

CESAR *FAX*

January-December 1994

Volume 3, Issues 1-50

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

CESAR FAX Annual Volume

Volume 3 1994

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CESAR FAX Volume III

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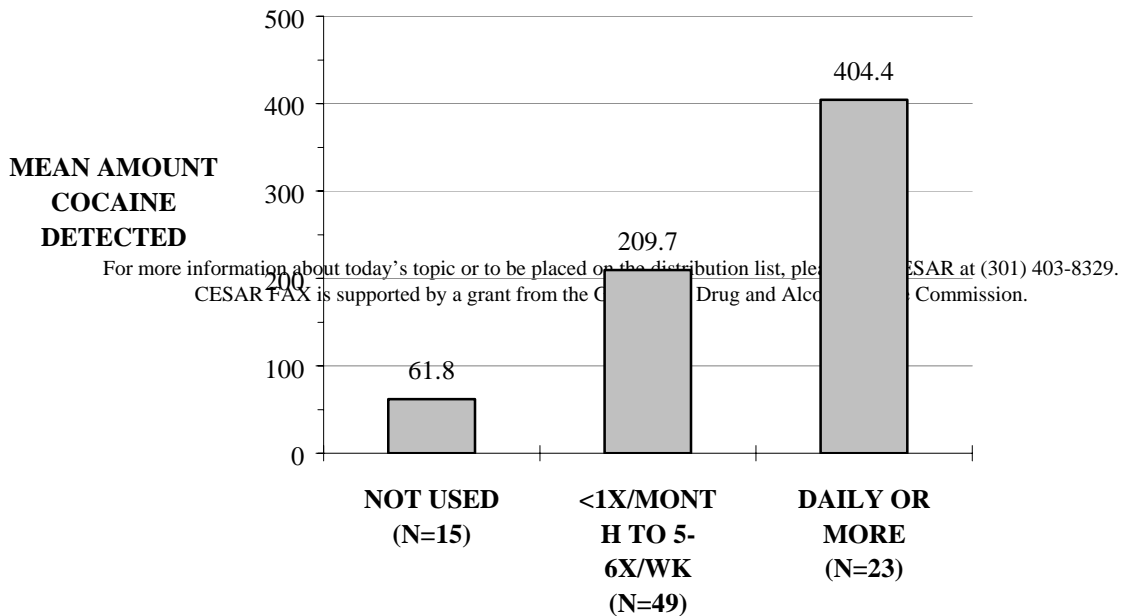
University of Maryland at College Park*

Hair Tests Detect Level of Recent Cocaine Use in Treatment Admissions

New findings have been released comparing self-reported recent drug use to the results of urine and hair tests in a sample of persons applying for drug treatment in the District of Columbia. Hair analysis, which has a longer window of detection, detected more cocaine users than did the other two techniques. In addition, the level of self-reported cocaine use in the prior 30 days was strongly related to the amount of cocaine metabolite found in the hair (see figure). Hair tests may offer a valuable method for classifying treatment admissions and others according to their level of recent drug use.

Relationship Between Self-Reported Frequency of Cocaine Use and Amount of Cocaine Detected in Hair

(N = 87 D.C. treatment admissions with hair tests positive for cocaine)



SOURCE: J.A. Hoffman, E.D. Wish, J.J. Koman III, S.J. Schneider, P.M. Flynn, and J.W. Luckey. Hair, Urine, and Self-Reported Drug Use Concordance at Treatment Admission. Paper presented at the October 1993 Annual Meeting of the American Society of Criminology. Paper available from CESAR.

“Nature and Extent of the Maryland Drug Problem” Reprints Now Available

CESAR is distributing a reprint of the section on the “Nature and Extent of the Problem” from the 1993 Maryland’s Drug and Alcohol Abuse Control Plan. To obtain a complimentary copy, call CESAR at (301) 403-8329.

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park*

DUI is 1st or 2nd Most Common Reason for Arrest in Maryland, 1990-1992

Driving under the influence (DUI) was the first or second most common reason for adult arrest in Maryland between 1990 and 1992. Similarly, the Federal Bureau of Investigation's UCR Program show that DUI arrests in 1991 account for the largest number of adult arrests nationally, with 1.2 million arrests for DUI compared to 724,000 arrests for drug abuse violations. The extensive media preoccupation with illegal drug crimes and associated violence may be obscuring the tremendous burden that DUI cases place on the police and courts. More attention needs to be given to how to reduce this serious problem.

**Four Most Common Adult Arrest Offenses in Maryland,
1990-1992**

Offense	1990	1991	1992
Driving Under the Influence	31,800	31,087	25,999
Drug Abuse Violation	26,068	26,608	28,251
Other Assaults	24,394	25,248	23,345
Larceny-Theft	20,891	23,309	23,274
TOTAL ARRESTS	226,605	233,266	227,450

SOURCE: 1990, 1991, and 1992 State of Maryland Uniform Crime Reports (UCR), Maryland State Police.

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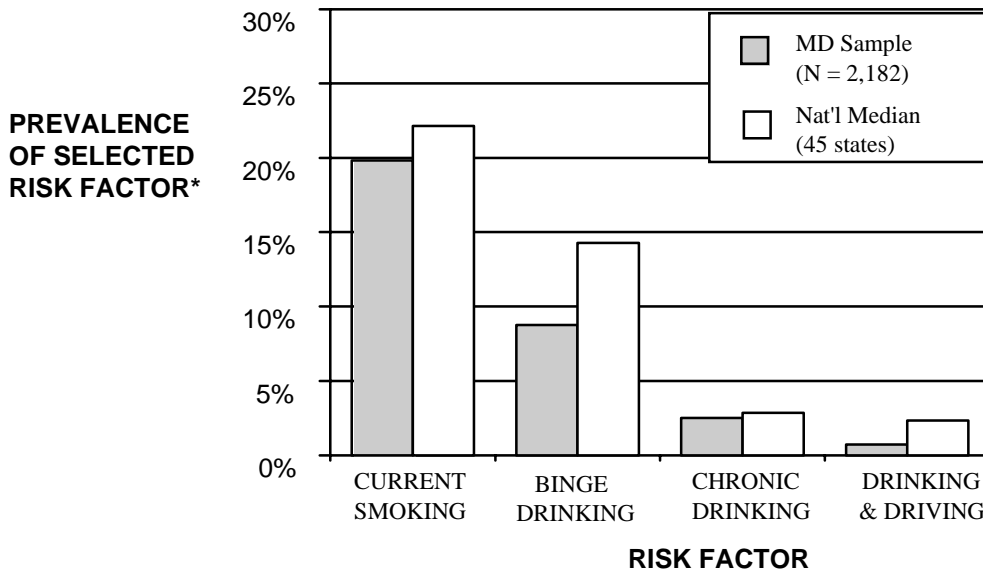
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BRFSS Survey Shows That Maryland Ranks Near the Median on Smoking and Problem Drinking

Each year the Centers for Disease Control and Prevention and participating state health departments conduct a telephone survey of adults age 18 years or older to provide state-specific prevalence estimates of selected health-risk behaviors. For 1992, the most current results available, the Maryland Department of Health and Mental Hygiene's Behavioral Risk Factor Surveillance System (BRFSS) indicates that Maryland ranked slightly below the national median on prevalence of the following risk factors: current smoking, binge drinking, chronic drinking, and drinking and driving. The largest difference was in the prevalence of binge drinking (14.3% national median vs. 8.7% in Maryland).

Prevalence of Smoking and Drinking in Maryland and the U.S., 1992



*** Risk Factor Definitions:**

Current Smoking = current use of cigarettes by someone who has smoked at least 100 cigarettes in his/her lifetime.

Binge Drinking = consumption of 5 or more alcoholic drinks on at least one occasion during the past month.

Chronic Drinking = having an average of 60 or more alcoholic drinks a month.

Drinking and Driving = operation of a motor vehicle after drinking too much alcohol at least once in the past month.

SOURCE: Behavioral Risk Factor Surveillance System (BRFSS), Maryland Department of Health and Mental Hygiene. BRFSS data are collected by the MDHMH in collaboration with the Centers for Disease Control and Prevention. For more information about the BRFSS, please call Alyse Weinstein at (410) 225-6783.

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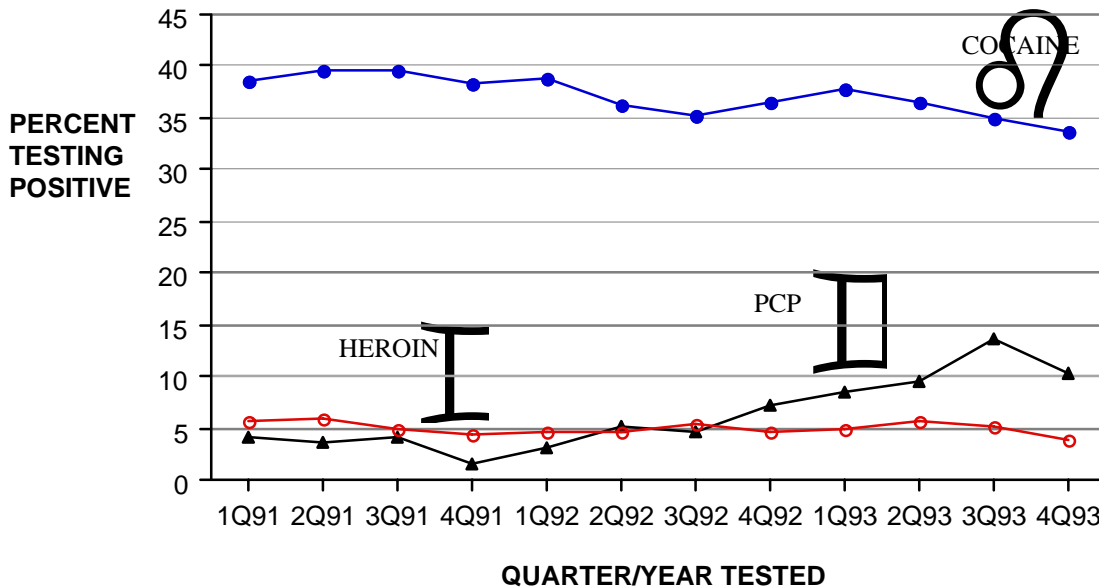
University of Maryland at College Park*

PCP Use Among Arrestees in Prince George's County Continued to Rise in 1993; Cocaine Use Declined and Heroin Use Remained Relatively Stable

Recent data from the Prince George's County Pre-Trial Release Unit indicate that the percentage of arrestees testing positive for PCP remained relatively high -- at between 9% and 14% -- in 1993. These rates reflect a steady increase since the 4th quarter of 1991. While cocaine remains the most prevalent drug detected among arrestees in Prince George's County, the rate of cocaine positives in 1993 decreased steadily, from 39% in the 1st quarter of 1993 to 34% in the 4th quarter. Heroin use has remained relatively stable at low levels of between 4% and 6% since 1991.

Percentage of Booked Arrestees in Prince George's County Who Tested Positive for Cocaine, PCP, and/or Heroin, First Quarter 1991 to Fourth Quarter 1993

(N = 23,570 Male and Female Arrestees Tested Between January 1991 and December 1993)



SOURCE: Adapted by CESAR from data from the Prince George's County Pre-trial Release Unit.

CESAR Special Topics on Substance Abuse (94-1) Now Available !
 Investigating Recent Trends in Heroin Use in Baltimore City: A Pilot "Quantitative" Research Project by Michael H. Agar and R. Owen Murdoch, University of Maryland, Department of Anthropology. Call CESAR for a complimentary copy.

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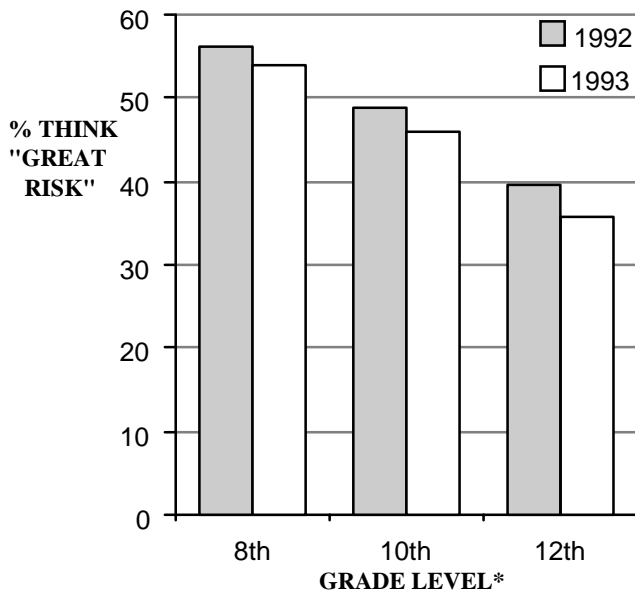
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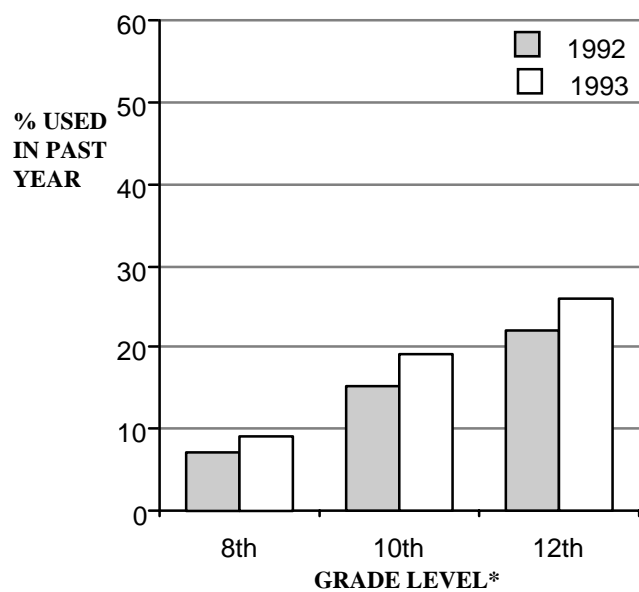
Marijuana Use Up Among U.S. 8th, 10th, and 12th Graders

Newly released data from the 1993 Monitoring the Future Study indicate a rise in marijuana use among 8th, 10th, and 12th grade students across the country. The largest increase among students reporting use within the past year was observed among high school seniors -- an increase of 4.1 percentage points, from 21.9% in 1992 to 26% in 1993. In 1993, the percentage of 8th, 10th, and 12th graders who thought smoking marijuana occasionally was a great risk to the user decreased significantly over the previous year. The increase in marijuana use and the decrease in perceived risk of the drug suggest a new generation of drug users.

As the Percentage Of Students Who Think Occasional Use Is "A Great Risk" Is Decreasing ...



...The Percentage Who Used In Marijuana The Past Year Is Increasing.



* Approximate Sample Size:
 8th Grade = 18,600 in 1992; 18,800 in 1993.
 10th Grade = 14,800 in 1992; 15,500 in 1993.
 12th Grade = 15,800 in 1992; 17,000 in 1993.

SOURCE: Findings from the 1993 Monitoring the Future Study, National Institute on Drug Abuse, released January 31, 1994.

Report on Heroin Use in Baltimore City Now Available !

CESAR Special Topics Report 94-1. Investigating Recent Trends in Heroin Use in Baltimore City: A Pilot "Quantitative" Research Project, by Michael H. Agar, R. Owen Murdoch, University of Maryland, Department of Anthropology, is now available. Call CESAR for a complimentary copy.

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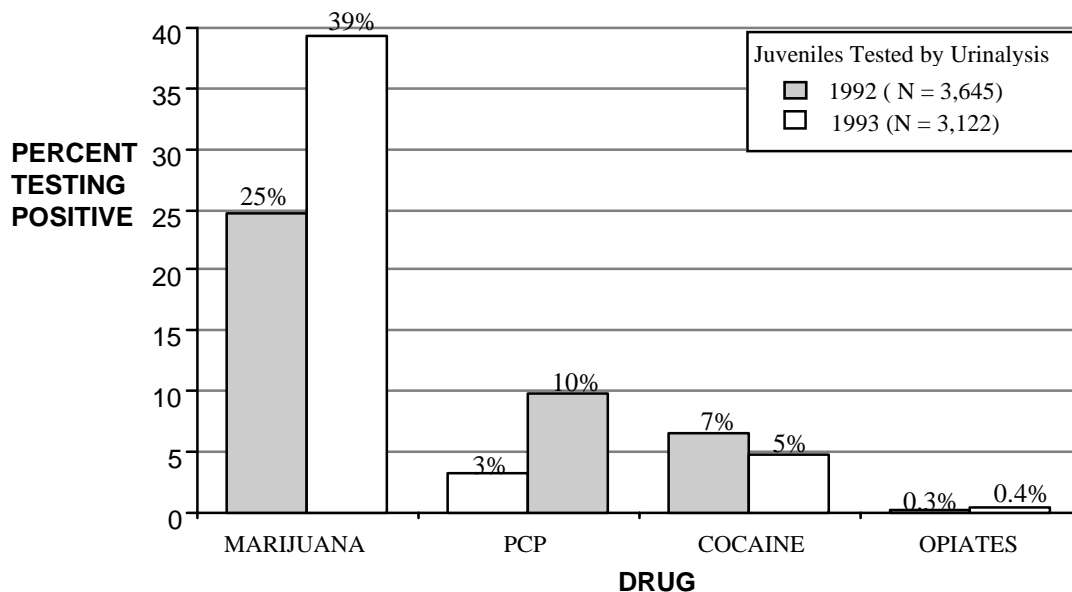
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University of Maryland at College Park*

In 1993 Marijuana and PCP Use Increased Dramatically Among Juvenile Arrestees in Washington, D.C.; Cocaine Use Decreased

According to data from the District of Columbia Pretrial Services Agency, the percentage of juvenile arrestees testing positive for marijuana and PCP in 1993 increased over the previous year. Marijuana positives increased from 25% in 1992 to 39% in 1993 and PCP positives increased from 3% to 10%. Opiate positives remained stable at less than 1% while cocaine use decreased from 7% in 1992 to 5% in 1993.

Percentage of Juvenile Arrestees in Washington, D.C. Who Tested Positive for Marijuana, PCP, Cocaine, and/or Opiates, 1992 and 1993



SOURCE: District of Columbia Pretrial Services Agency.

CESAR Special Topics on Substance Abuse (94-1) Now Available !

Investigating Recent Trends in Heroin Use in Baltimore City: A Pilot "Quantitative" Research Project by Michael H. Agar and R. Owen Murdoch, University of Maryland, Department of Anthropology. Call CESAR for a complimentary copy.

For more information about today's topic or to be placed on the distribution list, please call CESAR at 301-403-8329.

* CESAR FAX is supported by a grant from the Governor's Drug and Alcohol Abuse Commission.

***New CESAR Special Report Suggests Reasons Why The
Heroin Epidemic In Baltimore Is Not Evident In Available Indicators***

Recently, anthropologists at the University of Maryland at College Park formulated a research strategy to explain the difference between the subjectively perceived heroin epidemic in Baltimore City on the part of knowledgeable professionals and the lack of dramatic increases in the traditional epidemiologic indicators of drug use. A "quantitative" research strategy, one that uses qualitative methodologies to interpret quantitative data, was developed. Interviews were conducted with medical, treatment, and law enforcement professionals and with heroin addicts who had recently entered treatment. Highlights of the findings are listed below:

- Heroin is available, cheap, and easy to get in Baltimore. The hassles of the heroin-using life have been considerably reduced, something researchers called the "hog heaven" model. As one female interviewee put it:

"... two or three years ago you had to get \$25 together. Now you get \$10 together and you're basically doing the same thing."
- Many young heroin users in Baltimore today seem to have gotten into heroin through cocaine. This is contrary to the traditionally perceived patterns of drug use, wherein cocaine and heroin abuse are seen as distinct phenomena. Many of the cocaine addicts needed something that would mellow them out, that would bring them down after they got "coked out."
- Two reasons help explain why the standard epidemiologic indicators had not increased as one would have thought. First, institutional policies regarding drug use are said to have shifted away from providing resources for drug treatment. Second, most indicators are gathered in worst-case institutional settings (e.g., hospital emergency rooms), settings that users seek out as a last resort when their situation turns desperate, and the "hog heaven" situation in Baltimore is less likely to make addicts desperate.
- Combining qualitative and quantitative methods can provide a better understanding of the relationship between human situations and indicators that professionals define to understand them.

Call CESAR at (301) 403-8329 to obtain a complimentary copy of the report, *Investigating Recent Trends in Heroin Use in Baltimore City: A Pilot 'Quantitative' Research Project*, by Michael H. Agar and R. Owen Murdoch, University of Maryland, Department of Anthropology.

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Rate of Arrest for Drug Abuse Violations in Maryland Third Highest in the Nation

According to the FBI's 1992 Uniform Crime Reports data compiled by the Morgan Quitno Corporation, Maryland ranked among the top 3 states in the nation in their rate of arrest for drug abuse violations. There were 593 arrests for drug abuse violations per 100,000 population in Maryland. This is well above the national rate of 431 arrests per 100,000 population.

States with the Highest Rates of Arrest for Drug Abuse Violation in the United States, 1992

Rank	State	Arrest Rate Per 100,000 Population*
1	California	743
2	New York	660
3	Maryland	593
4	Connecticut	578
5	Kentucky	567
6	Nevada	562
7	New Jersey	545
8	Louisiana	525
9	Mississippi	494
10	Florida	487

* Based on law enforcement agencies submitting complete reports to the FBI for 12 months in 1992. The rates are based on population estimates for areas under the jurisdiction of those agencies reporting. Includes offenses relating to possession, sale, use, growing and manufacturing of narcotic drugs.

SOURCE: K.O. Morgan, S. Morgan, and N. Quitno (eds.), *Crime State Rankings 1994* (Lawrence, Kansas: Morgan Quitno Corporation. 1994). Copies of the 513 page report can be obtained for \$43.95. To place an order, call 1-800-457-0742.

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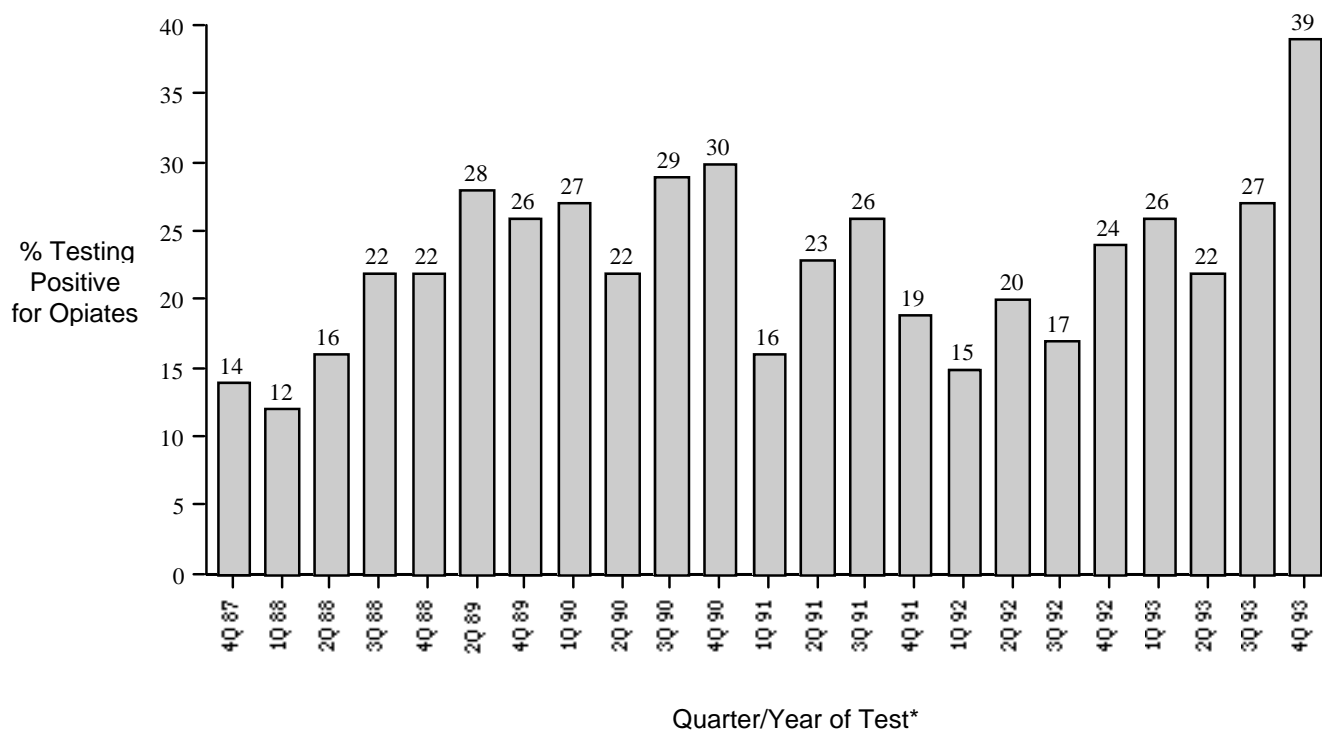
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Heroin Use at Six-Year High Among Chicago Male Arrestees

According to the latest Chicago DUF report, the percentage of male arrestees in Chicago testing positive by urinalysis for opiate use has reached the highest level since the program began in 1987. From the fourth quarter of 1987 to the third quarter of 1993, the percentage of male arrestees testing positive for opiate use ranged from 12% to 30%. During the fourth quarter of 1993, 39% of male arrestees in Chicago tested positive for opiate use. Chicago is one of the DUF sites that has traditionally found high rates of opiate positives. Perhaps this recent increase in opiate positives in Chicago is a first indication of the long heralded heroin epidemic in offenders.

Percentage of Male Arrestees Testing Positive for Opiate Use in Chicago, 1987-1993



*Data was not available for first and third quarters of 1989.

SOURCE: Adapted by the Center for Substance Abuse Research (CESAR) from the Chicago TASC DUF Project Report, February, 1994. Treatment Alternatives for Special Clients, Inc. (TASC) administers the National Institute of Justice's Drug Use Forecasting (DUF) program in Chicago. For further information please contact Daphne Baillet at TASC (312) 787-0208, ext. 211.

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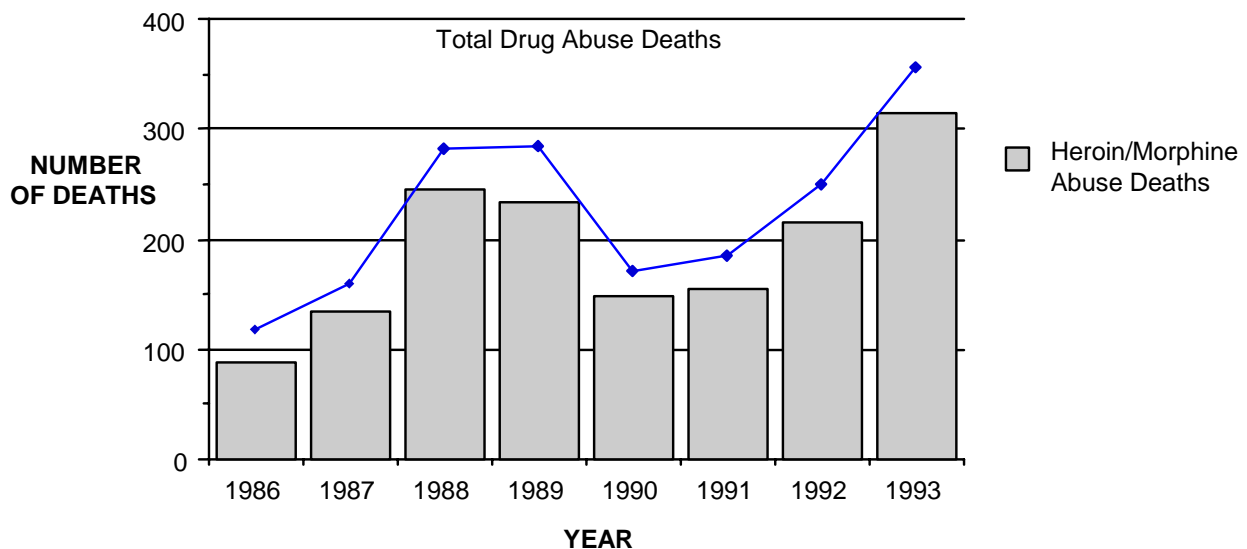
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University of Maryland at College Park*

1993 Heroin/Morphine Abuse Deaths in Maryland Reach 8-Year High

Data from the State of Maryland's Office of the Chief Medical Examiner (OCME) show that the number of heroin/morphine abuse deaths in 1993 is the highest level seen in the past 8 years. Heroin/morphine abuse deaths increased dramatically over the previous year--from 214 in 1992 to 314 in 1993, a 47% increase. Because heroin/morphine abuse deaths have accounted for over three quarters of total drug abuse deaths in the state of Maryland since 1986, this large increase in heroin/morphine abuse deaths accounts for most of the rise in total drug abuse deaths (from 249 in 1992 to 356 in 1993).

Total Number of Drug Abuse Deaths and Number of Heroin/Morphine Abuse Deaths in Maryland, 1986-1993**



** The OCME defines a "drug abuse death" as a death that can be directly attributable to or is caused by, illicit drug intoxication.

SOURCE: Adapted by the Center for Substance Abuse Research (CESAR) from data from the State of Maryland's Office of the Chief Medical Examiner.

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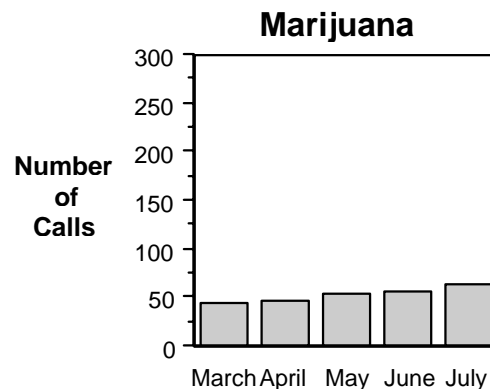
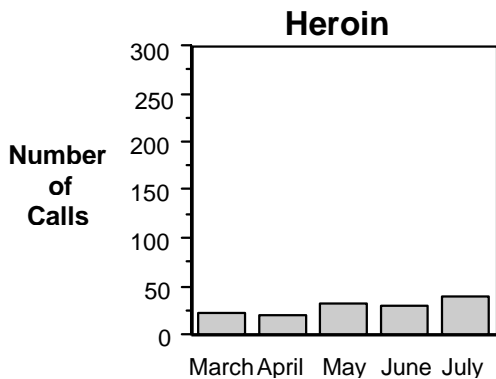
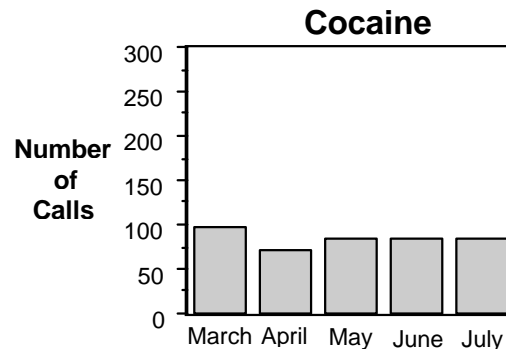
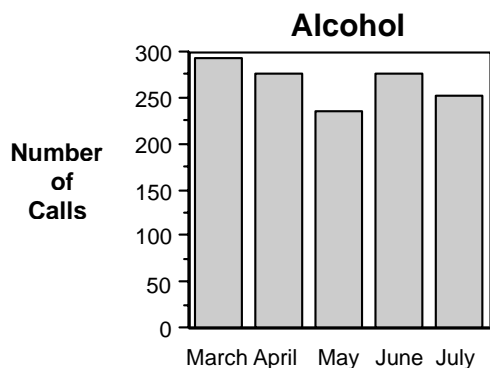
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University of Maryland at College Park*

Introducing The Maryland Automated Hotline Reporting System (MAHRS)

CESAR, in collaboration with the Maryland Alcohol and Drug Abuse Administration, is pleased to introduce a new indicator of substance abuse and the need for treatment in Maryland. Working with staff from six crisis hotlines across Maryland, CESAR produced a scannable data collection form that automates and standardizes information from the over 80,000 calls received annually by these hotlines. Presented below are the number of calls from March through July 1993, in which a problem with alcohol, cocaine, heroin, and/or marijuana was mentioned. Call CESAR for a complimentary copy of the MAHRS report.

**Number of Calls per Month, by Type of Drug Mentioned,
March 1993 through July 1993**



- This project was funded by a contract from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, to the Maryland Alcohol and Drug Abuse Administration.

SOURCE: Eliot Levine, Michael Wagner, and Eric Wish, "The Maryland Automated Hotline Reporting System (MAHRS): Background and Early Findings." CESAR, University of Maryland at College Park.

For more information about today's topic or to be placed on the distribution list, please call CESAR at 301-403-8329.
* CESAR FAX is supported by a grant from the Governor's Drug and Alcohol Abuse Commission.
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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park*

Majority of Maryland Treatment Admissions Cite Alcohol as a Substance of Abuse

Data from the Maryland Alcohol and Drug Abuse Administration's (ADAA) recently released report *FY1993 Trends and Patterns* indicate that in FY1993 alcohol was mentioned as a substance of abuse by the majority of Maryland admissions to substance abuse treatment.^p With the exception of Baltimore City, in each of the 23 counties, between 71% and 94% of treatment admissions cited alcohol as a substance of abuse. In Baltimore City only 49% of admissions cited alcohol compared to 60% citing cocaine and 53% citing heroin as a substance of abuse. Statewide, 71% of admissions mentioned alcohol, 41% cocaine, 26% marijuana, 21% heroin, and 4% PCP as a substance of abuse.

Percentage of Treatment Admissions Mentioning Selected Substances of Abuse, by County of Residence, Fiscal Year 1993

<u>County of Residence (N of Admissions^{pp})</u>	<u>Alcohol (%)</u>	<u>Cocaine (%)</u>	<u>Marijuana (%)</u>	<u>Heroin(%)</u>	<u>PCP (%)</u>
Allegany (750)	94	11	38	2	1
Anne Arundel (4,910)	81	35	31	9	9
Baltimore City (17,738)	49	60	19	53	1
Baltimore County (7,373)	71	35	24	18	4
Calvert (1,100)	91	23	23	3	9
Caroline (499)	88	22	39	2	1
Carroll (1,094)	89	20	37	6	3
Cecil (1,212)	89	24	43	3	<1
Charles (1,385)	87	24	25	2	9
Dorchester (491)	91	39	43	1	<1
Frederick (1,787)	88	33	34	3	5
Garrett (317)	85	5	28	<1	<1
Harford (1,650)	82	24	38	7	1
Howard (1,229)	83	32	33	6	6
Kent (321)	79	41	32	3	<1
Montgomery (6,213)	77	38	21	9	5
Prince George's (5,111)	76	45	25	9	12
Queen Anne's (549)	85	30	36	2	3
St. Mary's (1,037)	82	29	28	3	3
Somerset (417)	77	25	33	1	0
Talbot (570)	87	34	43	1	<1
Washington (1,631)	85	24	35	2	1
Wicomico (1,453)	81	32	31	3	<1
Worcester (582)	91	20	27	2	<1
State Total^{ppp} (62,692)	71	41	26	21	4

^p All certified public and private drug and alcohol treatment programs in Maryland are required to report to ADAA.

^{pp} Each client may report up to 3 substances of abuse at time of admission to a treatment facility.

^{ppp} County totals do not add to state totals. State totals include "Other" (i.e., "no fixed address" or "out-of-state").

SOURCE: Adapted by the Center for Substance Abuse Research (CESAR) from data from the Substance Abuse Management Information System (SAMIS), ADAA. A copy of the *FY 993 Trends and Patterns* Report may be obtained by contacting Vickie Kaneko at (410) 225-6890.

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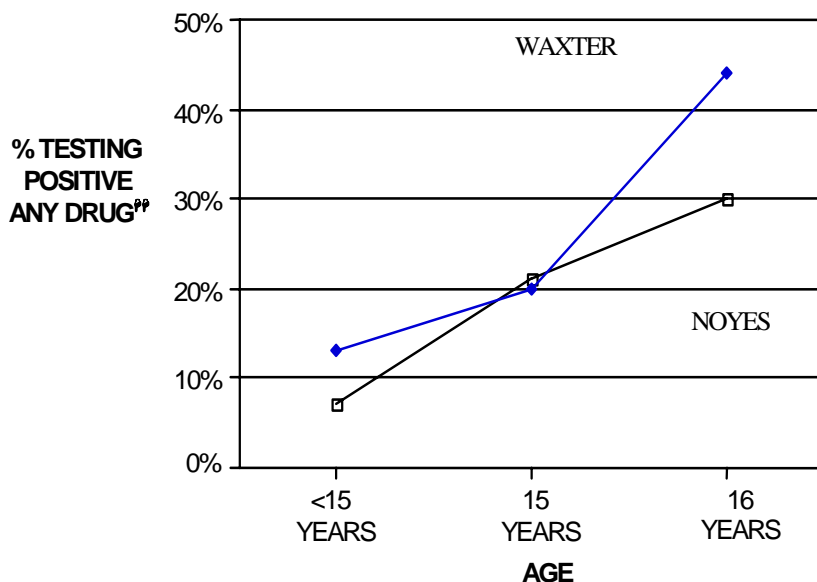
University of Maryland at College Park*

Study Shows That Drug Use Increases With Age Among Maryland Juvenile Detainees

CESAR, in conjunction with the Department of Juvenile Services and with funding from Governor Schaefer's Drug and Alcohol Abuse Commission, has conducted its second study of drug use among juvenile detainees in Maryland. The first study was conducted at the Thomas J.S. Waxter Children's Center in Laurel, Maryland in 1992 (see CESAR FAX Vol. II, Issue 4); the second study was conducted at the Alfred D. Noyes Children's Center in Rockville in 1993. In both studies voluntary and anonymous interview and urine specimens were collected from youth within 48 hours of admission. Drug test results from the two studies show that older detainees are more likely to test positive for drug use. Seven percent of male detainees under age 15 at Noyes tested positive for drug use (13% among Waxter detainees) compared to 30% of male detainees 16 years or older (44% among Waxter detainees). These findings are consistent with national data from the Drug Use Forecasting program, which show that drug use increases with age among juvenile arrestees/detainees.

Percentage of Male Juvenile Detainees[†] Testing Positive for At Least One Drug, by Age and Detention Facility

(N = 175 male youths tested at Waxter in 1992 and 96 male youths tested at Noyes in 1993)



[†] The sample size for each age/detention facility category is greater than 13 for all except those 16 or older at Waxter (N = 9).

^{††} Drugs tested for by urinalysis are alcohol, marijuana (at 100 ng/ml), cocaine, opiates, PCP, amphetamines, methadone, barbiturates, benzodiazepines, propoxyphene, and methaqualone.

SOURCE: E.D. Wish, T.A. Gray, and H. Zimmeroff. 1994. "Estimates of Drug Use Among Male Juvenile Detainees in Maryland: A Summary Report of a Pilot Study Conducted at the Alfred D. Noyes Children's Center in Rockville, Maryland." The report will be available in late May. Please send written requests to: CESAR, 4321 Hartwick Road, Suite 501, College Park, MD 20740.

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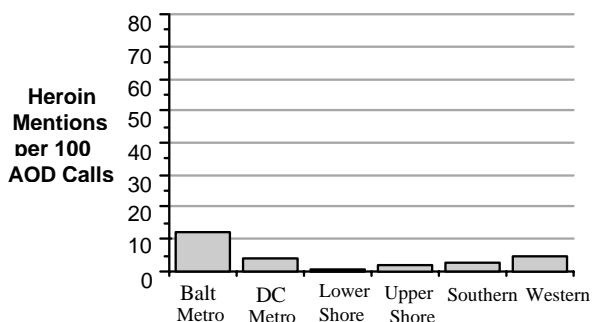
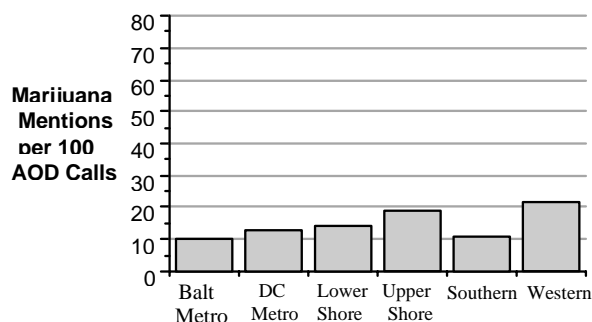
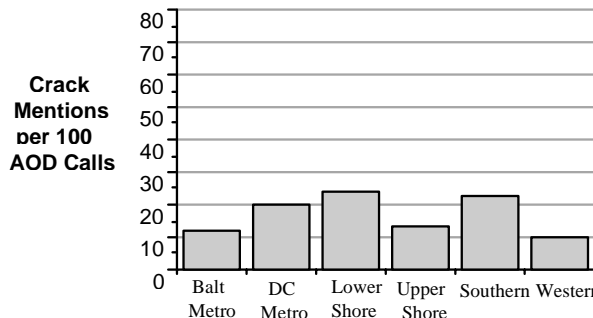
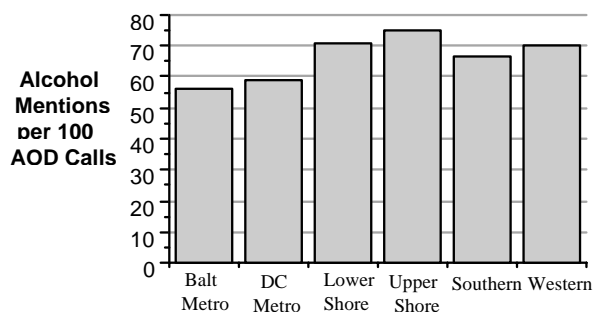
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park*

MAHRS Data Show Regional Patterns of AOD-Related Calls

Data from the Maryland Automated Hotline Reporting System (MAHRS)* show regional differences in drug mentions among Maryland hotline callers. Of the six regions, Baltimore metro had the lowest rate of alcohol mentions -- 56 alcohol mentions per 100 alcohol and other drug (AOD) calls compared to a high of 75 alcohol mentions for the Upper Shore. Baltimore metro, however, had the highest rate of heroin mentions -- 12 versus a low of 1 heroin mention per 100 AOD calls for the Lower Shore. Alcohol was mentioned more often than other drugs by hotline callers in each of the six regions. The Upper and Lower Shore had the two highest rates of alcohol mentions (75 and 71 mentions, respectively) and the two lowest rates of heroin mentions (2 and 1 mentions, respectively). In addition, the Lower Shore had the highest rate of crack mentions (24 per 100 AOD calls).

Alcohol, Crack, Marijuana, and Heroin Mentions, By Region,** March 1993 through July 1993 (Rates per 100 AOD calls)



* This project was funded by a contract from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, to the MD Alcohol and Drug Abuse Admin. See CESAR FAX Vol. 3, Issue 11, for information about MAHRS.

** Baltimore Metro = Baltimore City and Anne Arundel, Baltimore, Carroll, Harford, and Howard counties; DC Metro = Montgomery and Prince George's counties; Lower Shore = Dorchester, Somerset, Wicomico, and Worcester counties; Upper Shore = Caroline, Cecil, Kent, Queen Anne's, and Talbot counties; Western Maryland = Allegany, Frederick, Garrett, and Washington counties; and Southern Maryland = Calvert, Charles, and St. Mary's counties.

SOURCE: Eliot Levine, Michael Wagner, and Eric Wish, "The Maryland Automated Hotline Reporting System (MAHRS): Background and Early Findings." CESAR, University of Maryland at College Park.

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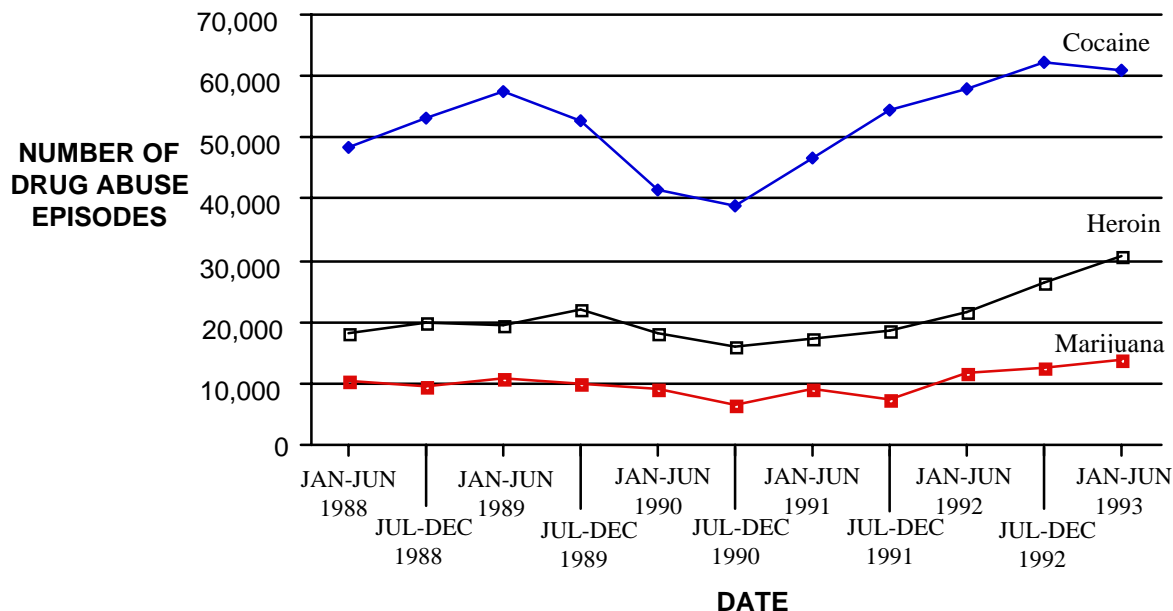
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park*

DAWN Data for the First Half of 1993 Show National Increase in Heroin- and Marijuana-Related Emergency Room Visits

Semiannual data from SAMHSA's Drug Abuse Warning Network (DAWN) show that, nationally, heroin- and marijuana-related emergency room (ER) episodes increased between the first half of 1992 and the first half of 1993, while cocaine mentions remained stable. Heroin-related ER episodes increased 44%, from 21,438 episodes in the first half of 1992 to 30,766 episodes in the first half of 1993. Marijuana-related ER episodes increased 19%, from 11,511 to 13,727 episodes. There was no statistically significant change in the number of cocaine-related ER episodes (57,723 in first half 1992 and 61,051 in 1st half of 1993).

**Estimates of Emergency Room Drug Abuse Episodes in the U.S.,
By Major Drug, First Half 1988 through First Half 1993**



SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA), "Preliminary Estimates from the Drug Abuse Warning Network," Advance Report Number 6, March 1994. A copy of this report may be viewed or downloaded from the STAT conference of the CESAR BOARD. Call CESAR BOARD at (301) 403-8343 or 1-800-84-CESAR (toll-free for Maryland callers only).

MARYLAND HOTLINE REPORT NOW AVAILABLE FROM CESAR !

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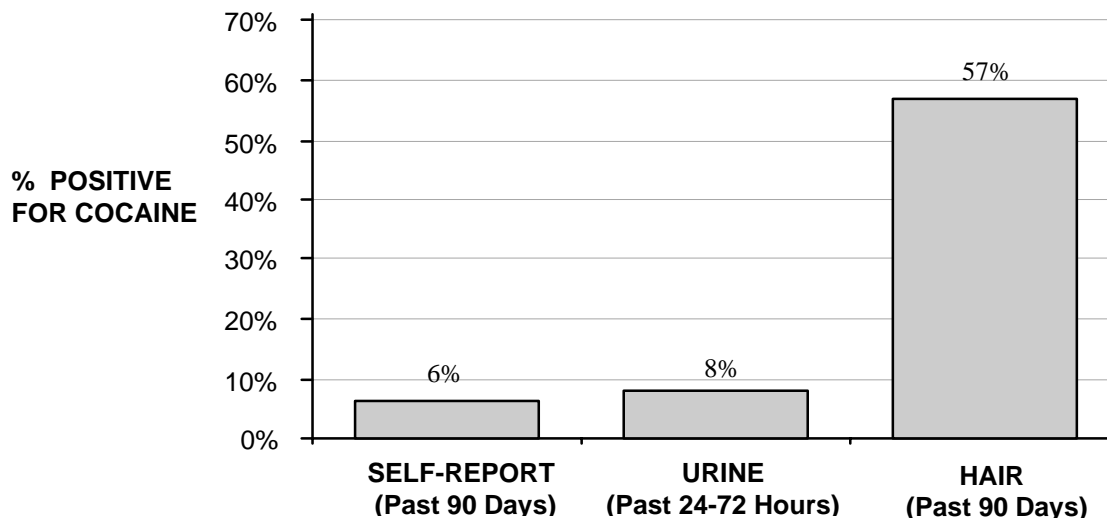
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park*

Hair Tests Detect 7 Times More Drug Users Than Urine Tests (N = 88 Male Juvenile Arrestees/Detainees in Cleveland)

As an experiment, the Cleveland Drug Use Forecasting (DUF) Program site collected hair samples, in addition to the standard interviews and urine samples, from 88 juvenile arrestees/detainees in Cleveland. The results show that hair tests detected 7 times more juvenile drug users than the urine tests and 9 times more drug users than self-reports. The hair tests, which are sensitive to drug use in the 90 days prior to the test, were probably able to detect the youths' intermittent use of cocaine, which the urine tests missed.

Estimates of Recent Cocaine Use Among Male Juvenile Arrestees/Detainees in Cleveland, By Self-Report, Urinalysis, and Hair Analysis (N = 88 males tested by 3 methods)



SOURCE: Adapted by CESAR from T.E. Feucht, R.C. Stephens, and M.L. Walker (1994). "Drug Use Among Juvenile Arrestees: A Comparison of Self-Report, Urinalysis, and Hair Assay," *The Journal of Drug Issues* 24(1):99-116.

CESAR SPEAKER SERIES PRESENTS MR. JAY CARVER, Director of D.C. Pretrial Services, on "The New D.C. Drug Court Experiment"

The lecture will be held at 3:00 pm on May 24, 1994, in the Atrium of the Stamp Student Union at the University of Maryland at College Park.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park*

Jail-Based Substance Abuse Treatment Program In Montgomery County, Maryland, Reduces Recidivism

Initial findings from the Jail Addiction Services (JAS)[¶] Demonstration Project in Montgomery County, Maryland, show that intensive treatment significantly reduces recidivism among chronic offenders with substance abuse problems. Thirty-four percent of those participating in the JAS program were rearrested within a year of release compared to 48% of those in the control group. JAS participants reside in a separate housing unit in the jail and participate in a minimum of 40 hours of treatment a week. The treatment curriculum consists of community meetings; group educational or therapeutic activities; individual counseling; self-help group meetings; peer counseling; treatment task activities; cognitive behavior skill-building sessions; and aftercare activities.

Rearrest Within One Year of Release from Jail for Jail Addiction Services (JAS) and Control Group Subjects,

Type of Recidivism ^a	JAS (N = 323)	Control ^b (N = 324)
Rearrest for New Offense	20%	31%
Technical Violation	14%	17%
TOTALS	34%	48%

- ^a The recidivism analysis was conducted on those offenders who were in the community for one year.
- ^b The control group was matched to the sociodemographic and criminal history characteristics of the treatment group.
- ^c Statistically significant difference, using a chi-square test, $p < .05$.

[¶] This demonstration project and evaluation are funded by the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration, the Maryland Governor's Drug and Alcohol Abuse Commission, and the Montgomery County Government.

SOURCE: Adapted by CESAR from F.S. Taxman and D.L. Spinner (1994). "Recidivism Reduction: The Jail Addiction Services (JAS) Demonstration Project in Montgomery County, Maryland Overview of Initial Findings." Institute for Law and Justice or University of Maryland. For more information about the JAS Project, contact Dr. Faye Taxman, David Spinner at (703) 684-5300 or (301) 405-4781 or Dr. Peter Luongo, Montgomery County Government at (301) 217-1340.

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***SAMHSA Data Indicate Racial/Ethnic Differences in Drug Use
May Be Reduced After Adjusting for Other Sociodemographic Characteristics***

Data from the Substance Abuse and Mental Health Services Administration's (SAMHSA) 1991 National Household Survey on Drug Abuse were used to quantify the effects of race/ethnicity and other sociodemographic variables on drug use. Column 2 in the table shows the relationship between race and drug use without adjusting for other sociodemographic characteristics, and Column 3 shows the relationship between race and drug use with adjustments for other sociodemographic variables. Without adjustments, the data show that blacks are statistically more likely than whites to report nonheavy use of cigarettes, use of crack, and frequent use of marijuana, and cocaine; and are statistically less likely to report heavy and nonheavy use of alcohol, heavy use of cigarettes, and nonfrequent use of cocaine.

With the exception of the nonheavy use of alcohol, the differences in the use of drugs by blacks and whites were reduced after adjusting for other sociodemographic characteristics. For example, without adjusting for other sociodemographic characteristics, blacks are 3.9 times more likely than whites to use crack (significant difference between blacks and whites). When other sociodemographic characteristics are controlled for, blacks are only about 1.9 times more likely to use crack, a nonsignificant difference.

**Odds of Using Alcohol, Cigarettes, and Illicit Drugs
for Blacks Relative to Whites Among Respondents Aged 18 to 49: 1991**

Drug Measures	Odds Ratios ¹	
	Unadjusted Model	Model Adjusted for Sociodemographic Variables ²
Alcohol		
Nonheavy	.689***	.715***
Heavy	.709**	.554***
Cigarettes		
Nonheavy	1.722***	1.212*
Heavy	.552***	.355***
Marijuana		
Nonfrequent	.926	.680**
Frequent	2.022***	1.290
Cocaine		
Nonfrequent	.721*	.552**
Frequent	3.173***	1.865*
Crack	3.948***	1.872
Poly-Illicit Drug Use	.705	.433***

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

- 1 The odds ratios reflect the odds of being a user (at the level indicated) relative to a nonuser for blacks relative to whites. Odds ratios greater than 1.0 indicate higher odds for blacks than whites; odds ratios less than 1.0 indicate lower odds for blacks.
- 2 Demographic background variables include gender, age, geographic region of residence, and metropolitan status; socioeconomic status (SES) variables include educational attainment, occupation of chief household wage earner, and household income; social variables include marital status, employment status, number of jobs in past 5 years, and number of residential moves in past 5 years.

SOURCE: R.L. Flewelling, S.T. Ennett, J.V. Rachal & A.C. Theisen, "National Household Survey on Drug Abuse: Race/Ethnicity, Socioeconomic Status, and Drug Abuse, 1991." U.S. Department of Health and Human Services. Released December 1993. For more information about the report, contact the Office of Applied Studies, SAMHSA at (301) 443-7980.

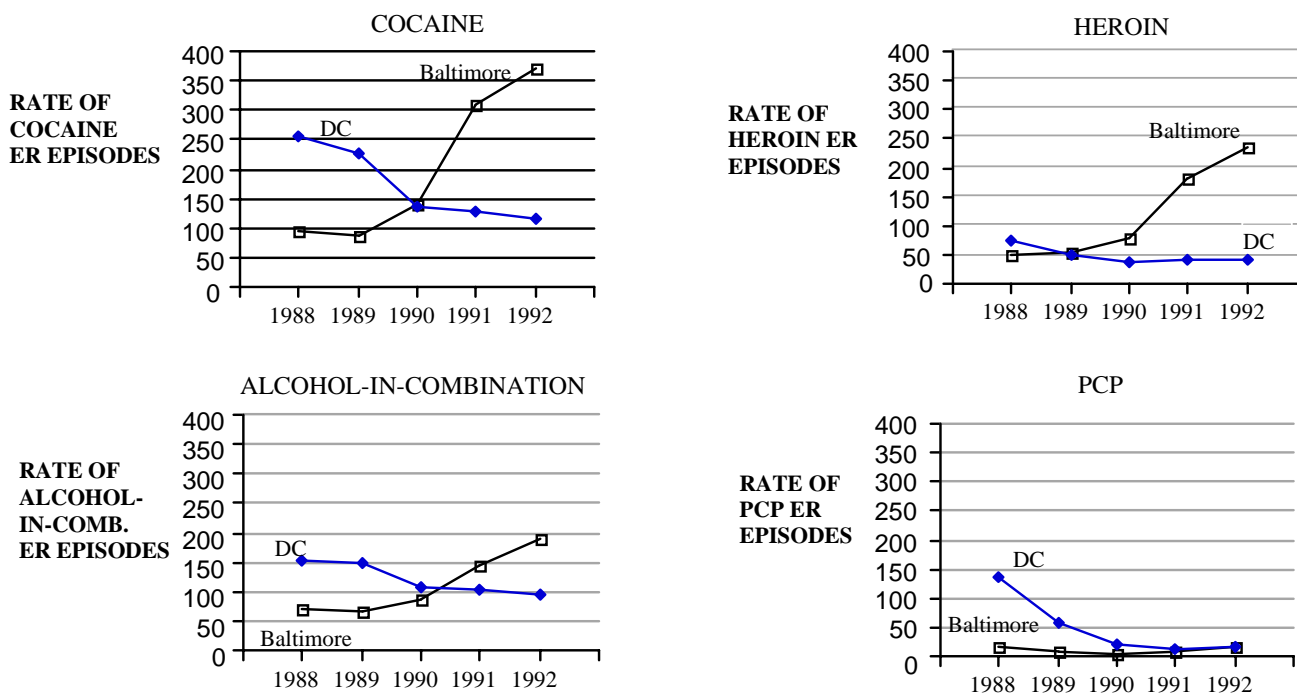
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University of Maryland at College Park*

DAWN Data Reveal Increasing Rates of Drug-Related Emergency Room Episodes in Baltimore; Rates Are Stable in Washington, D.C.

According to 1992 data from the Drug Abuse Warning Network, the estimated rates of cocaine-, heroin-, alcohol-in-combination-, and PCP-related emergency room (ER) episodes have increased since 1988 in the Baltimore metropolitan area but stabilized, at lower levels in the Washington metropolitan area. In the Baltimore metro area, the 1992 rates of cocaine-, heroin-, alcohol-in-combination-, and PCP-related ER episodes were the highest since 1988. The rates in the Washington, D.C. metropolitan area show decreasing trends between 1988 and 1990 and have remained relatively stable since 1990.

Estimated Rates (Per 100,000 Population) of ER Drug Abuse Episodes in the Baltimore and Washington, D.C. Metropolitan Areas, by Major Drug, 1988 through 1992



SOURCE: Adapted by CESAR from data from the Drug Abuse Warning Network (DAWN), Substance Abuse and Mental Health Services Administration (SAMHSA).

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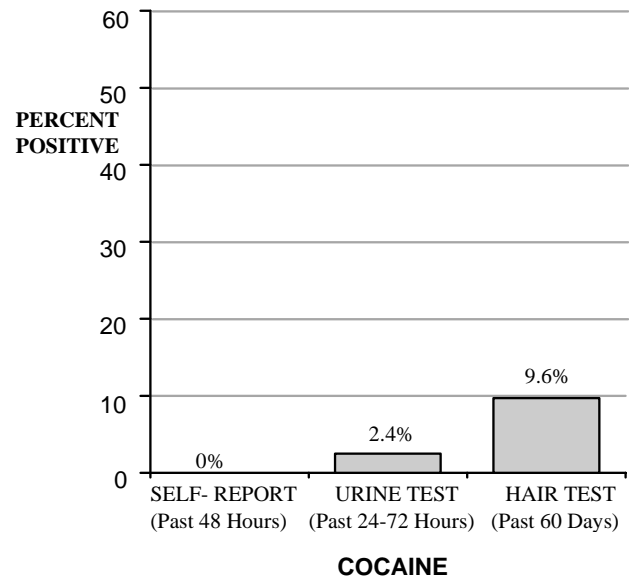
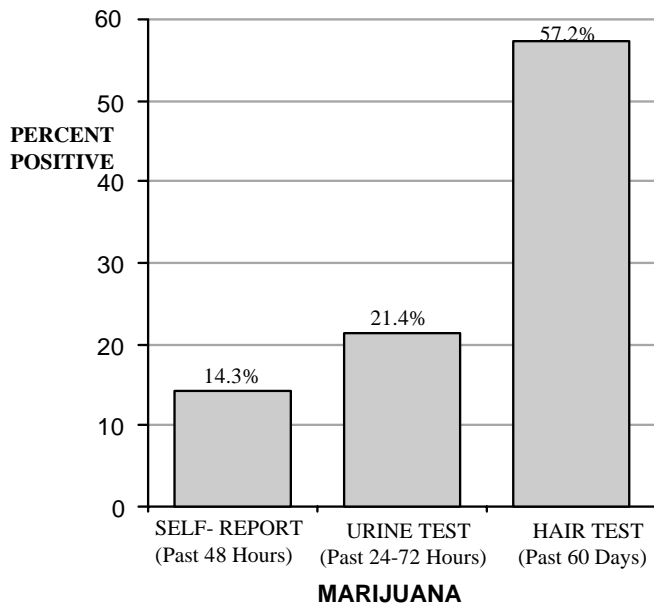
University of Maryland at College Park*

Hair Tests Detect More Marijuana and Cocaine Users Than Urine Tests or Self-Reports Among Juvenile Offenders in Pinellas County, Florida

Data from a pilot study to compare drug use detection methods among juvenile offenders involved in the Pinellas County, Florida, criminal justice system show that hair tests detected higher levels of drug use than urinalysis or self-reports. Of offenders tested by the three methods, 57% were positive for marijuana by hair test compared to 21% by urinalysis and 14% by self-report. Approximately 10% were positive for cocaine by hair test compared to 2% by urinalysis and 0% by self-report. Because a hair test can detect drug use over a longer period (in this study 60 days by hair test versus 24-72 hours by urinalysis), it is likely to detect occasional or episodic drug users whereas urinalysis can only detect "recent" users. These findings are similar to those found in Cleveland's juvenile Drug Use Forecasting program (see CESAR FAX, Vol. III, Issue 16).

Estimates of Recent Marijuana and Cocaine Use Among Juvenile Detainees in Pinellas County, Florida, by Self-Report, Urinalysis, and Hair Analysis, 1993

(N = 42 juvenile offenders tested by 3 methods)



SOURCE: Adapted by CESAR from R.A. Newel, T. Mieczkowski, G. Allison, and L. MacDonald. "Prevalence of Illegal Drug Use Among Pinellas County Criminal Justice Involved Juveniles: A Pilot Study." For more information about the study, contact Richard Newel at (813) 570-5080 or Tom Mieczkowski at (813) 893-9585.

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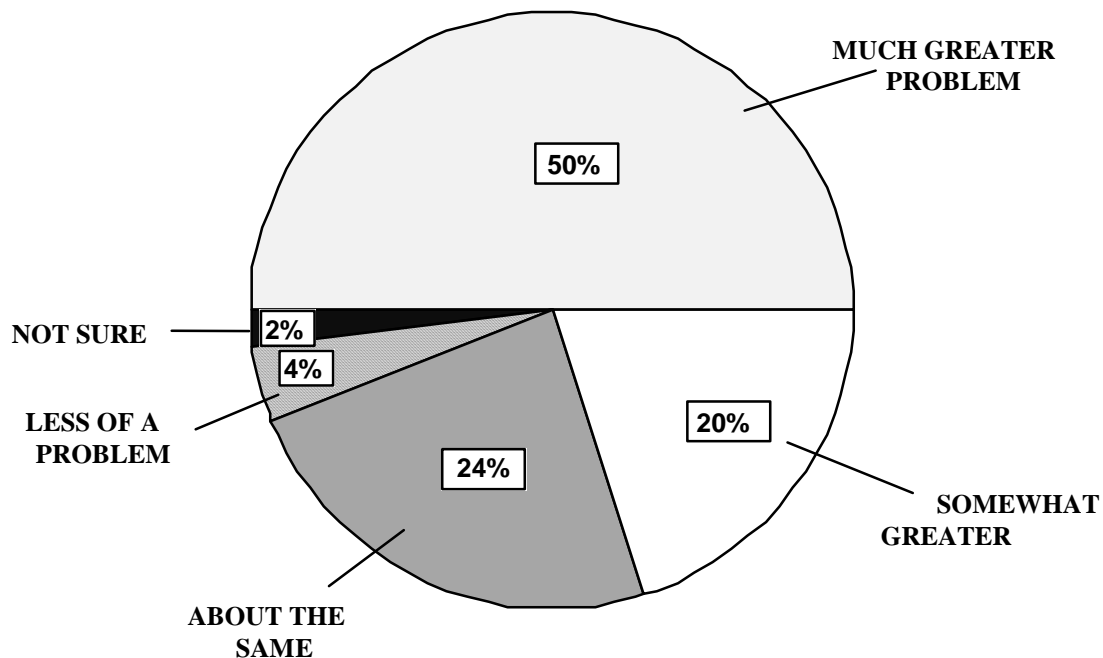
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park*

Public Perception of Drug Abuse Problem Differs From National Indicators

The National Household Survey of Drug Abuse (NHSDA) and the National High School Senior Survey (NHSSS), both national survey measures of drug use, indicate that the level of drug use today is lower than five years ago. However, a recent national telephone survey of household residents age 18 and over found that the majority of people believe the drug abuse problem to be greater today than five years ago. Of the 1,001 people surveyed, one-half of the respondents believe that drug abuse is a much greater problem today, while 20% believe it to be a somewhat greater problem. Only 4% believe that drug abuse is less of a problem today than five years ago. The discrepancy between public perception and survey measures of drug use may be due to public misperception of the severity of the drug abuse problem. On the other hand, it may be that these national indicators are not measuring the true extent of drug abuse.

Public Perception of Drug Crisis Today (1994) Compared to Five Years Ago
(N = 1,001)



SOURCE: Adapted by CESAR from Peter D. Hart Research Associates, Inc.'s telephone survey of 1,001 U.S. residents, February 2-3, 1994. Conducted for Drug Strategies, Washington D.C. For more information contact Caroline Polk of Drug Strategies at (202) 663-6090.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park*

*Alcohol Education and Treatment Reduce
the Risk of Reconviction for Drinking and Driving in Maryland*

A new study shows that alcohol education and treatment are the only sentencing conditions which significantly reduce the risk of reconviction for drinking and driving in Maryland. Alcohol education reduced the risk of reconviction over a three-year period by 22%; alcohol treatment by 17%. However, these conditions were included in only 21% and 35%, respectively, of the sentences given to the drinking and driving offenders in the sample. The study recommends an increased use of alcohol education and treatment conditions as part of drinking and driving sentences in order to reduce the reconviction rate.

Risk of Reconviction, by Sentencing Condition¹
(N = 3,711 Maryland Drinking and Driving Offenders)

Sentencing Condition	Risk of Reconviction for this Sentencing Condition ²
<u>Punishment Conditions</u>	
Supervised Probation	14% Higher
Guilty Disposition ³	11% Higher
Unsupervised Probation	9% Higher
Fine	8% Higher
Jail	5% Higher
License Restriction	1% Lower
DDMP ⁴	5% Lower
<u>Rehabilitation Conditions</u>	
Alcoholics Anonymous	18% Higher
Abstinence	11% Higher
Alcohol Treatment	17% Lower*
Alcohol Education	22% Lower*

¹Based upon the results of cox regression model which include offender characteristics and sentence conditions.

²Relative to the risk of reconviction without this sentencing condition, controlling for offender and sentence characteristics.

³Relative to the risk of reconviction with probation before judgement (PBJ).

⁴Drinking Driver Monitor Program (DDMP), a specialized probation program for drinking and driving offenders.

*p<.10 These are aggregate measures of all programs offered in the state of Maryland. The higher significance level of .10 was used because of the extreme variation in the interventions and because actual attendance in the programs is unknown.

SOURCE: F. Taxman, B. Mattson, E. Wish, and K. Petronis, 1994. Drunk Driving in Maryland: An Analysis of Recidivism and Policy Issues. CESAR White Paper. Please contact CESAR to receive your complimentary copy, available after June 20, 1994. For more information about the study, please contact Dr. Faye Taxman at the Institute for Law and Justice, (703) 684-5300 or at the University of Maryland, (301) 405-4781.

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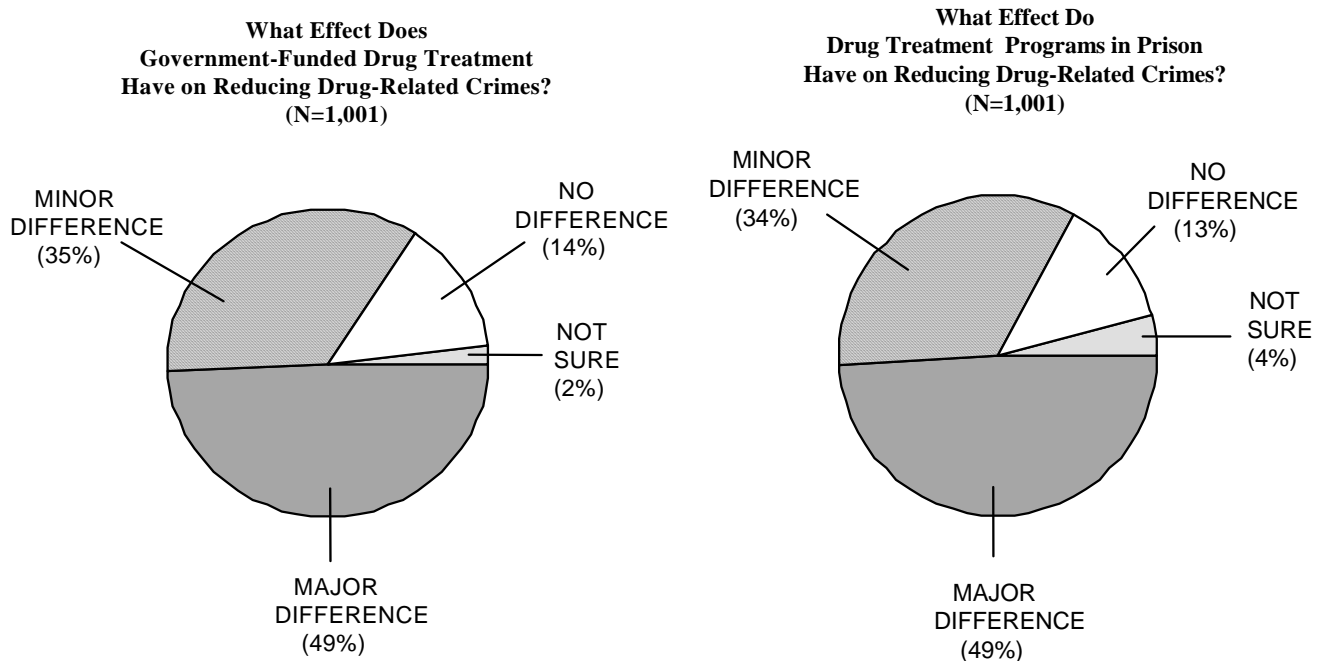
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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park*

Public Believes Drug Treatment In and Out of Prison Will Reduce Drug-Related Crimes

A recent national telephone survey of household residents aged 18 and over asked about the effectiveness of drug treatment in combatting drug-related crime. Opinions on providing government-funded drug treatment for everyone who seeks it and on providing drug treatment programs in prison were almost identical: The majority of people believed that both forms of treatment will make a difference in reducing drug-related crimes. It appears that most people believe that drug treatment programs for every person in need will make a difference in reducing drug-related crimes.



SOURCE: Adapted by CESAR from Peter D. Hart Research Associates' telephone survey of 1,001 U.S. residents, February 2-3, 1994. Conducted for Drug Strategies, Washington, D.C. For more information, contact Caroline Polk of Drug Strategies at (202) 663-6090.

For more information about today's topic, or to be placed on the distribution list, please call CESAR at 301-403-8329.

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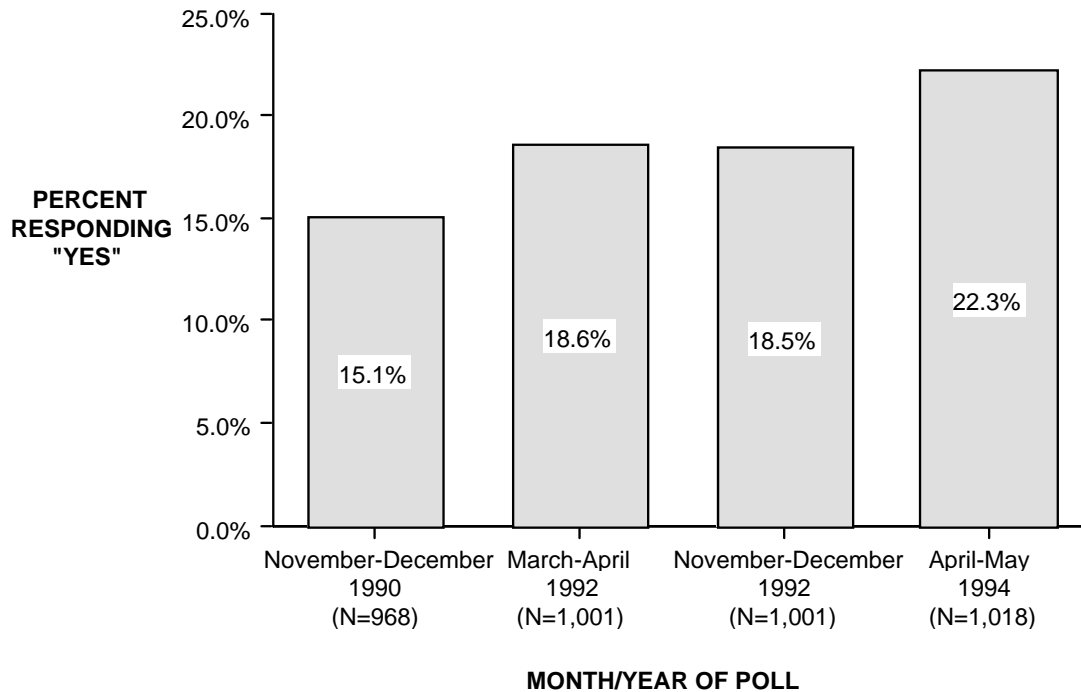
University of Maryland at College Park*

Poll Shows a Growing Minority of Marylanders Support Decriminalization of Marijuana

Between 1990 and 1994 there has been a 50% increase (from 15.1% to 22.3%) in the proportion of Marylanders who think adults should be able to possess a small amount of marijuana for personal use. Almost three-fourths of Marylanders (73.2%) do not support decriminalization of marijuana.

Percent Responding "Yes" to the Question:

"Do You Think That Adults 21 or Older Should Be Able to Possess Small Amounts of Marijuana for Their Personal Use Without Legal Penalty?"*



* The November-December, 1992 and the April-May, 1994 polls allowed for an additional response category, "It Depends." Two percent selected this answer in 1992; 2.5 percent in 1994. Margin of error: ±3%.

SOURCE: Statewide telephone polls of adults aged 18 or older, conducted for CESAR by the University of Maryland Survey Research Center, College Park.

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Correct-Site Acupuncture More Effective Than Placebo-Site Acupuncture in Reducing Cocaine Use

A just released study examined the effects of auricular (ear) acupuncture on cocaine/crack usage. Cocaine and/or crack abusers attempting to enter treatment at the Lincoln Hospital Acupuncture Clinic in New York City were randomly assigned to receive either experimental (correct-site) or control (placebo-site) acupuncture treatments. Each subject was allowed a maximum of two acupuncture treatments per day, in a one-month period.

Experimental acupuncture treatments were given at points specifically related to cocaine detoxification; control acupuncture treatments were given at points not specifically related to cocaine detoxification. The experimental and placebo insertion points were within 5 mm of each other. Both acupuncture treatments involved inserting four thin needles into the cartilage ridge of each ear. The subjects then sat "in a relaxed manner" for 45 minutes with the needles in place.

Daily urine specimens were collected from each subject and tested for the presence of the cocaine metabolite, benzoylecgonine. This allowed for day-to-day comparisons of an indicator of cocaine use. Urinalysis results showed an initial decrease in urine cocaine metabolite levels for both the experimental and the placebo group during the first two weeks of treatment. After that, however, there was a significant difference in the cocaine metabolite levels of the two groups. Subjects who received the acupuncture treatment at points related to detoxification showed significantly greater improvement relative to subjects who received the placebo acupuncture treatments. The researchers concluded that "the experimental acupuncture [treatments] . . . promoted greater reductions in usage or greater short-term abstinence relative to the placebo [treatments]. . . ."

For more information on this study, contact Doug Lipton at (212) 966-8700, extension 434.

SOURCE: Adapted by CESAR from Douglas S. Lipton, Vincent Brewington, and Michael Smith. "Acupuncture for Crack-Cocaine Detoxification: Experimental Evaluation of Efficacy." Journal of Substance Abuse Treatment, 11(3): 205-215, 1994.

Note: Baltimore City is about to launch an acupuncture treatment program for addicted mothers.

CESAR SPEAKER SERIES VIDEO TAPE ON ACUPUNCTURE AVAILABLE!

Dr. Michael Smith, Director of Substance Abuse, Lincoln Hospital was a CESAR Speaker Series lecturer in April, 1993. A videotape of his lecture, "Use of Acupuncture and Computers for Improving Drug Abuse Treatment" is available for \$13.00.
For more information, contact Alicia Hobbs at (301) 405-3609.

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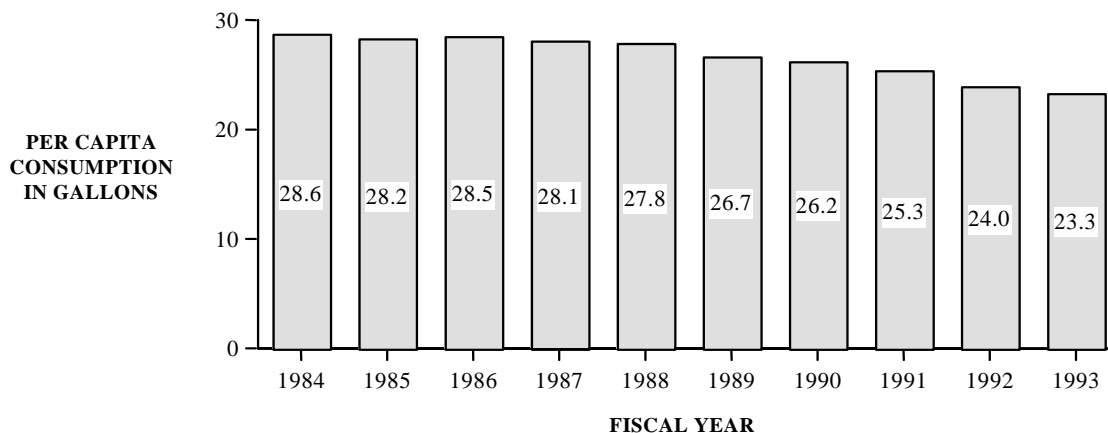
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University of Maryland at College Park*

Consumption of Alcoholic Beverages in Maryland Continues to Decline

The State of Maryland's Alcohol and Tobacco Tax Annual Report for fiscal year 1993 indicates that the per capita consumption of alcoholic beverages in Maryland continues to gradually decline. Since 1984 the total per capita consumption of beer, wine, and distilled spirits has decreased by 18.7%. This decline is largely attributable to a 30.4% decrease in the consumption of distilled spirits.

Maryland Per Capita Consumption of Distilled Spirits, Wine and Beer, 1984 - 1993*



* In Maryland, distilled spirits are any beverage, other than beer and wine, containing .05 percent or more of alcohol by volume. Per capita consumption is based on deliveries to retail licensees in the various subdivisions by holders of Maryland wholesalers' licenses and Maryland Department of Health total population estimates.

SOURCE: Adapted by CESAR from Comptroller of the Treasury, Alcohol and Tobacco Tax Unit, State of Maryland Alcohol and Tobacco Tax Annual Report, Fiscal Year 1993.

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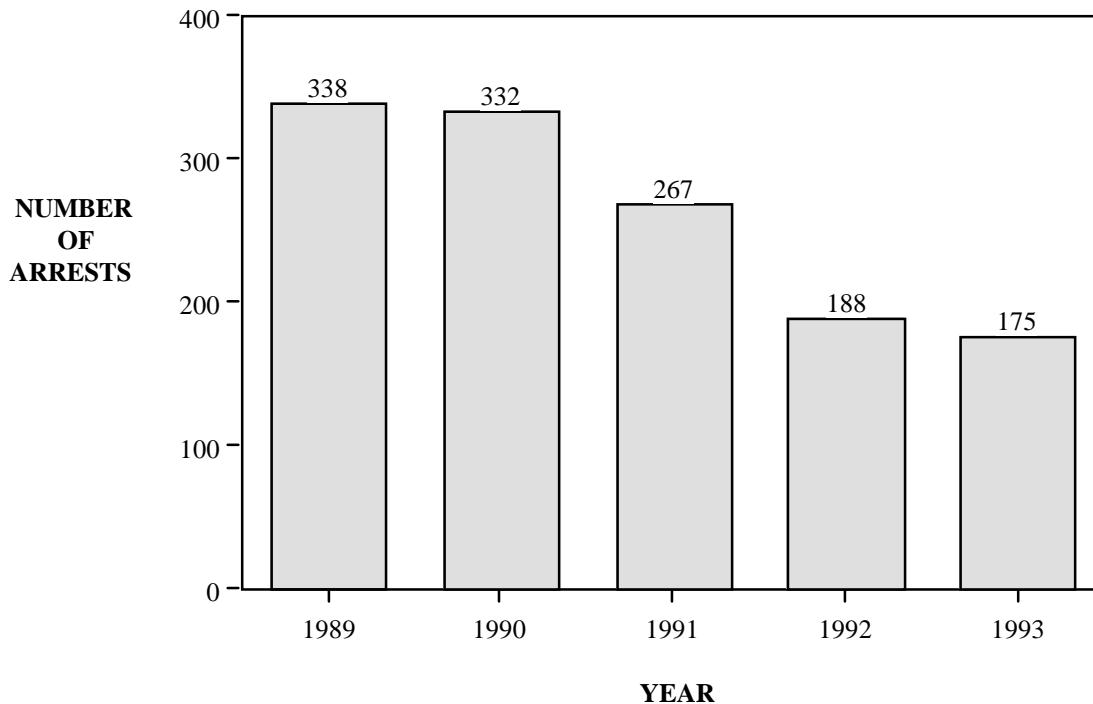
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University of Maryland at College Park*

Drinking and Driving Arrests of Maryland Juveniles Remain at Low Levels

According to recently released 1993 data from the Maryland State Police, arrests for drinking and driving among juveniles have remained at a level far below that of five years ago. In 1993, 175 juveniles were arrested for either driving while impaired or driving while intoxicated.¹ This is a 48% decrease in arrests since 1989. It is unclear whether this decline is due to a change in arrest practices or a change in drinking and driving practices of Maryland youth. However, it is noteworthy that similar decreases have occurred in adult drinking and driving arrests.

Drinking and Driving Arrests of Maryland Residents Under Age 18, 1989 to 1993



¹Driving while impaired: Blood alcohol concentration (BAC) level of .07% to .09%. Driving while intoxicated: BAC level of .10% or higher.

SOURCE: State of Maryland Uniform Crime Reporting (UCR) Program, Maryland State Police. Crime in Maryland, the 1993 State of Maryland Uniform Crime Report, will be available from the Maryland State Police in early fall.

ARE YOU ON CESAR'S MAILING LIST?

If you do not receive the quarterly issue of CESAR Reports or information concerning the CESAR Speaker Series, you may not be on our mailing list. To be placed on our list, please fax your name, mailing address, phone and fax numbers to Bernadine Douglas at 301-403-8342.

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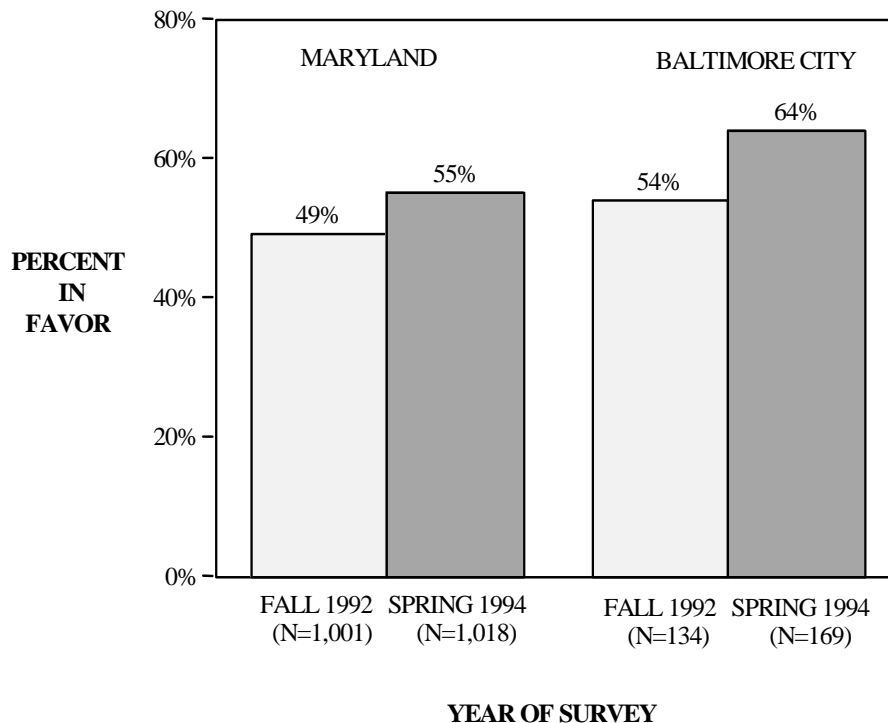
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University of Maryland at College Park*

Needle Exchange Programs Supported by a Majority of Marylanders

According to a recent CESAR telephone survey of Maryland households, more people support needle exchange programs to reduce the spread of HIV/AIDS today than in 1992. The most recent poll shows that 55% of Marylanders support needle exchange programs. Support was even stronger in Baltimore City, where 64% of the residents are currently in favor of such programs. This regional concentration of support may reflect the recent opening of a needle exchange program in Baltimore City.

Do You Favor Setting Up Needle Exchange Programs to Reduce the Spread of AIDS?



SOURCE: Statewide telephone polls of adults aged 18 or older, conducted for CESAR by the University of Maryland Survey Research Center, College Park. Margin of error: $\pm 3\%$.

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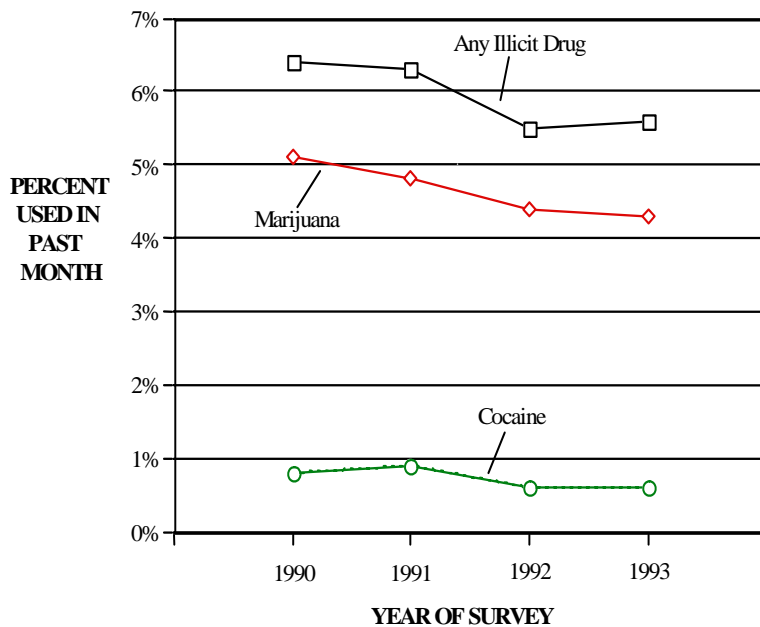
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***Preliminary Estimates from the 1993 National Household Survey Show
Illicit Drug Use Remains Stable at Low Levels***

Recently released preliminary data from the 1993 National Household Survey on Drug Abuse¹ indicate that current² illicit drug use by the U.S. household population aged 12 years and older has remained stable at between 5% and 6%, down from 12% in 1985. Hard-core drug use, however, continues to occur at much higher levels in such high-risk segments of the population as the homeless and persons arrested or incarcerated. (See CESAR FAX Volume I, Issue 9 and Volume III, Issue 13 for examples.)

**Percentage of U.S. Population Aged 12 and Older Reporting Use of Illicit Drugs
in the Month Prior to Survey, 1990 - 1993**



¹Survey of the civilian, non-institutionalized household population of the United States.

²"Current" is defined as within the month prior to the survey.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Household Survey on Drug Abuse.

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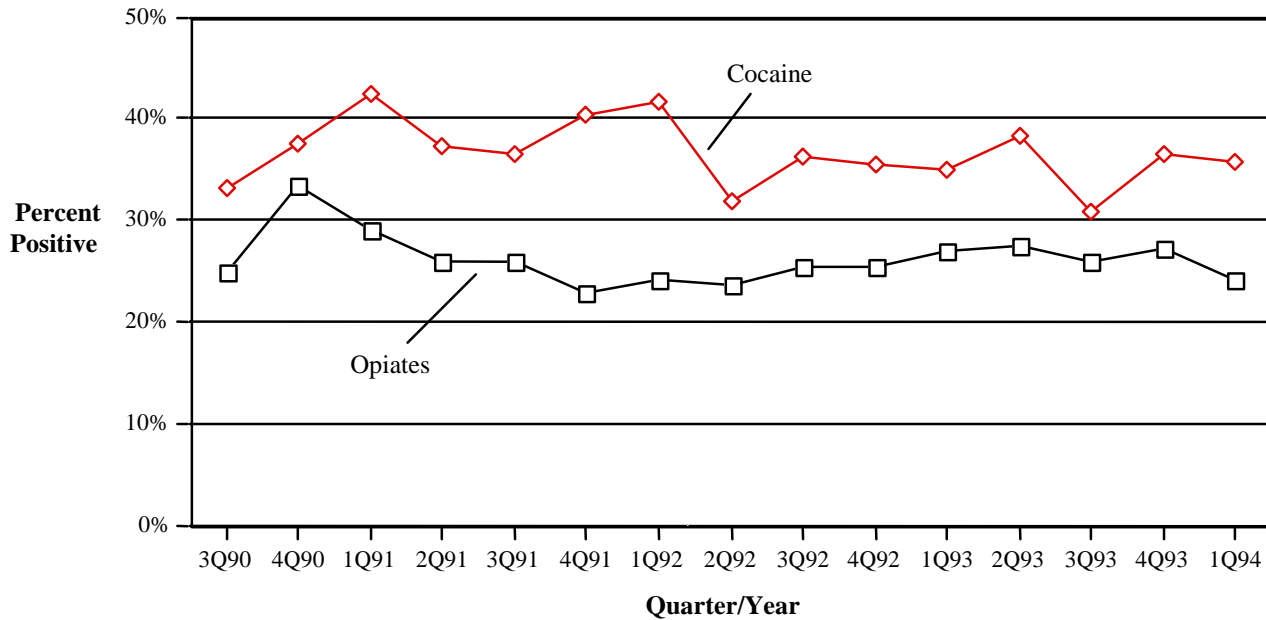
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University of Maryland at College Park*

Latest Baltimore City Pretrial Drug Testing Results Show Continuing Cocaine and Heroin Use by Releasees

Recently released data from the Baltimore City Pretrial Release Services Program show that 36% of pretrial releasees have used cocaine in the past 2 to 3 days. About one-quarter (24%) had used an opiate, probably heroin. Heroin and cocaine use persists in this population at levels slightly below the peak levels reached in 1990 and 1991.

Percentage of Baltimore Pretrial Releasees Testing Positive for Opiates or Cocaine, Third Quarter 1990 to Fourth Quarter 1993*



*Results are calculated using each person's first test record in the data file.

SOURCE: Baltimore City Pretrial Release Services Program.

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Alcohol Abuse the Number One Problem on College Campuses

"Abusive drinking is the major and pervasive substance abuse problem on our nation's campuses." This is the conclusion drawn by the Commission on Substance Abuse at Colleges and Universities, convened by Columbia University's Center on Addiction and Substance Abuse (CASA). The commission's members range from college presidents to students as well as parents, physicians, and legislators. Their task was to examine the nature and extent of substance abuse on American college campuses through a review of current literature, focus groups, personal interviews and hearings. All statistics cited by the commission were based on studies conducted from 1981 to 1993. Among the commission's findings were the following:

- The level of abusive drinking among college students has remained constant over the past decade, at a rate exceeding that of the general population.
- The way in which students are drinking has changed. Students drink more alcohol, more often, and for the sole purpose of getting drunk. In fact,
 - one in three college students drinks for the sole purpose of getting drunk, and
 - over one-third of college women reported drinking to get drunk in 1993, more than three times the response in 1977.
- The high level of abusive drinking on college campuses has serious academic, health and safety consequences.

The committee calls for a "cultural transformation" of attitudes on alcohol within the college community, replacing the "notion of drinking as an avenue to success and popularity" with one that makes it clear that excessive use of alcohol is destructive and unacceptable behavior.

SOURCE: Adapted by CESAR from "Rethinking Rites of Passage: Substance Abuse on America's Campuses." A report by the Commission on Substance Abuse at Colleges and Universities. June, 1994. Center on Addiction and Substance Abuse at Columbia University. Contact CASA at 212-841-5200 for more information.

CESAR NEEDS YOUR HELP!

CESAR is seeking to identify effective interventions for violent, substance-abusing youth. Please contact Marie Raghianti at 301-403-8329 (telephone), 301-403-8342 (fax), or Marie@cesar.umd.edu (e-mail) if you have information or suggestions. Thank you!

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park*

***CESAR Releases Report on Drug Use Among Juvenile Detainees
at Noyes Facility***

CESAR is pleased to release a report on drug use by boys detained at the Alfred D. Noyes Children's Center in Rockville. Between June and August 1993, 105 detainees agreed to be interviewed and provided a voluntary and anonymous urine specimen. The report compares findings at Noyes with results from a similar study conducted at the Thomas J. S. Waxter juvenile detention facility in Laurel. The findings provide insight into differences in drug use among a suburban detainee sample (at Noyes) and in a Baltimore City sample (at Waxter). Major findings were:

- Self-reported lifetime use of alcohol, LSD and marijuana was greater among the youths at Noyes than at Waxter;
- Noyes youths were more likely to test positive for marijuana (19% vs. 8%);
- In both facilities, youths charged with sale or possession of drugs were most likely to test positive; and
- None of the youths who tested positive for cocaine or opiates admitted recent use of the drug in the confidential research interview administered by a nurse or addictions staff.

The full report is available upon request from CESAR (301) 403-8329.

SOURCE: E.D. Wish, T.A. Gray, and H. Zimberoff. 1994. "Estimates of Drug Use Among Male Juvenile Detainees in Maryland: A Summary Report of a Pilot Study Conducted at the Alfred D. Noyes Children's Center in Rockville, Maryland."

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park*

Substantial Underreporting of Drug Use Found Among Youths Surveyed in 1984 and 1988

As part of the National Longitudinal Survey of Youth, individuals aged 14-21 years were interviewed twice, in 1984 and 1988, concerning their lifetime use of marijuana and cocaine. Approximately one-third (31% to 39%) of the respondents reported less lifetime use of these substances in 1988 than they originally reported in 1984. Further, 19% of those who had originally admitted to lifetime use of cocaine completely denied any use in 1988; 12% denied lifetime use of marijuana in 1988. These findings are consistent with the possibility that respondents became less likely to report illicit drug use in surveys in the late 1980s as public intolerance toward drugs grew.

<u>Percent of These Persons Who In 1988 Reported:</u>	<u>Persons Who Reported In 1984</u>		<u>Ever Using:</u>	
	<u>Marijuana (N=6,204)</u>		<u>Cocaine (N=1,589)</u>	
Never using the drug	12%	} 31%	19%	} 39%
Less lifetime use than they reported in 1984	19%		20%	
The same or more lifetime use of the drug than they reported in 1984	69%		61%	
	100%		100%	

¹The subsample used for this analysis consists of all respondents who answered questions about marijuana or cocaine use in 1984 and 1988 and reported ever using marijuana or cocaine in 1984.

SOURCE: Adapted by CESAR from M. Fendrich, and C. Vaughn. 1994. "Diminished Lifetime Substance Use Over Time: An Inquiry Into Differential Underreporting," *Public Opinion Quarterly* 58:96-123. For more information, contact Michael Fendrich at 312-413-1084.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park*

National Statistics and Baltimore Study Point to an Increase in Clonidine Use by Heroin Addicts

by

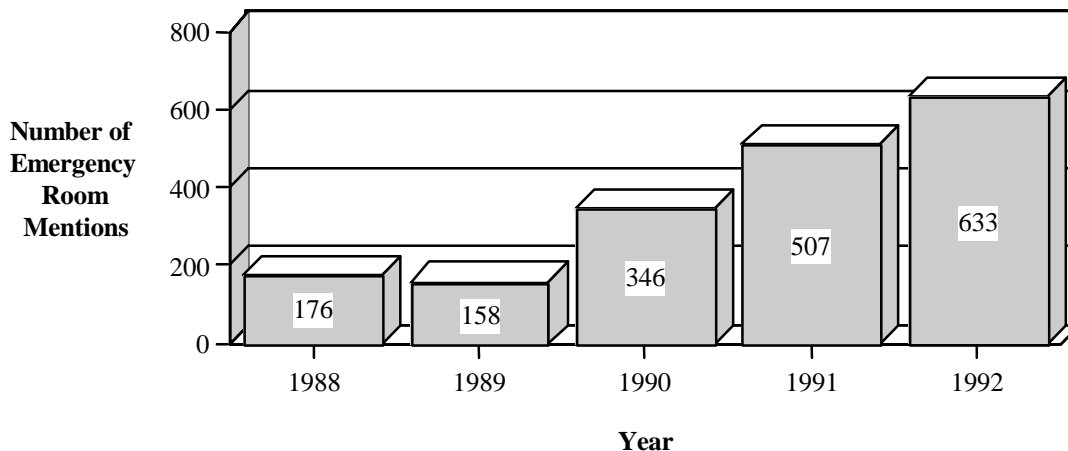
Tony Tommasello

Office of Substance Abuse Studies

Concern is emerging about the abuse potential of clonidine hydrochloride (Catapres). While clonidine is not legally classified as a Controlled Dangerous Substance, addicts report buying and using it as a "booster" for opioids. Clonidine is an anti-hypertensive agent widely used for narcotics detoxification. It has also been used to treat alcohol withdrawal.

Emergency room mentions of clonidine have been on the rise nationally since 1989. The number of nationwide mentions more than doubled from 1989 to 1990 and almost doubled again from 1990 to 1992. At the same time, local anecdotal evidence of clonidine abuse has emerged. After receiving calls from drug treatment program staff concerned about the potential for and danger of clonidine abuse, we initiated a small survey research project to gain insight into this occurrence. We found that 28 of 48 consecutive applicants to methadone treatment in Baltimore had taken clonidine; 22 of them had obtained it through illicit channels. The most frequent source of clonidine among these applicants was street purchase. The dosage range of those reporting unauthorized clonidine use included 2.4 mg per day at the high end, which is well above the usual dosage recommendation of 0.2 mg to 0.6 mg for maintenance control of hypertension.

National Estimates of Clonidine-Related Emergency Room Mentions, 1988 - 1992



Three clinical issues have been identified;

- interactions with narcotics and other sedative drugs causing potential enhancement of depression effects,
- hypotensive effects from high-dose ingestions, and
- rebound hypertension from abrupt discontinuation of high-dose use.

The lack of an inexpensive urine test for clonidine places clinicians at a disadvantage in attempts to develop a history of clonidine use by patients seeking or receiving drug abuse treatment. Despite this shortcoming, it seems prudent to question patients about clonidine use as a standard element of diagnostic assessments and routine counseling sessions.

SOURCE: Drug Abuse Warning Network (DAWN), Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of Substance Abuse Studies (OSAS), Pharmacy School, University of Maryland at Baltimore. For more information contact Tony Tommasello at 410-706-7513.

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Roadside Study of Reckless Drivers Shows Marijuana and Cocaine Use Among Persons Not Impaired by Alcohol

A recently released study of Memphis, Tennessee reckless drivers who were not apparently impaired by alcohol (did not have an odor of alcohol, tested negative on breath analysis, or both) found that over one-half (59%) of the drivers tested positive by a rapid, on-site urinalysis for marijuana and/or cocaine. The drug test results were then compared with clinical assessments of intoxication conducted by police officers. Eighty-three percent of those drivers who were assessed as being moderately or extremely intoxicated tested positive by urinalysis for marijuana and/or cocaine, compared to 14% of persons assessed as being mildly or not intoxicated. The findings suggest that using only standard alcohol sobriety tests and breath analysis, many intoxicated reckless drivers stopped by police will appear to be drug-free.

Percentage of Reckless Drivers Not Apparently Impaired by Alcohol Who Tested Positive by Urinalysis for Marijuana and/or Cocaine, by Level of Officer's Clinical Assessment of Intoxication

	Reckless Drivers Clinically Evaluated by Police Officers to Have:	
	No or Mild Intoxication (N=56)	Moderate or Extreme Intoxication (N=94)
Percent Positive for Marijuana and/or Cocaine:	14%	83%

SOURCE: Adapted by CESAR from D. Brookoff, C. Cook, C. Williams, and C. Mann. 1994. "Testing Reckless Drivers for Cocaine and Marijuana," The New England Journal of Medicine 331(8): 518-522. For more information contact Dr. Daniel Brookoff at (901) 726-8255.

CALL THE CESAR BOARD TODAY!

301-403-8343 or 1-800-84-CESAR (toll-free for Maryland callers only)

The CESAR Board is a free public service which enables users to obtain timely information on substance abuse. Call today and discover the many valuable resources available.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park*

New Videotape Available to Provide Drug Abuse and AIDS Information to Arrestees

Significant research has shown that a large population of persons who pass through the criminal justice system are at risk of human immunodeficiency virus (HIV) infection. Many of these people serve little, if any, time in jail or prison, where they might be exposed to Acquired Immunodeficiency Syndrome (AIDS) or drug prevention information. In an effort to target an HIV/AIDS prevention program to this high-risk population, the National Institute on Drug Abuse (NIDA) and the National Institute of Justice (NIJ) co-funded the development of a videotape that can be shown to detainees in lockups, booking facilities, and other criminal justice facilities.

The video, "Drugs and AIDS--Reaching for Help," is the first to use a drama-based approach focusing on the stories of three people specifically modeled after those in the target audience--people whose lives have been affected by crime, drugs, and HIV infection. The fictional stories are based on a composite of recorded interviews with individuals from the target population, such as former drug addicts and repeat offenders. The use of still photographs of volunteers who had been involved with drug abuse, spent time in jail, or became infected with HIV enhances the authenticity of the video.

The goal of the video is to encourage those who use illicit drugs to enter drug treatment and to motivate those at risk for exposure to HIV to alter their behaviors to reduce the risk of infection. Research has shown that strong fear-based messages rarely motivate long-term changes in behavior. Thus, while the criminal sanctions for illicit drug use and the grim effects of advanced HIV infection are depicted, the main focus of the video is on the positive benefits of a drug-free lifestyle and HIV prevention. The video presents such a lifestyle as a "positive alternative that one is drawn to, not only out of fear, but out of hope for a more rewarding and healthier life".

For more information about the development of the video, contact Michael Gross at Abt Associates Inc. (301) 913-0500. A copy of the videotape, "Drugs and AIDS--Reaching for Help," can be ordered from the National Institute of Justice/National Criminal Justice Reference Service at (800) 851-3420.

SOURCE: Adapted by CESAR from M. Gross et al., 1994. "Drugs and AIDS--Reaching for Help": A Videotape on AIDS and Drug Abuse Prevention for Criminal Justice Populations," *Journal of Drug Education* 24(1): 1-20.

NIDA TO HOLD 20th ANNIVERSARY SYMPOSIUM!

September 22, 1994 9:30 a.m.-5:00 p.m. National Institutes of Health

The National Institute on Drug Abuse will hold a day-long symposium featuring distinguished scientists in the neuro-, behavioral, and social sciences who will provide a comprehensive overview of the contributions of research to our understanding of the causes, consequences, prevention, and treatment of drug abuse and addiction.

For additional information, contact NIDA at (301) 443-6480.

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Baltimore Heroin-Related ER Admissions More Likely to Be Chronic Users or Seeking Detox

Data from the Drug Abuse Warning Network (DAWN) show that almost three-fourths of heroin-related emergency room (ER) episodes in Baltimore in 1992 were due to the chronic effects of habitual drug use (50%) and to persons seeking detoxification (24%). Nationally, only 47% of heroin-related ER episodes were for the treatment of chronic effects and detoxification. In addition, heroin-related ER episodes in Baltimore are three time less likely to be the result of an overdose. The reasons for these differences remain unclear.

1992 Heroin-Related Emergency Room Episodes, By Reason for Visit and Site

HEROIN-RELATED REASON FOR ER VISIT	1992 ER VISITS	
	Baltimore (N=5,106)	National (N=48,003)
Overdose	8%	26%
Unexpected Reaction	5%	11%
Chronic Effects	50%	28%
Seeking Detox	24%	19%
Withdrawal	5%	7%
Other/Unknown	8%	9%
	100%	100%

Note: In Baltimore, Chronic Effects (50%) and Seeking Detox (24%) account for 74% of ER visits. In National data, Chronic Effects (28%) and Seeking Detox (19%) account for 47% of ER visits.

SOURCE: Adapted by CESAR from the Drug Abuse Warning Network (DAWN), Substance Abuse and Mental Health Services Administration (SAMHSA).

DRUG PRICE AND PURITY DATA NOW AVAILABLE ON THE CESAR BOARD!

Data on drug price and purity, just released for 1992 and 1993 by the Maryland State Police, are now available on CESAR's electronic bulletin board. These data can be viewed or downloaded from the STAT conference, Bulletin #30.

Call the CESAR Board at 301-403-8343 or 1-800-84-CESAR (toll-free for Maryland callers only)

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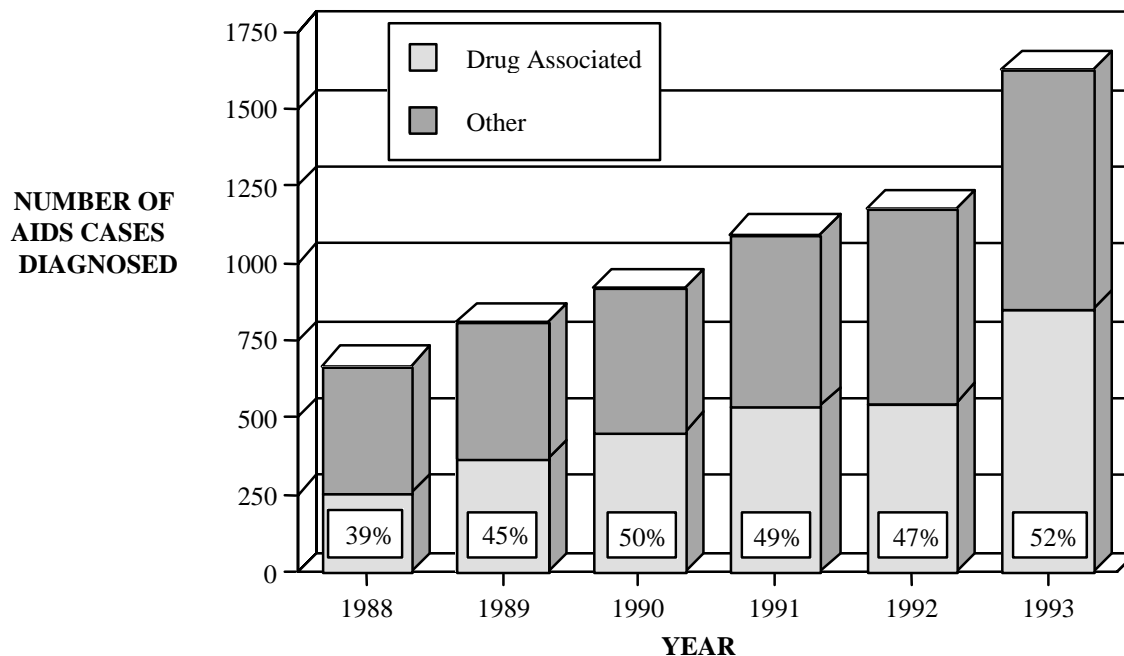
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University of Maryland at College Park*

Half of AIDS Cases in Maryland Associated with Drug Use

Data from the Maryland AIDS Administration show that 52% (852 out of 1,629) of AIDS cases diagnosed in Maryland in 1993 were drug associated, compared to 39% (257 out of 667) in 1988. The levels of AIDS cases associated with drug use in the early 1990s are higher than those seen in the early 1980s, when these types of AIDS cases represented only about 20% of total AIDS cases in the state. Drug-associated AIDS cases include injecting drug users (IDUs), sex partners of IDUs, and infants born to mothers who were IDUs or sexual partners of IDUs.

Number of Drug-Associated Maryland AIDS Cases, 1988 - 1993



SOURCE: Adapted by CESAR from data from the AIDS Administration, Maryland Department of Health and Mental Hygiene.

CALL THE CESAR BOARD TODAY FOR AIDS DATA!

Data from the Maryland AIDS Administration are available on CESAR's Bulletin Board. These data can be viewed or downloaded from the AIDS conference.

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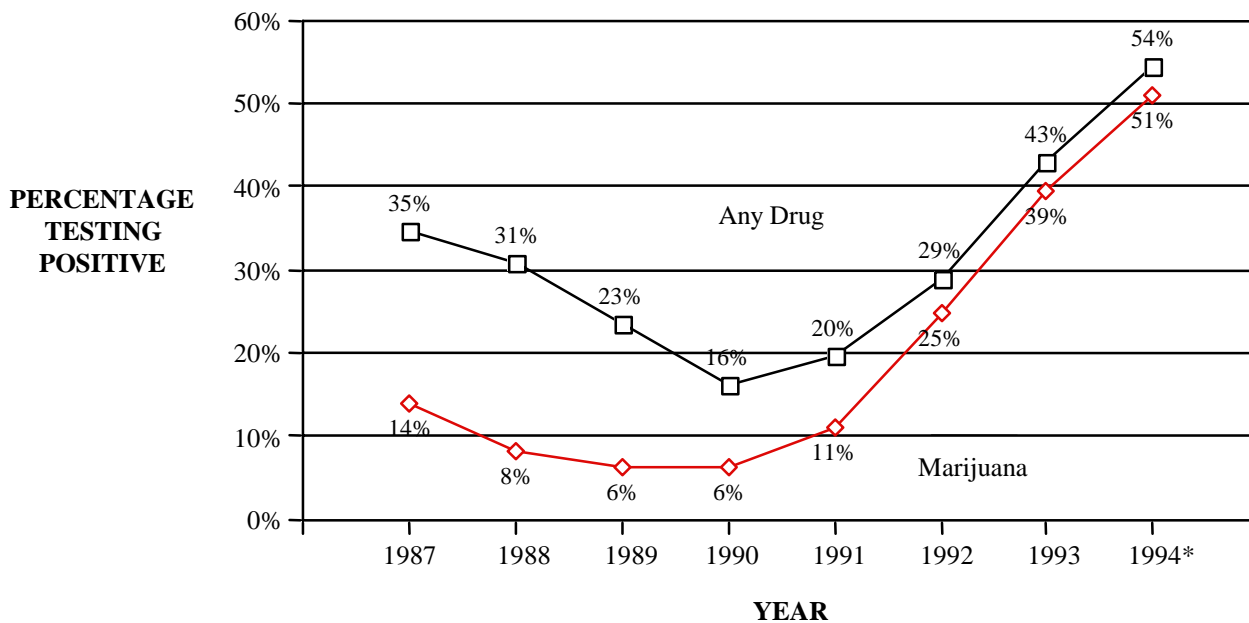
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University of Maryland at College Park*

***Marijuana Driving Force Behind Surge in Drug Positives
Among D.C. Juvenile Arrestees***

Data from the D.C. Pretrial Services Agency for the first eight months of 1994 show that 51% of juvenile arrestees in Washington, D.C. tested positive by urinalysis for marijuana, continuing the rise of marijuana use evident since the early 1990s. Not only is marijuana use increasing, it is also accounting for a larger percentage of all drug positives (93% in August 1994). This is in contrast to the late 1980s, when cocaine was the driving force behind drug positives.

**Percentage of Washington, D.C. Juvenile Arrestees
Testing Positive by Urinalysis for Marijuana, and Any Drug, 1988 - 1994**



*Data from January through August 1994.

SOURCE: Adapted by CESAR from data from the D.C. Pretrial Services Agency.

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"The Coalition Courier," a newsletter aimed at strengthening partnerships between criminal justice and treatment agencies, can now be viewed or downloaded from the Governor's conference on CESAR's bulletin board.

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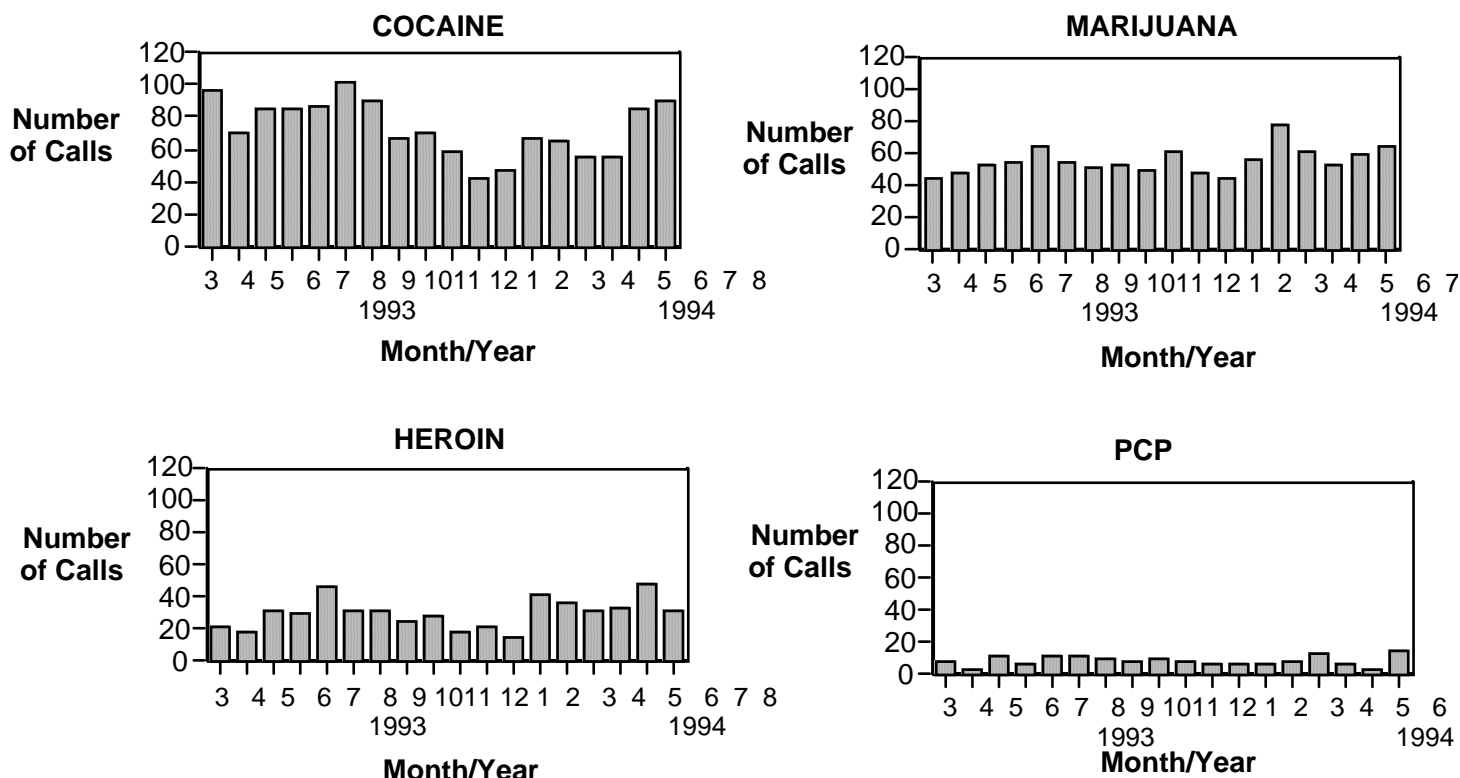
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park*

Cocaine and Marijuana Most Frequently Mentioned Illicit Drugs on Maryland Hotlines

Since March 1993, CESAR has been collecting data on drug-related calls from six crisis hotlines across Maryland through the Maryland Automated Hotline Reporting System (MAHRS). Drug-related calls are phone calls in which the caller mentions one or more drugs during the conversation. While there have been no significant changes in the number of calls for each type of drug, the most recent data show that cocaine continues to be the leading illicit drug mentioned by Maryland hotline callers. Marijuana-related hotline calls have also remained high, reaching a peak of 77 calls in April 1994. The number of calls concerning other drugs continues to remain at relatively low levels.

Number of Calls per Month, by Type of Drug Mentioned, March 1993 through August 1994



SOURCE: Maryland Automated Hotline Reporting System (MAHRS), Center for Substance Abuse Research (CESAR), College Park, Md.

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Study Questions Effectiveness of DARE Program; NIJ Says Study Conclusions Are "Overstated"

"The results of this meta-analysis suggest that DARE's core curriculum effect on drug use relative to whatever drug education (if any) was offered in the control schools is slight and, except for tobacco use, is not statistically significant" (p.1398).

This is one of the conclusions from a recently published study conducted by Research Triangle Institute (RTI) and funded by the National Institute of Justice (NIJ). The study synthesized the results of eight previously conducted studies in order to evaluate the effectiveness of the Drug Abuse Resistance Education (DARE) program among fifth and sixth graders. Project DARE uses specially trained law enforcement officers to teach drug use prevention curriculum in schools across the nation. Other findings of the study were that:

- the DARE program had significant effects on students' drug knowledge and social skills, but that
- the DARE program was less effective than more interactive prevention programs on the measures of drug knowledge, drug attitudes, social skills, and drug use. (Interactive programs emphasize interpersonal factors and interactive teaching strategies such as peer-to-peer teaching.)

After having the study reviewed by three independent technical experts, NIJ concluded that these findings, particularly that the DARE program was less effective than more interactive programs, should be interpreted cautiously. Limitations cited by NIJ were the small number of studies used for analysis, the differences between the programs that were compared, and the low level of drug use among fifth-and sixth-graders.

SOURCE: Adapted by CESAR from S.T. Ennett, N.S. Tobler, C.L. Ringwalt, and R.L. Flewelling. 1994. "How Effective is Drug Abuse Resistance Education? A Meta-Analysis of Project DARE Outcome Evaluations," *American Journal of Public Health* 84 (9):1394-1401 and National Institute of Justice. "The D.A.R.E. Program: A Review of Prevalence, User Satisfaction, and Effectiveness," *National Institute of Justice Update*, October 1994.

Reprints of the Journal of Public Health article can be requested from Susan T. Ennett, Ph.D., Center for Social Research and Policy Analysis, Research Triangle Institute, P.O. Box 12194, Research Triangle Park, NC 27709-2194. A copy of the final RTI report and the NIJ Update can be requested from the National Criminal Justice Reference Service (NCJRS) at 800-851-3420 or 301-251-5500. The full RTI report will also be available on the internet in the near future.

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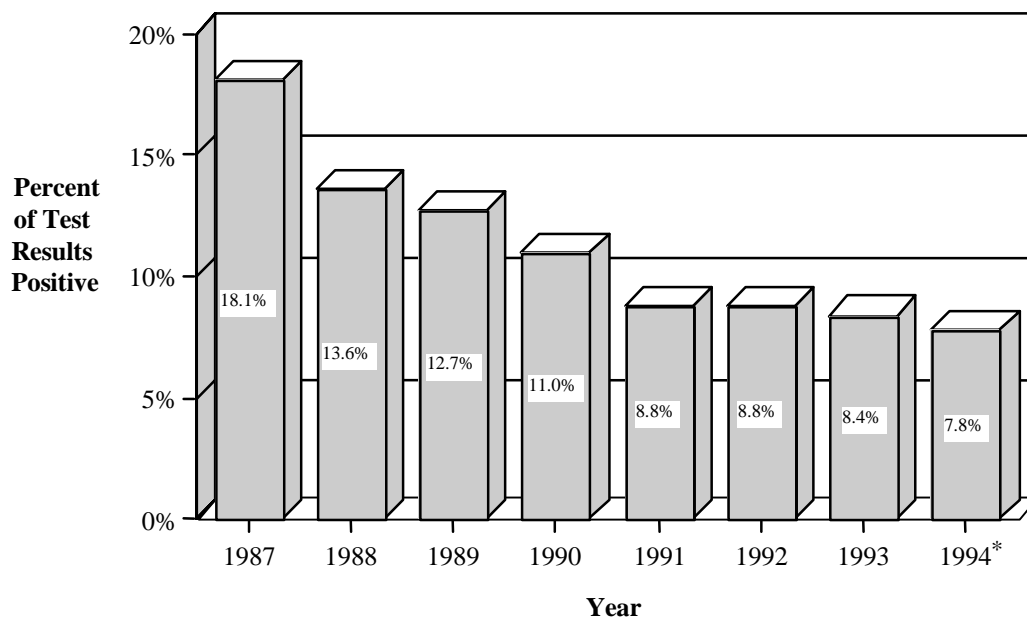
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Drug Positives in the Workplace Continue to Decline

According to the SmithKline Beecham Drug Testing Index for January through June 1994, the percentage of positive drug tests in the workplace continues to decrease. The overall workplace drug positive rate for the first six months of 1994 was 7.8%, continuing the decline seen over the past seven years. The two drugs most frequently found were marijuana (3.4%) and cocaine (1.9%). SmithKline Beecham Clinical Laboratories (SBCL) has conducted drug tests on over 12 million urine samples from the general workforce since 1987. The substances tested for include marijuana, cocaine, amphetamines, opiates, barbiturates, tranquilizers, and PCP.

Percentage of Workplace Positive Drug Tests, 1987 - 1994*



*January through June 1994.

SOURCE: Adapted by CESAR from SmithKline Beecham Clinical Laboratories News Release, August 4, 1994, "SmithKline Beecham Announces Continued Decline in Workplace Positive Drug Tests." For more information, contact Tobey Gordon, Director, SmithKline Beecham Clinical Laboratories at 800-877-7478 or 610-454-6201.

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National Survey Shows Over 220,000 Women Use Drugs During Pregnancy

According to the recently released National Pregnancy and Health Survey, 5.5% of the approximately 4 million women who gave birth in 1992 used some type of illicit drug at least once during their pregnancy. The illicit drugs most frequently reported being used during pregnancy were marijuana (by an estimated 118,700 women) and cocaine (by an estimated 45,100 women). The use of cigarettes and alcohol during pregnancy was even higher--over 750,000 women used these substances during their pregnancy. The survey relied on self-report data collected from a probability sample of 2,613 women delivering live-born infants in 52 metropolitan and non-metropolitan area hospitals in the United States in 1992.

Substances Most Frequently Reported Being Used by Pregnant Women in 1992

<u>Substance¹</u>	<u>Percentage of Pregnant Women Who Used During Pregnancy</u>	<u>Estimated Number of Pregnant Users²</u>
Cigarettes	20.4%	819,700
Alcohol	18.8%	756,900
Prescription Analgesics	7.6%	305,200
Prescription Sedatives	3.6%	144,100
Marijuana	2.9%	118,700
Prescription Tranquilizers	1.4%	55,400
Non-prescription Analgesics	1.2%	48,700
Cocaine	1.1%	45,100
Any Illicit Drug ³	5.5%	220,900

¹Excludes substances used by less than 1% of all pregnant women.

²Based on an estimated 4 million women giving birth in the U.S. in 1992.

³Use of marijuana, cocaine, methamphetamine, heroin, methadone, inhalants, hallucinogens, or nonmedical use of psychotherapeutics.

SOURCE: Adapted by CESAR from National Institute on Drug Abuse (NIDA) Press Briefing, September 12, 1994. For more information contact Zili Sloboda of NIDA at 301-443-6504.

WORKPLACE CONFERENCE ON CESAR BOARD EXPANDED!

The Workplace Conference now has even more information about substance abuse issues within the workplace, including helpful hints on establishing a workplace substance abuse program.

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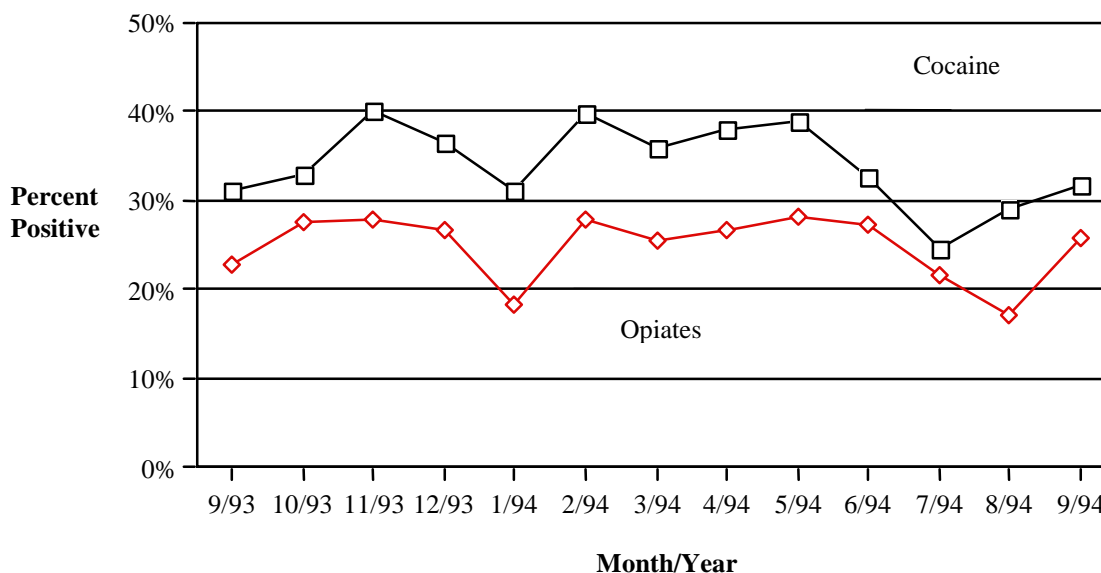
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Cocaine and Opiate Use Continues Among Pretrial Releasees in Baltimore City

The latest results from the Baltimore City Pretrial Release Services Program show that use of cocaine and opiates (most likely heroin) among pretrial releasees remains at relatively high levels. Almost one-third (32%) of all pretrial releasees tested by urinalysis in September 1994 were positive for cocaine. One-fourth (26%) of those tested were positive for some type of opiate. During the past year, cocaine has continued to be the most frequently detected drug among pretrial releasees.

Percentage of Baltimore City Pretrial Releasees Testing Positive for Cocaine or Opiates, September 1993 to September 1994*



*Results are calculated using each person's first test record in the data file.

SOURCE: Adapted by CESAR from data from Baltimore City Pretrial Release Services Program.

NOVEMBER IS AIDS AWARENESS MONTH!

Call CESAR's electronic bulletin board (STAT Conference) to access up-to-date AIDS information, including Maryland and national AIDS statistics and AIDS hotlines and bulletin boards.

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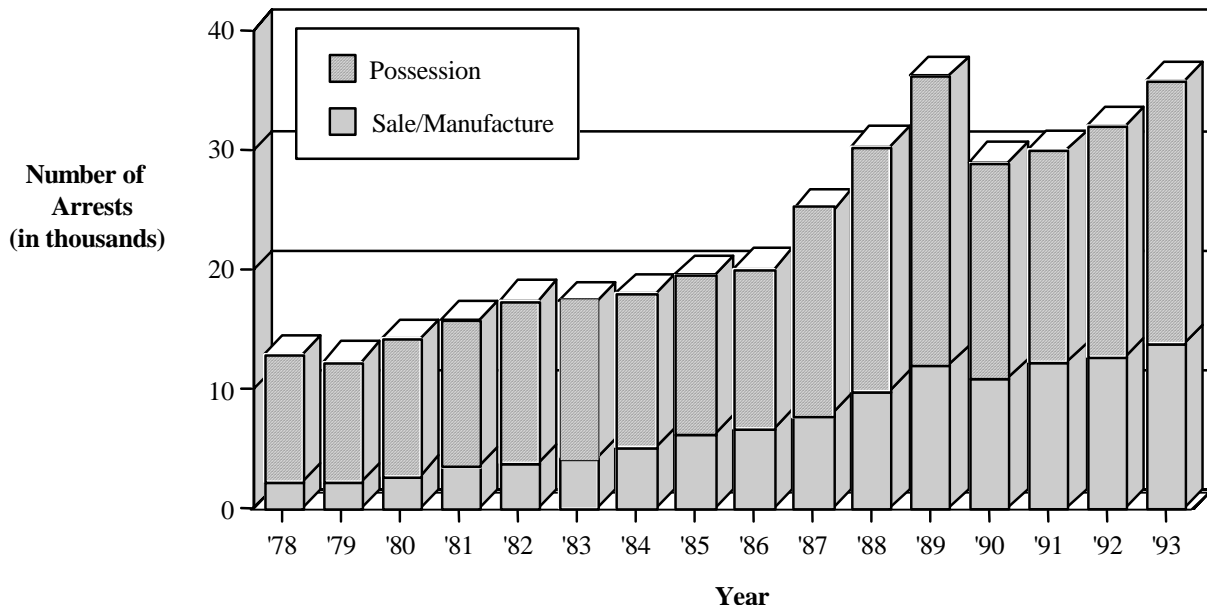
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University of Maryland at College Park*

Drug Violation Arrests On the Rise Once Again in Maryland

Data from the 1993 Maryland Uniform Crime Reports show that, after a sharp decrease in the number of drug violation arrests in 1990, the number of arrests for drug violations is once again increasing. There were 35,744 drug violation arrests in Maryland in 1993, only 426 less than the record high of 36,170 arrests reached in 1989. It is unclear whether this increase is due to an actual change in the number of drug violations being committed or a change in arrest practices.

Maryland Drug Violation Arrests, by Type, 1978 - 1993



SOURCE: Adapted by CESAR from data from the 1993 Maryland State Police Uniform Crime Report (UCR).

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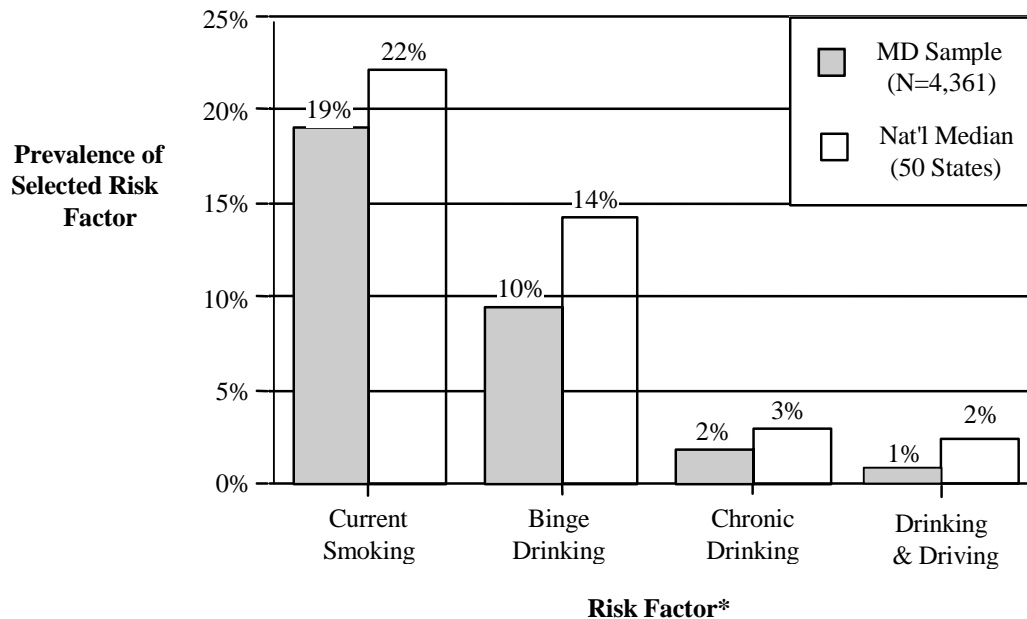
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Maryland Continues to Rank Below National Median on Smoking and Problem Drinking

The most recent Behavioral Risk Factor Surveillance System (BRFSS) survey shows that for the third year in a row Maryland has ranked below the national median on the prevalence of current smoking, binge drinking, chronic drinking, and drinking and driving. The largest difference was in the prevalence of binge drinking--10% in Maryland versus 14% nationally. The BRFSS is an annual telephone survey of selected health-risk behaviors of adults aged 18 years or older, conducted by the Maryland Department of Health and Mental Hygiene in collaboration with the Centers for Disease Control and Prevention.

Prevalence of Smoking and Drinking Risk Factors in Maryland and the U.S., 1993



* Risk Factor Definitions:

Current Smoking = current use of cigarettes by someone who has smoked at least 100 cigarettes in his/her lifetime.

Binge Drinking = consumption of 5 or more alcoholic drinks on at least one occasion during the past month.

Chronic Drinking = having an average of 60 or more alcoholic drinks a month.

Drinking and Driving = operation of a motor vehicle after drinking too much alcohol at least once in the past month.

SOURCE: Adapted by CESAR from data from the 1993 Behavioral Risk Factor Surveillance System (BRFSS), Maryland Department of Health and Mental Hygiene. For more information about the BRFSS, please call Alyse Weinstein at (410) 225-6783.

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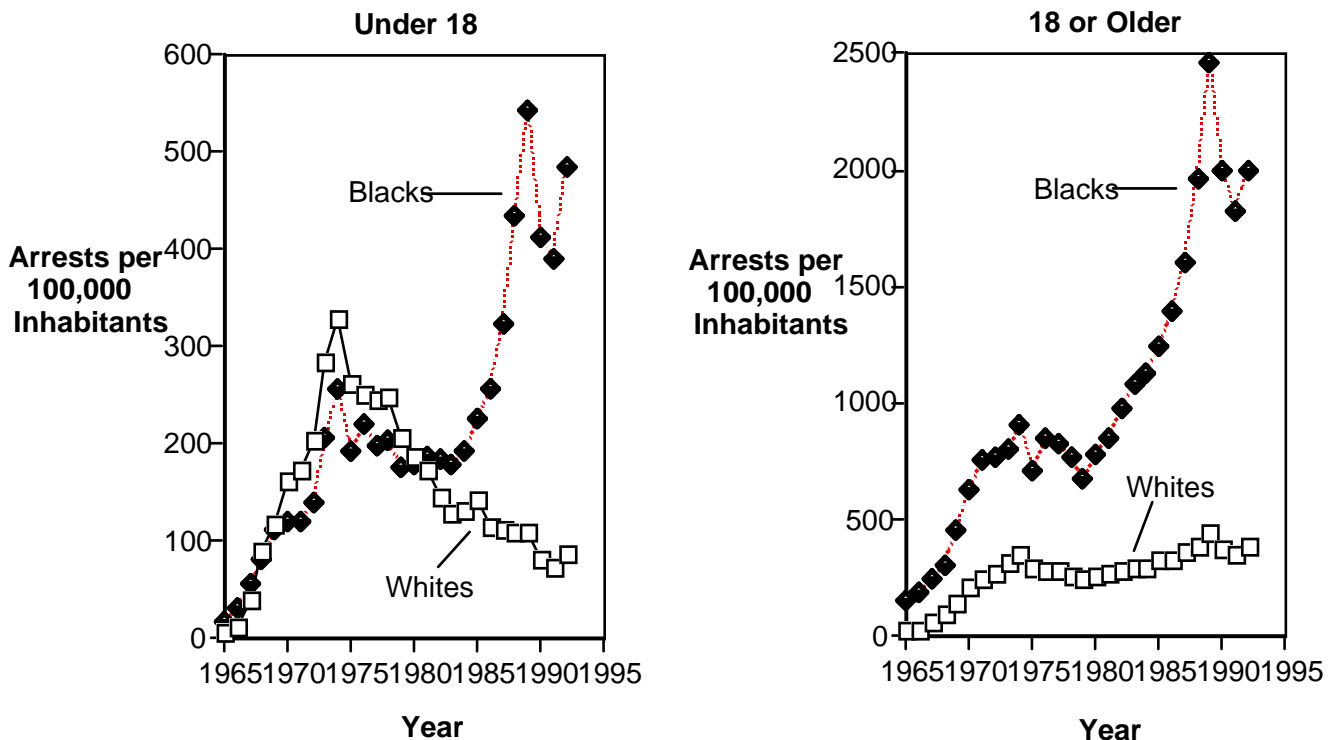
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Higher Arrest Rates for Drug Law Violations Found Among Blacks

Since the emergence of crack-cocaine and the subsequent escalation of the war on drugs in the early 1980s, the number of persons arrested for drug law violations has climbed steadily. During this period the rate of drug law violation arrests for adult blacks has increased by 156%, compared with a 49% increase among whites. By 1992 there were 1,999 drug law violation arrests per 100,000 adult blacks, more than five times the rate among whites. The rate of drug violation arrests for white youths has actually declined since the 1980s, but the rate among black youths has increased by 170%. Criminologists have debated the possible reasons for these higher arrest rates among blacks, including differences in drug use, greater use of open-air drug markets, greater enforcement in certain crime-prone neighborhoods, and racial bias in enforcement practices. Whatever the reasons for the racial differences in drug law arrest rates, the conclusion is inescapable that the black community is bearing the brunt of the nation's enforcement of drug laws.

National Arrest Rates for Drug Violations, by Age and Race



SOURCE: Adapted by CESAR from data from the *1993 Sourcebook of Criminal Justice Statistics*, Bureau of Justice Statistics, U.S. Department of Justice: p. 457, Table 4.33.

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One-Fourth of All Reported AIDS Cases in D.C. Metropolitan Area Associated with Drug Use

According to recently released data from the District of Columbia's Agency for HIV/AIDS, one-quarter of the 11,924 AIDS cases reported in the Washington, D.C. Metropolitan Statistical Area (MSA) through September 30, 1994, were associated with injection drug use (IDU). The majority of the IDU-related AIDS cases were among heterosexuals (20% of total reported AIDS cases), which makes injection drug use the most prevalent mode of exposure among heterosexuals in the D.C. Metro area. The number of reported AIDS cases related to injection drug use and heterosexual contact has been increasing each year, while the number of cases associated with homosexual contact has leveled off in recent years.

Number of Cumulative AIDS Cases Reported Through September 30, 1994, by Mode of Exposure, Washington, D.C. Metropolitan Statistical Area¹

<u>Mode of Exposure</u>	<u>Number</u>	<u>Percent</u>
Men Having Sex with Men	7,234	61%
Injection Drug Use		
by Heterosexuals	2,333	20%
by Male Homosexuals	618	5%
Heterosexual Contact	810	7%
Unknown Risk	467	4%
Undisclosed/Other	312	3%
Perinatal (mother-to-child)	150	1%
Total	11,924	100%

> 25%

¹Washington, D.C. Metropolitan Statistical Area (MSA) includes the District of Columbia; Calvert, Charles, Frederick, Montgomery, and Prince George's counties in Maryland; Arlington, Clarke, Culpeper, Fairfax, Fauquier, King George, Loudoun, Prince William, Stafford, Spotsylvania, and Warren counties and the cities of Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas, and Manassas Park in Virginia; and Berkeley and Jefferson counties in West Virginia.

SOURCE: HIV/AIDS Surveillance Report: Cumulative cases through September 30, 1994. Agency for HIV/AIDS, Commission of Public Health, Department of Human Services, District of Columbia.

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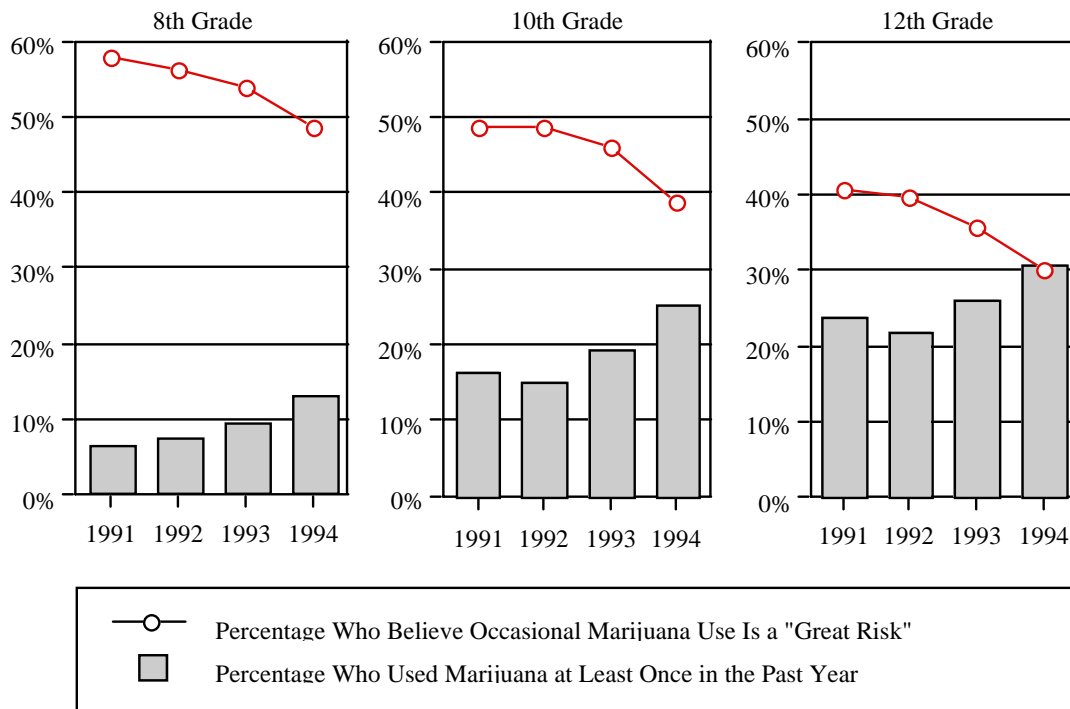
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***Marijuana Use Continues to Rise Among Students;
Perceptions of Harm from Marijuana Use Continue to Decline***

Recently released data from the 1994 Monitoring the Future Study show that marijuana use among 8th, 10th, and 12th grade students continues to rise. The percentage of students using marijuana within the past year has been increasing for all grade levels since 1992. At the same time, the percentage of students who believe that there is a "great risk" in the occasional use of marijuana has been decreasing.

As the Percentage of Students Who Believe Occasional Marijuana Use Is a "Great Risk" Decreases, The Percentage Who Used in the Past Year Increases



SOURCE: Adapted by CESAR from the National Institute on Drug Abuse (NIDA) Press Briefing, December 12, 1994.

**COMPILATION OF
MARYLAND SUBSTANCE ABUSE LAWS NOW AVAILABLE!**

The "Compilation of Maryland Alcohol, Controlled Dangerous Substance, and Tobacco Abuse Laws and Summary of 1991 - 1994 Legislation" includes statutory provisions, executive orders, and regulations that relate to controlled dangerous substances, alcohol, and tobacco.

To obtain a copy, contact the Maryland Department of Legislative Reference at 301-858-3810 (Washington area), 410-841-3810 (Baltimore area), or 800-492-7122 (other areas).

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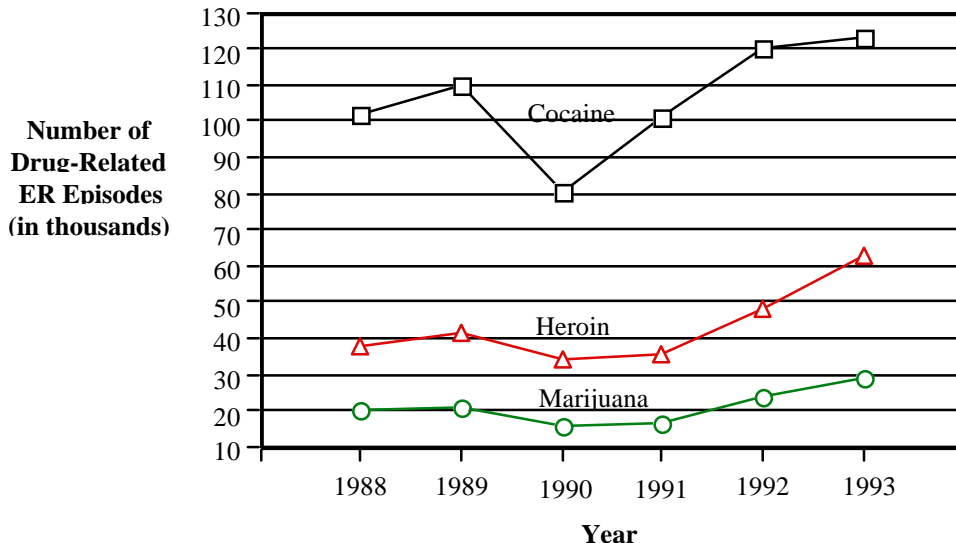
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Heroin- and Marijuana-Related Emergency Room Visits Increase Nationally

Data just released from the Drug Abuse Warning Network (DAWN) indicate that heroin- and marijuana-related emergency room (ER) episodes continue to increase nationally while cocaine-related ER episodes may be stabilizing. Heroin-related ER episodes had a statistically significant increase of 31%, from 48,003 in 1992 to 62,965 in 1993. The number of marijuana-related ER episodes increased 22%, from 23,997 in 1992 to 29,166 in 1993. There was no statistically significant change in the number of cocaine-related ER episodes.

**U.S. Drug-Related Emergency Room Episodes,
By Major Drug, 1988 - 1993**



NOTE: In addition to alcohol-in-combination with other drugs, up to 4 drugs may be associated with each ER episode. Data are based on a nationally representative sample of hospitals.

SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration (SAMHSA), "Preliminary Estimates from the Drug Abuse Warning Network," Advance Report Number 8, December 1994. A copy of this report may be viewed or downloaded from the STAT conference of CESAR's electronic bulletin board. Call the CESAR BOARD at 301-403-8343 or 800-84-CESAR (toll-free for Maryland callers only).

CESAR WISHES YOU A VERY HAPPY HOLIDAY SEASON!

This is the final issue of Volume III of the CESAR Fax.
If you would like to receive a bound copy of Volume III, please call CESAR at 301-403-8329.

We will resume with Volume IV, Issue 1, on January 9, 1995.
Thank you for your support during the past year!

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