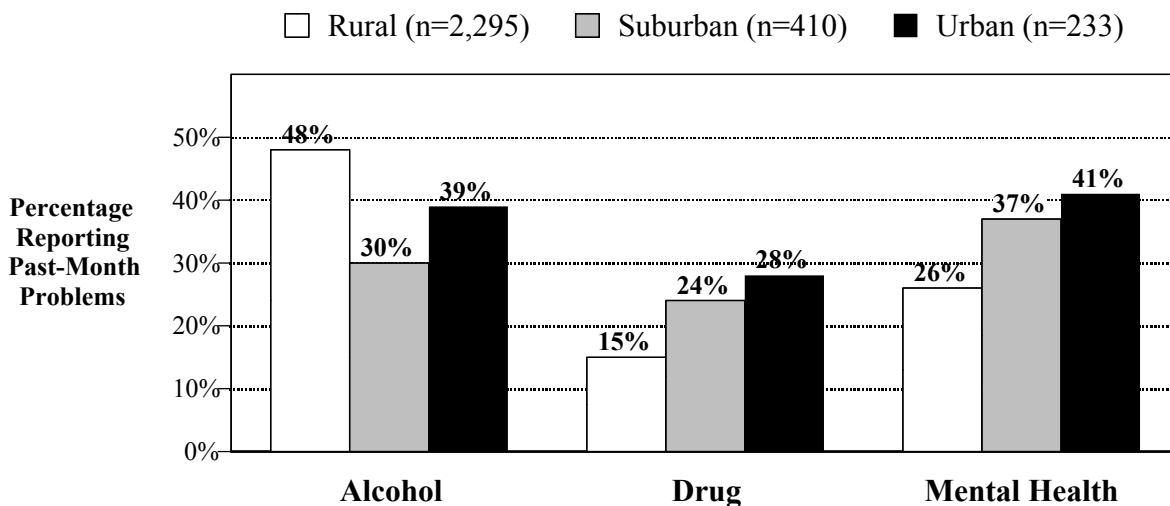
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Homeless Persons in Rural Locations More Likely to Have Alcohol Problems, Less Likely to Have Drug and Mental Health Problems

Homeless persons in rural locations have distinctly different substance abuse and mental health problems, according to a national study conducted by the Bureau of Census and the Urban Institute. Nearly half (48%) of the homeless persons in rural locations had past month alcohol problems, whereas those in suburban areas and urban locations reported much lower rates (30% and 39%, respectively). Homeless persons in rural areas, however, were less likely to have drug or mental health problems (see figure below). Rural social service providers who are aware of these differences may be better able to address the specific problems facing homeless persons in their area.

Percentage of Homeless Persons With Past Month Alcohol, Drug, or Mental Health Problems, by Urban/Rural Location, 1996



NOTE: The data were collected from interviews conducted with clients of a randomly selected sample of homeless assistance programs located in central cities, suburban, and rural locations between October 1995 and November 1996. The data may underestimate the percent of homeless persons with alcohol, drug, or mental health problems because they are based on self-reported behaviors.

SOURCE: Adapted by CESAR from data from The Urban Institute, "Homelessness: Programs and The People They Serve, Findings of the National Survey of Homeless Assistance Providers and Clients, Technical Report," December 1999. Available online at http://www.huduser.org/publications/homeless/homeless_tech.html.

CESAR FAX 1999 Bound and Indexed Volume Now Available

A bound volume of the 1999 CESAR FAX issues, indexed by issue number and subject area is now available for \$10 per copy (including shipping costs). To order, please send the appropriate payment to CESAR, Attention: CESAR FAX 1999, 4321 Hartwick Road, Suite 501, College Park, MD 20740.

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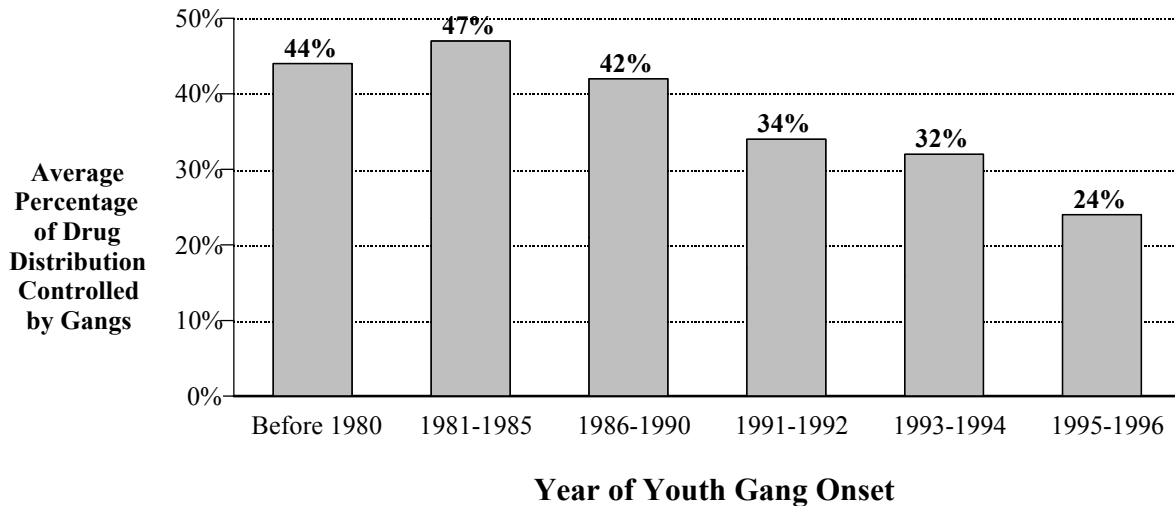
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Police Perceive More Drug Dealing in Gangs Established Prior to 1990

“Cities with newer youth gang problems are much less likely to have youth gangs that control drug trafficking enterprises,” according to data from the 1996 National Youth Gang Survey (p. 8). Areas in which gangs first emerged prior to 1991 are perceived by local law enforcement officers to have the highest level of gang control of drug distribution (between 42% and 47%). In contrast, areas in which gangs were more recently established are perceived as having much lower levels of gang-controlled drug distribution (see figure below). The authors recommend that each community carefully assess their youth gang drug trafficking problem and tailor their response accordingly. A copy of the report, which includes descriptions of several programs aimed at reducing drug trafficking and other criminal behavior by gangs, is available online (<http://www.ncjrs.org/pdffiles1/ojjdp/178282.pdf>).

**Average Percentage of Drug Distribution Controlled by Youth Gangs
as Perceived by Local Law Enforcement Officers,
by Year of Gang Problem Onset**



NOTES: The 1996 National Youth Gang Survey was completed by 2,631 police and sheriff's departments in October 1997. A total of 1,385 respondents reported gang problems. Among these, 1,139 responded to the question regarding gang control of drug distribution. A "youth gang" was defined as "a group of youths or young adults in your jurisdiction that you or other responsible persons in your agency or community are willing to identify or classify as a 'gang.'"

SOURCE: Adapted by CESAR from data from James C. Howell and Debra K Gleason, "Youth Gang Drug Trafficking," *OJJDP Juvenile Justice Bulletin*, December 1999.

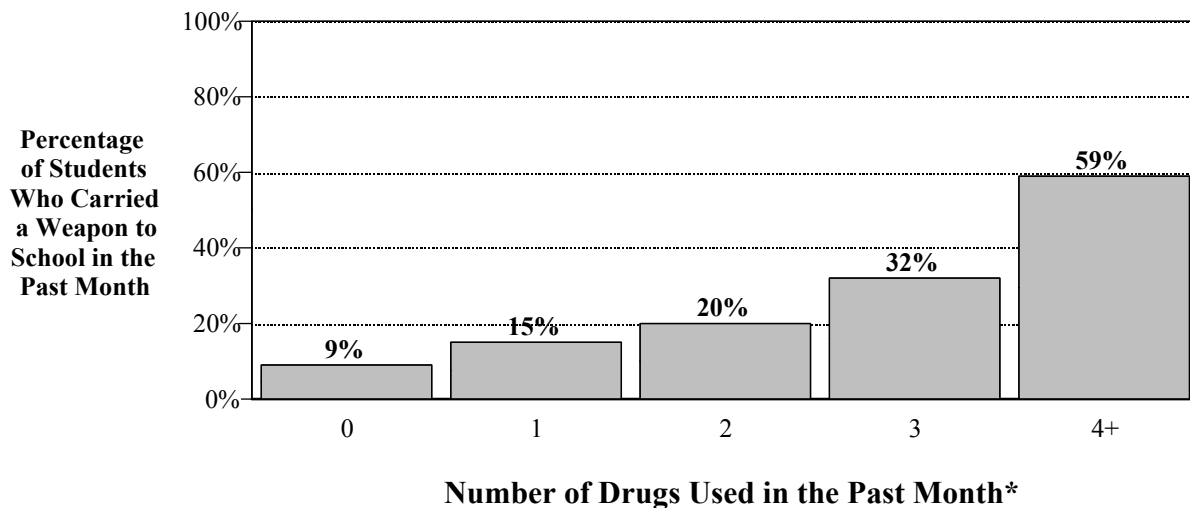
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Drug Use and Weapons Go Hand-in-Hand Among Oregon High School Students

An estimated 19,000 Oregon high school students carried guns, knives, or clubs to school for use as weapons in 1997, according to data from the Youth Risk Behavior Survey (YRBS). According to the authors, “one of the best warning signs of weapons-carrying are licit and illicit substance use,” particularly multi-drug use (p. 6). Students who used four or more types of illicit drugs in the past month were nearly seven times more likely than non-drug users to carry a weapon to school (59% vs. 9%) and 39 times more likely to take a gun to school (27% vs. 0.7%). The study also found that weapons-carrying was more common among Oregon students who drank alcohol, smoked cigarettes, or had multiple sexual partners.

Percentage of Oregon High School Students Who Carried a Weapon To School in the Past Month, by Number of Drugs Used in the Past Month*, 1997



*The number of types of drugs used by students was measured with six questions. Affirmative responses to the use of injection drugs, cocaine, steroids (not under the doctor’s supervision), marijuana, inhalant use, and “any other type of illegal drug” were counted.

NOTE: Self-reported data is based on 32,378 weighted cases from 102 Oregon public high schools participating in the 1997 Youth Risk Behavior Survey (YRBS).

SOURCE: Adapted by CESAR from data from State of Oregon, Health Division, Center for Health Statistics, “Weapons, Schools, and Kids: What is the Risk?” *Oregon Health Trends*, Series No. 54 (October 1999). A copy of the report is available online at <http://www.oshd.org/cdpe/chs/yrbs/weapons.pdf> or from the Center for Health Statistics at (503) 731-4354.

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

***70% of University of Maryland Students Overestimate
the Level of Binge Drinking Among Their Peers***

A 1998 student drug survey found that most University of Maryland College Park students significantly overestimate how many of their peers engage in binge drinking. While 35.5% of students actually engaged in binge drinking in the two weeks prior to the survey, 70% of respondents estimated that 40% to 100% of their peers had done so. Only 30% of respondents underestimated the amount of binge drinking by other students. This information may be useful to education and prevention programs in reducing peer pressure to drink.

**Most UMCP Students Overestimate
the Actual Number of Students Who Binge Drink**

Estimated Percentage of Peers Who Binge Drink	Percentage of Students Who Reported the Estimate	
0%	0.2	} 29.9% underestimated the actual occurrence of binge drinking
10%	5.3	
20%	11.3	
30%	13.1	
	35.5%	Actual Percentage of Students Who Reported Binge Drinking
40%	13.1	} 70.0% overestimated the actual occurrence of binge drinking
50%	13.9	
60%	14.0	
70%	14.6	
80%	8.7	
90%	4.6	
100%	1.1	

SOURCE: Hsu, Maggie, and Eric D. Wish, University of Maryland College Park 1998 Student Drug Survey, Center for Substance Abuse Research, March 2000. For more information, contact Dr. Eric Wish at ewish@cesar.umd.edu or 301-403-8329.

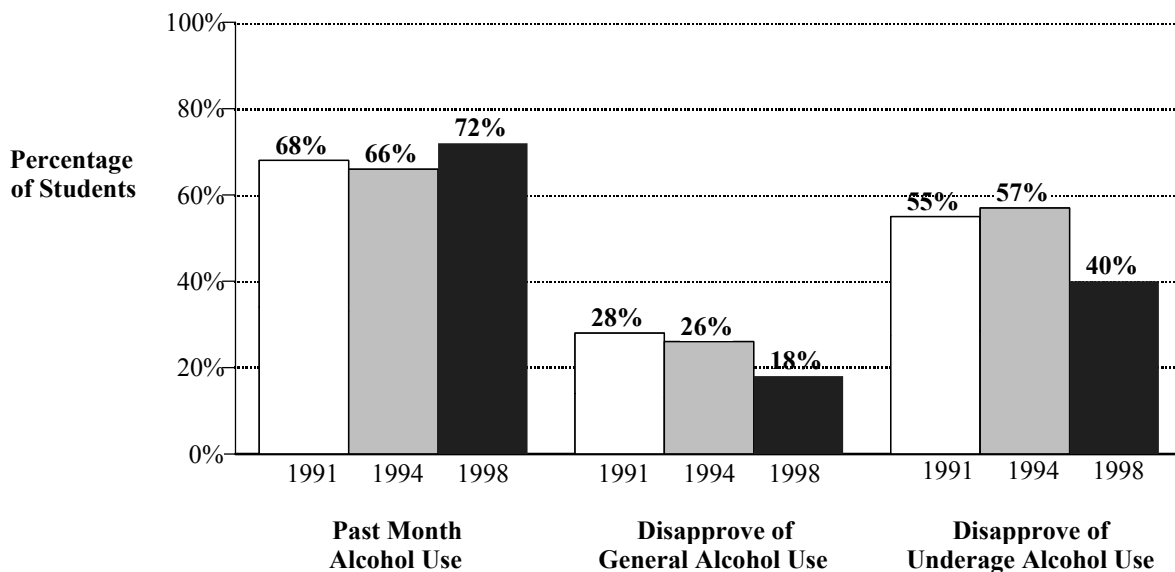
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Alcohol Use Increases Among University of Maryland College Students; Disapproval of Use Decreases

Alcohol use has increased among students at the University of Maryland College Park, according to the results of a 1998 student drug survey. In 1998, nearly three-quarters of students reported that they had used alcohol in the month prior to the survey, compared to 68% in 1991. This increase may be fueled, in part, by students' attitudes toward alcohol use. Disapproval of alcohol use decreased from 28% in 1991 to 18% in 1998 and disapproval of underage drinking fell from 55% in 1991 to 40% in 1998. Similar relationships have been found for marijuana use among youth (see CESAR FAX, Volume 8, Issue 21).

**Percentage of UMCP Students Reporting
Past Month Alcohol Use and Disapproval of Alcohol Use**



SOURCE: Hsu, Maggie, and Eric D. Wish, University of Maryland College Park 1998 Student Drug Survey. Center for Substance Abuse Research, March 2000. For more information, contact Dr. Eric Wish at ewish@cesar.umd.edu or 301-403-8329. Contact CESAR at 301-403-8329 or cesar@cesar.umd.edu to obtain a complimentary copy of this report.

April Is Alcohol Awareness Month

Alcohol Awareness Month 2000 focuses on underage drinking and is sponsored by the National Council on Alcoholism and Drug Dependence. For more information, visit the Alcohol Awareness Month website at <http://www.ncadd.org/aamnth00.html>.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

More Than 9.6 Million U.S. Children Live with Alcohol Abusing or Dependent Adults

An estimated one in seven children in the United States live in households with one or more adults who abused or were dependent on alcohol in the past year, according to an analysis of data from the National Longitudinal Alcohol Epidemiologic Survey (NLAES). The majority of these children are the biological, foster, adopted, or stepchildren of the adults (70.4%). Just over one-third of the children--an estimated 3.5 million--were 5 years old or younger. The author warns that "unless comprehensive and intensive interventions are provided to address the full range of needs of children exposed to abuse and dependence . . . the potential costs to human services, health, education, social services, and correctional services will quickly become overwhelming" (p. 114).

Characteristics of Children Living with an Alcohol Abusing or Dependent Adult, 1992

(n=an estimated 9,667,473 children living in households with one or more adults who abused or were dependent on alcohol in the previous year)

Characteristic	Percentage
Sex	
Male	49%
Race/Ethnicity	
Black	11.9%
Non-Black	88.1%
Age	
Five years old and younger	36.3%
Six to 11 years old	33.7%
Twelve to 17 years old	30.0%
Relationship to Abusing/Dependent Adult	
Child	70.4%
Sibling	11.6%
Other Biological Relative	8.8%
Non-Relative	6.3%
Unspecified Relationship	2.9%

NOTE: Abuse and dependence diagnoses were based on DSM-IV criteria.

SOURCE: Adapted by CESAR from data from Grant, B.F., "Estimates of U.S. Children Exposed to Alcohol Abuse and Dependence in the Family," *American Journal of Public Health*, 90(1):112-115, January 2000.

Thursday, April 6th is National Alcohol Screening Day (NASD)

To locate a screening in your area, have your 5 digit zip code ready and call 1-800-405-9200 (for rotary phone users only, call 1-800-969-6642).

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

1999 "Keeping Score" Report Focuses on Effects of Alcohol on Society

While alcohol-related health, crime, and productivity problems cost \$167 billion each year, there has been relatively little concentrated Federal response, according to the 1999 report *Millenium Hangover: Keeping Score on Alcohol*. The report explores drinking among youth and adults and the effects of alcohol on families and communities. Below are some of the findings:

- "Alcohol is the drug of choice among youth." Alcohol-related traffic accidents alone account for twice as many deaths among teenagers and young adults as illicit drug use. Despite the high rate of accidents and death due to alcohol, teens perceive it as less dangerous than other drugs (p. 2).
- Sixty percent of tardiness, absenteeism, and poor quality work as a result of alcohol consumption is caused by light and moderate drinkers. Heavy drinkers and alcoholics cause the remaining 40 percent (p. 8).
- Fifty-two percent of college students in a 1997 nationwide study reported that they drank to get drunk, an increase from 39 percent in 1993. Two in five college students reported binge drinking, and one in five reported doing so once a week (p. 9).
- "According to the Bureau of Justice statistics, many more violent crimes are committed under the influence of alcohol than all other drugs." In addition, the National Institute on Alcohol Abuse and Alcoholism reports that drinking is involved in more than half of all sexual assaults (p. 18-19).

The report also highlights alcohol prevention, treatment, and criminal justice programs nationwide. To obtain a copy of *Millenium Hangover*, please fax a request, along with your name and mailing address, to Drug Strategies at 202-414-6199. You may also visit the Drug Strategies website at www.drugstrategies.org.

SOURCE: Adapted by CESAR from Drug Strategies, *Millenium Hangover: Keeping Score on Alcohol*, Washington, D.C., 1999.

Alcohol Awareness Month: Alcoholics Anonymous

Alcoholics Anonymous provides support services for alcoholics. To find an Alcoholics Anonymous group in your state, go to www.aa.org, click on "English," then "U.S./Canada Central Offices, Intergroups, and Answering Services."

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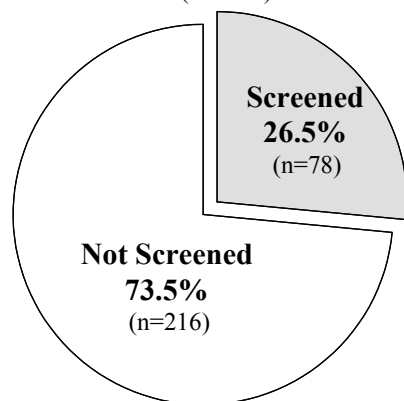
University of Maryland, College Park

Routine Alcohol Screening in Trauma Centers May Identify Patients Who Would Benefit from Chemical Dependency Intervention

Only around one-fourth (26.5%) of patients admitted to the Mayo Clinic Emergency Trauma Unit after an alcohol-related motor vehicle crash (MVC) were subsequently screened for alcohol abuse/dependence by a psychiatrist or chemical dependency counselor. Of those screened, nearly all (88.5%) were diagnosed as having alcohol abuse and/or dependence. This high rate may be partially explained by characteristics in certain patients that led them to be screened (such as a history of alcohol abuse/dependence or high blood alcohol levels). The authors conclude that these “findings show frequently missed opportunities to provide chemical dependency screening evaluation and intervention to trauma victims who have experienced a crisis at precisely the time when successful intervention in their addictive disease process is maximized” (p. 234).

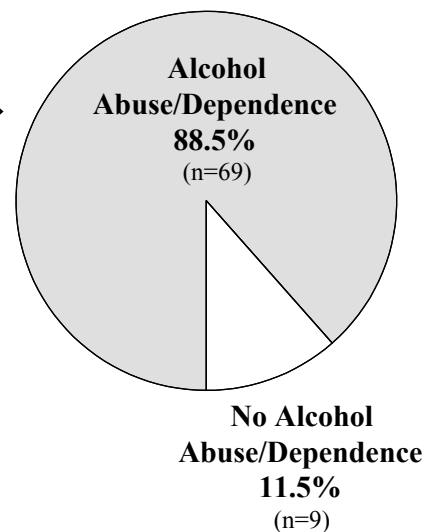
While Only 26.5% of the MVC Trauma Patients With a Detectable BAC Were Screened. . .

(N=294)



Nearly All of Those Screened Were Diagnosed as Having Alcohol Abuse/Dependence

(N=78)



NOTE: Nationally, one-third of trauma centers routinely conduct blood alcohol tests and less than 6% utilize interview screening tests.

SOURCE: Adapted by CESAR from data from Pamela M. Maxson, Keith H. Berge, Daniel K. Hall-Flavin, Scott P. Zietlow, Darrell R. Schroeder, & Carla M. Lange, “Detectable Blood Alcohol After a Motor Vehicle Crash and Screening for Alcohol Abuse/Dependence,” *Mayo Clinic Proceedings*, 75(231-234), March 2000.

April is Alcohol Awareness Month

An Alcohol Impairment Chart is available online at <http://www.health.org/pubs/qdocs/alcohol/bac-chrt.htm>. The chart takes into account body weight, number of drinks, and the approximate blood alcohol concentration (BAC) level. **Please note that the chart is meant to be a guide, not a guarantee.**

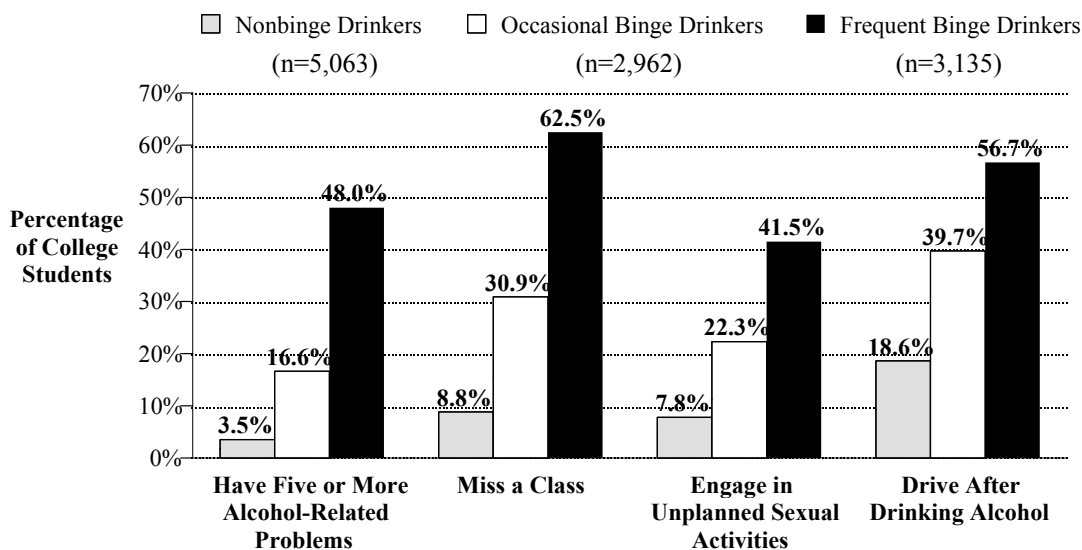
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

***Binge Drinking College Students More Likely to Miss Class,
Have Unplanned Sex, and Drink and Drive***

College students who binge drink are significantly more likely to report experiencing alcohol-related problems, such as missing a class or engaging in unplanned sexual activities, according to a 1999 survey of students at 4-year colleges across the U.S. Students who reported frequent binge drinking were most likely to report alcohol-related problems. Overall, 44% of college students reported binge drinking in the two weeks prior to the survey. These results are similar to those found in previous surveys in 1993 and 1997.

**Percentage of U.S. College Students Reporting Alcohol-Related Problems,
by Level of Recent Binge Drinking, 1999**



NOTES: Binge drinking was defined as the consumption of 5 or more drinks in a row for men and 4 or more drinks in a row for women in the two weeks prior to the survey. Frequent binge drinking was defined as bingeing three or more times in the past 2 weeks; occasional binge drinkers were those students who had bingeed one or two times in the same period. Nonbinge drinkers were those students who had consumed alcohol in the past year, but had not bingeed in the previous 2 weeks. The national survey was a self-administered mail survey of a random sample of over 14,000 students at 119 nationally representative 4-year colleges in 39 states and the District of Columbia.

SOURCE: Wechsler, Henry, Jae Eun Lee, Meichun Kuo, & Hang Lee, "College Binge Drinking in the 1990s: A Continuing Problem, Results of the Harvard School of Public Health 1999 College Alcohol Study," *Journal of American College Health*, 48: 199-210, March 2000. Available online at www.hsph.harvard.edu/cas.

April is Alcohol Awareness Month

To learn about the causes, consequences, treatment, and prevention of alcoholism and alcohol-related problems, visit the National Institute on Alcohol Abuse and Alcoholism's (NIAAA) website at <http://www.niaaa.nih.gov>.

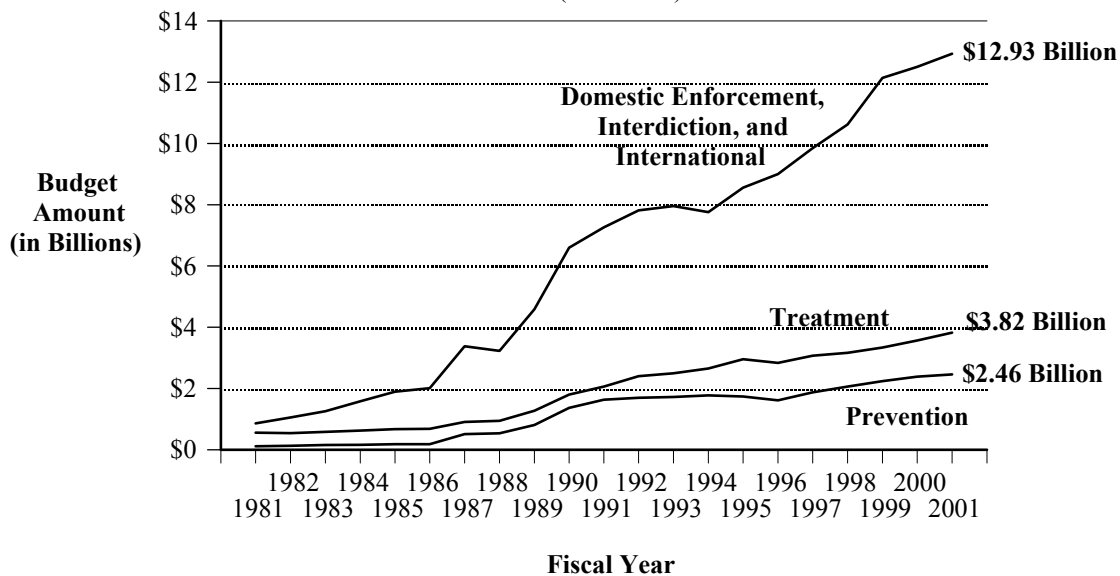
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University of Maryland, College Park

Two-Thirds of National Drug Control Budget Dedicated to Domestic Enforcement, Interdiction, and International Efforts

The total national drug control budget requested for fiscal year 2001 is more than \$19.2 billion, an increase of 4% over the 2000 budget. According to the *National Drug Control Strategy 2000 Annual Report* released last month, 67% of this budget is dedicated to domestic law enforcement, interdiction, and international strategies. The remaining funds are allocated to treatment and prevention efforts (20% and 13%, respectively). The distribution of federal drug control monies among these three areas has remained relatively the same since 1987 (see figure below). A copy of this report is available online at www.whitehousedrugpolicy.gov/policy/budget.html.

National Drug Control Budget, FY 1981-2001*
(in billions)



*The fiscal year 2000 budget is estimated. The fiscal year 2001 budget is the requested amount, which may differ from the amount actually enacted.

SOURCE: Adapted by CESAR from data from Office of National Drug Control Policy (ONDCP), "National Drug Control Strategy 2000 Annual Report, FY2001 Budget Summary," 2000.

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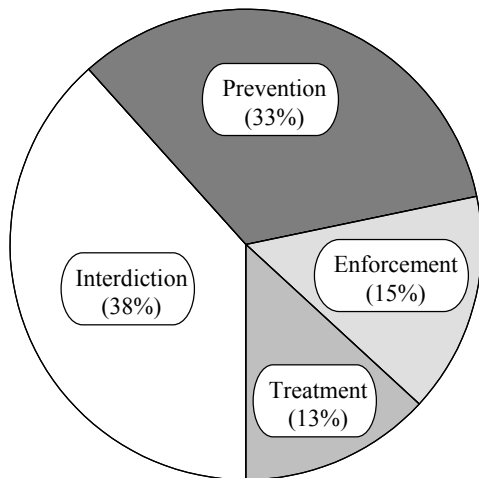
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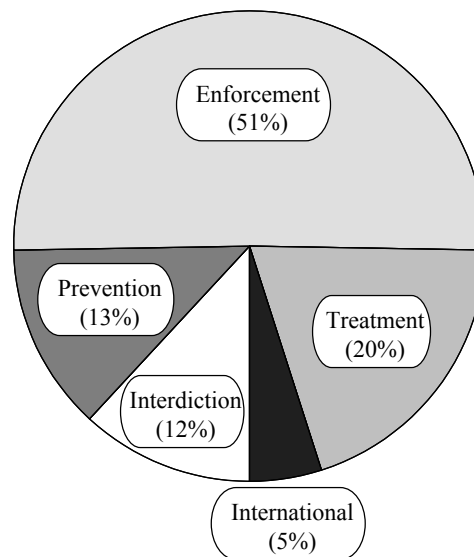
Maryland Residents' Drug Control Priorities Differ from Those of National Drug Budget

Maryland residents' opinions on what areas should receive the most money and effort in the drug war contrast sharply with the national drug control budget priorities. According to a recently released 1999 household opinion poll, Maryland residents believe reducing the drug flow into the U.S. (38%) and education and prevention (33%) should receive the most money and effort in the fight against drugs. These areas, however, receive the smallest proportion of the requested fiscal year 2001 national drug control budget (12% and 13%, respectively). While only 15% of Maryland residents believe that law enforcement should be a funding priority, just over one-half of the federal drug control budget is dedicated to domestic law enforcement (see CESAR FAX, Vol. 9, Issue 17, for more information about the federal drug control budget).

Maryland Residents' Opinions on Drug War Priority Areas, 1999
(n=1,002 adult residents)



National Drug Control Budget Distribution of Monies
(FY2001 Requested Amount)



NOTES: The Maryland poll did not include "international" as a survey response. One percent of Maryland residents responded "don't know" or refused to answer the question. The national drug control budget percentages do not sum to 100 due to rounding.

SOURCES: Yacoubian, George S., Jr. and Eric D. Wish, *What Maryland Residents Think About Drugs and Crime: Summer/Fall 1999 Maryland Household Opinion Poll*, Center for Substance Abuse Research, May 2000.

Office of National Drug Control Policy (ONDCP), *National Drug Control Strategy 2000 Annual Report, FY2001 Budget Summary*, 2000. Available online at www.whitehousedrugpolicy.gov/policy/budget.html.

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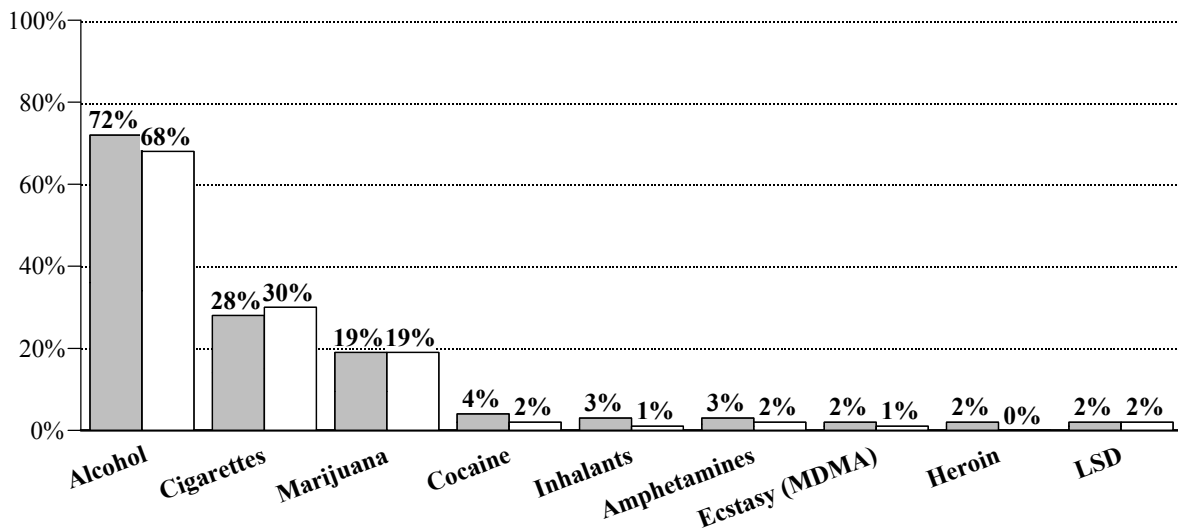
University of Maryland, College Park

University of Maryland College Park Students' Substance Use Similar to That of Students Nationwide

Nearly three-fourths of students at the University of Maryland College Park (UMCP) report using alcohol in the past month, 28% report using cigarettes, and 19% report past month marijuana use, according to a recently released 1998 student survey. These rates are comparable to those found by the national Monitoring the Future survey of college students. For both UMCP and college students nationwide the use of other drugs, such as cocaine and ecstasy, was less than 5%. A copy of the University of Maryland student drug survey report is available from CESAR (see box below).

Percentage of College Students Who Reported Past Month Substance Use, by Type of Substance, 1998

■ UMCP (n=1,206) □ National (n=1,440)



SOURCE: Hsu, Maggie and Eric Wish, *University of Maryland College Park 1998 Student Drug Survey*, Center for Substance Abuse Research, March 2000.

University of Maryland Student Drug Survey Report Now Available

Contact CESAR at 301-403-8329 (phone), 301-403-8342 (fax), or cesar@cesar.umd.edu for your complimentary copy of the *University of Maryland College Park 1998 Student Drug Survey*. The report is also available online at <http://www.cesar.umd.edu/www2root/prod/images/98umcp.pdf>.

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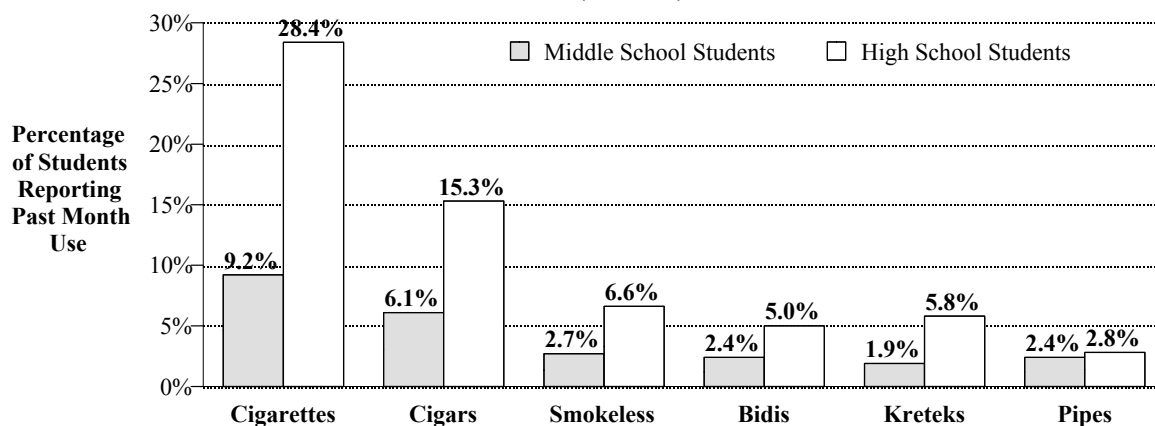
University of Maryland, College Park

Bidi and Kretek Cigarettes Are Emerging Public Health Problem Among Students

The National Youth Tobacco Survey, conducted in the fall of 1999, found that 12.8% of middle school and 34.8% of high school students used some type of tobacco in the month prior to the survey. Among both middle and high school students, cigarettes were the most prevalent type of tobacco used, followed by cigars and smokeless tobacco. The survey, which is the first to measure current tobacco use among a national sample of middle school students, found that use of novel tobacco products such as bidis and kreteks is an emerging public health problem. The use of bidis (small brown cigarettes wrapped in tendu or temburni leaf that come in a variety of flavors) and kreteks (clove cigarettes) is nearly equal to that of smokeless tobacco. Bidis and kreteks, which are inexpensive and trendy, are often assumed to be safer than regular cigarettes. Like all tobacco products, however, they are carcinogenic (see *CESAR FAX* Vol. 8, Issue 41, for more information on bidis).

Percentage of U.S. Middle and High School Students Reporting Past Month Tobacco Use, 1999

(n=15,058)



NOTE: This survey was of a nationally representative sample of 15,058 middle (grades 6-8) and high school (grades 9-12) students in 131 schools.

SOURCE: Centers for Disease Control and Prevention, "Tobacco Use Among Middle and High School Students--United States, 1999." *Morbidity and Mortality Weekly Report* 49(03):49-53, January 28, 2000. Available online at www.cdc.gov/epo/mmwr/preview/mmwrhtml/mm4903a1.htm.

University of Maryland Student Drug Survey Report Now Available

Contact CESAR at 301-403-8329 (phone), 301-403-8342 (fax), or cesar@cesar.umd.edu for your complimentary copy of the *University of Maryland College Park 1998 Student Drug Survey*. The report is also available online at <http://www.cesar.umd.edu/www2root/prod/images/98umcp.pdf>.

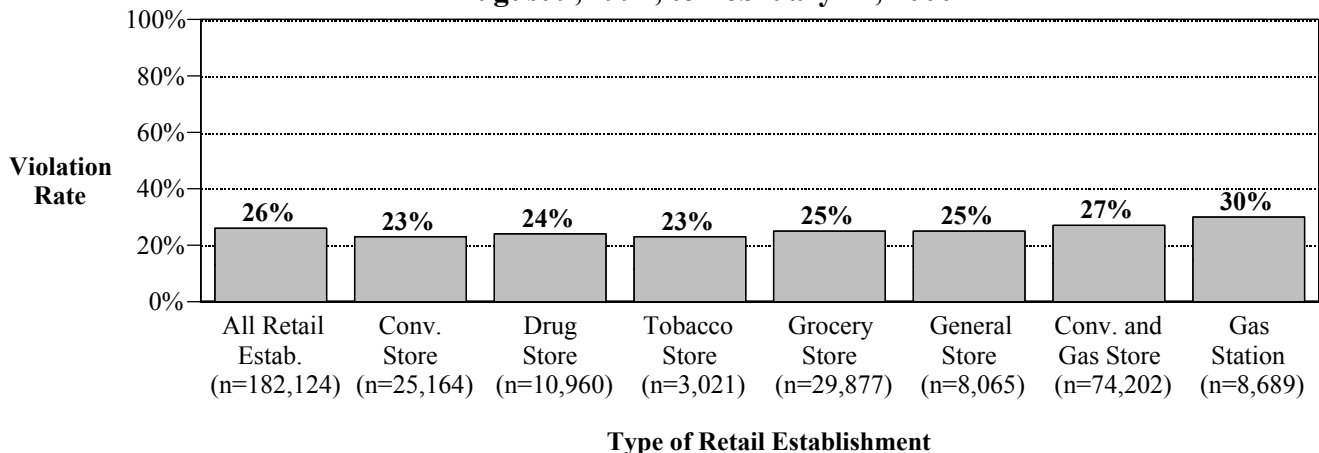
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University of Maryland, College Park

Supreme Court Ruling Ends FDA Tobacco Compliance Checks

As a result of a recent Supreme Court ruling, the U.S. Food and Drug Administration (FDA) will be forced to end a program designed to make it harder for minors to buy cigarettes. Since 1997, the FDA has conducted random checks to determine if tobacco retailers were selling tobacco products to those under age 18 or asking for photo identification for people under age 27 trying to buy these products. Stores in compliance received a letter of congratulations while those not in compliance received both a warning and more visits. Repeated sales to minors resulted in fines. On March 21, 2000, the U.S. Supreme Court ruled that the FDA does not have the unilateral authority to regulate tobacco as an addictive drug. As a result, the FDA is no longer conducting compliance checks. Compliance checks conducted prior to the Supreme Court ruling revealed that one in four retail establishments monitored sold cigarettes to minors.

**Tobacco Sale Violation Rates Among Retail Establishments,
August 9, 1997, to February 21, 2000**



NOTES: Violation rates reported on this website are not based on a random selection of retailers, and therefore are not intended to be a statistical representation of state retailer violation rates. The rates reported here reflect FDA inspections and reinspections of retail outlets. The n listed is the number of checks completed at each of the establishments. The n for "All Retail Establishments" includes the two categories "Not Reported" (n=327) and "Other" (n=21,819), which were excluded from the graph.

SOURCE: Adapted by CESAR from data from U.S. Food and Drug Administration, *Children and Tobacco Compliance Checker*. Online at: <http://www.fda.gov/opacom/campaigns/tobacco/compliancechecker.html> (updated 2/2/00; accessed 5/24/00).

PART-TIME WEB DEVELOPER

CESAR is looking for a web developer who can create and maintain web pages and sites. Must possess strong (raw) HTML skills. Please see website for more information. Please email inquiries and résumés to: cesar@cesar.umd.edu. Thank you.

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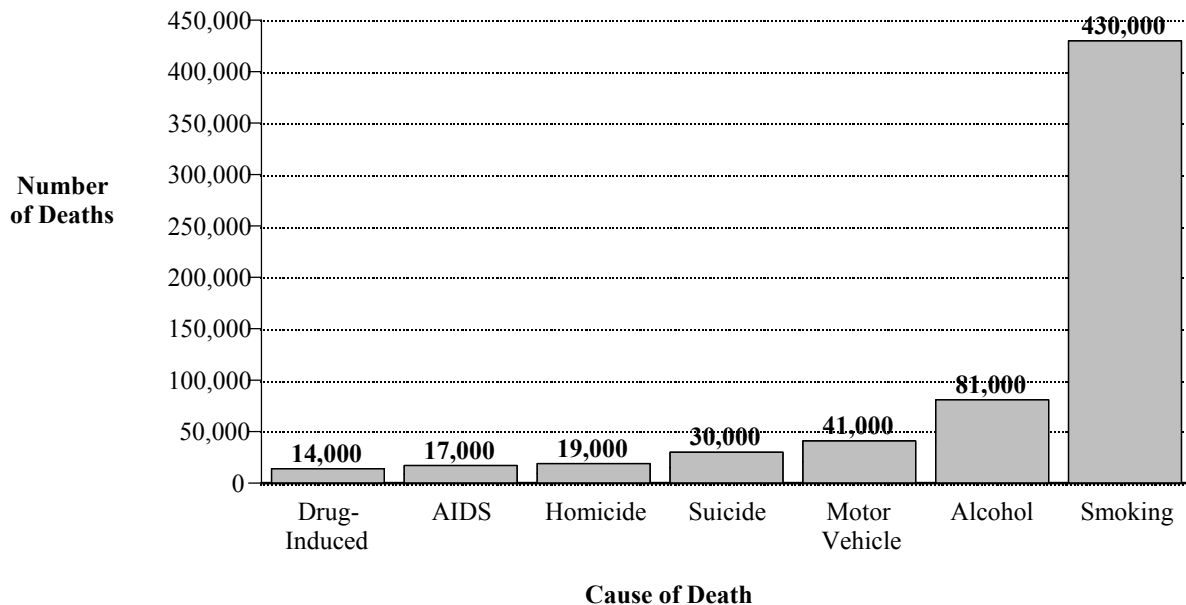
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University of Maryland, College Park

Smoking Is the Leading Preventable Cause of Death in U.S.

The Tobacco Information and Prevention Source (TIPS) of the Centers for Disease Control and Prevention (CDC) reports that tobacco use remains the leading cause of preventable death in the U.S. Tobacco use is responsible for more than twice the number of deaths caused by AIDS, alcohol, motor vehicle accidents, homicide, drugs, and suicide combined (see figure below). Of the 430,000 deaths attributable each year to smoking, 36 percent are from cancer, 28 percent from cardiovascular disease, and 17 percent are from chronic lung disease. In addition, an estimated 3,000 nonsmoking Americans die of lung cancer and 300,000 children suffer from lower respiratory tract infections each year because of exposure to secondhand tobacco smoke. For more information on tobacco use and prevention, visit the CDC's TIPS website at www.cdc.gov/tobacco.

Causes of Death in the U.S., 1993-1998*



*Cause of death data are for years ranging from 1993 to 1998, depending on the source. The original table and data source list are available at www.cdc.gov/tobacco/andths.htm.

SOURCE: Centers for Disease Control and Prevention, Tobacco Information and Prevention Source website
[[<http://www.cdc.gov/tobacco/>]] (accessed 5/31/00).

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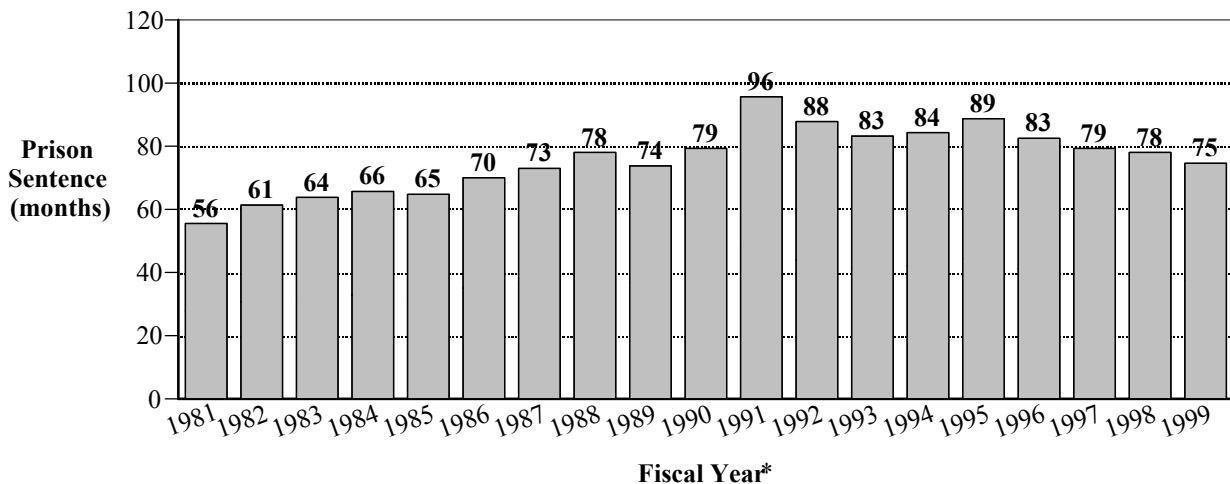
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Average Length of Federal Drug Sentences Reaches Lowest Point in Past Decade

In 1999, the average time spent in federal prison for a drug charge was 75 months, according to an analysis of data from the Administrative Office of the United States Courts. This is the shortest average prison sentence for a drug charge since 1989 (when the average sentence was 74 months). While the severity of the drug offenses actually being adjudicated in the 1990s may have decreased, there are several other factors that may account for this downward trend in sentence length. For example, defendants may be receiving a reduction in sentence length for providing assistance in related criminal investigations. Another possibility raised by the analysis is that federal judges may be enacting lesser sentences for low-level drug offenders.

**Average United States Courts Prison Sentence,
Fiscal Years 1981-1999**



*A fiscal year is defined as the 12-month period from October 1st through September 30th.

NOTE: The Administrative Office of the United States Courts collects data on the caseload and activities of the Federal judiciary including district court judges, magistrate judges, and the probation and pretrial services system.

SOURCE: Adapted by CESAR from data from The Transactional Records Access Clearinghouse (TRAC), "Overall Sentencing Trends in Drug Enforcement," *DEA at Work*, (2000). Available online at <http://www.trac.syr.edu/tracdea/findings/aboutDEA/drugSentences.html>.

Part-Time Web Developer Position Available

CESAR is looking for a web developer who can create and maintain web pages and sites. Must possess strong (raw) HTML skills. Please see website for more information. Send inquiries and resumes to cesar@cesar.umd.edu.

The University of Maryland is an affirmative action, equal opportunity employer. Minorities are encouraged to apply.

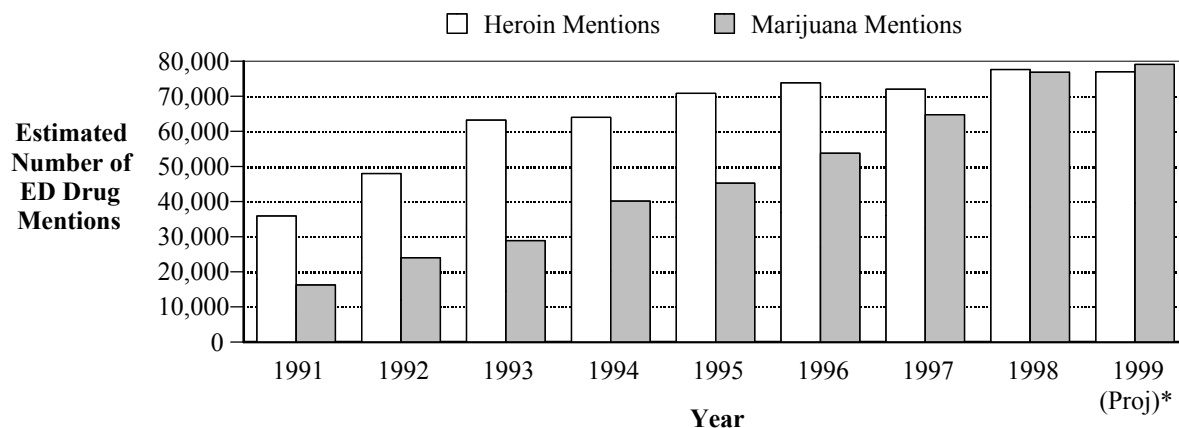
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Marijuana-Related Emergency Department Visits Now as Common as Heroin-Related

Marijuana-related visits to hospital emergency departments (EDs) have risen steadily during the 1990s, from an estimated 16,251 visits in 1991 to 76,870 in 1998. Since 1998, the number of marijuana mentions during ED visits has been approximately equal to the number of heroin mentions. According to projections for 1999, marijuana was mentioned in an estimated 79,088 drug-related ED visits, compared to an estimated 77,009 heroin mentions. Cocaine continues to be the illicit drug responsible for the most emergency department visits, accounting for a projected 154,956 visits in 1999.

Estimated Number of Emergency Department Drug Mentions, 1991-1999*



*1999 figures are projected based on estimates from the first half of 1999.

NOTES: A drug mention is defined as a substance that was mentioned in a drug-related episode. In addition to alcohol-in-combination, up to 4 substances can be reported for each drug-related episode. A drug-related episode is an emergency department visit that was induced by or related to the use of an illegal drug(s) or the nonmedical use of a legal drug for patients age 6 years and older. These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Adapted by CESAR from data from Substance Abuse and Mental Health Services Administration (SAMHSA), Mid-Year 1999 Preliminary Emergency Data from the Drug Abuse Warning Network, March 2000, Rockville, MD: SAMHSA. Available online at http://www.samhsa.gov/OAS/DAWN/DawnMidYr/99mid_year.pdf.

Research Assistant Needed for CESAR FAX Project

CESAR is seeking a part-time research assistant to help in writing, formatting, and transmitting the CESAR FAX. Applicants should be familiar with the substance abuse field, possess clear and concise writing skills, be detail-oriented, and be experienced with computers. Graduate assistantship a possibility. Interested applicants should send cover letter and resume to Wanda Hauser at whauser@cesar.umd.edu.

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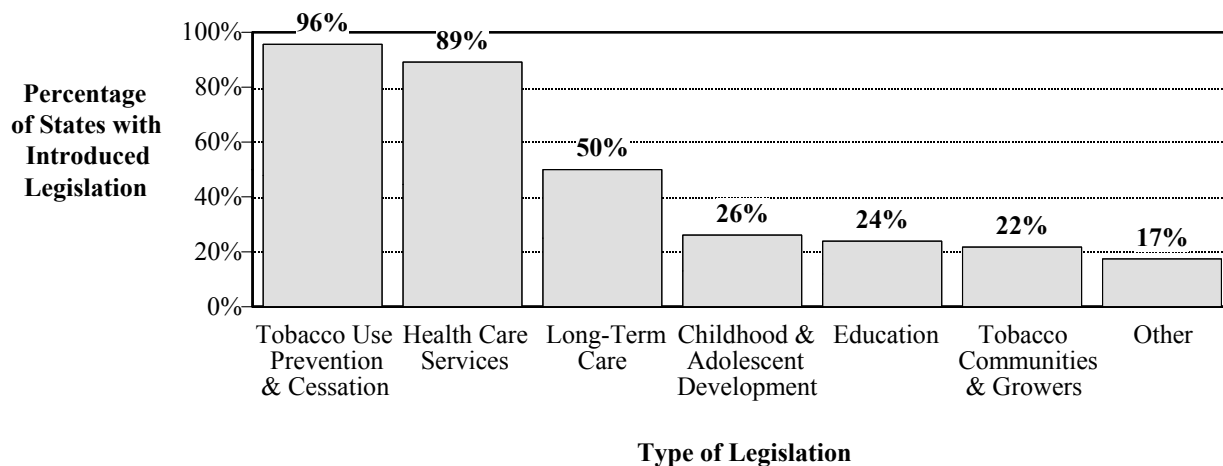
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Majority of States to Spend Tobacco Settlement Money on Tobacco Use Prevention and Health Care Services

In November 1998, the tobacco industry agreed to a \$206 billion settlement with 46 states and 6 U.S. jurisdictions. Individual state settlements, which will be disbursed over the next 25 years, ranged from \$486 million in Wyoming to \$25 billion in California and New York. A survey conducted by the National Conference of State Legislatures found that the majority of states involved in the agreement have introduced legislation to use their settlement money for tobacco use prevention and cessation programs (96%) and health care services (89%). One-half of the states involved in the agreement propose to use some of their funds for long-term care programs, such as long-term care insurance and pharmaceutical assistance to the elderly and disabled.

Percentage of States with Introduced Legislation Regarding Spending of Tobacco Settlement Monies (as of March 2000)
(N=46 states participating in Master Settlement Agreement)



NOTES: The settlement includes 46 states (Florida, Minnesota, Mississippi, and Texas had previously settled with the tobacco manufacturers), Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Northern Mariana Islands, and the District of Columbia. The six tobacco companies included in the settlement are Brown & Williamson Tobacco Corporation, Lorillard Tobacco Company, Philip Morris Incorporated, R.J. Reynolds Tobacco Company, Commonwealth Tobacco, and Liggett & Myers.

SOURCE: Adapted by CESAR from data from Lee Dixon, Health Policy Tracking Service, National Conference of State Legislatures, "State Tobacco Settlement Legislation and Activities," May 2000. For more information, contact Lee Dixon at lee.dixon@ncsl.org.

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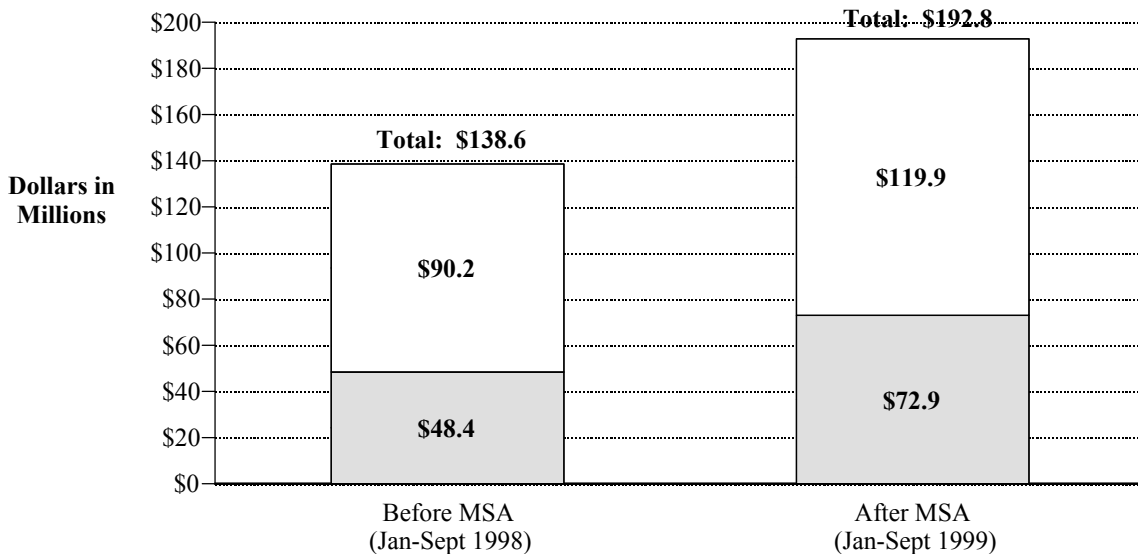
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***Cigarette Advertisements in Youth Magazines
Increased by \$54 Million After Tobacco Master Settlement Agreement***

The 1998 Master Settlement Agreement (MSA) between the States' Attorneys General and the tobacco industry provided a monetary settlement (see CESAR FAX, Vol. 9, Issue 25) as well as a ruling prohibiting tobacco manufacturers from "directly or indirectly targeting youth in their promotional activities, or engaging in activities with the primary purpose of initiating, maintaining, or increasing youth smoking" (p. 1). An analysis of cigarette advertising expenditures from before and after the MSA, however, reveals that cigarette marketing to teens through magazine advertising has actually increased since the settlement. From January to September 1998, magazines with youth readership of 5 percent or more had tobacco advertising expenditures of \$138.6 million. During the same period in 1999--after the MSA--the advertising expenditures in these magazines had increased to \$192.8 million. Philip Morris, one of the nation's largest tobacco manufacturers, recently announced that they will stop advertising in magazines that have youth readership of 15 percent or more or that have more than 2 million readers under 18.

**Cigarette Advertising Expenditures in Magazines with 5% or More Youth Readership,
Before and After Master Settlement Agreement (MSA)**

■ 5-15% Youth Readership □ Over 15% Youth Readership



SOURCE: Turner-Bowker, Diane and William L. Hamilton, "Cigarette Advertising Expenditures Before and After the Master Settlement Agreement: Preliminary Findings," Massachusetts Department of Public Health and Abt Associates, Inc., May 15, 2000.

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LSD on Pay Phone Buttons and Other Drug-Related Urban Legends

Urban legends have been around for a long time. Most people have heard the one about alligators living in the sewers of New York City because one was flushed down the toilet. More recently, stories of people who went out one night and awakened days later in a hotel missing a kidney circulated. These stories are often passed by word of mouth, usually with a friend of a friend cited as the person who knew the person it happened to. The internet and the news media are also sources for proliferating urban legends.

Most urban legends, including those related to drugs and infectious diseases, contain standard earmarks by which they can be identified. These include an undefined source for the story (or an official-sounding source that does not exist), racial or sexual content, a moral message, and a play on fears that society is out of control. Some may contain more than one of these elements, and many are circulated as well-meant warnings. Two drug-related legends circulated recently on the internet involve gang members or drug addicts putting a combination of strychnine and LSD on pay phone buttons. The mixture is supposed to be easily absorbed through the skin and fatal. A similar tale involves poisoned deposit envelopes at ATM machines. In both cases, the writer is concerned and providing a warning, there is no real source cited, the moral fabric of society is perceived to be fraying, and people's fears for their safety are exploited.

Fear is one of the most common elements of the urban legend. This is clearly illustrated in legends wherein unwitting people are stuck by HIV-contaminated needles in coin return slots, theater seats, or are deliberately stabbed in a nightclub by someone who attaches a note informing them they now have AIDS. This past June a new twist on this legend emerged via the internet--HIV-infected needles being affixed to the underside of gas pump handles. The Centers for Disease Control and Prevention states on its website that it has had no reports of anyone contracting HIV from a deliberate needle stick or a needle left in a coin return slot. In addition, they state that the risk of transmission from discarded needles is very low. These stories address societal fears of contracting HIV. Even people who avoid high risk activities, the stories tell us, are vulnerable, and can fall victim in an out of control society.

Occasionally an urban legend appears in print. In 1985 the *Washington Post* reported (and later retracted) a story of an alert airline official who noted that a baby on a Colombia-Miami flight looked unwell. A closer look revealed that the baby was dead, stuffed with cocaine in a smuggling attempt. Edna Buchanan, crime reporter for the *Miami Herald*, states that she has checked out this story many times. "It is fiction. It did not happen." A variation of this story--involving the codeine-stuffed body of a young child discovered in an airport in the Middle East--was reported this past May by Reuters news service.

SOURCE: Adapted by CESAR from the Centers for Disease Control and Prevention (CDC) website (www.cdc.gov); the Urban Legend Archive (www.urbanlegends.com); and the Urban Legends Reference Pages (www.snopes.com).

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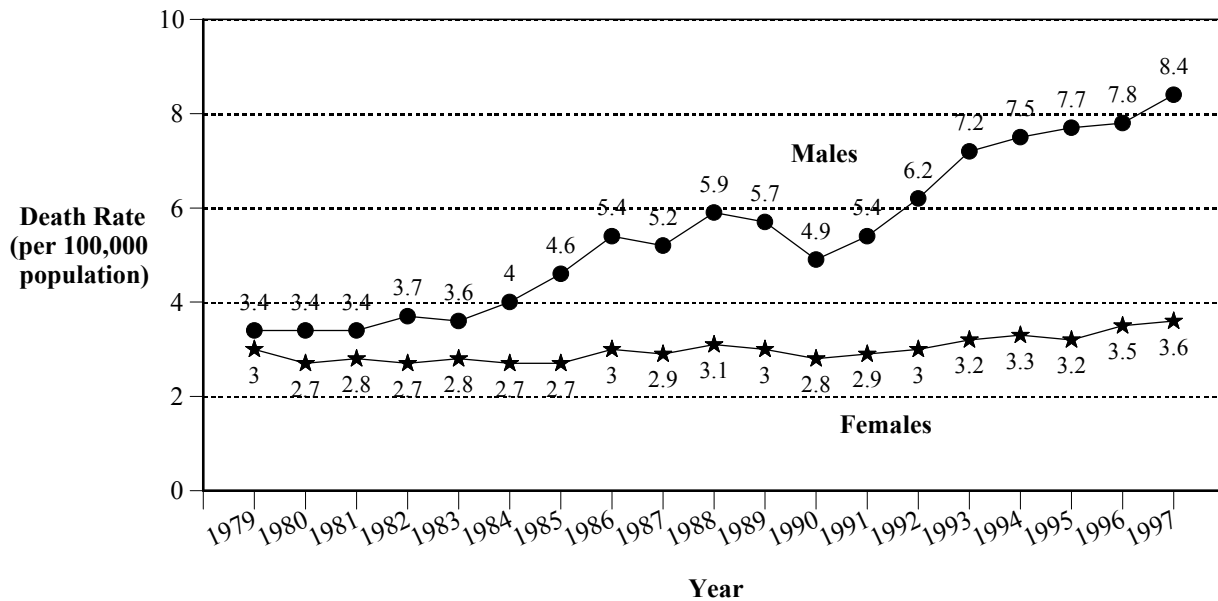
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***Drug-Induced Mortality On the Rise;
 Male Death Rate Growing Faster than Female***

The death rate for drug-induced causes has increased every year since 1990, reaching 5.6 deaths per 100,000 population in 1997. While drug-induced deaths for both males and females are rising, the death rate for males is 2.4 times greater than that for females and rising more steeply. Among males, this figure was 8.4 per 100,000 in 1997, up from 4.9 in 1990. Among females, the drug-induced death rate was 3.6 per 100,000 in 1997, up from 2.8 in 1990. The category “drug-induced causes” includes deaths from dependent and nondependent use of both legal and illegal drugs as well as poisoning from medically prescribed and other drugs. It excludes accidents, homicides, and other causes indirectly related to drug use.

U.S. Death Rate for Drug-Induced Causes, by Gender, 1979-1997



SOURCE: Adapted by CESAR from data from Centers for Disease Control and Prevention (CDC), “Deaths: Final Data for 1997,” *National Vital Statistics Reports*, 47(19), June 30, 1999. A copy of the report is available online at http://cdc.gov/nchs/data/nvs47_19.pdf.

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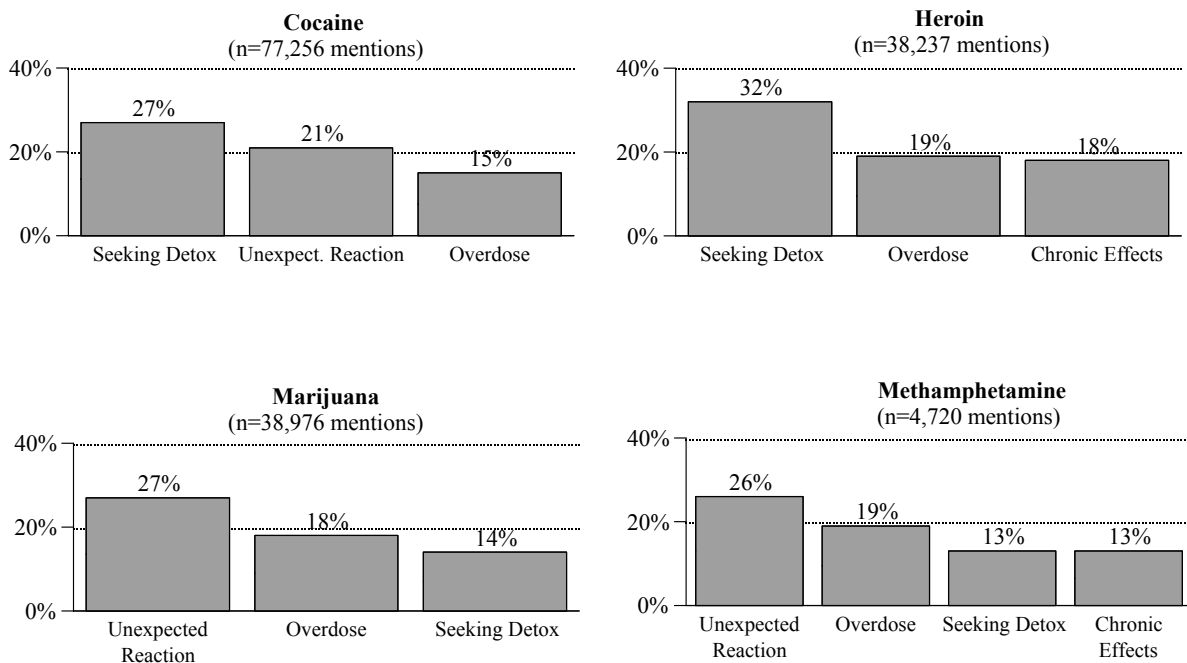
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Reasons for Drug-Related Emergency Department Visits Vary by Drug

Detoxification is the most commonly cited reason for cocaine- and heroin-related emergency department (ED) visits, according to data from the national Drug Abuse Warning Network (DAWN). In the first half of 1999, 27% of cocaine mentions in drug-related ED visits and 32% of heroin mentions were related to detoxification. Marijuana and methamphetamine mentions, however, were more likely to be associated with unexpected reactions, where the drugs' effects were different than anticipated (e.g., caused hallucinations). All four drugs had approximately the same percentage of mentions related to overdose (around 18%).

**Top Three Reasons for U.S. Emergency Department Contact, by Drug Mention
 January through June 1999**



NOTE: These estimates are based on a representative sample of non-Federal, short-stay hospitals with 24-hour emergency departments in the coterminous U.S.

SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration (SAMHSA), Mid-Year 1999 Preliminary Emergency Department Data from the Drug Abuse Warning Network, DAWN Series: D-14, March 2000. Available online at http://www.samhsa.gov/OAS/DAWN/DawnMidYr99mid_year.pdf

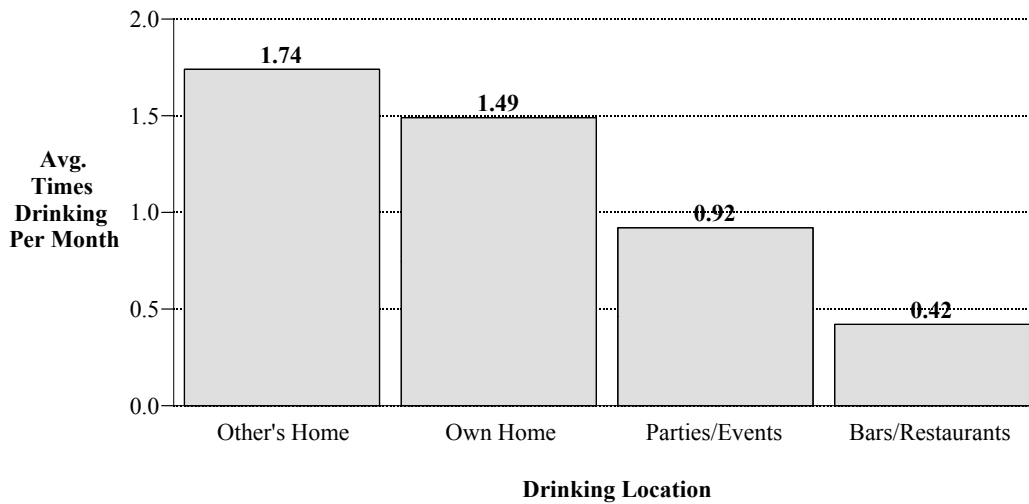
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Underage Drinkers More Likely to Drink at Own or Other's Home than at Parties or Bars

Underage drinkers are most likely to drink at others' and their own homes, according to a study examining how drinking venues differ among gender, age, and ethnic groups. The study of nearly 25,000 current drinkers from four California and two South Carolina communities found that those younger than 21 reported drinking at another's home an average of 1.74 times per month. They were slightly less likely to report drinking at their own homes, perhaps reflecting the inhibiting effect of parental supervision. Underage drinkers were least likely to drink at parties and other social events and in retail establishments. Ultimately, the decisions underage youth make about where to drink should be taken into account by policy makers attempting to design interventions to alleviate underage drinking problems.

Average Number of Times Youth (Under Age 21) Reported Drinking Per Month, by Drinking Location



SOURCE: Treno, Andrew J.; Alaniz, Maria L.; and Gruenewald, Paul, "The use of drinking places by gender, age, and ethnic groups: An analysis of routine drinking activities," *Addiction* 95(4):537-551, 2000.

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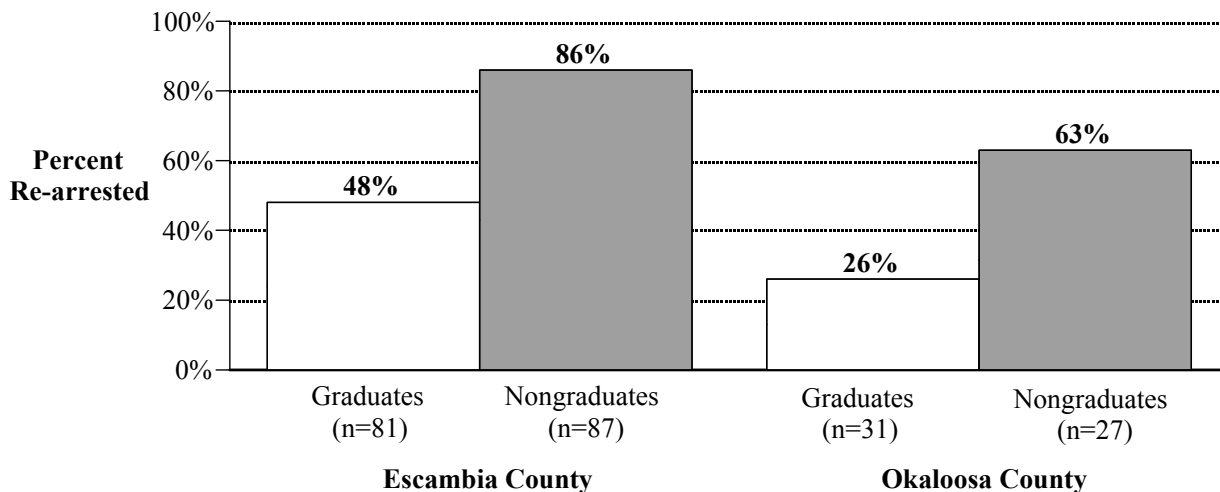
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Florida Drug Court Graduates Less Likely to Be Arrested than Nongraduates

In a recent 30-month follow-up study examining two Florida drug court intervention programs, graduates were less likely than nongraduates to be re-arrested for felonies, drug sales or use, violent crimes, or violation of probation or parole. The one-year outpatient program included individual and group counseling, peer support groups, frequent random drug testing, and intensive supervision. According to official records, 48 percent of the graduates of the treatment program in Escambia County were re-arrested during the follow-up period, compared to 86 percent of the nongraduates. Similar results were found for Okaloosa County's drug court program. The authors note that "reduced levels of criminal justice involvement among drug court graduates are likely to translate into considerable cost savings for taxpayers through delays in the construction of jail and prison facilities, reduced law enforcement and court costs, and reduced costs to crime victims" (p. 92).

Percentage of Florida Drug Court Program Participants Re-arrested, by Program Completion, 1993-1996



NOTES: The study examined all participants admitted to Escambia and Okaloosa counties' drug court programs after June 1993 who graduated or were terminated from the programs by June 30, 1996. The Escambia program included both sentenced offenders and unsentenced defendants who pleaded no contest to their charges; the Okaloosa program included only unsentenced defendants.

The 30-month period included 12 months in the drug court program and 18 months of follow-up after discharge from the program.

SOURCE: Adapted by CESAR from data from Peters, Roger H & Murrin, Mary R., "Effectiveness of Treatment-Based Drug Courts in Reducing Criminal Recidivism," *Criminal Justice and Behavior*, 20(1):72-96, February 2000.

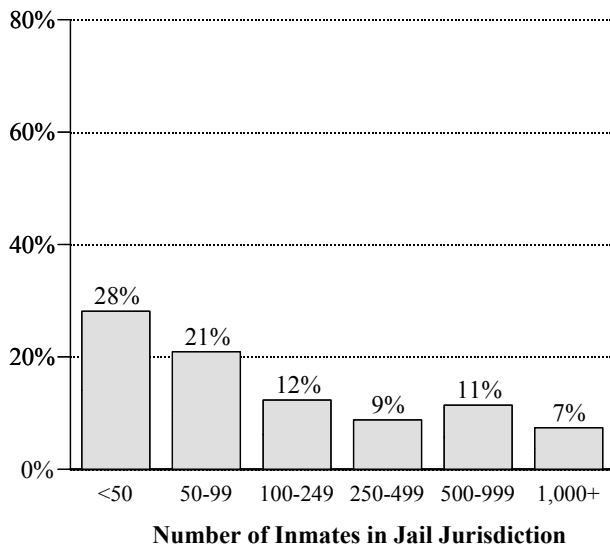
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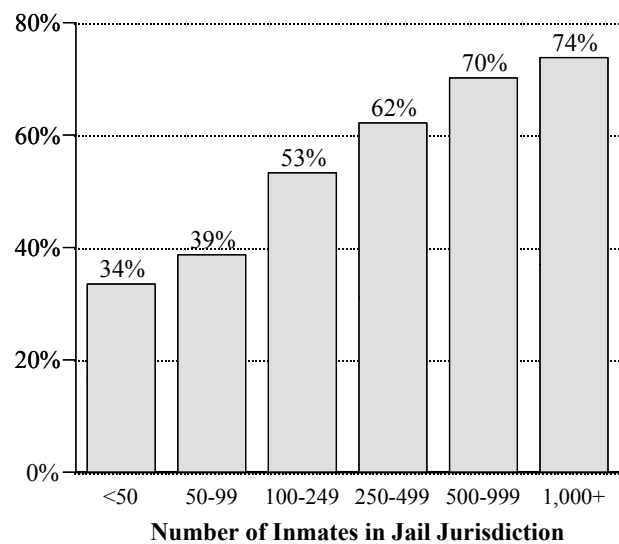
Smaller Jails Have Higher Rates of Inmate Drug Use But Are Less Likely to Have a Treatment Program

The Bureau of Justice Statistics' 1998 survey of jails found that inmates in smaller jail jurisdictions had higher rates of positive drug tests than inmates in larger jurisdictions. The percentage of urine samples testing positive for at least one drug ranged from 28 percent in the smallest jail jurisdictions to 7 percent in the largest jail jurisdictions. At the same time, smaller jail jurisdictions were less likely to have treatment programs. Just over one-third of the smaller jail jurisdictions had a substance abuse treatment program, compared to 53 percent to 74 percent of jurisdictions with 100 or more inmates.

**While Inmates in Smaller Jail Jurisdictions
Were More Likely to Test Positive . . .**



**Smaller Jail Jurisdictions Were Less
Likely to Have a Treatment Program**



NOTES: Data was obtained from a mailed survey of jail administrators in a representative sample of 820 (out of 2,890) jail jurisdictions. A jail jurisdiction is a county or municipal government that administers one or more local jails. The size of the jail jurisdiction is based on the average daily inmate population between July 1, 1997, and June 30, 1998.

SOURCE: Bureau of Justice Statistics, "Drug Use, Testing, and Treatment in Jails," *Bureau of Justice Statistics Special Report*, May 2000. Available online at <http://www.ojp.usdoj.gov/bjs/abstract/duttj.htm>.

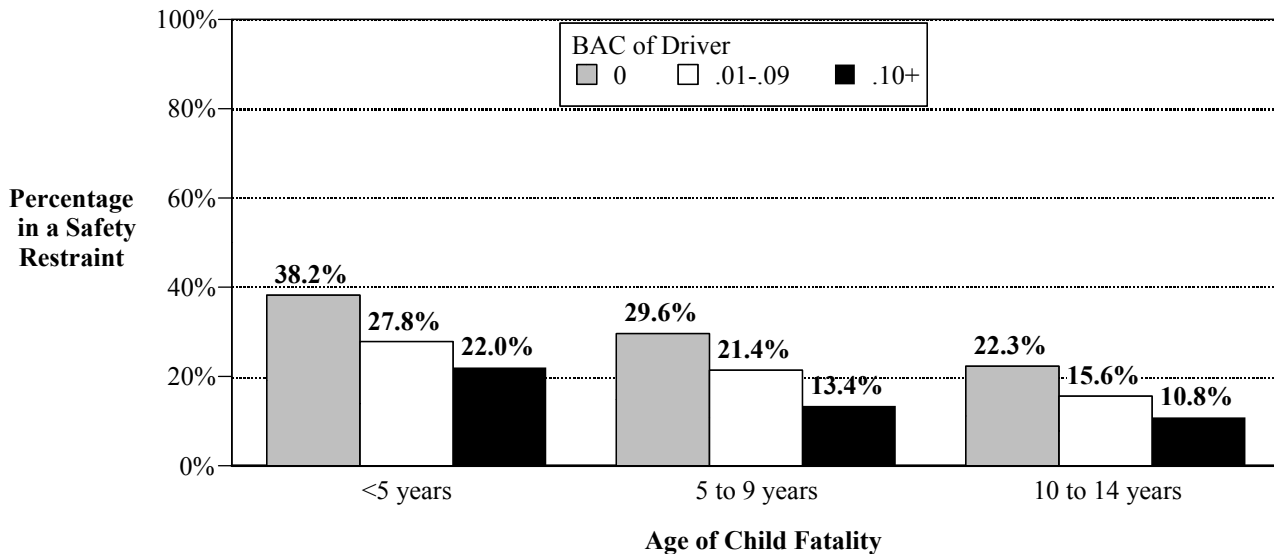
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An Analysis of Automobile Fatalities Indicates That Drinking Drivers Are Less Likely to Use Safety Restraints on Young Passengers

Less than one-fifth (18%) of child passengers who died while being transported by a drinking driver were restrained in the fatal crash, according to an analysis of data from the National Highway Traffic Safety Administration. In all age groups, child passenger restraint use decreased as the blood alcohol concentration of the child's driver increased. Older children were least likely to have been restrained (see figure below). In addition to strategies to deter individuals from drinking and driving with children in the vehicle, the authors also recommend "stricter enforcement of child safety seat laws . . . and the passage of primary seat belt laws that cover all children in all seating positions in the vehicle" (p. 2252).

**Restraint Use Among Child Passenger Fatalities,
by Child's Age and BAC of Driver, United States, 1985-1996**
(n=18,018*)



*Does not include 1,599 children for whom restraint use was unknown and 151 children for whom driver information was unknown.

NOTES: The Fatality Analysis Reporting System data contains information only on crashes that occur on public roadways and not those that occur on private roads or off-road areas. The estimate of restraint use is based on police crash reports.

SOURCE: Quinlan, Kyran P.; Brewer, Robert D.; Sleet, David A. and Dellinger, Ann M., "Characteristics of Child Passenger Deaths and Injuries Involving Drinking Drivers," *Journal of American Medical Association*, 283(17):2249-2252, May 3, 2000. For more information, contact Kyran Quinlan at kaq0@cdc.gov.

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Majority of Male Arrestees Test Positive for Illicit Drugs According to 1999 ADAM Data

Between 50 percent and 77 percent of male adult arrestees tested positive for at least one illicit drug in 1999, according to data from 34 cities participating in the national Arrestee Drug Abuse Monitoring (ADAM) program. Marijuana was the drug most frequently detected in 24 sites, followed by cocaine in the remaining 10 sites. A full copy of the report is available online at www.adam-nij.net.

Percentage of Male Arrestees Testing Positive for Illicit Drugs, by ADAM Site, 1999

<u>ADAM Site (N)</u>	<u>Any Drug</u>	<u>Cocaine</u>	<u>Marijuana</u>	<u>Opiates</u>	<u>Meth.</u>
Albuquerque (529)	64%	43%	37%	14%	5%
Anchorage (563)	54	26	38	3	1
Atlanta (1071)	77	51	44	4	0
Birmingham (738)	64	37	39	4	0
Chicago (2291)	74	42	45	20	0
Cleveland (842)	71	40	43	4	0
Dallas (863)	61	34	39	5	3
Denver (931)	67	41	44	3	3
Des Moines (602)	56	16	43	14	1
Detroit (886)	65	27	48	9	0
Ft. Lauderdale (829)	64	41	39	1	0
Houston (883)	60	36	38	6	0
Indianapolis (652)	64	34	48	3	1
Laredo (551)	58	42	33	11	0
Las Vegas (1091)	60	30	28	5	16
Los Angeles (2708)	62	36	32	6	9
Miami (948)	66	49	36	3	0
Minneapolis (841)	60	29	44	4	1
New Orleans (913)	69	44	40	14	0
New York City (2190)	75	44	41	15	0
Oklahoma City (943)	64	26	48	2	9
Omaha (449)	62	22	51	0	8
Philadelphia (486)	70	39	41	15	0
Phoenix (1166)	64	32	36	8	17
Portland (652)	64	23	35	13	20
Sacramento (753)	68	16	44	4	28
Salt Lake City (920)	60	22	35	9	25
San Antonio (985)	50	23	36	10	2
San Diego (630)	64	17	36	9	26
San Jose (725)	55	14	34	4	24
Seattle (782)	66	33	39	14	9
Spokane (745)	62	18	44	7	20
Tucson (946)	68	40	45	9	6
Washington, DC (106)	69	38	35	16	1

NOTES: Any drug includes cocaine, marijuana, opiates, methamphetamine, and PCP. PCP was excluded from the table above because it was detected in ten percent or less of the urine samples at each site; ten sites reported no PCP use.

SOURCE: U.S. Department of Justice, Arrestee Drug Abuse Monitoring Program, "1999 Annual Report on Drug Use Among Adult and Juvenile Arrestees," June 2000.

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***Ecstasy Use and Injection of Heroin Are Increasing
According to Recent CEWG Meeting***

The Community Epidemiology Work Group (CEWG) is a network of epidemiologists and researchers that meets twice a year to discuss current and emerging substance abuse problems. Dr. Alan Leshner, Director of the National Institute on Drug Abuse, the sponsoring agency, recently noted that since its inception in 1976, “the CEWG has identified every major drug abuse epidemic that occurred in this Nation, including the beginning of the crack epidemic in the early 1980s” (p. 3). Following are highlights from the 48th CEWG meeting held in Baltimore, Maryland, this past June.

- **Ecstasy** (MDMA) use appears to be increasing in the 21 CEWG areas. In addition, ecstasy use is expanding beyond raves to other social settings, including schools.
- While indicators of **heroin** use were relatively stable, injection of heroin appears to be rising. “There is a growing concern that injection of heroin also may be increasing among youth as they become more experienced and knowledgeable and look for a more efficient infusion of the drug” (p. 11).
- **Marijuana** indicators, which have increased dramatically over the past decade, stabilized in 17 of the 21 CEWG areas. However, marijuana abuse remains a serious problem.
- Indicators of **methamphetamine** use continued the decline reported since 1998 in CEWG areas. Reasons for the decline include early warning and attention to the problem, increased prevention/education and law enforcement efforts, and decreases in the purity of methamphetamine.
- **Cocaine** indicators continue to decrease or remain stable in the majority of CEWG areas, perhaps because “the negative consequences of crack use generated an awareness of its risks among potential users” (p. 6).

NOTE: The 21 CEWG areas reporting at this meeting were Atlanta, Baltimore, Boston, Chicago, Denver, Detroit, Honolulu, Los Angeles, Miami, Minneapolis/St. Paul, Newark, New Orleans, New York, Philadelphia, Phoenix, St. Louis, San Diego, San Francisco, Seattle, Texas, and Washington, D.C.

SOURCE: National Institute on Drug Abuse, Community Epidemiology Work Group, “Epidemiologic Trends in Drug Abuse Advance Report,” June 2000. For more information about the CEWG, contact Nicholas Kozel at kozeln@nih.gov.

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***Newly Released National Household Survey Data Reveal
No Significant Change in Youth Drug Use Over the Past Year***

Past month use of alcohol, tobacco, and other drugs among youth aged 12 to 17 remained stable from 1998 to 1999, according to data from the National Household Survey on Drug Abuse. While the prevalence rates for some substances did decrease over this period, the changes were not large enough to be statistically significant. However, some substances (cigarettes, marijuana, and inhalants) have significantly declined since 1997. Alcohol continues to be the primary substance of abuse among this age group (19%), followed by cigarettes (16%), and marijuana (7%).

**Percentage of U.S. Household Residents Aged 12-17
Reporting Past Month Substance Use, 1998 and 1999**

Substance	1998	1999*
Alcohol	19.1%	19.0%
Cigarettes	18.2%	15.9%
Any Illicit Drug**	9.9%	9.0%
Marijuana	8.3%	7.0%
Binge Drinking	7.7%	7.8%
Any Illicit Drug Other Than Marijuana**	4.0%	4.4%
Hallucinogens	1.8%	1.6%
Inhalants	1.1%	0.9%
Cocaine	0.8%	0.7%
Heroin	0.2%	0.1%

*1999 estimates have been adjusted to reflect the 1998 distribution of past NHSDA interviewing experience among field interviewers. See the full report for more information on other modifications to the methodology of the 1999 survey.

**Any Illicit Drug indicates at least one use of marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates at least one use of any of these listed drugs, regardless of marijuana/hashish use.

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 1999 National Household Survey on Drug Abuse," August 2000. Available online at www.samhsa.gov/household99.htm.

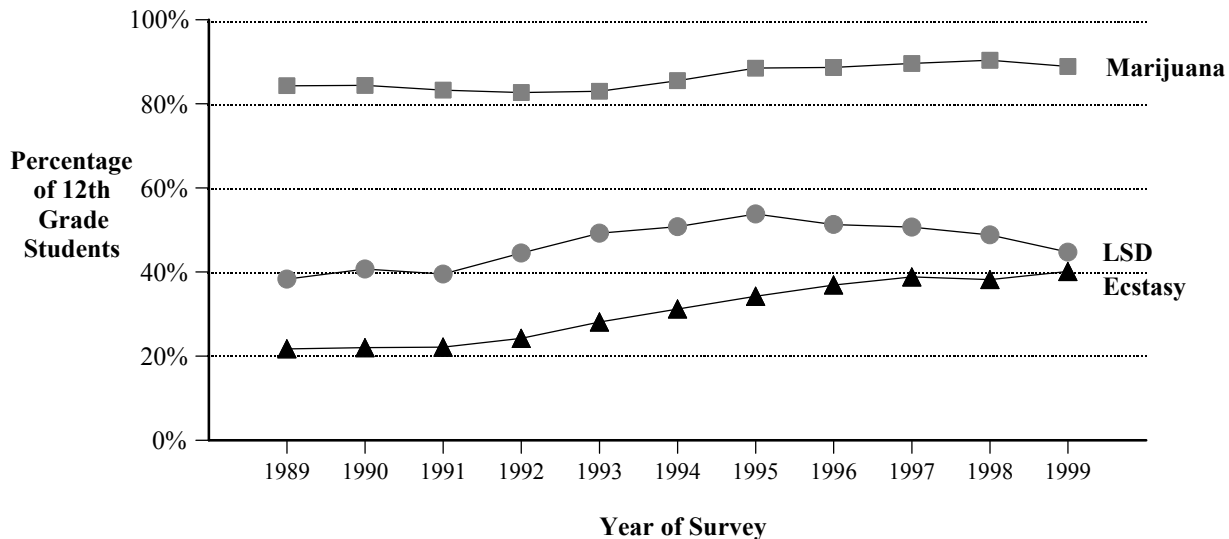
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Percentage of U.S. High School Seniors Who Say Ecstasy Is Easy to Obtain Reaches a New Peak--Nearly Double Over Past Decade

The percentage of U.S. high school seniors reporting that MDMA (ecstasy) was “fairly easy” or “very easy” to obtain increased from 22% in 1989 to 40% in 1999, according to data from the Monitoring the Future high school survey. These findings support recent reports that ecstasy, traditionally associated with clubs and rave parties, is becoming more accessible to other mainstream populations (see CESAR FAX, Volume 9, Issue 35). While marijuana continues to be the illegal drug viewed as most easily accessible, the perceived availability of marijuana, LSD, and other drugs (such as PCP, cocaine, and heroin) has remained stable or decreased over the past decade.

Percentage of U.S. Twelfth Graders Reporting That It Is “Fairly Easy” or “Very Easy” to Get Marijuana, LSD, or Ecstasy, 1989-1999



SOURCE: Adapted by CESAR from data from Johnston, Lloyd D., Patrick M. O’Malley, and Jerald G. Bachman, “The Monitoring the Future National Results on Adolescent Drug Use, Overview of Key Findings, 1999,” 2000. Available online at www.monitoringthefuture.org.

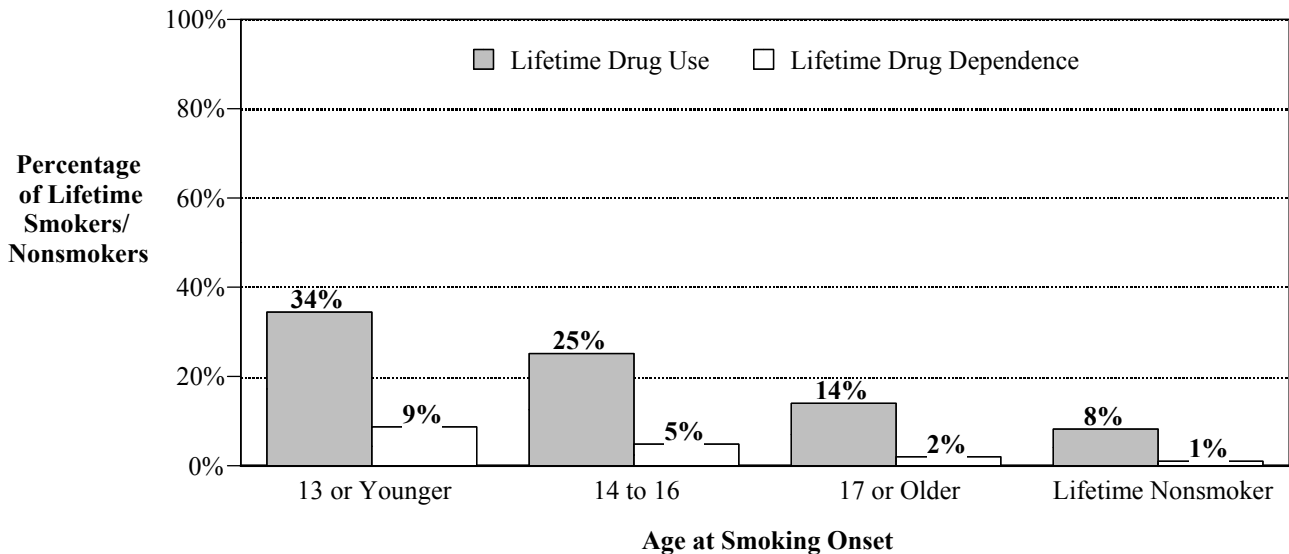
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Early Onset of Smoking Related to Increased Risk of Drug Use and Dependence

Smokers who began smoking at a younger age were significantly more likely than those who began smoking at a later age to report lifetime drug use and dependence. According to an analysis of data from the 1992 National Longitudinal Alcohol Epidemiologic Survey (NLAES), lifetime smokers who reported first smoking regularly at age 13 or younger were nearly 2.5 times more likely to report lifetime drug use than were those who began smoking at age 17 or older (34% vs. 14%, respectively). Furthermore, those who began smoking at age 17 or older were nearly twice as likely as nonsmokers to report lifetime drug use (14% vs. 8%, respectively). Similar findings were found for lifetime drug dependence. According to the 1999 National Household Survey on Drug Abuse, the mean age of first cigarette use is currently 15.4 years old.

Percentage of Lifetime Smokers and Nonsmokers Reporting Lifetime Drug Use and Dependence, by Age at Smoking Onset



NOTES: Lifetime smokers were defined as those who had ever smoked 100 cigarettes, 50 cigars, or a pipe at least 50 times. Lifetime drug users were defined as those who had used any illicit drug at least once in their lifetime. Lifetime drug dependence was defined using DSM-IV criteria.

SOURCE: Hanna E.Z., Grant B.F., "Parallels to Early Onset Alcohol Use in the Relationship of Early Onset Smoking with Drug Use and DSM-IV Drug and Depressive Disorders: Findings From the National Longitudinal Epidemiologic Survey," *Alcoholism: Clinical and Experimental Research* 23(3):513-522, March 1999. For more information, contact Dr. Eleanor Hanna at ehanna@willco.niaaa.nih.gov.

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First State-Level Estimates of Drug Use Produced by National Household Survey

In 1999, the National Household Survey on Drug Abuse was expanded to include state-based sampling of residents to provide state-by-state estimates of alcohol, tobacco, and other drug use. The data show that the percentage of household residents reporting past month illicit drug use (primarily marijuana) ranged from 4.7% in Virginia to 10.7% in Alaska. The western region of the United States typically had the highest rates of illicit drug use while the southern region had the lowest. Overall, the national average for illicit drug use was 6.9%. The full report is available online at www.samhsa.gov/household99.htm.

Percentage of U.S. Household Residents Age 12 and Older Reporting Past Month Illicit Drug Use (Primarily Marijuana), by State, 1999

State	Percent	State	Percent	State	Percent
Alabama	5.1%	Kentucky	6.0%	North Dakota	5.4%
Alaska	10.7%	Louisiana	5.7%	Ohio	6.5%
Arizona	7.1%	Maine	7.1%	Oklahoma	5.1%
Arkansas	5.0%	Maryland	5.3%	Oregon	7.7%
California	8.3%	Massachusetts	10.1%	Pennsylvania	7.0%
Colorado	9.3%	Michigan	8.0%	Rhode Island	8.7%
Connecticut	7.7%	Minnesota	6.7%	South Carolina	5.4%
Delaware	8.5%	Mississippi	5.8%	South Dakota	6.0%
District of Columbia	7.6%	Missouri	6.6%	Tennessee	5.5%
Florida	6.8%	Montana	7.7%	Texas	5.4%
Georgia	5.8%	Nebraska	5.6%	Utah	6.2%
Hawaii	7.1%	Nevada	9.6%	Vermont	6.8%
Idaho	6.4%	New Hampshire	7.0%	Virginia	4.7%
Illinois	6.9%	New Jersey	7.7%	Washington	8.4%
Indiana	7.5%	New Mexico	8.9%	West Virginia	5.1%
Iowa	5.5%	New York	7.0%	Wisconsin	7.0%
Kansas	5.9%	North Carolina	6.3%	Wyoming	7.3%

NOTE: Illicit Drug Use indicates at least one use of marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically.

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 1999 National Household Survey on Drug Abuse," August 2000.

Effective Addiction Treatment Conference to Be Held October 19, 2000

The conference "Effective Addiction Treatment: How Treatment Works in the Healthcare, Social Service and Criminal Justice Systems" will be held Thursday, October 19, 2000, at Marriott's Hunt Valley Inn. For registration information, call 410-539-0872 ext. 308 or register online at www.medchi.org.

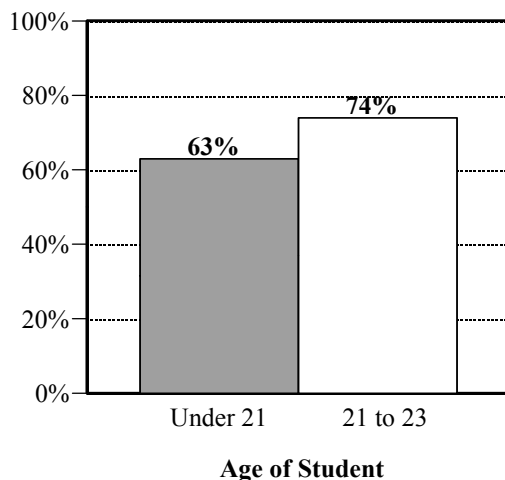
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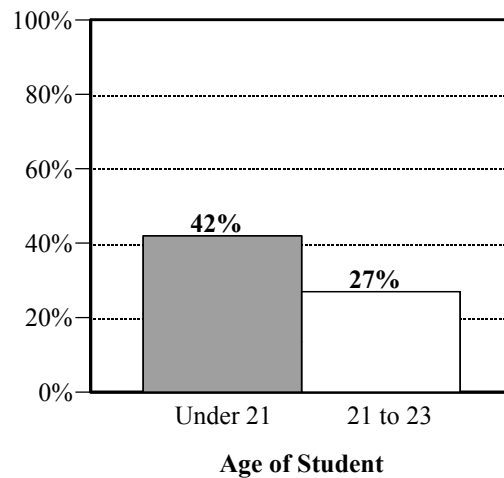
Underage College Students Less Likely to Drink than Students of Legal Drinking Age, Yet More Likely to Binge Drink

Sixty-three percent of college students under age 21 reported drinking alcohol in the past 30 days, compared to 74% of students ages 21-23, according to a survey of students attending four-year colleges across the United States. However, underage drinkers were more likely to report consuming five or more drinks per occasion (42% vs. 27%). Perhaps as a result of their heavy drinking, younger students were also more likely to experience alcohol-related problems. These findings suggest the need for prevention efforts to focus on educating college students, particularly those under age 21, about the dangers of binge drinking.

While College Students Under 21 Are Less Likely to Have Drank in the Past 30 Days...



They Are More Likely to Have Consumed Five or More Drinks Per Occasion



NOTE: Data were collected from a self-administered survey of a random sample of 12,050 students at 116 nationally representative four-year colleges in 39 states.

SOURCE: Adapted by CESAR from Wechsler H., Kuo M., Lee H., Dowdall G.W., "Environmental Correlates of Underage Alcohol Use and Related Problems of College Students," *American Journal of Preventive Medicine* 19(1):24-9, 2000. This document is available online at www.hsph.harvard.edu/papers/cas6192000.pdf.

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NHTSA Report Presents Strategies to Reduce the Costs of Impaired Driving

In 1996, an estimated 2.7 million alcohol-related crashes occurred in the United States, according to the report "Impaired Driving in the United States." These crashes cost citizens more than \$110 billion, of which nearly half (\$56 billion) was paid for by people other than drinking drivers. While the United States has many important impaired driving laws, the report describes a number of additional strategies that could potentially reduce the costs of impaired driving. For example:

- Automatic license revocation by police or driver licensing authorities for the refusal or failure of a blood alcohol concentration (BAC) test would reduce fatalities by 6.5% and save an estimated \$44,000 per driver sanctioned.
- Graduated licensing for young, novice drivers would reduce youth fatalities by 5%-8% and save an estimated \$600 per youth driver.
- Breath-testing ignition interlocks for those convicted of driving while intoxicated would result in an estimated 7%-12% decrease in alcohol-related fatalities and save \$10,200 per vehicle equipped with these devices.
- Primary belt laws would allow police to stop and ticket a driver for not using a safety belt without requiring the driver to have committed another offense. Because unbelted drivers account for 75% of impaired driving fatalities, these laws could reduce alcohol-related fatalities by approximately 10%.
- Alcohol-related fatalities would be reduced by 8% if BAC limits were lowered to 0.08%. This measure would save approximately \$2 per licensed driver. (The recently approved federal transportation budget stipulates that states failing to adopt the 0.08% standard will lose a portion of their annual federal highway aid.)

The report also provides impaired driving cost estimates and prevention savings for each individual state, as well as a user's guide to state policymakers and community leaders in determining how the data can best be used in addressing impaired driving. For more information, view the report online at www.nhtsa.dot.gov/people/injury/alcohol/facts.htm.

SOURCE: Jensen A.F, Miller T.R., Covington K.L., *Impaired Driving in the United States*, Public Services Research Institute, 1999.

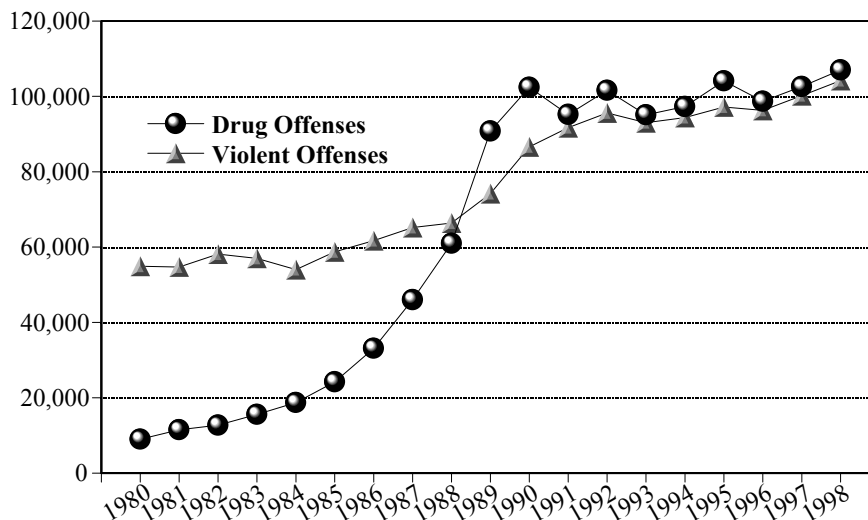
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Number of New Commitments to State Prisons for Drug Offenses Has Increased Dramatically Since 1980; May Be Leveling Off

The number of drug offenders sentenced to state prisons each year has increased nearly twelve-fold, from 9,000 in 1980 to 107,000 in 1998, while the number of violent offenders sentenced has nearly doubled over this period (from 54,900 to 104,200). In 1989, the number of new state prison commitments for drug offenses surpassed those for violent offenses. Since then, yearly drug offense commitments to state prisons appear to have leveled off at a slightly higher number than violent offenses. The cost of incarcerating drug offenders currently exceeds \$9 billion annually.

**Number of New Commitments Each Year to
State Prison for Drug and Violent Offenses, 1980-1998**



SOURCE: Adapted by CESAR from data from Schiraldi V., Holman B., Beatty P., *Poor Prescription: The Costs of Imprisoning Drug Offenders in the United States*, Justice Policy Institute Policy Report, July 2000 (available online at <http://www.cjic.org/drug/pp.pdf>) and Bureau of Justice Statistics, *Prisoners in 1999*, Bureau of Justice Statistics Bulletin, August 2000 (available online at <http://www.ojp.usdoj.gov/bjs/pub/pdf/p99.pdf>).

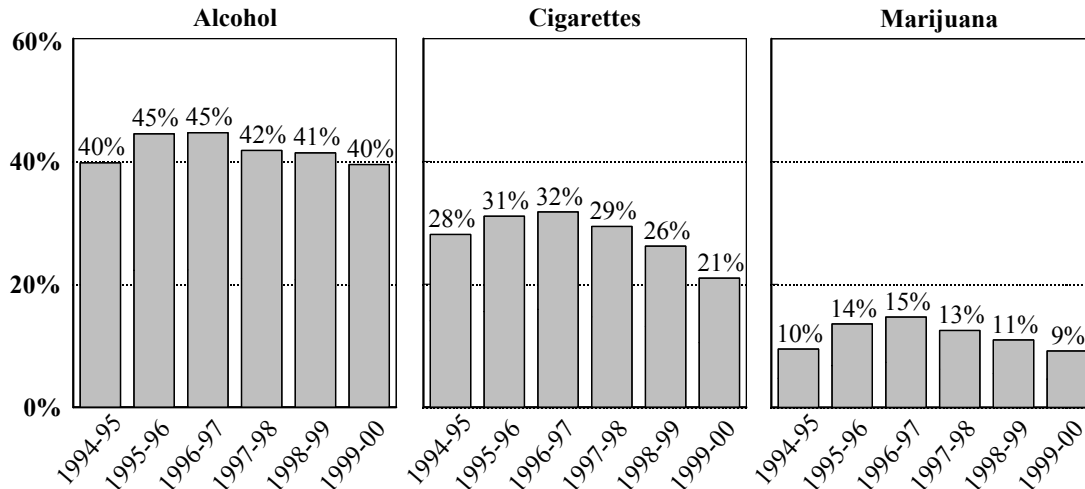
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PRIDE Survey Reports Declines in Use of Alcohol, Cigarettes, and Marijuana Among U.S. Junior High Students

Alcohol, cigarette, and marijuana use have declined among junior high school students (grades 6-8) over the past four years, according to data released by the Parents' Resource Institute for Drug Education (PRIDE). The most significant decreases occurred in past year cigarette use, which declined from a peak of 32% in 1996-97 to 21% in 1999-00, and past year marijuana use (from 15% to 9%). Senior high school students (grades 9-12) showed slightly smaller declines in past year cigarette use (from 50% in 1996-97 to 44% in 1999-00) and marijuana use (from 36% to 31%) and reported no change in alcohol use. While these findings are encouraging, particularly with respect to cigarette use among junior high school students, they suggest a need for heightened prevention and intervention programs for older students.

Percentage of Junior (Grades 6-8) High School Students Reporting Past Year Use of Alcohol, Cigarettes, and Marijuana, 1994-2000 School Years



NOTES: Past year use is defined as use on one or more occasions during the past year. States included in the 1999-00 survey were: Alabama, Arkansas, Arizona, California, Florida, Georgia, Idaho, Illinois, Kentucky, Massachusetts, Michigan, Montana, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Virginia, Washington, Wisconsin, and West Virginia.

SOURCE: Adapted by CESAR from data from the Parents' Resource Institute for Drug Education (PRIDE), "Major Progress in Reducing Teen Drug Use, Cigarette and Alcohol Use, Gun Carrying, According to 13th PRIDE Survey," PRIDE News Release, September 5, 2000. For more information, contact Doug Hall at 800-279-6361 or visit the PRIDE website at www.pridesurveys.com.

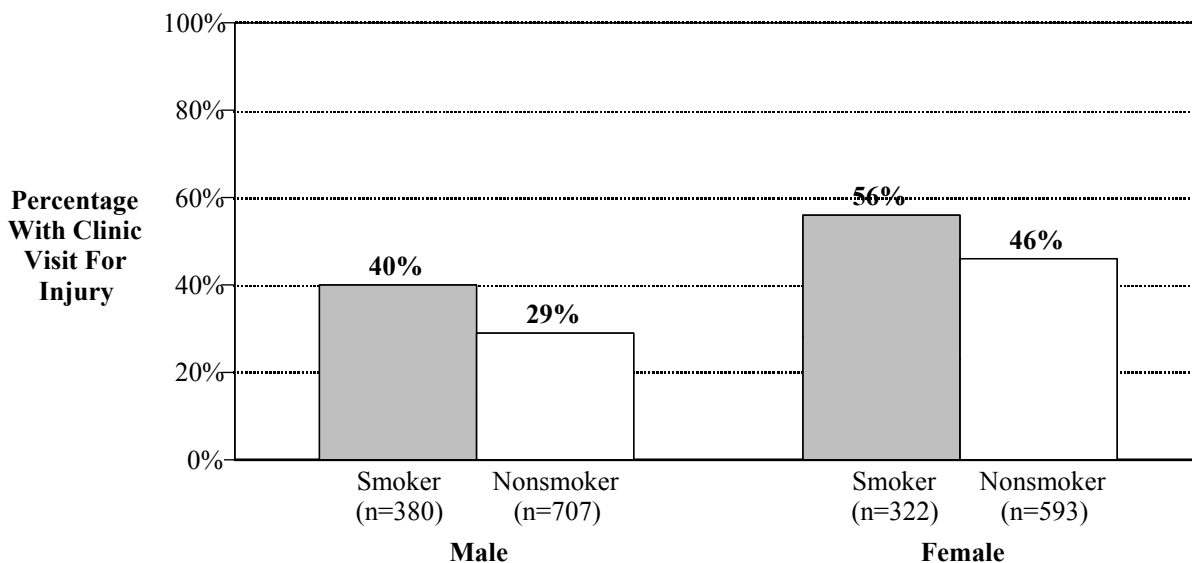
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Smoking Army Recruits Have More Exercise-Related Injuries

Army recruits who reported smoking at least one cigarette in the month prior to basic training (which was conducted in a smoke-free environment) had significantly higher injury rates during the eight-week basic training than those who did not report smoking, according to a study of enlisted recruits at Fort Jackson, South Carolina. Forty percent of male recruits who smoked had at least one injury requiring medical attention, compared to 29% of nonsmokers. Similar results were found for female recruits. Smokers were more likely to have injuries even after taking into consideration such factors as prior injuries, prior physical activity, prior illness, and physical fitness. The authors conclude that “these data show that at least some of the detrimental effects of cigarette smoking may occur at an early age and have immediate consequences” (p. 101).

Percentage of Male and Female Army Recruits With At Least One Exercise-Related Injury by Smoking Status, Fort Jackson, South Carolina, 1988



NOTES: The difference between smokers and nonsmokers for both male and female recruits was significant at $p < .001$. Data were collected from questionnaires, anthropometric measurements, physical fitness tests, company training logs, and medical records of all clinic visits.

SOURCE: Adapted by CESAR from data from Altarac M., et al., “Cigarette Smoking and Exercise-Related Injuries Among Young Men and Women,” *American Journal of Preventive Medicine* 18(3S):96-102, 2000.

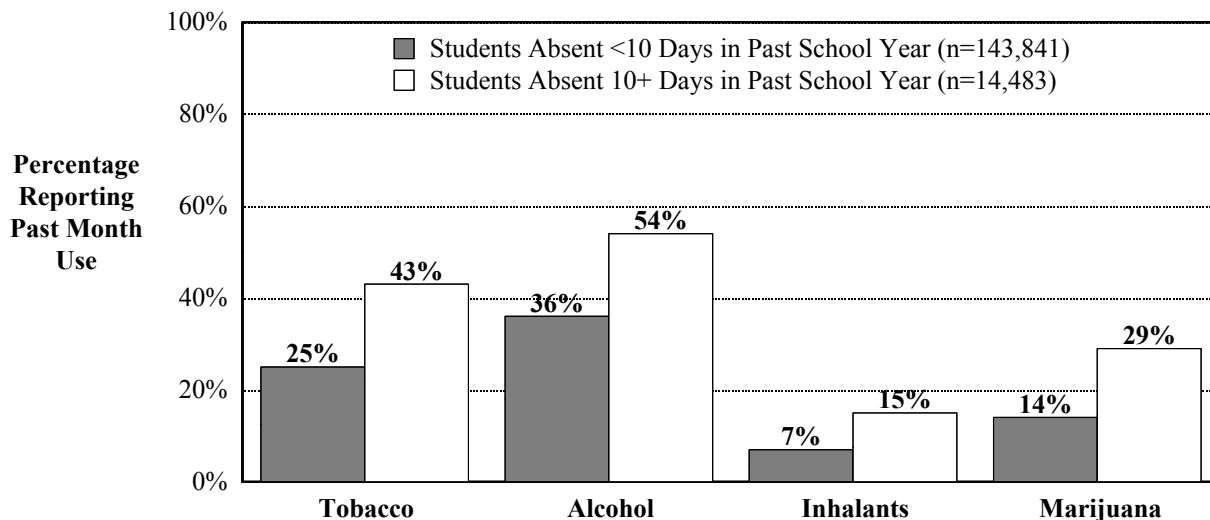
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Texas Study Finds Higher Rates of Substance Use Among Students With High Absentee Rates

A study of substance use among Texas students in grades 7-12 found that those who were absent ten or more days during the past school year were more likely to report alcohol, tobacco, and other drug use. For example, twice as many students with high absentee rates reported using marijuana in the past month (29% vs. 14%, respectively). These findings were consistent for lifetime, past-year, and past-month use among all grades and demographic subgroups. According to the author, these findings suggest that youth with high absentee rates are “an important target population in need of prevention and intervention programs” (p. 9).

**Percentage of Texas Students (Grades 7-12) Who Used Selected Substances
in the Past Month, by Days Absent in the Past School Year, 1998**



SOURCE: Adapted by CESAR from Texas Commission on Alcohol and Drug Abuse, *Substance Use Among Youths at High Risk of Dropping Out: Grades 7-12 in Texas, 1998*, Texas Commission on Alcohol and Drug Abuse Research Brief, June 2000. Available online at <http://www.tcada.state.tx.us/research/SubstanceUse.pdf>. For more information, contact Dr. Liang Liu at 800-832-9623, ext. 6639 or Liang_Liu@tcada.state.tx.us.

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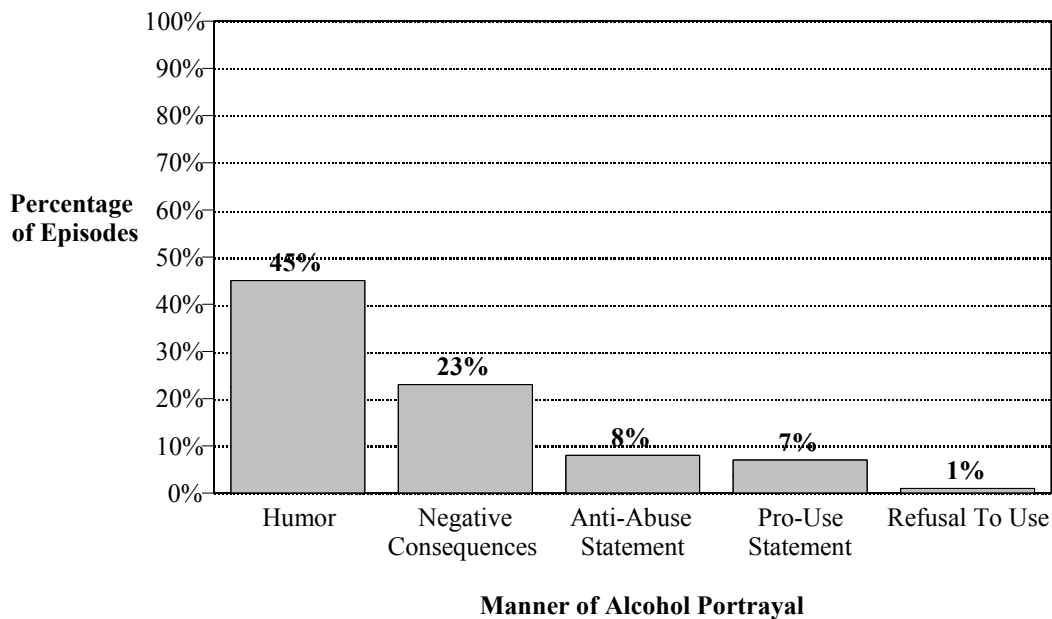
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Top Television Shows Fail to Portray Negative Consequences of Alcohol Use

According to an Office of National Drug Control Policy study, the adverse consequences of alcohol use are rarely portrayed in popular television shows. Alcohol was mentioned or shown in 119 of the 168 episodes of top-rated, prime-time television situation comedies and dramas. Of these episodes, only 23% showed any adverse consequences of alcohol use, and just 8% had any anti-use messages. Alcohol use was mentioned or portrayed humorously in 45% of the 119 episodes. These findings are particularly alarming given that alcohol use was portrayed in a majority (75%) of the episodes popular with teens.

Percentage of Top-Rated Television Episodes Portraying Alcohol Use in Various Manners, Fall 1998-99

(N=119 episodes portraying alcohol use)



NOTE: The study sample was composed of four consecutive episodes of 42 top-rated comedies and dramas as rated by Nielsen Media Research, including the top 20 programs for five audience groups: African-American teens (ages 12-17), Hispanic teens (ages 12-17), white teens (ages 12-17), all teens (ages 12-17), and all adults (ages 25-54).

SOURCE: Christenson P.G., Henrikson L., Roberts D.F., Kelly M., Carbone S., Wilson A.B., *Substance Use in Popular Prime-Time Television*, January 2000. Available online at <http://www.mediascope.org/pubs/supptt.pdf>.

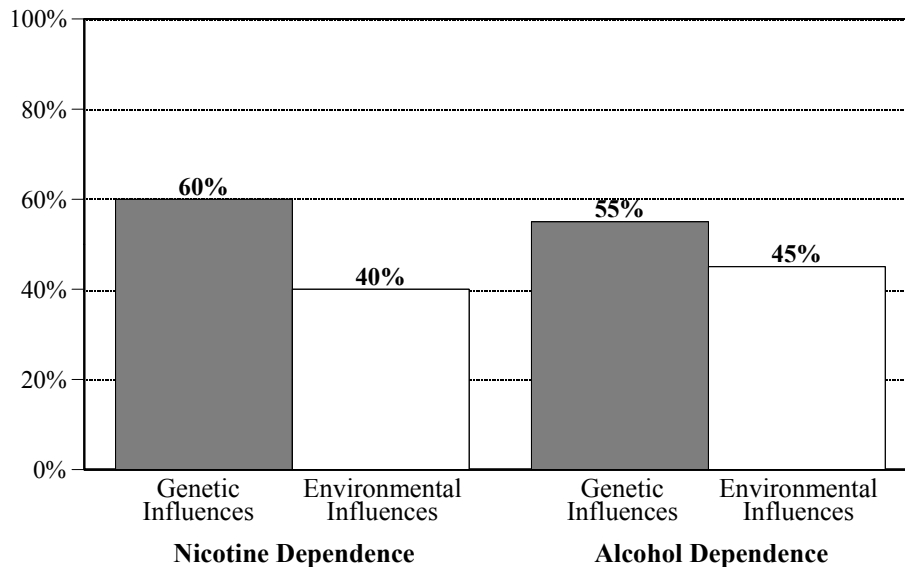
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Genetic Influences Contribute Slightly More than the Environment to Risk for Alcohol and Nicotine Dependence

Genetic factors make a stronger contribution to nicotine (60%) and alcohol (55%) dependence than do environmental factors, according to a study of 3,356 male twins. Genetic influences also contribute to the risk of dual dependence on alcohol and tobacco. The study concluded that adolescents who begin to experiment with cigarettes and alcohol are most likely unaware of the “powerful role that genes play in determining risk for becoming an addicted smoker or alcohol dependent.” The authors recommend “stressing the common genetic risk for dual addiction to nicotine and alcohol in efforts to prevent smoking and teenage drinking” (p. 660).

Genetic and Environmental Influences on Nicotine and Alcohol Dependence



SOURCE: Adapted by CESAR from True W.R., et al., “Common Genetic Vulnerability for Nicotine and Alcohol Dependence in Men,” *Archives of General Psychiatry* 56:655-661, July 1999.

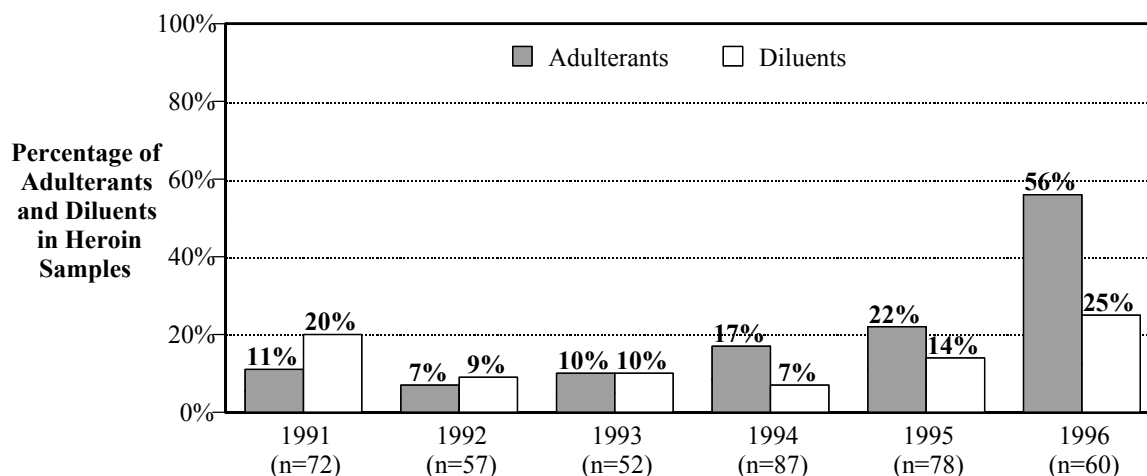
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Alarming Increase of Adulterants in Heroin in New York City

According to a study of modifications in the “cutting” of heroin from 1991-1996, the proportion of adulterants, pharmacologically active or psychoactive substances, found in street heroin from New York City has significantly increased. Two of the adulterants used, diphenhydramine and theophylline, appear to increase the intranasal absorption of heroin into the bloodstream and thus enhance the drug’s psychoactive effects. This may, in turn, increase the probability of heroin dependence. Additionally, heroin containing greater amounts of adulterants is less soluble and may clog needles and syringes, which may lead to the sharing of needles. According to the author, “The re-engineering of heroin cuts may have more far-reaching adverse health and addiction effects than can be fully assessed at this time” (p. 378).

Percentage of Heroin Samples Containing Three or More Adulterants or Diluents, New York City, 1991-1996
(N=406 samples)



NOTE: Findings are based on an analysis of 406 chemical assays of street bags of heroin purchased in New York City by informants for the Drug Enforcement Administration, Domestic Impurities Program. Observations of injecting drug users and interviews with street dealers were used to augment forensic analysis.

SOURCE: Adapted by CESAR from Furst, R. Terry, “The Re-engineering of Heroin: An Emerging Heroin ‘Cutting’ Trend in New York City,” *Addiction Research* 8(4):357-379, 2000. For more information, please contact Dr. R. Terry Furst at 646-728-4615.

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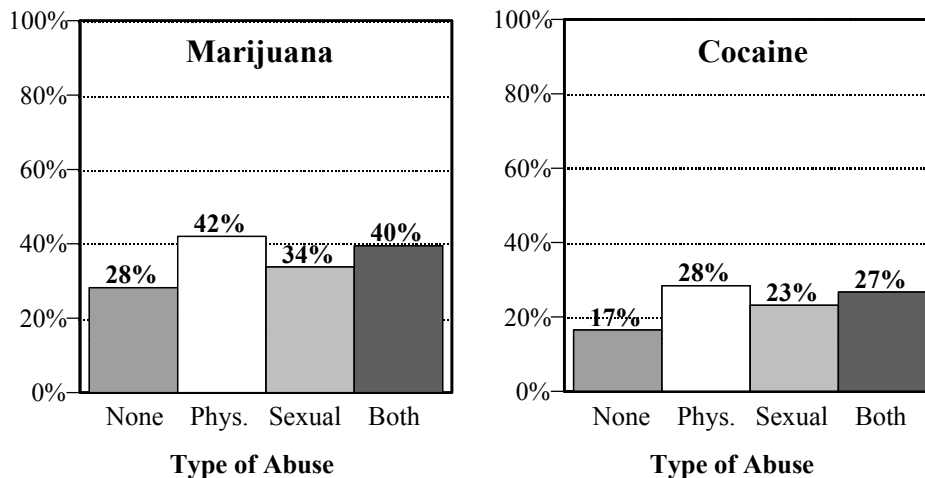
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Physically and Sexually Abused Youths More Likely to Report Drug Use

The relationship between adolescent illicit drug use, physical abuse, and sexual abuse was recently examined in a sample of Mexican-American and non-Hispanic White youths living in the southwest United States. Results revealed that youths who report physical and/or sexual abuse are significantly more likely to report illicit drug use than those who have never been abused. For example, 42% of youths who have experienced physical abuse report using marijuana in the last month, while only 28% of youths who have never been abused report using the drug within that time. These findings were independent of factors such as academic achievement and family structure, and they suggest that treatment directed at abused adolescents should include drug use prevention, intervention, and education components.

Percentage of Youths Reporting Past Month Marijuana or Past Year Cocaine Use, by Type of Abuse

(N=2,468)



NOTE: These analyses were based on data collected between 1988 and 1992 for the Mexican-American Drug Use and Dropout Survey, a yearly survey of Mexican-American and non-Hispanic White school dropouts and a comparison group of enrolled students from one school district in each of three communities in the southwestern United States (see Chavez, Oetting, & Swaim, 1994).

SOURCE: Adapted by CESAR from Pérez D.M., "The Relationship Between Physical Abuse, Sexual Victimization, and Adolescent Illicit Drug Use," *Journal of Drug Issues* 30(3):641-662, 2000. For more information, contact Deanna Pérez at dperez@crim.umd.edu.

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California Passes Initiative to Divert Nonviolent Drug Offenders into Treatment

This past November California voters passed an initiative prescribing the diversion of nonviolent drug offenders into treatment instead of prison. The Substance Abuse and Crime Prevention Act (SACPA), which is designed to treat drug addiction as a health problem rather than as a crime, was approved by 61% of California voters.

Under the SACPA, an offender convicted of a first- or second-time nonviolent drug possession offense is sentenced to probation and required to complete up to one year of community drug treatment and up to six additional months of follow-up care. The court can also require offenders to meet other probation conditions, such as vocational training and counseling. SACPA provisions exclude those offenders who are arrested for selling or manufacturing drugs, those arrested on nondrug charges as well as on drug charges, those who used a firearm while possessing or acting under the influence of drugs, and those who have refused drug treatment.

SACPA supporters emphasize the cost benefits. According to the California Legislative Analyst's Office, the measure will likely save between \$100 million and \$150 million annually for the state and about \$40 million annually for the counties because of a decrease in the inmate population. Additionally, continued steady inmate population increases would have otherwise resulted in the need for additional prison beds at a cost of between \$450 and \$550 million. The passage of SACPA may diminish or eliminate these expected costs.

SACPA opponents argue that the measure will limit the power and effectiveness of the state's existing drug courts. Additionally, opponents criticize the measure for not providing graduated sanctions and for not requiring, nor allocating money for, drug testing of offenders.

Supporters counter that this measure will reach far more addicts than the drug courts and that it avoids a one-size-fits-all treatment regimen by not requiring drug testing. They point out that the measure still allows judges to order drug testing and judges can even require offenders to pay for their own drug testing if they can afford it. If not, extensive state and federal funds for drug testing are available through the court and probation systems.

Challenges for implementing SACPA include: 1) establishing licensing standards for treatment providers, 2) determining how funds will be distributed, and 3) accommodating the new influx of cases. In addition, the role of the drug courts in the new system remains unresolved.

SOURCE: A complete list of sources is available online at <http://www.cesar.umd.edu/www2root/prod/csrfax/fax9/docs/FAX9-50sources.htm>.

CESAR Wishes You a Very Happy Holiday Season!

This is the final issue of Volume 9 of the *CESAR FAX*. The *CESAR FAX* will resume with Volume 10, Issue 1, on January 8, 2001. Thank you for your support during the past year!

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