

# CESAR *FAX*

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

## *CESAR FAX* Annual Volume

### Volume 7 1998

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## **ACKNOWLEDGMENTS**

CESAR is pleased to provide this 1998 Annual Volume of the CESAR FAX. To assist you in using this volume, the Table of Contents indexes the 1998 faxes by subject area as well as by issue title.

The CESAR FAX is produced and maintained by Wanda Hauser, with the assistance of CESAR's editor, Jean Shirhall. Other CESAR staff provide valuable assistance in the selection of CESAR FAX topics by their continuous monitoring of crime and drug abuse issues and data sources. Special thanks to Elena Castro, who undertook the intricate process of indexing this bound volume, and to Bernadine Douglas, for maintaining the CESAR FAX issues on our world wide web site.

Since the first transmission to 150 recipients on February 17, 1992, the CESAR FAX audience has grown to over 4,000 recipients worldwide. With the ongoing support of the Maryland Governor's Office of Crime Control & Prevention, the CESAR FAX continues to provide timely and relevant crime and drug abuse information in an easy-to-read format.

Dr. Eric D. Wish  
Director

# CESAR FAX

## Volume 7

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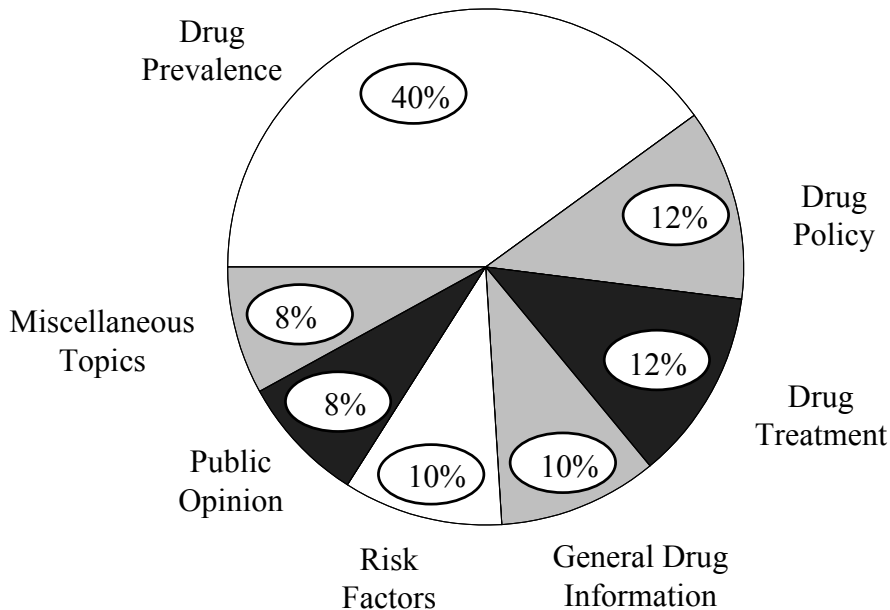
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**University of Maryland, College Park**

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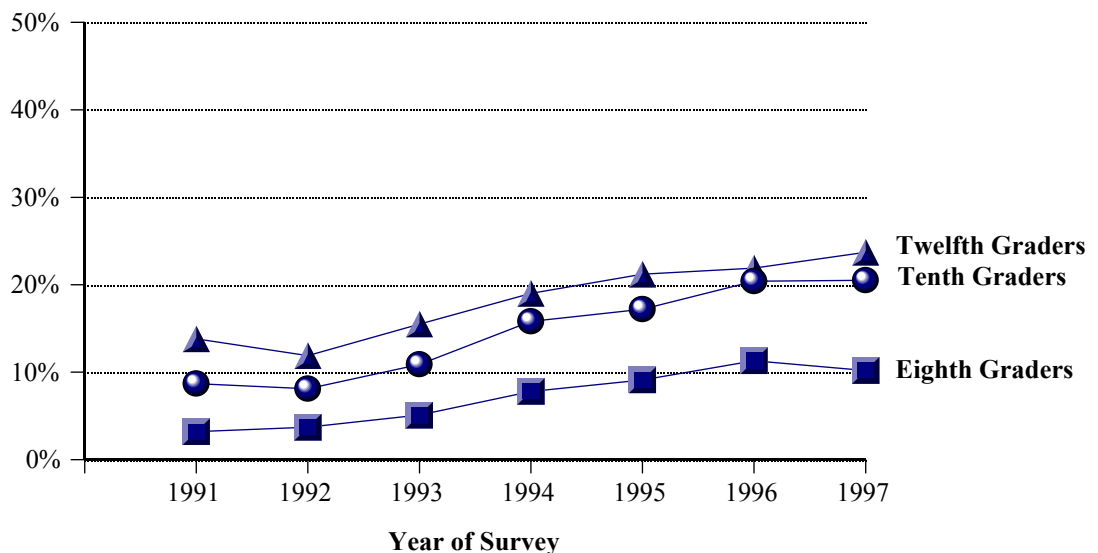
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**University of Maryland, College Park**

## *Marijuana Use Declines Among 8th Graders for the First Time in 6 Years*

According to data from the 1997 national Monitoring the Future Survey, current\* marijuana use among 8th graders declined for the first time since 1991. Current use among 8th graders decreased from 11.3% in 1996 to 10.2% in 1997. At the same time, the percentage of 8th graders who disapprove of people who smoke marijuana occasionally or regularly increased for the first time since 1991. Previous findings have shown that as disapproval of marijuana use increases, use of the drug decreases (see CESAR FAX Volume 6, Issue 14). Marijuana use among older students remains at or above previous levels, illustrating the need for continued prevention efforts.

**Percentage of Eighth, Tenth, and Twelfth Grade U.S. Students Reporting Current Use of Marijuana, 1991-1997**



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

SOURCE: University of Michigan, Monitoring the Future Study Press Release, "Drug Use Among American Teens Shows Some Signs of Leveling After a Long Rise," December 18, 1997. For more information, contact Lloyd Johnston at 313-763-5043.

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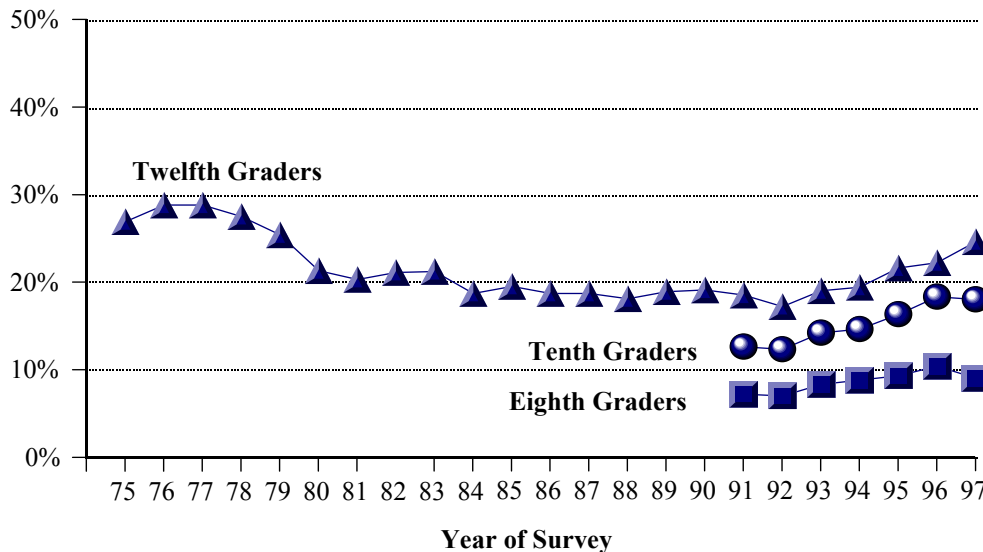
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## ***Rise in Cigarette Smoking Continues Among High School Seniors; Possible Decline Emerging Among Younger Students***

Cigarette smoking continues to increase among high school seniors, according to recent data from the national Monitoring the Future Survey. In 1997, 25% of 12th graders reported daily cigarette smoking, the highest rate since 1979. The most recent data for younger students, however, are more promising. For the first time since data collection began in 1991, smoking rates among both 8th and 10th grade students declined slightly. While it is too early to be certain, these decreases may be the beginning of a “possible turnaround in smoking” that “likely will result in lower smoking rates for that class cohort for the rest of their lives” (p. 3).

**Percentage of Eighth, Tenth, and Twelfth Grade U.S. Students Reporting Daily Cigarette Smoking, 1975-1997**



SOURCE: University of Michigan, Monitoring the Future Study Press Release, “Cigarette smoking rates may have peaked among younger teens,” December 18, 1997. For more information, contact Lloyd Johnston at 313-763-5043.

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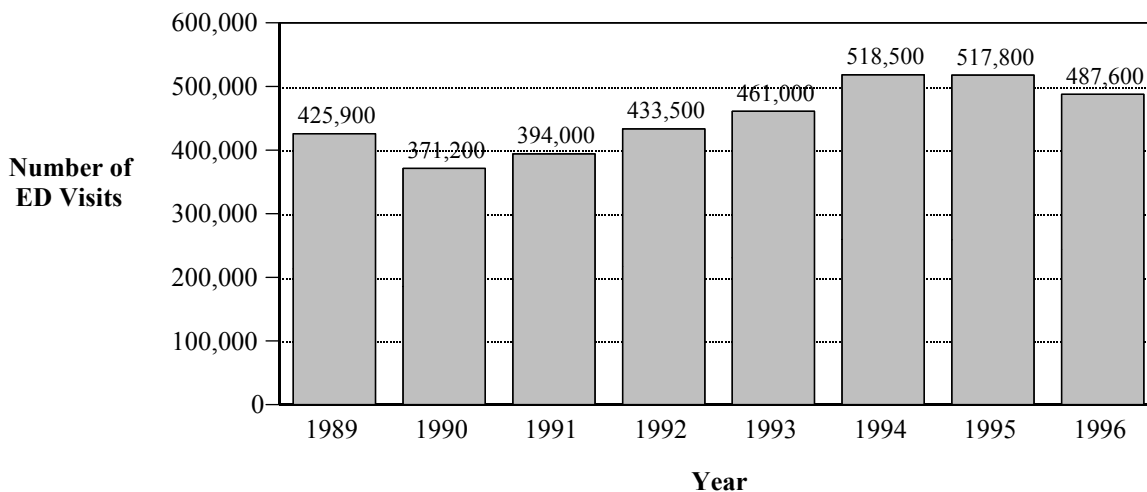
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## *National Drug-Related Emergency Department Visits May Have Peaked*

The number of national emergency department (ED) visits directly related to drug use may be leveling off after peaking in 1994, according to preliminary estimates from the 1996 Drug Abuse Warning Network (DAWN). Between 1990 and 1994, the estimated number of drug-related ED visits increased from 371,200 to 518,500, the highest level since the DAWN survey of hospital EDs began in 1978. This rise was primarily driven by an increase in cocaine- and heroin-related ED visits. Since 1994, however, there have been no statistically significant increases in the total number of drug-related ED visits. In fact, between 1994 and 1996, the number of such visits decreased by 6% (from 518,500 to 487,600). The authors caution that "it is important to recognize that DAWN data do not measure the prevalence of drug use, but rather the health consequences of drug use expressed as emergency department visits" (p. 18).

**Estimated Number of Drug-Related Emergency Department Visits, 1989-1996**



NOTE: A drug-related ED visit is defined as "an emergency department visit that was directly related to the use of an illegal drug or the non-medical use of a legal drug for persons aged 6 years and older." The number of ED visits is not the same as the number of individuals involved, since "one person may make repeated visits to an emergency department" (p. 21).

SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (OAS), "Year-End Preliminary Estimates from the 1996 Drug Abuse Warning Network," Drug Abuse Warning Network Series D-3, November 1997. To obtain a copy of the report, contact the National Clearinghouse for Alcohol and Drug Information (NCADI) at 301-468-2600 or 800-729-6686.

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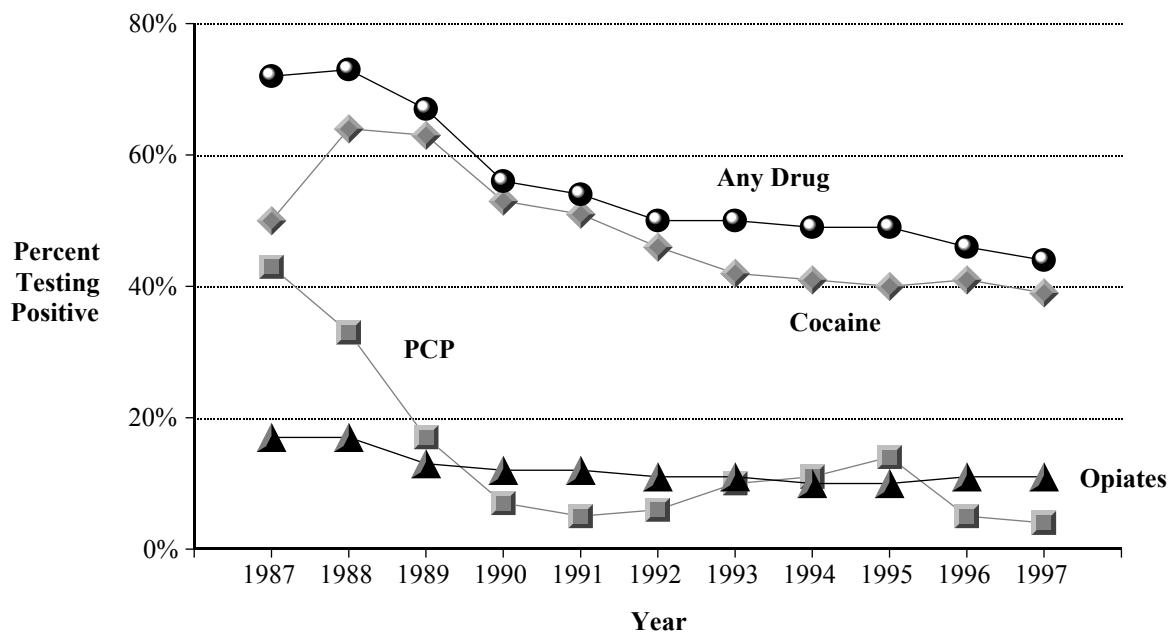
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### *Drug Use Down Among D.C. Adult Arrestees, 1987 to 1997*

Recently released data from the District of Columbia Pretrial Services Agency show that the percentage of adult arrestees testing positive for drugs has declined markedly over the past decade. In 1987, nearly three-fourths (72%) of all adult arrestees in the District tested positive for at least one of the three drugs included in the urinalysis (cocaine, opiates, and PCP). By 1997 this figure had dropped to 44%, reflecting a reduction in cocaine, opiate, and PCP use (see figure below). For more information, contact Susan Shaffer, Director of the District of Columbia Pretrial Services Agency, at 202-727-2911.

**Percentage of Washington, D.C. Adult Arrestees Testing Positive by Urinalysis for Any Drug, Cocaine, Opiates, and PCP, 1987-1997**



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

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

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

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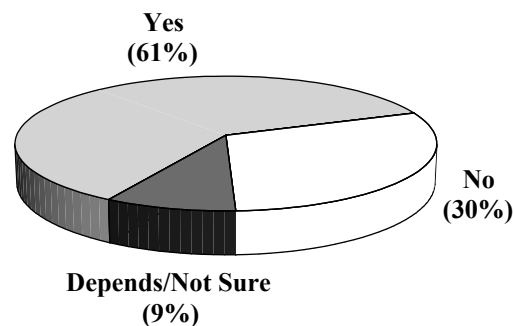
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## *Majority of Americans Believe that Drug Control Efforts of the U.S. and Other Countries Should Be Evaluated by an International Organization*

Since 1986, the United States has employed a drug certification process to evaluate the effectiveness and cooperation of foreign countries in preventing the production and transportation of illegal drugs to the United States. *Passing Judgement: The U.S. Drug Certification Process*, released last Friday by Drug Strategies and the University of Southern California's Annenberg School for Communication, examines the implementation, recent history, and effectiveness of this drug certification process. One alternative to the current process is the creation of an international organization to evaluate the effectiveness of the drug control efforts of the United States and other countries. According to the report, the majority of U.S. household residents (61%) support the formation of such an organization. To receive a copy of the report, *Passing Judgement: The U.S. Drug Certification Process*, send your request to Drug Strategies at 202-663-6110 (fax) or dspolicy@aol.com (e-mail).

### **Should an International Organization Comprised of Several Countries Be Formed to Judge the Effectiveness of Drug Control Efforts by the United States and Other Countries?**

(N=1,202 U.S. Household Residents Polled in November 1997)



SOURCE: Adapted by CESAR from data from Drug Strategies and University of Southern California Annenberg School for Communication, *Passing Judgement: The U.S. Drug Certification Process*, 1998.

#### **What is the U.S. Drug Certification Process?**

The President is required by law to annually identify countries that are significant sources of illicit drugs, and then determine if those countries have cooperated with the United States in the war against drugs. A source country is **certified** if it is determined to have fully cooperated with the United States (e.g., reduced illicit drug production and trafficking and eliminated drug-related money laundering, bribery, and public corruption). If a source country is determined to have not fully cooperated, it is **denied certification** and subjected to the suspension of U.S. foreign assistance and U.S. opposition to multilateral development bank loans. However, if it is determined that the decertification sanctions would jeopardize vital U.S. interests, a **national interest waiver** may be issued to countries that would otherwise be decertified.

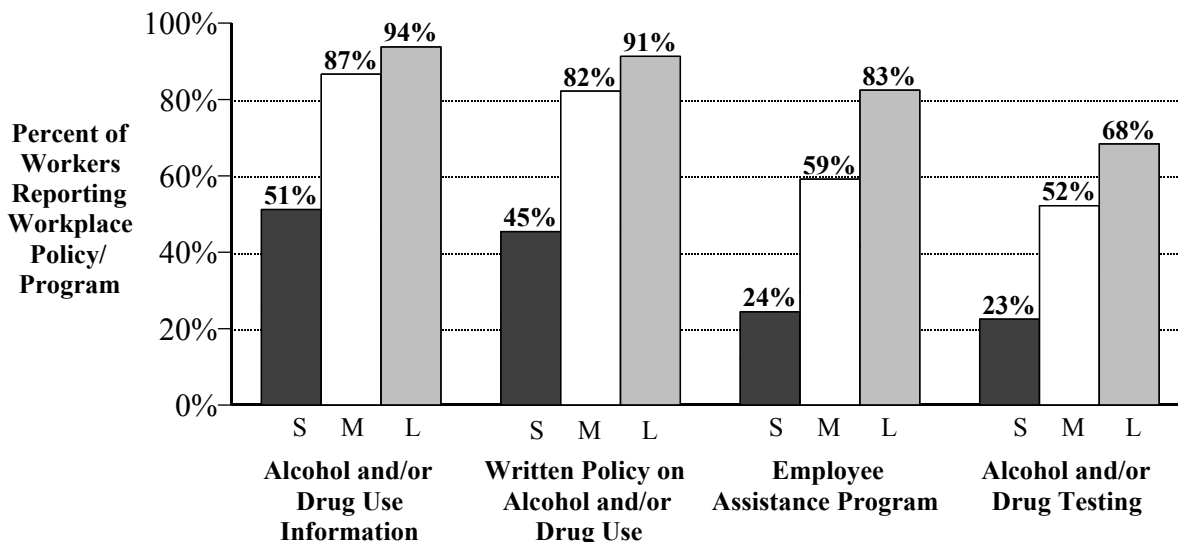
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## *Small Workplaces Less Likely to Have Drug Use Policies and Programs; Help is Available*

According to a report from the Substance Abuse and Mental Health Services Administration (SAMHSA), small workplaces are less likely than large workplaces to provide programs to prevent and treat employee drug use. About one-half of workers employed in small establishments (1-24 employees) reported that their employer offered information (51%) or a written policy (45%) on alcohol and/or drug use, compared to more than 80% of workers from medium (25-499 employees) and large (500 or more employees) workplaces. Employees of small establishments were also less likely to report the availability of workplace employee assistance or drug testing programs (see figure below). To assist employers in establishing alcohol and drug use policies and programs without incurring large costs, SAMHSA offers a free consulting service in policy development, supervisory training, employee education, employee assistance programs, and drug testing. For more information, contact SAMHSA's workplace helpline at 1-800-WORKPLACE or HELPLINE@SAMHSA.GOV.

**Percentage of Full-Time Workers (Ages 18-49) Reporting That Their Workplace Provides Alcohol and Drug Policies and Programs, by Workplace Size,\* 1994**



\*S=small workplaces (<25 employees); M=medium workplaces (25-499 employees); L=large workplaces (≥500 employees)

SOURCE: Adapted by CESAR from data from Substance Abuse and Mental Health Services Administration, Office of Applied Studies, "An Analysis of Worker Drug Use and Workplace Policies and Programs," Analytic Series: A-2, July 1997.

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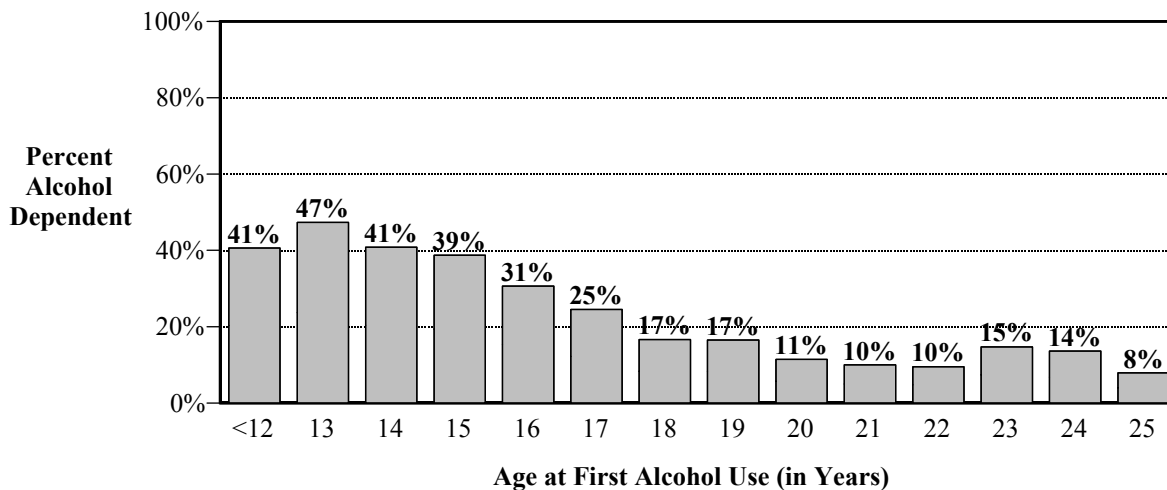
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## *Early Alcohol Users More than Three Times as Likely to Become Dependent*

Early alcohol use is associated with higher rates of alcohol dependence, according to an analysis of data from the National Longitudinal Alcohol Epidemiologic Survey (NLAES).<sup>\*</sup> Overall, 13% of adults were diagnosed with lifetime alcohol dependence (based on DSM-IV criteria). However, this figure changes dramatically when the age at first alcohol use (not counting small tastes or sips of alcohol) is taken into account. More than 40% of adults who began drinking before age 15 and 25% to 39% of adults who began drinking at ages 15 to 17 were later diagnosed as alcohol dependent. According to the authors, more research is necessary to “ascertain if it is the delay in alcohol use or, more likely, other associated factors that account for the inverse relationship between age at first drink and the risk of lifetime alcohol use disorders” (p. 109). For more information, contact Dr. Bridget Grant at 301-443-3306.

**Percentage Diagnosed with Lifetime Alcohol Dependence, by Age at First Alcohol Use**  
(n=27,616)



<sup>\*</sup>The NLAES was a national household survey sponsored by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Face-to-face interviews were conducted in 1992 with respondents 18 years of age and older residing in the noninstitutionalized population of the contiguous United States, including the District of Columbia.

SOURCE: Adapted by CESAR from data from Bridget F. Grant and Deborah A. Dawson, “Age at Onset of Alcohol Use and Its Association with DSM-IV Alcohol Abuse and Dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey,” *Journal of Substance Abuse* 9:103-110, 1997.

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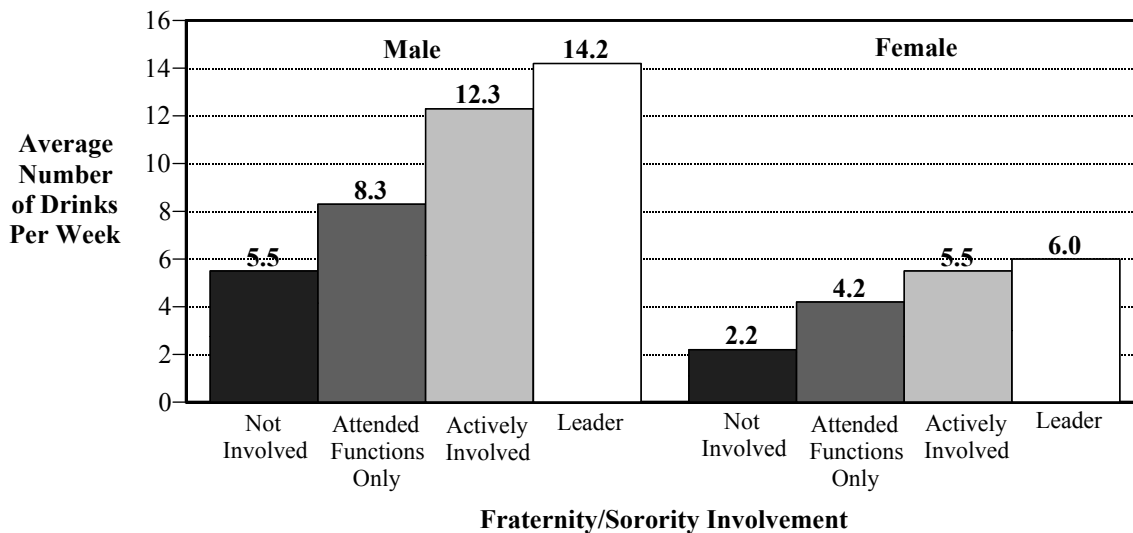
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## *Fraternity and Sorority Leaders--Role Models for Heavy Drinking?*

Leaders of fraternities and sororities are “participating in setting norms of heavy drinking and behavioral loss of control” (p. 69), according to a recent study of college students. The study found that students involved in Greek societies (fraternities and sororities) drank more and experienced greater consequences of drinking than students not involved in Greek life, findings that are consistent with previous research. A more startling finding was that the prevalence of drinking among fraternity and sorority leaders was higher than among others involved in Greek societies. The authors recommend that substance abuse prevention efforts target the leaders of fraternities and sororities and that future research focus on a “detailed investigation of the belief systems of leaders to come to a better understanding of why they feel compelled to drink so excessively” (p. 70).

### **Average Number of Drinks per Week Among Male and Female College Students, by Level of Fraternity/Sorority Involvement**

(n=25,411)



NOTE: A drink was defined as the “consumption of a bottle of beer, a glass of wine, a wine cooler, a shot glass of spirits, or a mixed drink.”

SOURCE: Adapted by CESAR from data from Jeffrey Cashin, Cheryl Presley, and Philip Meilman, “Alcohol Use in the Greek System: Follow the Leader?” *Journal of Studies on Alcohol* 59:63-70, January 1998. For more information, contact Cheryl Presley at 618-536-7575.

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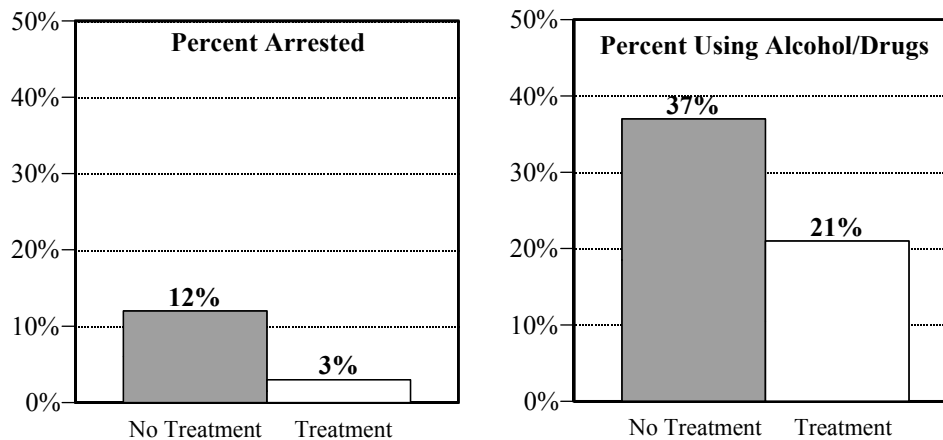
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## *Prison-Based Residential Drug Treatment Program Reduces Post-Release Arrests and Drug Use*

Inmates who participated in the Federal Bureau of Prisons (BOP) residential drug abuse treatment program during their imprisonment were less likely to be re-arrested or to use drugs following their release, according to the preliminary results of a study released last month by the BOP. The BOP's residential treatment program is unit based (all participants live together apart from the general population) and provides up to 1,000 hours of treatment focusing on individual responsibility and changing future behavior. Inmates who completed the residential treatment program were 73% less likely to be re-arrested in the 6 months after release from prison than inmates who did not participate in treatment (3.3% versus 12.1%). Treatment completers were also 44% less likely to have evidence of post-release alcohol and drug use than inmates who did not receive treatment (20.5% vs. 36.7%). According to the authors, "future analyses will evaluate whether these effects are sustained over a longer followup period" (p. 10).

### **Percentage of Federal Bureau of Prisons Inmates Arrested and Using Alcohol/Drugs Six Months Post-Release, by Drug Treatment Status**

(n=1,866)



NOTE: Evidence of post-release alcohol/drug use was defined as the first occurrence of one of the following, as reported by U.S. probation officers: a positive urinalysis, refusal to submit to a urinalysis, admission of drug use to the probation officer, or a positive breathalyzer test.

SOURCE: Adapted by CESAR from data from Federal Bureau of Prisons, U.S. Department of Justice, "Triad Drug Treatment Evaluation Six-Month Report Executive Summary," February 1998. For more information, contact Bernadette Pelissier at 919-575-4541, extension 4480.

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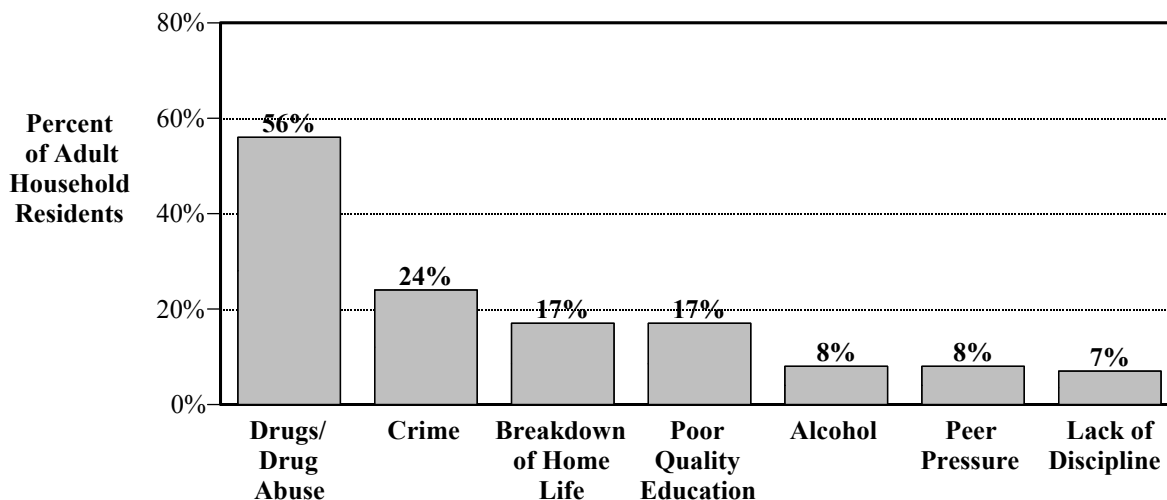
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## *Drug Abuse Tops the List of Americans' Concerns for Children*

Drugs and drug abuse are the number one problem confronting American children, according to a telephone survey released last month by Harvard University, the Robert Wood Johnson Foundation, and the University of Maryland. Of the 1,501 adult household residents surveyed, 56% rated drugs and drug abuse as one of the "most serious problems facing children in America today," far outranking such other concerns as crime (24%), the breakdown of home life (17%), and poor quality education (17%). For more information, contact Robert Blendon of Harvard University at 617-432-4502.

### **"What Do You Think Are the Two or Three Most Serious Problems Facing Children in America Today?"** (N=1,501 U.S. Adult Household Residents, 1997)



NOTE: Percentages do not total 100% because respondents were allowed to give more than one response.

SOURCE: Adapted by CESAR from data from "Survey: Drugs Dominate Americans' Concerns for Kids: Big Changes from 1986, When Child and Sexual Abuse Registered" (WWW document; URL <http://www.rwjf.org/media/12-08-97.htm>; downloaded 12/15/97), and "Attitudes Toward Children's Health Care Issues" (Questionnaire with Weighted Frequencies, Revised with Cleaned Data 2/25/98), November 1997.

### **Drug Prevention and Treatment Seminar to be Held in Greenbelt, Md.**

"What Works: Proven Methods for Drug Prevention and Treatment" will be held from 8:30 a.m. to 4:00 p.m. at Eleanor Roosevelt High School in Greenbelt, Md. The seminar, sponsored by the Mental Health Association of Prince George's County (MHAPGC), is targeted to parents and teachers as well as corrections and mental health professionals. The registration fee is \$25 for MHAPGC members and \$30 for nonmembers. For more information, call 301-699-2737.

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***International Trends in Drug Abuse:  
Highlights from a Recent Community Epidemiology Work Group Meeting***

Since 1976, the National Institute on Drug Abuse (NIDA) has been sponsoring the Community Epidemiology Work Group (CEWG), a network of epidemiologists and researchers that meets semiannually to discuss both current and emerging substance abuse problems in the United States. In addition, the CEWG “provides a forum for the discussion of related patterns and trends in other selected areas and regions of the world” (p. 1). At the 43rd CEWG meeting held last December, representatives from Australia, Canada, China, India, Mexico, South Africa, and Thailand presented information about drug use trends in their countries. Following were among the highlights of their presentations:

- In **Australia**, marijuana is the most popular illicit drug, followed by amphetamines. While cocaine is not readily available in Australia, heroin is, especially among the arrestee population. Nineteen percent of youth in detention centers and 40% of adult prisoners have used heroin at least once in their lifetime.
- Marijuana is the drug of choice in **Canada’s** cities--48% of youth aged 15-19 in British Columbia use marijuana, and 61% of treatment clients in Toronto reported marijuana as a major problem. In addition, powder cocaine and crack use were reported as serious problems in several cities.
- Cocaine is the most common drug of abuse among treatment clients in **Mexico**, followed by marijuana and inhalants.
- In **South Africa**, marijuana and methaqualone are the most frequently abused substances, often used in combination. There are also reports that crack cocaine, powder cocaine, and heroin use are increasing.
- As a result of a brief heroin shortage in 1996, many addicts in **Thailand** began injecting the drug, and there are reports of lower purity heroin being diluted with barbiturates and benzodiazepines. In addition, methamphetamine use continues to be popular, especially among students, and the number of methamphetamine laboratories in Thailand has increased.

SOURCE: Adapted by CESAR from data from the National Institute on Drug Abuse, Community Epidemiology Work Group, “Epidemiologic Trends in Drug Abuse Advance Report,” December 1997. To obtain a copy of the report, contact the National Clearinghouse for Alcohol and Drug Information (NCADI) at 800-729-6686. For more information about the CEWG, as well as State Epidemiology Work Groups (SEWGs), visit the CEWG home page on the world wide web ([www.cdmgroup.com/cewg](http://www.cdmgroup.com/cewg)).

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## *CSAT Releases Results of DCI Experiment*

The District of Columbia Treatment Initiative (DCI) was “an experiment designed to test the efficacy of providing inpatient and outpatient care of different durations to clients seeking treatment in Washington, D.C.” (p. iii). CESAR was funded by a subcontract from the federal Center for Substance Abuse Treatment’s National Evaluation Data and Technical Assistance Center (NEDTAC) to conduct a follow-up study of clients randomly assigned to two therapeutic community programs with differing durations of inpatient and outpatient treatment. The standard program consisted of 10 months of inpatient treatment followed by 2 months of outpatient care, and the enhanced program consisted of 6 months of inpatient treatment followed by 6 months of outpatient care. Following are some of the highlights of the recently released results of the DCI:

- The only difference found between the standard and the enhanced programs was that standard program clients were more likely to be employed at follow-up than clients of the enhanced treatment program. This difference may be explained by the additional vocational services provided by the standard inpatient program.
- “Regardless of the program to which persons were assigned, those who completed 12 months of treatment were less likely to be rearrested after treatment, and less likely to test positive for cocaine at follow-up” (p. iii).
- “The results clearly indicate that completing the inpatient portion alone, whether 6 or 10 months long, was not effective in reducing drug use and criminal activity” (p. 42).
- Older clients, heroin-dependent clients, and clients who were on probation, parole, or pre-trial release at admission, were more likely to complete treatment. The type of treatment program attended (standard or enhanced) was not a significant predictor of treatment completion.

SOURCE: Adapted by CESAR from data from the National Evaluation Data and Technical Assistance Center (NEDTAC), “The District of Columbia Treatment Initiative (DCI),” February 1998. Prepared by CESAR, under a subcontract from NEDTAC that was sponsored by the Center for Substance Abuse Treatment. To obtain copies of the report, contact NEDTAC at 800-7-NEDTAC. For more information about the study, contact Susanna Nemes of CESAR at 301-403-8329.

### **The District of Columbia Treatment Initiative (DCI) Report Now Available from NEDTAC**

Complimentary copies of the report, “The District of Columbia Treatment Initiative (DCI),” are now available from the National Evaluation Data and Technical Assistance Center (NEDTAC). To obtain a copy, contact NEDTAC by phone (800-7-NEDTAC), fax (703-385-3206), or e-mail ([nedtac@calib.com](mailto:nedtac@calib.com)).

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## *Winter 1997 Pulse Check: Crack Stable, Heroin Increasing*

Twice each year the Office of National Drug Control Policy (ONDCP) conducts interviews with drug ethnographers and epidemiologists, law enforcement officers, and substance abuse treatment providers to obtain impressionistic information about national drug abuse trends as they develop. The most recent interviews, conducted last December, were recently released in the Winter 1997 *Pulse Check* report. Following are among the highlights of that report:

- While cocaine continues to be the most prevalent drug of abuse nationwide, the market for **crack cocaine** appears to have stabilized in most areas. Few younger, new drug users are attracted to crack, which has “developed the image of a ‘junkie’ or ‘burnout’ drug” and in some areas is not as easily accessible as other drugs.
- In contrast to the declining image of crack, **heroin** is an increasingly attractive drug to users. Its low cost, ease of administration (higher purity allows the drug to be snorted rather than injected), and aggressive marketing have resulted in an increase in heroin use and availability in all the Pulse Check regions. However, while many young users are experimenting with heroin, the majority of heroin users continue to be older, long-term users who inject the drug.
- The majority of **marijuana** users continue to be teenagers and young adults. Nearly all law enforcement sources reported an increase in marijuana use. In fact, “police sources in Washington, D.C. report that use has risen so drastically that the regional U.S. Attorney has asked for an increase in penalties for marijuana trafficking.”
- Among the emerging drugs identified by sources were **methamphetamine** (Atlanta, Austin, Denver, suburban Maryland, Seattle, and Washington, D.C.), **hallucinogens** and other club drugs (Baltimore, Cleveland, suburban Maryland, Miami, New York, Seattle, and Washington, D.C.), **inhalants** (suburban Maryland, San Antonio/El Paso, and Washington, D.C.), and illicitly used **prescription drugs** (Austin, Baltimore, Miami, and San Antonio/El Paso).

SOURCE: Adapted by CESAR from data from the Office of National Drug Control Policy (ONDCP), *Pulse Check: National Trends in Drug Abuse*, Winter 1997 (WWW document; URL <http://www.whitehousedrugpolicy.gov/drugfact/pulsechk/winter97/pcindex.html>; downloaded 4/1/98). To obtain a complimentary copy of this report, contact ONDCP's Drugs and Crime Clearinghouse at 800-666-3332.

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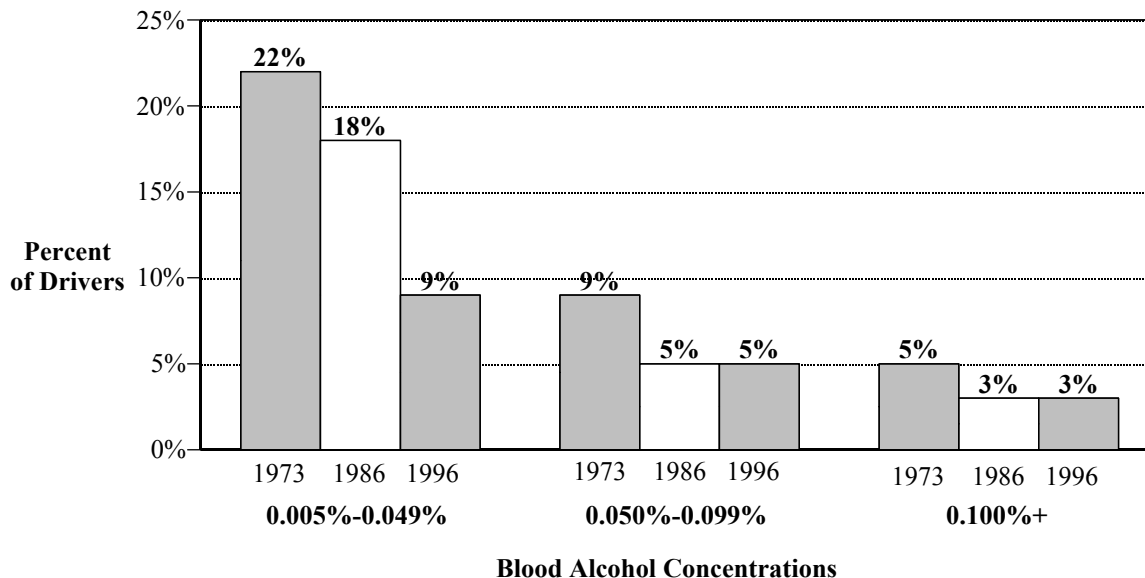
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## *National Roadside Survey Finds Drinking and Driving Has Declined, Drunk Driving Has Not*

In 1973, 1986, and 1996, national roadside surveys were conducted to assess the prevalence of drinking and driving by private automobile operators at locations and during periods when drinking and driving is most prevalent (i.e., on highly traveled roads on weekend nights). At 24 locations across the U.S., drivers were flagged down by a police officer, then asked by an independent interviewer to voluntarily complete a brief interview and submit to a breath test to determine their blood alcohol concentrations (BAC). Overall, the percentage of drinking drivers (drivers with BACs greater than 0.005%) has declined significantly, from 36% in 1973 to 17% in 1996. However, as the table below illustrates, “the largest declines among the drinking drivers in the last decade have occurred at the lowest BACs, not at the high-risk concentrations above 0.05” (p. 270). From 1986 to 1996, the percentage of drivers with BACs at or above 0.05% has not changed. Currently, it is illegal in 33 states and the District of Columbia to drive with a BAC at or above 0.10%, and 15 states have lowered that limit to 0.08%.

**Blood Alcohol Concentrations of Drinking Drivers in National Roadside Surveys,  
1973, 1986, and 1996**



SOURCE: Adapted by CESAR from Robert Voas, JoAnn Wells, Diane Lestina, Allan Williams, and Michael Greene, “Drinking and Driving in the United States: The 1996 National Roadside Survey,” *Accident Analysis and Prevention*, 30(2):267-275, 1998. For more information, contact the Pacific Institute for Research and Evaluation at 301-951-4233.

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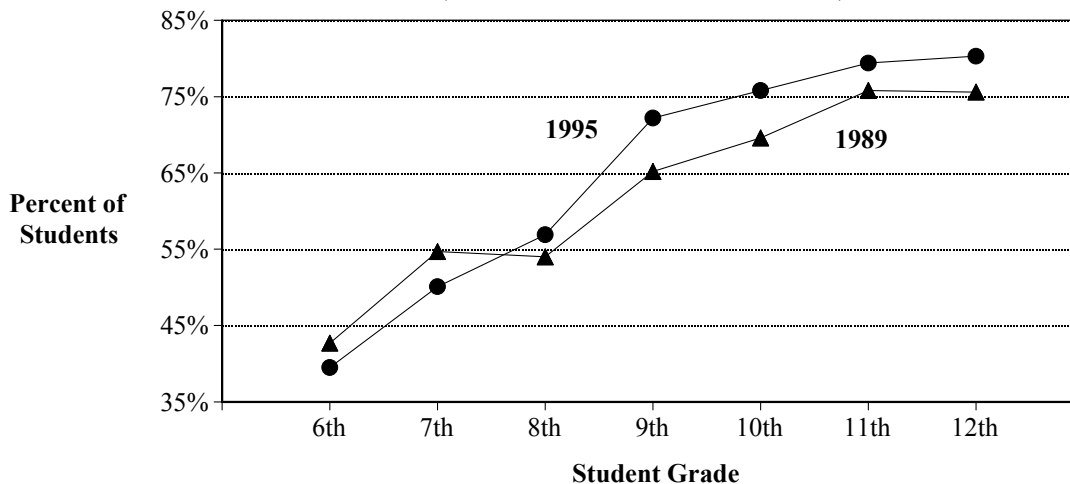
**University of Maryland, College Park**

## *Eighty Percent of 11th and 12th Graders Report Illicit Drugs Are Available in Their School*

By the time students reach 11th and 12th grades, they are twice as likely as 6th graders to report the presence of drugs in their school (approximately 80% vs. 40%), according to a report released last week by the Department of Education and the Department of Justice.\* In addition, the percentage of 6th and 7th graders reporting that drugs were available in their school decreased from 1989 to 1995. According to the students, marijuana was the most accessible drug (61% of students reported that marijuana was available and 36% reported that it was easy to obtain). Other drugs reported to be available, yet harder to obtain than marijuana, were uppers/downers (43%), crack cocaine (42%), cocaine (40%), LSD (39%), heroin (34%), and PCP (32%).

**Percentage of Students (Ages 12-19) Reporting that Illicit Drugs Were Available in Their School, 1989 and 1995**

(N=10,449 in 1989; N=9,954 in 1995)



\*This report analyzes two (1989 and 1995) School Crime Supplements (SCSs) to the National Crime Victimization Survey (NCVS). The NCVS is an ongoing household survey that gathers information on the criminal victimization of household members age 12 and older. SCS respondents (youth between the ages of 12 and 19 who had attended school at some point during the six months prior the interview) were asked about criminal activity that had occurred in their school (in the school building, on school grounds, or on a school bus) during the six months prior to the interview.

SOURCE: Adapted by CESAR from K. Chandler, C. Chapman, M. Rand, and B. Taylor, "Students' Reports of School Crime: 1989 and 1995," U.S. Departments of Education and Justice, March 1998. For more information, contact Kathryn Chandler of the National Center for Education Statistics (202-219-1767) or Michael Rand of the Bureau of Justice Statistics (202-616-3494). A copy of the report can be downloaded from the World Wide Web at <http://nces.ed.gov/pubsearch/index.html> or <http://www.ojp.usdoj.gov/bjs/abstract/srsc.htm>.

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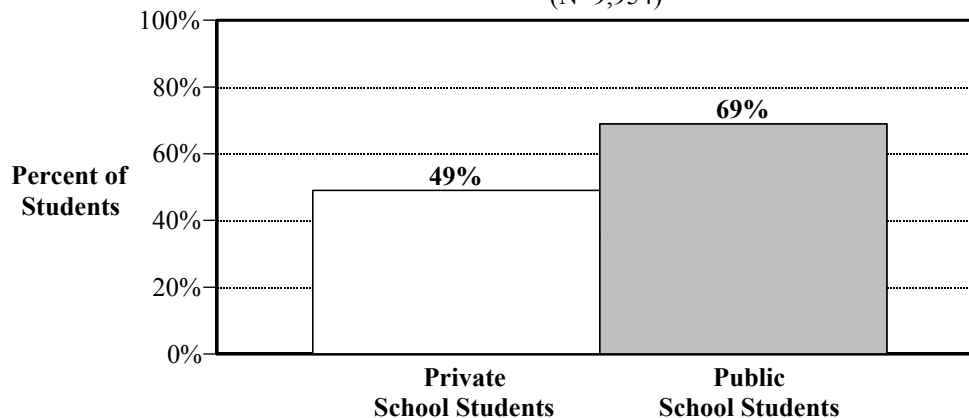
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## *Public School Students More Likely to Report that Drugs Are Available in Their School*

It is sometimes argued that private school students, due to their typically elevated socioeconomic status, are more likely than public school students to have access to illicit drugs. However, recently released data from the School Crime Supplement to the 1995 National Crime Victimization Survey\* reveal that 49% of private school students reported that drugs were available in their school, compared to 69% of students attending public schools. It should be noted that these results are not evidence that public school students are more likely to use drugs.

### **Percentage of Students (Ages 12-19) Reporting that Illicit Drugs Were Available in Their School, by School Type, 1995**

(N=9,954)



\*For a description of the survey, see CESAR FAX, Volume 7, Issue 16.

NOTE: Students were asked about the availability of marijuana, cocaine, crack, uppers/downers, LSD, PCP, heroin, or other illegal drugs at school. If the students reported any of these were easy or hard to obtain at school, they were counted as believing drugs were available at school.

SOURCE: Adapted by CESAR from K. Chandler, C. Chapman, M. Rand, and B. Taylor, "Students' Reports of School Crime: 1989 and 1995," U.S. Departments of Education and Justice, March 1998. For more information, contact Kathryn Chandler of the National Center for Education Statistics (202-219-1767) or Michael Rand of the Bureau of Justice Statistics (202-616-3494). A copy of the report can be downloaded from the World Wide Web at <http://nces.ed.gov/pubsearch/index.html> (NCES #98241) or <http://www.ojp.usdoj.gov/bjs/abstract/crsc.htm>.

### **Have You Heard of the Drugs "Silk" or "Totem Poles"?**

CESAR has recently received inquiries about the identity of two drugs with the slang names of "silk" and "totem poles". If you have heard of either of these drugs, please contact CESAR at [cesar@cesar.umd.edu](mailto:cesar@cesar.umd.edu). Thank you!

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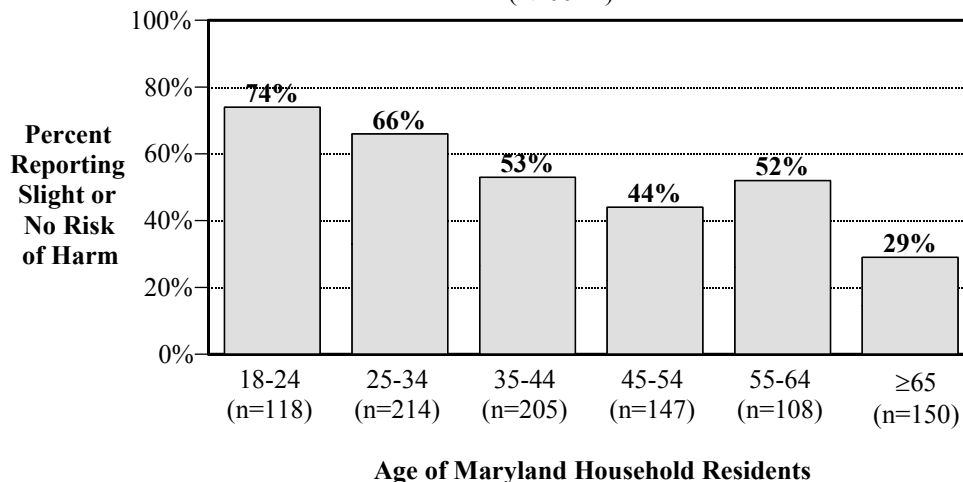
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**University of Maryland, College Park**

## *Three-Fourths of Maryland Young Adults Perceive Little or No Harm in Smoking Marijuana Once or Twice*

Younger Maryland residents are more likely than older residents to believe that smoking marijuana once or twice is not harmful, according to the results of a 1998 Maryland household telephone survey, conducted for the Center for Substance Abuse Research by the University of Maryland Survey Research Center. Nearly three-quarters of Maryland residents aged 18-24 and 66% of those aged 25-34 reported that smoking marijuana once or twice involved slight or no risk of harm, compared to about 50% of residents aged 35-64 and 29% of residents aged 65 and older. These differences may, in part, explain the high rates of marijuana use among young adults--decreased perceptions of harm are often related to increased drug use (see CESAR FAX, Volume 6, Issue 14).

**Percentage of Maryland Adult Household Residents Perceiving Slight or No Risk of Harm from Trying Marijuana Once or Twice, Winter 1998**  
(N=994\*)



\*Individual Ns for age groups do not equal total sample because of missing cases. Results are weighted to correct for differences in sample eligibility and to adjust the sample distribution to approximate that of the Maryland population for the following demographic variables: sex, age, education, race, and region.

SOURCE: Winter 1998 statewide household telephone poll of 994 adults 18 and older, conducted for CESAR by the University of Maryland Survey Research Center, College Park, Md. For more information, contact Brook Wraight of CESAR at 301-403-8329.

### **Have You Heard of the Drugs “Silk” or “Totem Poles”?**

CESAR has recently received inquiries about the identity of two drugs with the slang names of “silk” and “totem poles.” If you have heard of either of these drugs, please contact CESAR at [cesar@cesar.umd.edu](mailto:cesar@cesar.umd.edu). Thank you!

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

University of Maryland, College Park

### *Youth Are Unaware that "Fry" May Contain PCP*

Increases in marijuana use over the past several years have stimulated unique use patterns, such as the smoking of **fry**, marijuana cigarettes (joints) or cigars (blunts) soaked in embalming fluid. The use of this substance reached epidemic proportions in Connecticut in 1993-94, and reports of fry use began to emerge in Texas around the same time. In an effort to increase knowledge about this trend, the Texas Commission on Alcohol and Drug Abuse (TCADA) recently commissioned a study of fry use in the metropolitan Houston area.<sup>1</sup>

According to the study, fry is most often purchased as **fry sticks** (joints dipped in embalming fluid) or **fry sweets** (blunts dipped in embalming fluid). Other slang names include **amp**, **water-water**, **wetdaddy**, and **wack**. The slang names for this drug are so commonly used that the actual composition of the drug is often obscured. One youth interviewed "swore she smoked fry, not marijuana and embalming fluid, because, 'I've heard what that stuff [embalming fluid] can do, and I'm not going to touch it'" (p. 6).

The reported immediate effects of smoking fry include hallucinations, feelings of panic, paranoia and disorientation, and intense anger, which the adolescents interviewed attributed to marijuana and formaldehyde (one of the primary components of embalming fluid). However, neither marijuana nor formaldehyde typically results in the psychedelic effects described by the adolescents. After testing a sample of embalming fluid compound obtained from a Houston drug dealer, the researchers discovered that the compound sold as embalming fluid **also contained the hallucinogen PCP**.

Neither the people who diverted embalming fluid (typically from chemical companies or funeral homes), the dealers, nor the users reported any suspicion or knowledge of PCP or any other psychoactive substance as an ingredient in fry.<sup>2</sup> This ignorance is not only problematic for users (who may experience unanticipated hallucinations), but also for treatment providers who may be "hampered from knowing how to [appropriately] treat people who overdosed or who are suffering from long-term effects" (p. 1). The author of the study suggests that "marijuana smokers need to know that adulterated marijuana may contain another, hazardous substance that can put them at extreme, immediate risk of adverse effects" and recommends that treatment providers be made aware that clients who report smoking cigarettes dipped in embalming fluid may have also consumed PCP (p. 14).

<sup>1</sup>Interviews were conducted with knowledgeable community members (i.e., law enforcement, funeral home employees, treatment providers) and with 20 adolescents (ages 15-22) who reported smoking embalming fluid with marijuana in the month prior to their interview. The small convenience sample used may not reflect the use of fry among all adolescents in the Houston metropolitan area.

<sup>2</sup>Researchers theorize that distributors add PCP to the fluid before selling it to street dealers, although they were unable to confirm this.

SOURCE: Adapted by CESAR from William Elwood, "Fry: A Study of Adolescents' Use of Embalming Fluid with Marijuana and Tobacco," Texas Commission on Alcohol and Drug Abuse Research Brief, February 1998. Copies of the report are available from TCADA at [www.tcada.state.tx.us/research/fry.html](http://www.tcada.state.tx.us/research/fry.html) or 800-832-9623.

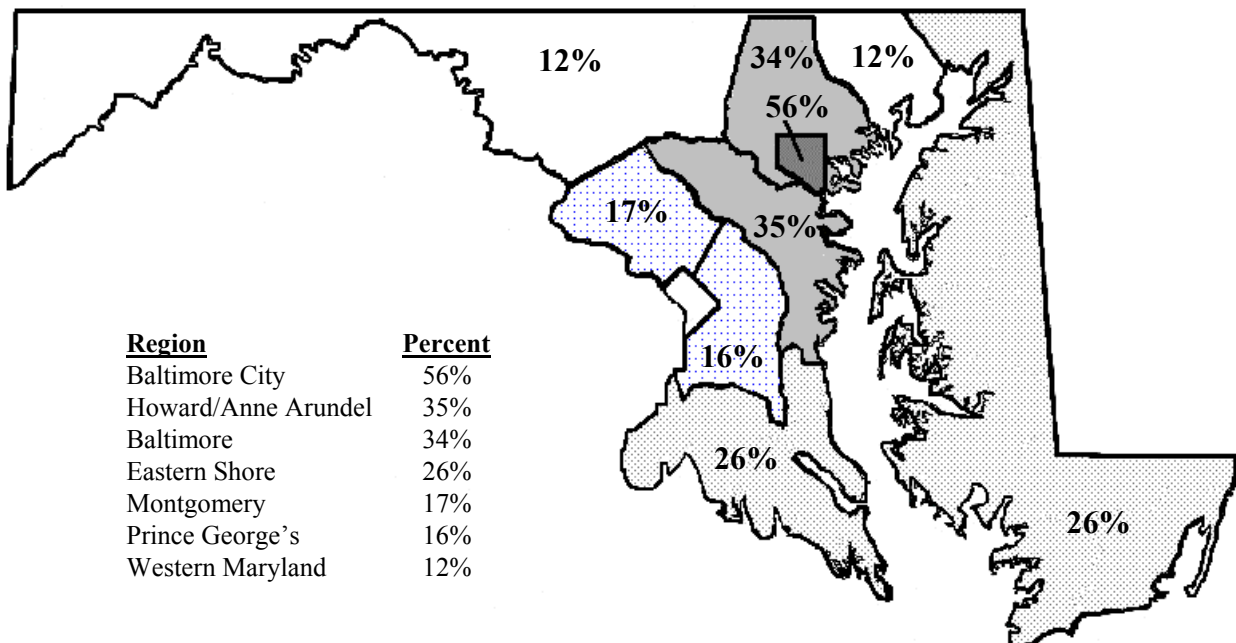
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## ***Residents of Baltimore City and Surrounding Counties Most Likely to Report Heroin Being Sold in Their Neighborhood***

A telephone survey conducted in early 1998 found that more than half (56%) of Baltimore City's adult residents believe that heroin is being sold in their neighborhood--the highest rate in Maryland. The residents of counties immediately surrounding Baltimore City also had substantially higher rates of perceived heroin sales than residents of other Maryland regions--34% in Baltimore County and 35% in Howard/Anne Arundel counties. In interpreting these results it is important to keep in mind that residents' perceptions may be influenced by a number of factors, including heightened media attention to local drug problems.

**Percentage of Maryland Adult Household Residents Who Think Heroin is Being Sold in Their Neighborhood, by Geographic Region, Winter 1998\***



\*The region "Eastern Shore" includes Calvert, Caroline, Cecil, Charles, Dorchester, Kent, Queen Anne's, Somerset, St. Mary's, Talbot, Wicomico, and Worcester counties; "Western Maryland" includes Allegany, Carroll, Frederick, Garrett, Harford, and Washington counties. The question asked was, "Do you think heroin is being sold in the neighborhood where you live?"

SOURCE: Winter 1998 statewide household telephone poll of 994 adults aged 18 and older, conducted for CESAR by the University of Maryland Survey Research Center, College Park, Md. For more information, contact Eric Wish of CESAR at 301-403-8329.

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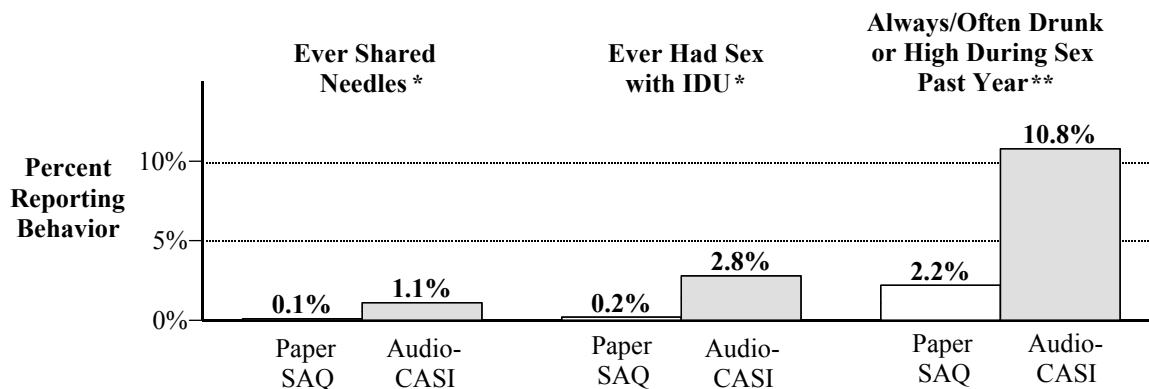
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## *Computer-Assisted Surveys Increase Reporting of Sensitive Behaviors*

A major obstacle to estimating the prevalence of deviant behaviors has been that studies based on self-reports often lead to underestimates because people are reluctant to report sensitive or stigmatized behavior. While self-administered questionnaires (SAQs) have been thought to provide more privacy, and thus more accurate reporting of sensitive behaviors, audio, computer-assisted self-interviews (audio-CASI) may be more effective in accurately measuring these behaviors. As part of the 1995 National Survey of Adolescent Males (NSAM), males aged 15 to 19 were randomly assigned to complete a survey using either a traditional paper SAQ or an audio-CASI (in which the respondent listened through headphones to spoken questions and pressed keys on the computer to respond). Respondents using the audio-CASI were significantly more likely than respondents using the paper SAQ to report sensitive behaviors, such as drug use, sexual activity, and violence. For example, 2.8% of the audio-CASI respondents reported ever having sex with an injecting drug user, compared to 0.2% of the paper SAQ respondents. The researchers conclude that these estimates are likely to be “more accurate than previous estimates derived from data collected in less private interview contexts” because audio-CASI reduces “the underreporting bias known to affect such measurements” (p. 871).

### **Percentage of U.S. Males (Aged 15-19) Reporting Selected Behaviors, by Mode of Survey Administration, 1995**

(N=1,672)



\* $p \geq 0.05$ ; \*\* $p \geq 0.01$

SOURCE: Adapted by CESAR from data from CF Turner, L Ku, SM Rogers, LD Lindberg, JH Pleck, and FL Sonenstein, “Adolescent Sexual Behavior, Drug Use, and Violence: Increased Reporting with Computer Survey Technology,” *Science* 280: 867-873, May 8, 1998. For more information, contact Charles Turner at 202-728-2080.

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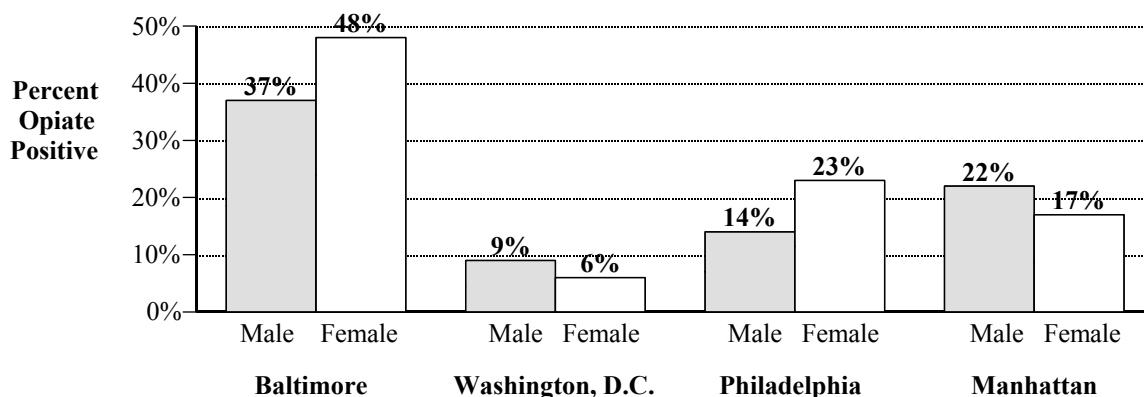
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## *Heroin Rates Among Baltimore City Arrestees Highest in Country; Female Arrestees at Particularly High Risk for HIV*

As part of Maryland's drug treatment needs assessment study, CESAR collected urine specimens from representative samples of male and female adults arrested in Baltimore City in 1995. Perhaps the most surprising finding was that the rate of opiate (heroin) positives among Baltimore City arrestees was higher than that found in any other U.S. city since the national Drug Use Forecasting (DUF) program began testing arrestees in 1987. Thirty-seven percent of male and 48% of female arrestees in Baltimore City tested positive by urinalysis for opiates, compared to 6% to 23% of arrestees in Washington, D.C., Philadelphia, and Manhattan. The high rate of heroin use among female Baltimore City arrestees is particularly alarming since 36% of female arrestees reported injecting drugs. This practice, coupled with their high number of reported sexual partners, places female arrestees in Baltimore City at considerable risk for HIV and other infectious diseases. For more information about the study, contact Dr. Eric Wish or Tom Gray at 301-403-8329.

**Percentage of Arrestees Testing Positive by Urinalysis for Opiates\***



\*Baltimore data are for January-August 1995. Washington, D.C., Philadelphia, and Manhattan data are from the first-quarter 1995 DUF results.

SOURCE: Thomas Gray and Eric Wish, "Substance Abuse Need for Treatment Among Arrestees (SANTA) in Maryland," May 1998. Funded by the Maryland Alcohol and Drug Abuse Administration (ADAA) under contract from the federal Center for Substance Abuse Treatment (CSAT).

### **Baltimore SANTA Report Now Available from CESAR**

To request a complimentary copy of the report, "Substance Abuse Need for Treatment among Arrestees (SANTA) in Maryland," contact CESAR by phone (301-403-8329), fax (301-403-8342), or e-mail ([cesar@cesar.umd.edu](mailto:cesar@cesar.umd.edu)).

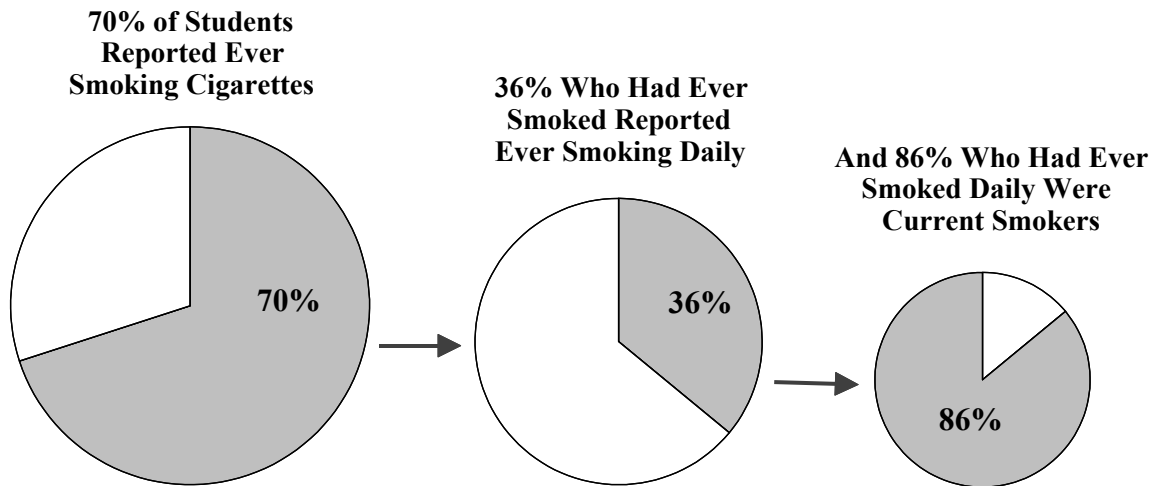
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## *More Than One-Third of High School Students Who Try Smoking Become Daily Smokers*

The Youth Risk Behavior Survey (YRBS) is a biennial survey of health risk behaviors among U.S. high school students. According to data from the 1997 survey, 70% of students reported ever smoking cigarettes. More than one-third (36%) of these students became daily smokers, and the majority were current smokers at the time of the survey (see figure below). While the rate of ever smoking did not vary by sex, race/ethnicity, or grade level, daily cigarette smoking was more frequently reported by white students (42%) than by Hispanic (25%) or black students (15%), a pattern consistent with previous studies. The authors note that “once adolescents have established a pattern of regular use, their behavior is usually compelled by nicotine dependence as well as social factors. Efforts are needed to help youth break the cycle of addiction and prevent the disability and death associated with tobacco use” (p. 387). For information about adolescent tobacco use and prevention, visit the CDC’s Tobacco Information and Prevention Source (TIPS) internet site at [www.cdc.gov/tobacco](http://www.cdc.gov/tobacco).

**Percentage of U.S. High School Students Reporting Selected Smoking Behaviors, 1997**  
(N=16,262)



NOTE: “Ever smoking” was defined as ever smoking cigarettes, even one or two puffs. “Ever smoking daily” was defined as ever smoking at least one cigarette every day for 30 days. “Current smoking” was defined as smoking cigarettes on one or more of the 30 days preceding the survey.

SOURCE: Centers for Disease Control and Prevention, “Selected Cigarette Smoking Initiation and Quitting Behaviors Among High School Students,” *Morbidity and Mortality Weekly Report* 47(19):386-389, May 22, 1998.

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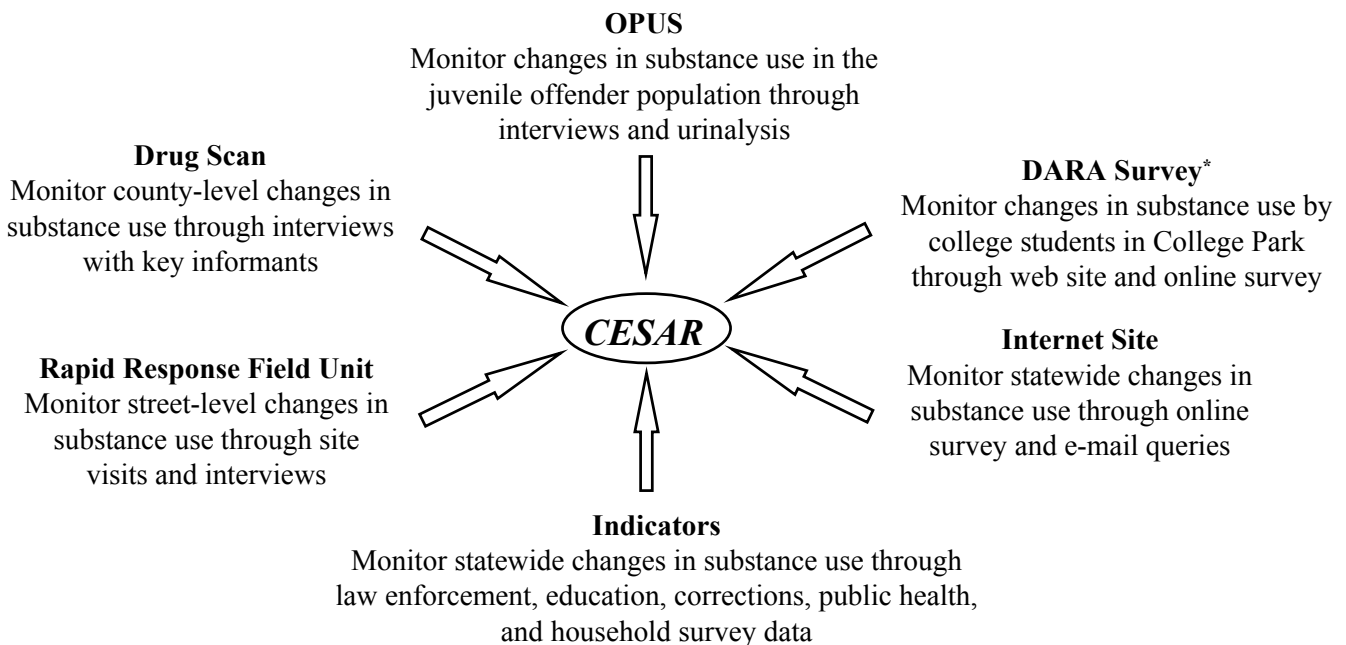
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**University of Maryland, College Park**

***Maryland Launches Drug Early Warning System (DEWS)***

In response to a perceived local heroin outbreak, the Governor's Cabinet Council on Criminal and Juvenile Justice asked CESAR to establish a real-time system to detect and report on changes in local drug use. The Maryland Drug Early Warning System (DEWS) consists of six components to monitor drug use in the community: the Offender Population Urine Screening (OPUS) Project, the Drug and Alcohol Referral and Assessment (DARA) Survey\*, a statewide Drug Scan, a Rapid Response Field Unit, a set of statistical substance abuse indicators, and an internet site ([www.cesar.umd.edu/dews.htm](http://www.cesar.umd.edu/dews.htm)). It is anticipated that all components of DEWS will be fully operational by the fall of 1998. The extraordinary support of the Governor's Office ensures that DEWS will have a receptive audience ready to act on its findings.

**Maryland Drug Early Warning System (DEWS)**



A fax highlighting the progress and findings of DEWS will be issued periodically to CESAR FAX recipients in Maryland, Virginia, and the District of Columbia. If you live outside of these areas and wish to be placed on the distribution list for future DEWS faxes, please send an e-mail to [dews@cesar.umd.edu](mailto:dews@cesar.umd.edu). For more information about DEWS, contact Dr. Eric Wish at 301-403-8329.

\*The DARA program of the University of Maryland is not in any way affiliated with the D.A.R.E. programs.

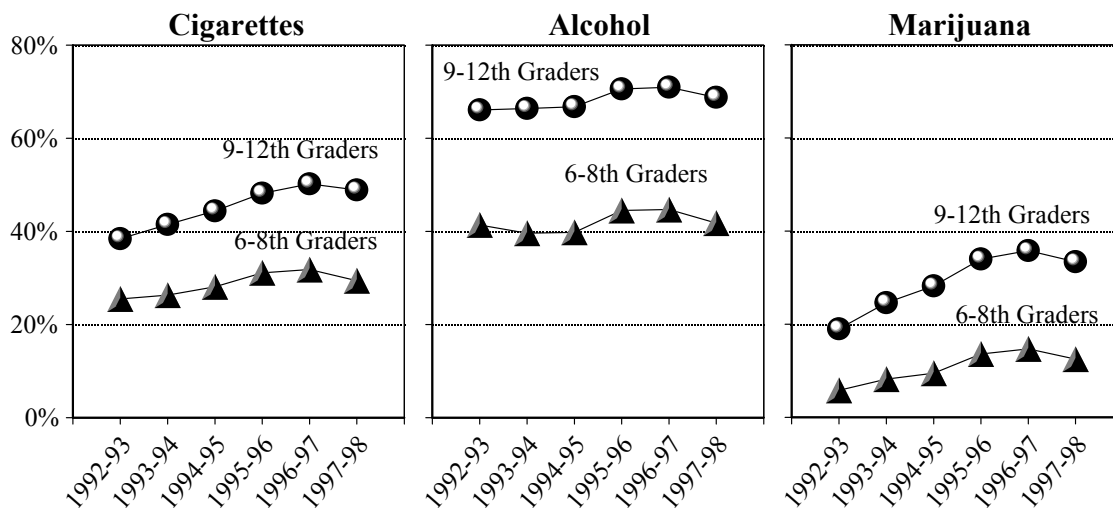
**A Weekly FAX from the Center for Substance Abuse Research**

University of Maryland, College Park

***Alcohol, Tobacco, and Illicit Drug Use Declines Among Majority of Students;  
 Slight Increases Found Among High School Seniors***

Student substance use during the 1997-98 school year declined in all grades except twelfth, according to data released last Thursday by the Parents' Resource Institute for Drug Education (PRIDE). Past year use of all alcohol, tobacco, and other drug categories remained the same or decreased among 6th-11th grade students. However, twelfth graders reported slight increases in past year use of cigarettes, cocaine, uppers, downers, and designer drugs. While these declines are encouraging, the overall level of drug use among students remains relatively high compared to previous years. According to Dr. Thomas Gleaton, PRIDE president, "We have made remarkable progress in the past two years, but to return to drug use level of 1990 we would have to cut today's usage in half." Cigarettes, alcohol, and marijuana were the substances most widely used among the students surveyed; all other drugs (cocaine, uppers, downers, inhalants, hallucinogens, heroin, and designer drugs) were used by 10% or less of students.

**Percentage of Junior (Grades 6-8) and Senior (Grades 9-12) High School Students Reporting Past Year Use of Cigarettes, Alcohol, and Marijuana, 1992-93 to 1997-98 School Years**



NOTE: The category "alcohol" includes beer, wine coolers and liquor.

SOURCE: Adapted by CESAR from data from Parents' Resource Institute for Drug Education (PRIDE), "Alcohol, Tobacco and Other Drug Use Drops Among Teens; Despite Progress Drug Usage Remains Twice the 1991 Rate," Press Release (WWW document; URL <http://www.prideusa.org/press97/ns97pnat.htm>; accessed 6/19/98). For more information, contact Doug Hall of PRIDE at 770-458-9900.

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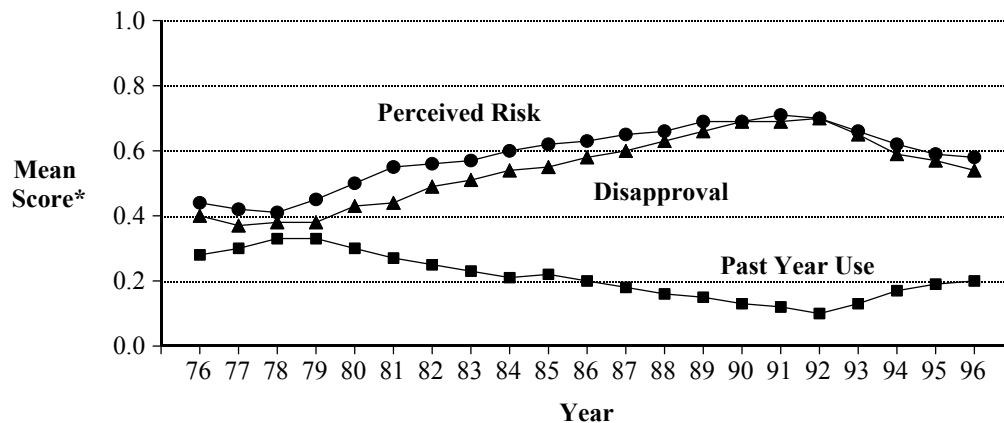
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## *Most Important Determinants of Teen Marijuana Use are Disapproval and Perceived Risk*

Marijuana use among youth has fluctuated dramatically over the past three decades. The percentage of high school seniors reporting marijuana use within the past year peaked in the late 1970s, decreased throughout the 80s, then began to increase again in the 90s. A recent analysis of data from the national Monitoring the Future (MTF) study found that while lifestyle factors (such as religious and political beliefs, grades, and truancy) are important in determining which students are likely to use marijuana, they do not account for the recent shifts in marijuana use. Instead, the most significant determinants of marijuana use are attitudes about such behavior--perceived risk of harmfulness and disapproval. The authors speculate that the recent decline in these attitudes may stem from an absence of realistic information about the risks and consequences of marijuana use, and they assert that "presenting such information once does not finish the job; the messages must be repeated lest they be lost from one cohort to the next" (p. 890).

**Past Year Marijuana Use, Perceived Risk, and Disapproval,  
U.S. High School Seniors, 1976-1996**



\*In order to make the data more comparable, the perceived risk and disapproval items were rescaled so that the lowest possible score (indicating no risk, or don't disapprove) was set equal to 0 and the maximum possible score (indicating great risk, or strongly disapprove) was set equal to 1. Marijuana use during the previous 12 months was scored 0 for no use, 1 for any use.

SOURCE: Adapted by CESAR from data from Jerald Bachman, Lloyd Johnston, and Patrick O'Malley, "Explaining Recent Increases in Students' Marijuana Use: Impacts of Perceived Risks and Disapproval, 1976 through 1996," *American Journal of Public Health* 88(6):887-892. For more information, contact Dr. Jerald Bachman at 313-763-5043.

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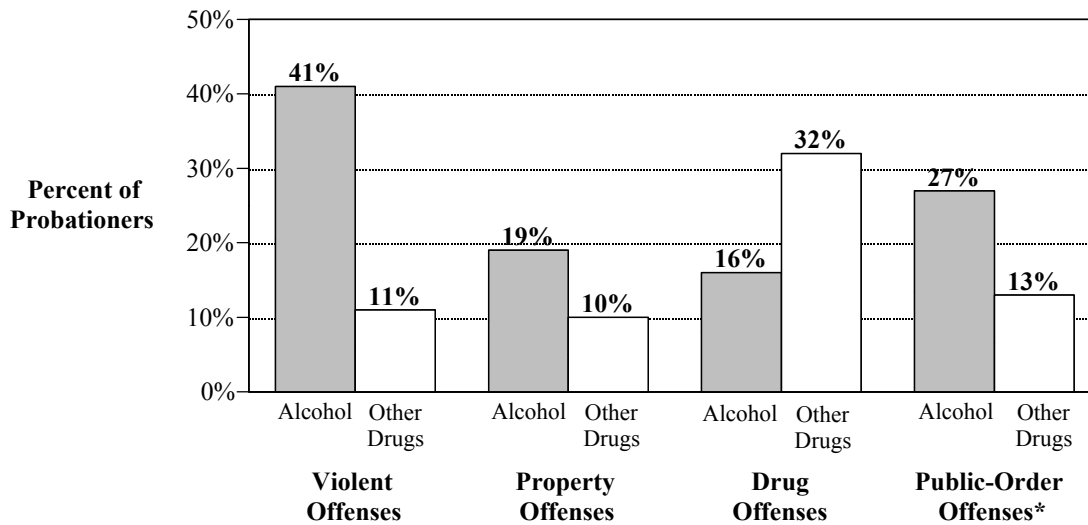
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## *Nearly Half of Adult Probationers Report They Were Under the Influence of Alcohol or Other Drugs When They Committed Their Crimes*

The use of alcohol and/or other drugs in the commission of a crime is fairly common, according to recently released data from the first national survey of adults on probation. Overall, forty-eight percent of adult probationers reported using a substance (primarily alcohol) at the time of the offense for which they were incarcerated. The highest rates of alcohol use (excluding DWI offenders) was among offenders on probation for violent offenses (41%), while probationers sentenced for drug offenses were most likely to report illicit drug use. Since the survey depended on probationers to self-report illicit drug use, it is likely that these data underestimate the true proportion of probationers who were actually under the influence of illicit drugs when they committed their crimes. Urinalysis studies of arrestees typically find much higher rates of recent illicit drug use (see CESAR FAX, Volume 7, Issue 5).

**Percentage of Adult Probationers Reporting Alcohol or Other Drug Use at the Time of the Offense, by Offense Type, 1995**



\*Data for probationers sentenced for driving while intoxicated (DWI) are not presented because substance use is inherent in the definition of the offense. Nearly all (99%) DWI probationers reported being under the influence of alcohol or drugs at the time of their offense. Including DWI offenders, 75% of all probationers sentenced for public-order offenses reported alcohol use and 6% reported drug use at the time of their offense.

SOURCE: Adapted by CESAR from data from Christopher Mumola, *Substance Abuse and Treatment of Adults on Probation, 1995*, Bureau of Justice Statistics Special Report, March 1998. A copy of the report is available from the Bureau of Justice Statistics World Wide Web site at [www.ojp.usdoj.gov/bjs/](http://www.ojp.usdoj.gov/bjs/).

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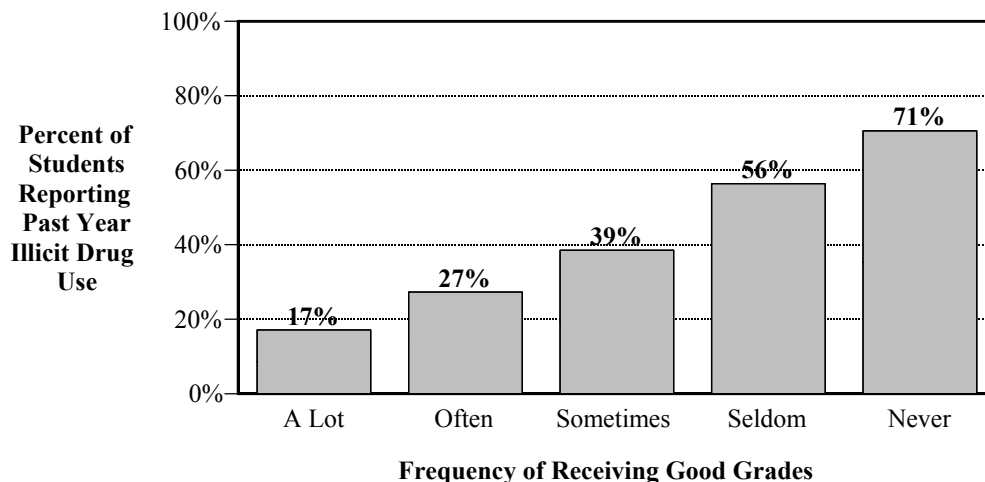
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## *Students Who Report Never Receiving Good Grades Four Times More Likely to Use Illicit Drugs*

The less often students receive good grades, the more likely they are to use illicit drugs, according to data from the 1997-98 national Parents' Resource Institute for Drug Education (PRIDE) school survey. Seventeen percent of students who reported receiving good grades "a lot" reported using at least one illicit drug (primarily marijuana) in the year prior to the survey, compared to 71% of students who reported never receiving good grades. Similar results were found in a 1994 survey of undergraduate students enrolled at the University of Maryland at College Park--students with the lowest grade point averages were four times more likely to report using marijuana in the past month (see CESAR FAX, Volume 6, Issue 11). Other factors that may be associated with academic performance (participating in school and community activities, religiosity, parents talking to their children about drug use, setting clear rules, and punishing when rules are broken) were also found by the PRIDE survey to be related to reduced illicit drug use.

**Percentage of Students (Grades 6-12) Reporting  
Past Year Illicit Drug Use, by Reported Frequency of Receiving Good Grades, 1997-98**  
(N=154,350)



SOURCE: Adapted by CESAR from data from Parents' Resource Institute for Drug Education (PRIDE), "Alcohol, Tobacco and Other Drug Use Drops Among Teens; Despite Progress Drug Usage Remains Twice the 1991 Rate," Press Release (WWW document; URL <http://www.prideusa.org/press97/ns97pnat.htm>; accessed 6/19/98). For more information, contact Doug Hall of PRIDE at 770-458-9900.

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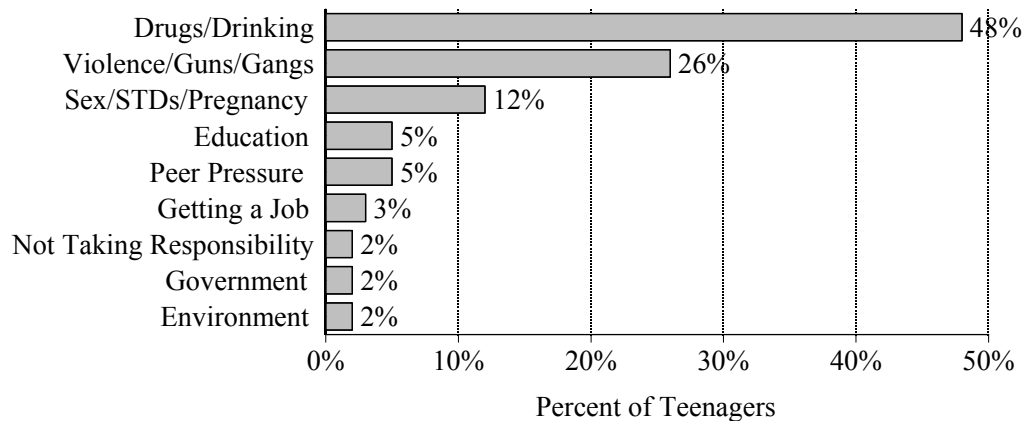
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**University of Maryland, College Park**

## *U.S. Teens Say Drugs and Drinking are the Biggest Problems Facing Their Generation*

### *Survey Results*

Nearly one-half of U.S. teenagers believe that drugs and drinking are the biggest problems facing their generation, outranking both violence- and sex-related concerns.



### *Survey Background*

In May 1998, 511 U.S. teenagers (aged 15-18) currently attending high school were interviewed by telephone. The open-ended question asked, "What do you think is the biggest problem facing your generation today?"

### *Source*

Adapted by CESAR from Bennett, Petts & Blumenthal, "National Survey of Teenagers," prepared for APCO Associates, May 1998.

### *Contact*

Bennett, Petts & Blumenthal at 202-342-0700

### **How Do You Like This CESAR FAX Format?**

We are currently evaluating possible modifications to the existing CESAR FAX format. We would greatly appreciate receiving your comments about the revised format of this CESAR FAX issue. Comments may be sent to [CESAR@cesar.umd.edu](mailto:CESAR@cesar.umd.edu). Thank you!

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*Summer 1998 Pulse Check Reports on Current Drug Use Patterns Across the Nation*

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***Survey  
Description***

As part of the Office of National Drug Control Policy's *Pulse Check* survey, ethnographers, law enforcement officials, and drug treatment providers in major cities across the U.S. reported trends in illicit drug use over the six months prior to the interview (from June to December 1997).

---

***Cocaine Use***

Cocaine and crack continue to be the primary drugs of abuse among treatment clients, ranging from around 20% in the western states to around 32% in other areas. Use remains stable at high levels in most areas, with the exception of scattered reports of increased powder use among middle- to upper-income users. The number of new crack users continues to be down.

---

***Heroin Use***

Nearly all sources reported that heroin use is stable or rising. Consistent with past *Pulse Check* findings, the majority of heroin users are older, hard-core users, while the number of new, younger users continues to rise. According to many sources, the heroin market has "grown more organized and discreet, enabling users to access dealers in a more businesslike and less risky fashion" (p. 16).

---

***Marijuana Use***

There remains a high level of demand for marijuana, possibly sustained by an increased availability of high quality, domestically grown marijuana. While marijuana is popular among users of all ages, incomes, and social groups, the majority of users continue to be young, and several cities reported increases in use among junior high school age youth.

---

***Source/Contact***

Adapted by CESAR from Office of National Drug Control Policy, *Pulse Check: National Trends in Drug Abuse*, Summer 1998.

Copies of the report are available from ONDCP's world wide web site ([www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)) or from the ONDCP Drugs and Crime Clearinghouse (800-666-3332).

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## *CASA Review of Drug Court Evaluations Finds Consistent, Positive Findings*

### ***CASA Drug Court Research Review***

Since the establishment of the first U.S. drug court in 1989, the number of courtrooms dedicated to drug-involved offenders has grown exponentially (see CESAR FAX, Volume 6, Issue 24). The National Center on Addiction and Substance Abuse (CASA) at Columbia University recently released a review of drug court research to date (30 evaluations covering 24 drug courts). The review concluded that “despite the different drug court statutes, jurisdictional differences, methods used by evaluators and the limitations of some data, a number of consistent findings emerge from available drug court evaluations” (p. 4).

### ***Findings***

- Through regular court hearings and frequent drug testing, drug courts provide more comprehensive and closer monitoring than other forms of community supervision.
- “Retention rates for drug courts are much greater than retention rates typically observed for criminal justice offenders specifically, and treatment clients in general” (p. 4).
- Drug use and criminal behavior are substantially reduced while offenders are participating in the program (based on urine test results and rearrest rates).
- “Drug courts generate cost savings, at least in the short term, from reduced jail/prison use, reduced criminality and lower criminal justice costs” (p. 35).
- “Drug courts have been quite successful in bridging the gap between the court and the treatment/public health systems and spurring greater cooperation among the various agencies and personnel within the criminal justice system, as well as between the criminal justice system and the community” (p. 35).

### ***Source/ Contact***

Adapted by CESAR from Steven Belenko, “Research on Drug Courts: A Critical Review,” *National Drug Court Institute Review* 1(1):1-42. This issue of the *Review* was funded by a grant from the Robert Wood Johnson Foundation.

Complimentary copies of the report are available from the National Drug Court Institute by faxing a request to West Huddleston at 703-706-0577.

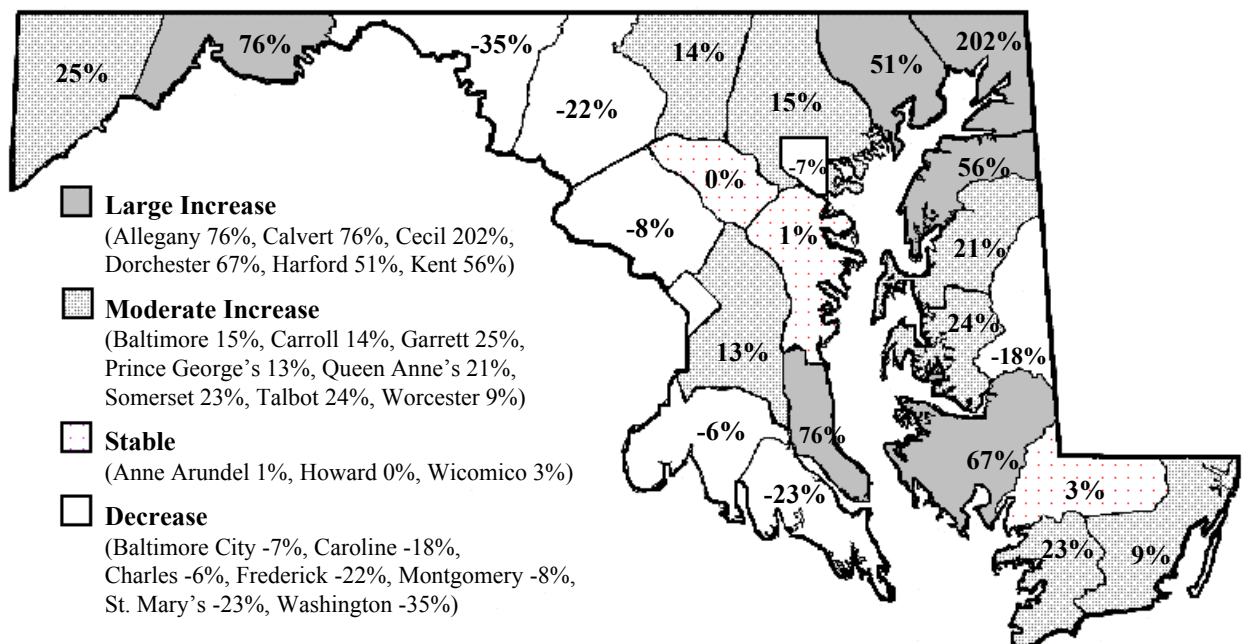
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## *Heroin-Related Treatment Admissions Increase in Majority of Maryland Counties; Decrease in Baltimore City*

Treatment programs in 15 Maryland counties reported increases in the number of heroin-related treatment admissions in fiscal year 1997, according to data from the Maryland Alcohol and Drug Abuse Administration. Cecil county experienced the greatest increase in heroin-related admissions (202%, from 46 admissions in FY96 to 139 in FY97), followed by Allegany (76%), Calvert (76%), Dorchester (67%), Kent (56%), and Harford (51%) counties. In contrast, the number of heroin-related admissions in Baltimore City declined by 7%. However, Baltimore City continues to account for the largest proportion of heroin-related admissions statewide (68%). In response to changes in heroin use patterns such as these, Maryland's Cabinet Council on Criminal and Juvenile Justice established the State Heroin Action Plan, designed to prevent the spread of heroin use in Maryland and increase the availability of treatment for heroin addiction. A full description of the Heroin Action Plan can be found in the *Maryland Crime Control and Prevention Strategy, 1998 Edition*. Copies of the *Strategy* are available from the Governor's Office of Crime Control & Prevention at 410-321-3521.

### Percentage Increase in the Number of Heroin-Related Treatment Admissions, Maryland, FY1996 to FY1997



SOURCE: Adapted by CESAR from the Alcohol and Drug Abuse Administration, Maryland Department of Health & Mental Hygiene, "Trends and Patterns in Maryland Alcohol & Drug Abuse Treatment, Fiscal Year 1997." For more information, contact the Management Information Services Division at 410-767-6886.

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## *Maryland 1998 Crime Control and Prevention Strategy Now Available*

### ***Maryland Crime Control & Prevention Strategy***

Maryland's Cabinet Council on Criminal and Juvenile Justice recently released the 1998 edition of the *Maryland Crime Control and Prevention Strategy*, an action-oriented, research-based plan to reduce crime and make Maryland communities safe. Partnerships with local governments, police, citizens, and the private sector are essential components of the Strategy. The Strategy focuses on four key action areas: 1) targeting high-risk offenders; 2) reclaiming at-risk neighborhoods; 3) protecting and supporting victims; and 4) preventing youth violence, drug use, and gangs.

### ***Target High-Risk Offenders***

- Control dangerous adult and juvenile offenders
- Keep guns out of the hands of criminals
- Break the link between drugs and crime

### ***Reclaim At-Risk Neighborhoods***

- Target crime "Hot Spots" with a comprehensive strategy
- Promote community policing
- Engage citizens in crime control
- Revitalize aging neighborhoods

### ***Protect and Support Victims***

- Reduce and prevent family violence
- Enhance victims' rights and services

### ***Prevent Youth Violence, Drug Use, & Gangs***

- Demand individual responsibility
- Strengthen families
- Enhance school safety
- Promote supportive communities

### ***Source/ Contact***

Adapted by CESAR from the Cabinet Council on Criminal and Juvenile Justice, *Maryland Crime Control and Prevention Strategy, 1998 Edition*.

Copies are available from the Governor's Office of Crime Control & Prevention at 410-321-3521 or [info@GOCCP.USA.COM](mailto:info@GOCCP.USA.COM).



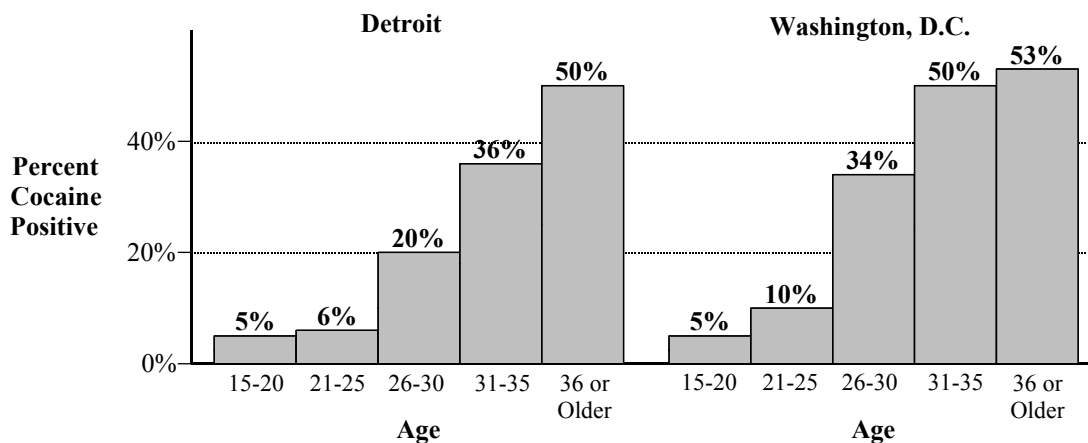
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## *Cocaine Use Mainly a Problem Among Older Arrestees*

Recently released data from the Arrestee Drug Abuse Monitoring (ADAM) program (formerly the DUF program) indicate that cocaine use among arrestees is now largely a problem among older, established users. In 21 of the 23 ADAM sites across the U.S., older adult male arrestees are testing positive for cocaine at more than double the rates of the younger arrestees.\* For example, in Detroit and Washington, D.C. 20% to 53% of male arrestees aged 26 and older tested positive for cocaine in 1997, compared to 10% or less of younger arrestees. This age disparity in cocaine positives, “combined with the fact that the [younger] cohort’s test positive rate is not increasing over time, imply lower cocaine initiation rates and a gradual aging out of the cocaine using cohort in the community” (p. 1). These findings are consistent with previous analyses of arrestee data showing that crack/cocaine use among arrestees is declining in the U.S. (see CESAR FAX, Volume 6, Issue 31).

**Percentage of Detroit and Washington, D.C. Adult Male Arrestees Testing Positive for Cocaine, by Age, 1997**



\*Cocaine positive rates of the youngest arrestees charged as adults exceed the rates of the oldest arrestees in only two sites (Houston and San Antonio).

SOURCE: Adapted by CESAR from data from the National Institute of Justice, “1997 Annual Report on Adult and Juvenile Arrestees,” July 1998. A copy of the report is available from the National Criminal Justice Reference Service at 800-851-3420 or [www.ncjrs.org](http://www.ncjrs.org).

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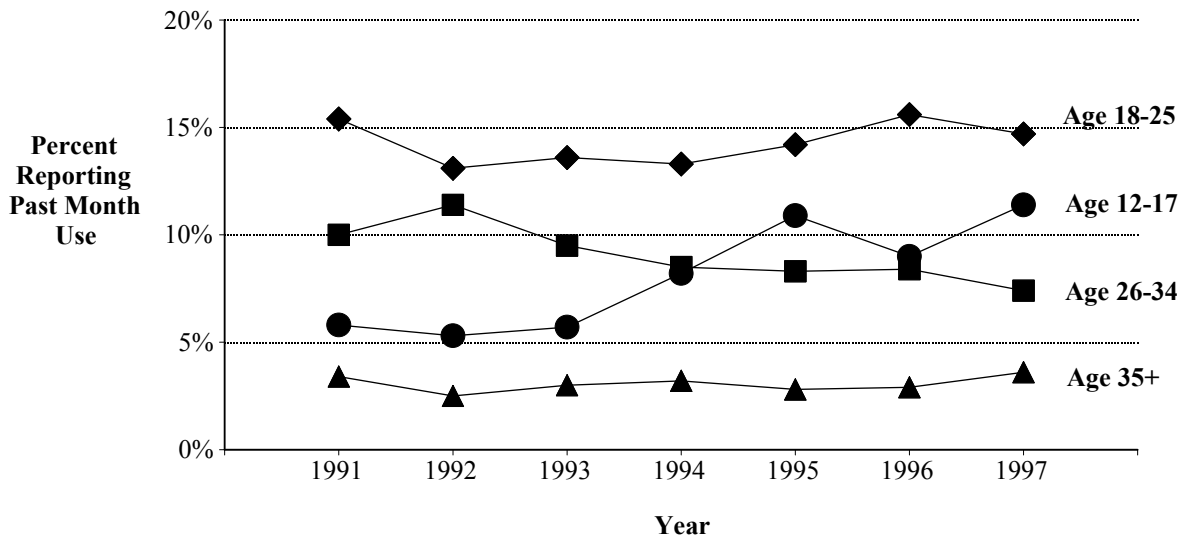
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## *Illicit Drug Use Continues to Rise Among Youth, Stable Among Other Age Groups*

Current illicit drug use among youth continued to rise in 1997, according to data from the National Household Survey on Drug Abuse. After a slight decrease in 1996, past month illicit drug use by youth aged 12 to 17 increased again in 1997, rising from 9% to 11%. Current drug use rates among other age groups have remained stable or declined slightly over the past few years. The rise in use among youth aged 12 to 17 is the result of an increase in marijuana use, which has more than doubled since 1991 (from 4% to 9%). Regardless of age, marijuana is the most commonly used illicit drug; 80% of all past month illicit drug users reported using marijuana in 1997, either alone (60%) or in combination with other drugs (20%).

**Percentage of U.S. Household Residents Reporting  
Past Month Use of Any Illicit Drug, by Age Group, 1991-1997**



NOTE: This survey is of residents of households, noninstitutional group quarters (e.g., shelters, rooming houses, dormitories), and civilians living on military bases. Any illicit drug use indicates use at least once of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically.

SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration (SAMHSA), "Preliminary Results from the 1997 National Household Survey on Drug Abuse," (WWW document; URL <http://www.samhsa.gov/oas/nhsda/nhsda97/httoc.htm>; accessed 8/21/98).

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***England Pilots DUF/ADAM Program***

***Background***

For ten years the national Drug Use Forecasting (DUF) program (recently renamed ADAM--Arrestee Drug Abuse Monitoring) has been reporting high drug-positive rates among arrestees tested for illicit drugs in major cities across the U.S. Earlier this year, researchers in England released the main findings of the first DUF/ADAM pilot program outside the U.S.

***Methodology***

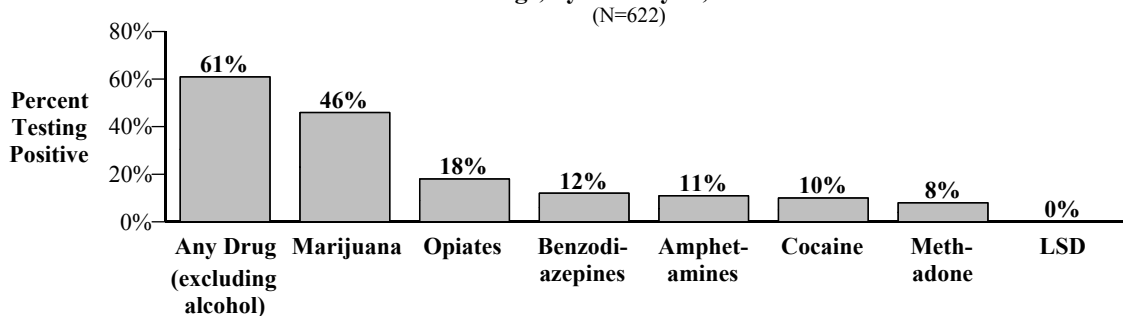
Research was conducted in custody suites in five police force areas (Cambridge, London, Manchester, Nottingham, and Sunderland) over an 18-month period beginning in January 1996. Male and female arrestees were interviewed using a questionnaire based on those used in the DUF/ADAM program. Voluntary and anonymous urine specimens were also collected.

***Findings***

Drug positive rates among arrestees in England were comparable to those of U.S. arrestees; an average of 61% of English arrestees tested positive for at least one drug (excluding alcohol).

Forty-six percent of English arrestees tested positive for marijuana, outranking all other drugs, including cocaine. In contrast, adult American arrestees are typically most likely to test positive for cocaine.

**Percentage of Arrestees in Five English Cities Testing Positive for Drugs, by Urinalysis, 1996-1997**



***Implications***

This study demonstrates the feasibility of conducting DUF/ADAM studies outside of the U.S. Its findings also suggest the hypothesis that about 50% of criminals throughout the world are likely to be using illicit drugs.

***Source***

Adapted by CESAR from *Drugs and Crime: The Results of Research on Drug Testing and Interviewing Arrestees*, Home Office Research Study No. 183, London, 1998.

Copies are available on the world wide web at [www.homeoffice.gov.uk/rsd/drugtest.htm](http://www.homeoffice.gov.uk/rsd/drugtest.htm).

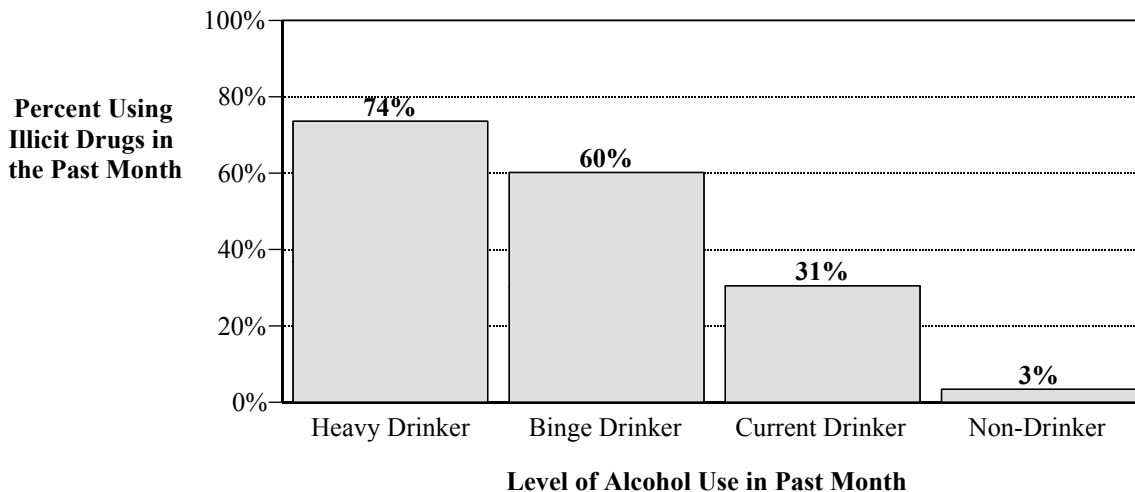
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## *Youth Who Drink and Smoke Much More Likely to Use Illicit Drugs*

Youth who have as little as one alcoholic drink or one cigarette per month are ten times more likely to also use illicit drugs, according to data from the 1997 National Household Survey of Drug Abuse. Thirty-one percent of youth who reported having at least one drink in the month prior to the survey ("current drinkers") said that they had used illicit drugs during the same period, compared to only 3% of non-drinkers. Binge drinkers and heavy drinkers reported even higher rates of illicit drug use (60% and 74%, respectively). Among smokers, 43% reported using illicit drugs in the past month, compared to 4% of non-smokers.

**Percentage of U.S. Household Residents Aged 12 to 17 Reporting Past Month Use of Illicit Drugs, by Level of Past Month Alcohol Use, 1997\***



\*Heavy Drinker: Five or more drinks on the same occasion on at least five different days in the past month.

Binge Drinker: Five or more drinks on the same occasion at least once in the past month (excludes heavy drinkers).

Current Drinker: At least one drink in the past month (excludes heavy and binge drinkers).

Smoker: Use of cigarettes at least once in the past month.

Illicit Drug Use: Use at least once in the past month of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically.

SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration (SAMHSA), "Preliminary Results from the 1997 National Household Survey on Drug Abuse," (WWW document; URL <http://www.samhsa.gov/oas/nhsda/nhsda97/httoc.htm>; accessed 8/21/98).

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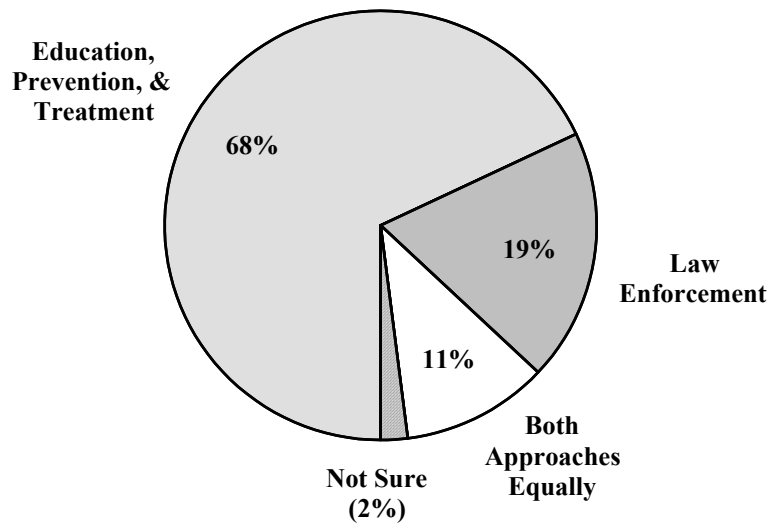
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***D.C. Residents Say Drugs Have a Major Impact on Their Lives;  
Support Education, Prevention, and Treatment to Reduce Drug Problem***

Drugs have a major impact on the lives of D.C. residents, according to the results of a household telephone survey conducted this past June. Over half (55%) of adult D.C. residents have seen or heard about drugs being sold in their neighborhood, and just over one-third (35%) personally know someone who regularly uses illegal drugs. Thirty-six percent said that the problems caused by drug sellers and users in their neighborhoods have changed the way their family lives. To reduce the District's drug problem, the majority of residents support providing more funds and attention to drug education, prevention, and treatment (see figure below).

**Which One of the Following Approaches Do You Favor More to Help Reduce the Drug Problem Here in the District?"**

(n=801 adult Washington, D.C. residents)



NOTE: The response "Both Approaches Equally" was a volunteered response. The margin of error for the survey is  $\pm 3.5\%$ .

SOURCE: Adapted by CESAR from "City Views on Drug Abuse: A Washington, DC Survey," August 1998. Conducted for Drug Strategies by Peter D. Hart Research Associates. For more information, contact Drug Strategies at 202-663-6090 or [dspolicy@aol.com](mailto:dspolicy@aol.com).

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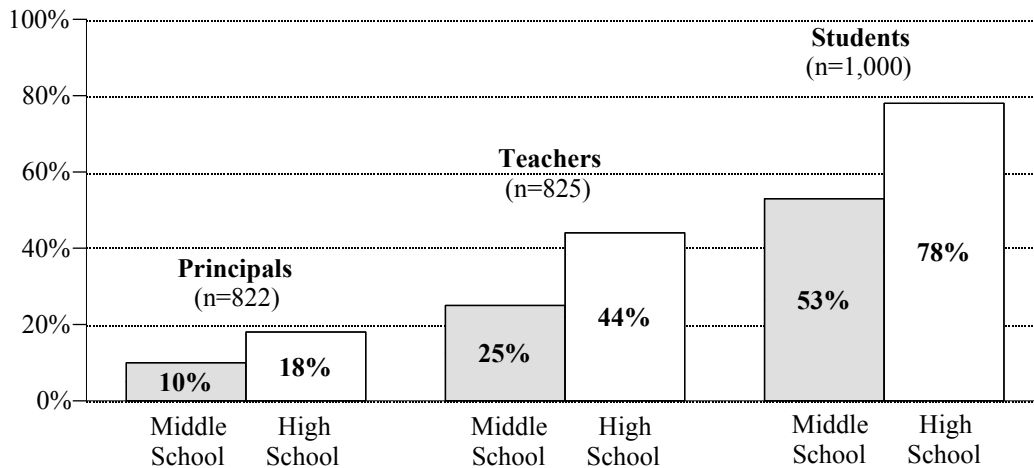
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## *Teachers and Principals Less Likely than Students to Think Drugs Are in Schools*

Principals' and teachers' perception of drug use and availability in their schools is dramatically lower than that of students, according to two national surveys released this month by the National Center on Addiction and Substance Abuse at Columbia University (CASA). Ten percent of middle school principals and 25% of middle school teachers believe that students at their school keep, use, or sell drugs on school grounds, compared to 53% of students. In high schools, 18% of principals and 44% of teachers say that drugs are in their school, compared to 78% of students. For more information, contact CASA at 212-841-5200 or visit [www.casacolumbia.org](http://www.casacolumbia.org).

**Percentage of Middle and High School Principals, Teachers, and Students Reporting That Students at Their School Keep, Use, or Sell Drugs on School Grounds, 1998**



NOTE: The survey of teachers and principals was conducted by telephone in May and June 1998 using a random sample selected from a commercial list of persons in these occupations. The survey of students was conducted by telephone in June and July 1998 using a random sample of households in the 48 contiguous states. Middle school students were students age 12-14; high school students were students age 15-17.

SOURCE: Adapted by CESAR from data from the National Center on Addiction and Substance Abuse at Columbia University (CASA), "Back to School 1998--National Survey of American Attitudes on Substance Abuse IV: Teens, Teachers and Principals," September 1998.

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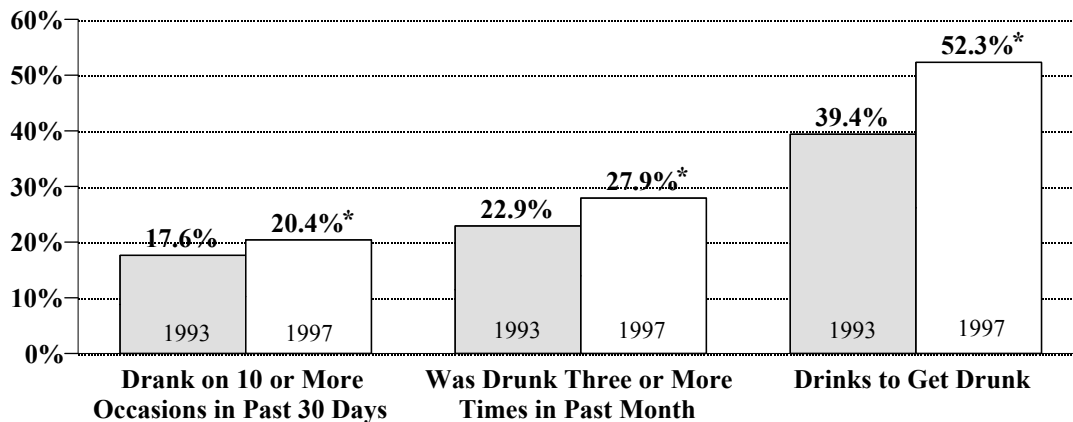
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## *Study Finds Intensification of Drinking Behavior Among College Students*

While the prevalence of drinking among college students has not changed dramatically over the past four years, the drinking behavior of students who do drink has intensified. Last year, the Harvard School of Public Health College Alcohol Study resurveyed colleges that participated in a 1993 study of student alcohol use. The 1997 survey found that, among drinkers, 28% reported being drunk three or more times in the past month, compared to 23% in 1993. In addition, the percentage of students who said they drink to get drunk jumped from 39% in 1993 to 52% in 1997. There were also increases in drinking-related problems, including drinking and driving, getting hurt or injured, and engaging in unplanned sexual activity. Copies of the report are available on-line at [www.hsph.harvard.edu/cas/](http://www.hsph.harvard.edu/cas/).

### **Prevalence of Alcohol-Related Behaviors Among College Students Who Drank Alcohol in the Past Year, 1993 and 1997**

(n=12,803 in 1993; 11,798 in 1997)



NOTE: The survey was a self-administered mail survey of a random sample of 14,521 students at 116 schools located in 39 states.

\*p<.001

SOURCE: Adapted by CESAR from the Henry Wechsler et al., "Changes in Binge Drinking and Related Problems Among American College Students Between 1993 and 1997: Results of the Harvard School of Public Health College Alcohol Study," *Journal of American College Health*, 47:57-68, September 1998.

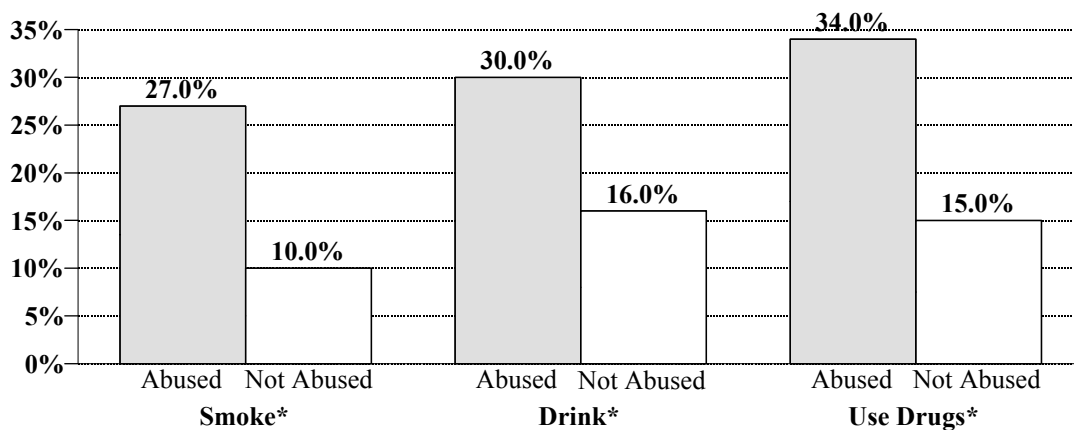
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## *Physically/Sexually Abused Adolescent Boys Twice As Likely to Smoke, Drink, or Use Drugs*

High school boys who have been physically or sexually abused are at least twice as likely as non-abused boys to drink, smoke, or use drugs, according to data from a national school survey conducted in 1997. Thirteen percent of boys in 9th-12th grades said that they had been physically or sexually abused. Thirty percent of abused boys reported that they drank frequently, and 34% reported that they had used drugs in the past month, compared to 16% and 15%, respectively, of non-abused boys. Abused boys were also nearly three times more likely to smoke frequently (27% vs. 10%). These findings suggest that practitioners who deal with physically and/or sexually abused adolescents should also conduct assessments for co-occurring substance abuse problems.

**Percentage of Male High School Students (Grades 9-12)  
Reporting Smoking, Drinking, or Using Drugs, by Physical/Sexual Abuse Status, 1997**



\*Smoke: smoked at least several cigarettes in the past week; Drink: drank at least once a month; Use Drugs: used illegal drugs at least once in the past month.

NOTE: The survey was an in-class questionnaire completed by 3,162 boys in grades 5-12 at a nationally representative sample of 265 public, private, and parochial schools from December 1996 to June 1997. The survey included roughly equal samples of adolescent boys in grades 5-8 and 9-12. All responses were weighted to reflect grade, region, race and ethnicity, and gender.

SOURCE: Adapted by CESAR from Cathy Schoen et al., "The Health of Adolescent Boys: Commonwealth Fund Survey Findings" (WWW document; URL <http://www.cmf.org/women/boysv271.html>; accessed 7/22/98). The survey was conducted by Louis Harris and Associates, Inc. for the Commonwealth Fund.

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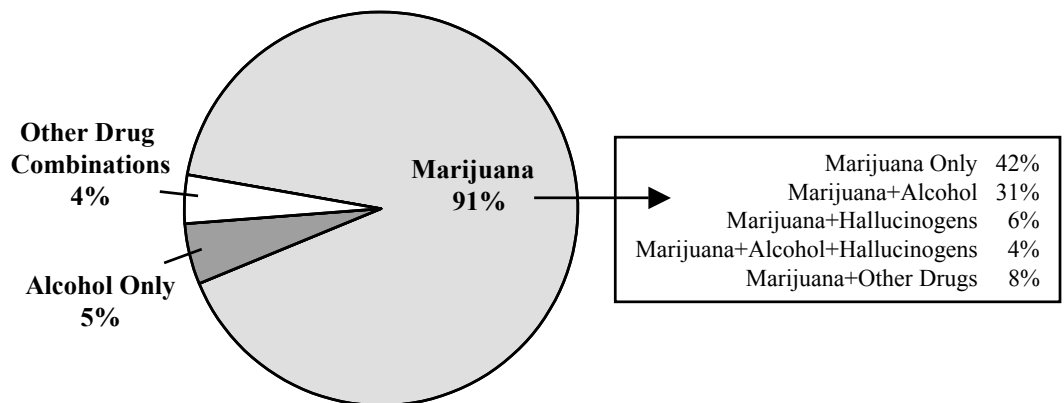
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## ***Forty Percent of Juvenile Detainees in Maryland Need Treatment-- Primarily for Marijuana Abuse/Dependence***

Forty percent of male and female juvenile detainees in Maryland--an estimated 2,364 youth--were diagnosed as needing alcohol or other drug treatment in 1996. Ninety-one percent of these juveniles needed treatment for marijuana abuse/dependence (based on DSM-III-R criteria), either alone (42%) or in combination with alcohol or other drugs. The only other substantial need for treatment (excluding marijuana) was for alcohol alone (5%); all other drug combinations (such as hallucinogens only, cocaine only, alcohol+hallucinogens) accounted for less than 1% each of the total number of detainees estimated to be in need of treatment. According to the authors, these findings suggest that "the juvenile justice system is in a unique position to identify persons in need of treatment and direct them to support services capable of addressing their treatment need or mandating treatment for them as wards of the juvenile justice system" (p. 55).

### **Type of Treatment Need Among Maryland Juvenile Detainees in Need of Treatment, 1996**

(Estimated N=2,364)



NOTE: Estimates are based on 649 cases weighted to be representative of all admissions to the Department of Juvenile Justice detention facilities. Data are based on self-reports which previous research has shown to underestimate deviant behavior such as drug use.

SOURCE: Thomas A. Gray and Eric D. Wish, "Substance Abuse Need for Treatment among Arrestees (SANTA) in Maryland: Youth in the Juvenile Justice System," September 1998. Prepared for the Maryland Alcohol and Drug Abuse Administration under contract from the federal Center for Substance Abuse Treatment. For more information, contact Tom Gray of CESAR at 301-403-8329.

### **Juvenile SANTA Report Now Available from CESAR**

Complimentary copies of the report, "Substance Abuse Need for Treatment among Arrestees (SANTA) in Maryland: Youth in the Juvenile Justice System" are now available. Contact CESAR at 301-403-8329 (phone), 301-403-8342 (fax), or cesar@cesar.umd.edu (e-mail).

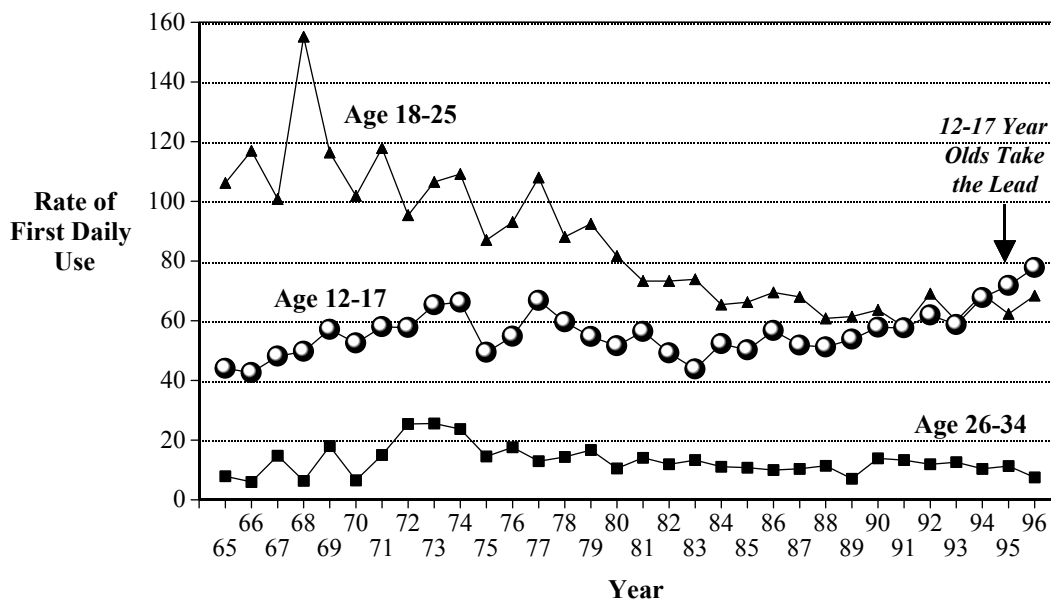
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## *Youth Aged 12-17 Now More Likely Than Any Other Age Group to Begin Daily Smoking*

Youth aged 12-17 now have a higher likelihood of beginning daily smoking than any other age group, according to an analysis of data from the National Household Survey on Drug Abuse (NHSDA). Historically, starting to smoke daily had been more likely to occur among 18-25 year olds. However, the rate of beginning daily smoking has gradually decreased among 18-25 year olds since the 1960s, while the rate among 12-17 year olds has recently been increasing. By 1996 (the most recent year for which data are available), there were an estimated 78 new daily smokers per 1,000 potential new users aged 12-17--a rate that surpasses those of all other age groups. The researchers estimate that more than 3,000 persons under age 18 now become daily smokers each day.

**Age-Specific Rates of First Daily Cigarette Use  
(per 1,000 Potential New Users), 1965-1996**



NOTE: These data were calculated from responses to the 1994-1997 NHSDA question, "How old were you when you first started smoking cigarettes every day?"

SOURCES: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (OAS), "Preliminary Results from the 1997 National Household Survey on Drug Abuse," August 1998 and Centers for Disease Control and Prevention (CDC), "Initiation of Cigarette Smoking--United States, 1965-1996," *Morbidity and Mortality Weekly Report* 47(39):837-840. The reports are available on-line at [www.samhsa.gov](http://www.samhsa.gov) and [www.cdc.gov](http://www.cdc.gov), respectively.

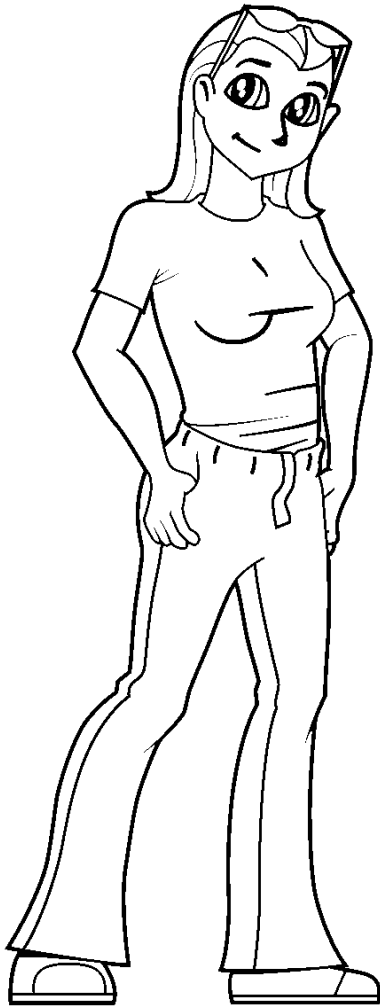
### **Juvenile SANTA Report Now Available from CESAR**

Complimentary copies of the report, "Substance Abuse Need for Treatment among Arrestees (SANTA) in Maryland: Youth in the Juvenile Justice System" are now available. Contact CESAR at 301-403-8329 (phone), 301-403-8342 (fax), or [cesar@cesar.umd.edu](mailto:cesar@cesar.umd.edu) (e-mail).

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

## *CESAR Pilots Internet-Based Substance Abuse Assessment and Referral System for College Students*



CESAR, in conjunction with Drug Strategies, Inc. and the university's Health Center, has launched a Drug and Alcohol Referral and Assessment web page for University of Maryland college students. Nicknamed **DARA\***, the primary function of the web site is to provide a confidential, convenient way for local students to assess their risk for alcohol or other drug problems. After completing a brief screening test, students are provided with a score indicating their risk level. Students can then browse a list of on- or off-campus treatment resources.

Other DARA features include:

- **Peer Information Page:** reports results from the recent campus student drug survey;
- **Drug Trends:** provides current information on alcohol and other drugs, including links to other related web sites; and
- **Talk to Us:** students can anonymously offer their perceptions of new campus drug trends, how drugs have affected them, and their opinions about drug use.

In order to maximize student knowledge and use of DARA, CESAR is currently experimenting with several types of community- and campus-wide promotions, including DARA pens, posters, flyers, mass-mailings, and presentations. For more information, contact Leah Schwartzmann at 301-403-8329 or visit DARA at [www.cesar.umd.edu/DARA.htm](http://www.cesar.umd.edu/DARA.htm).

## DARA

University of Maryland's

Drug & Alcohol Referral & Assessment

\*The DARA program of the University of Maryland is not in any way affiliated with the D.A.R.E. programs.

### Want to Bring DARA to Your School?

DARA's modular construction makes it easy to adapt for use by other colleges or universities.

For more information about using DARA at your institution, contact

Dr. Eric Wish at 301-403-8329 or [ewish@cesar.umd.edu](mailto:ewish@cesar.umd.edu).

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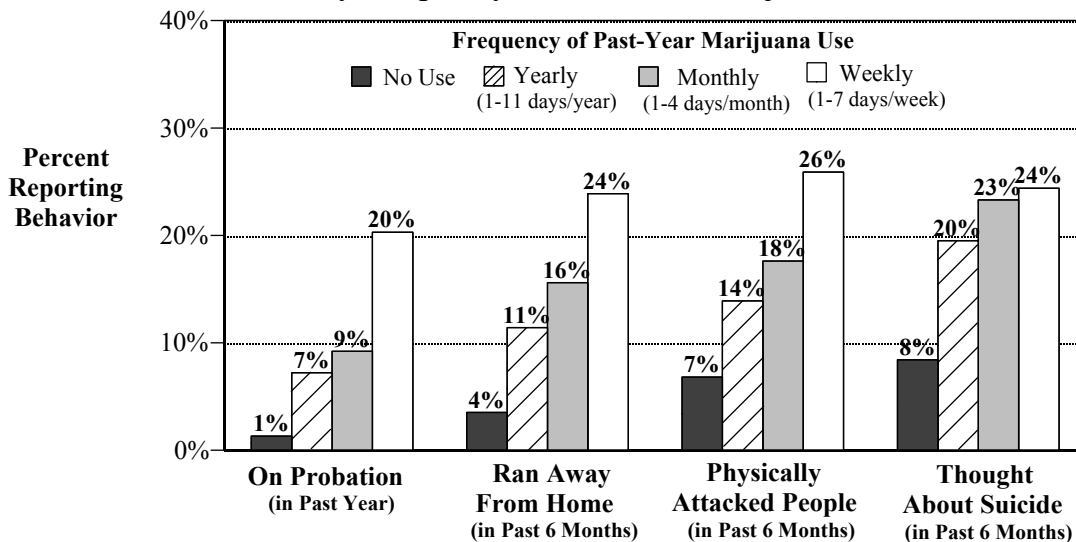
**A Weekly FAX from the Center for Substance Abuse Research**

**University of Maryland, College Park**

***Practitioners Should Be Aware of Co-Occurring Marijuana Use and Delinquent/Depressive Behaviors Among Youth***

The more frequently adolescents used marijuana in the past year, the more likely they were to report delinquent and depressive behaviors, according to recently analyzed data from the 1994, 1995, and 1996 National Household Surveys on Drug Abuse. Of the delinquent behaviors examined, being on probation, running away from home, and physically attacking people had the strongest relationship with frequency of marijuana use; marijuana users were 2 to 20 times more likely to exhibit these behaviors than nonusers. Adolescents who used marijuana were also more likely to report behaviors symptomatic of depression, such as thinking about killing themselves. Teachers, counselors, and others who work with adolescents should be aware that marijuana use and delinquent/depressive behaviors frequently co-occur in this population.

**Percentage of Adolescents (Aged 12-17) Reporting Delinquent and Depressive Behaviors, by Frequency of Past-Year Marijuana Use, 1994-96**



NOTE: Marijuana users were more likely than nonusers to be aged 16-17, white, male, and live in a metro area, and less likely than nonusers to live in a two-parent home. In logistic regression analyses controlling for these variables, the differences in delinquent and depressive behaviors between users and nonusers were still seen (unpublished data from SAMHSA's Office of Applied Studies).

SOURCE: Janet C. Greenblatt, "Adolescent Self-Reported Behaviors and Their Association with Marijuana Use," Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 1998. For more information, contact Janet Greenblatt at 301-443-7981.

**CESAR Seeking Manager for Treatment Outcome Project**

CESAR is currently seeking a project manager for a three year substance abuse treatment outcome assessment. Applicants must have a Ph.D. in a relevant discipline and experience in generating grant/contract income. Please contact CESAR at 301-403-8329 or cesar@cesar.umd.edu for a complete job description.

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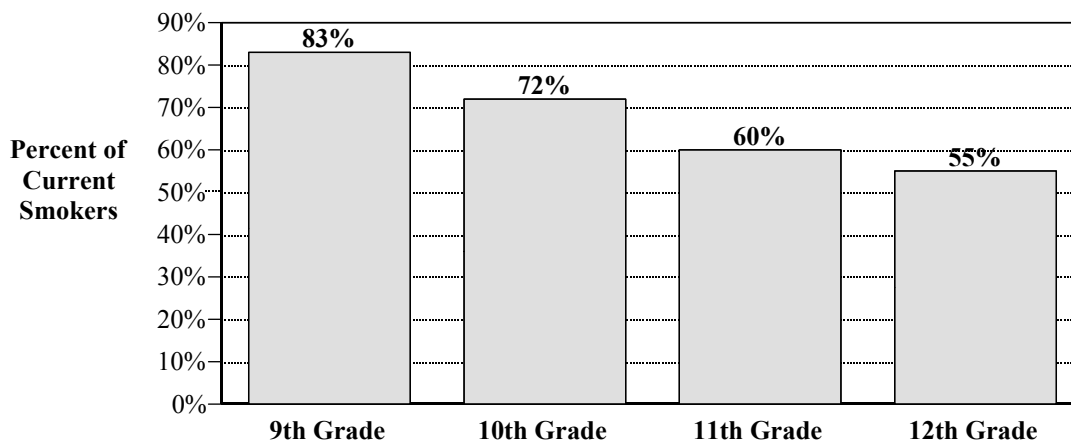
**A Weekly FAX from the Center for Substance Abuse Research**

**University of Maryland, College Park**

***30% of Underage Smokers Can Buy Cigarettes;  
Younger Smokers More Likely Not to Be Asked to Show ID***

Despite the fact that all U.S. states prohibit the sale of cigarettes to youth under the age of 18, 30% of high school students who currently smoke report that they have purchased cigarettes in a store or gas station in the past month. According to data from the 1997 Youth Risk Behavior Surveillance Survey (YRBSS), youth access to tobacco increased with grade level; 18% of 9th grade current smokers reported that they had purchased cigarettes in the past month, compared to 26% of 10th, 37% of 11th, and 44% of 12th graders. Of students who purchased cigarettes, 67% were not asked to show proof of age. Furthermore, younger students were more likely than older students not be asked to show identification (see figure below). Previous studies have shown that enforcing tobacco age-of-sale laws result in reductions in illegal tobacco sales to minors as well as reduced adolescent smoking rates.

**Percentage of Current Smokers (Under Age 18) Who Reported Purchasing Cigarettes in the Past Month Without Being Asked to Show Proof of Age, by Grade, 1997\***



\*Current Smokers were defined as persons who smoked cigarettes on 1 or more of the 30 days preceding the survey.

NOTE: The YRBSS was of a nationally representative sample of 16,262 students in grades 9-12 in 151 schools. The school response rate was 79% and the student response rate was 87%.

SOURCE: Centers for Disease Control and Prevention (CDC), "Youth Risk Behavior Surveillance--United States, 1997," Morbidity and Mortality Weekly Report (MMWR), 47(SS-3), August 14, 1998. A copy of this report is available on-line at [www.cdc.gov/nccdphp/dash/yrbs/ov.htm](http://www.cdc.gov/nccdphp/dash/yrbs/ov.htm).

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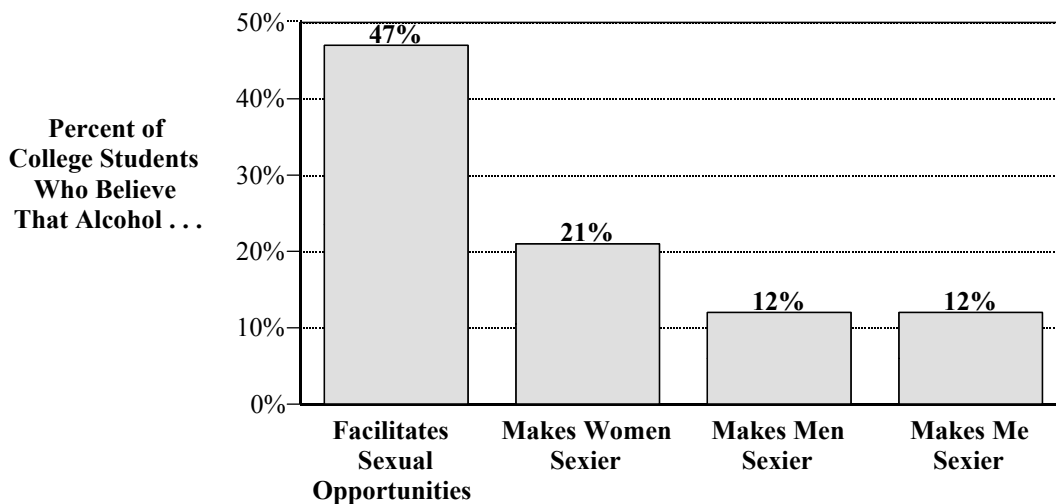
**A Weekly FAX from the Center for Substance Abuse Research**

**University of Maryland, College Park**

## *Nearly Half of College Students Believe That Alcohol Facilitates Sexual Opportunities*

As part of the Core Alcohol and Drug Survey, college students at 2-year and 4-year institutions across the U.S. were asked several questions about the effects of alcohol on sexual behavior. Nearly half of the students interviewed reported that they think alcohol facilitates sexual opportunities (see figure below). One recent study concluded that “alcohol expectancies operate, at least partly, in the manner of a self-fulfilling prophecy to increase postdrinking sexual risk taking” (Dermen et al., p. 75). Prevention programs should consider stressing that alcohol use need not necessarily lead to increased sexual risk-taking behaviors.

### **College Students’ Beliefs Regarding the Effects of Alcohol on Sexual Behavior** (n=89,874)



NOTE: Data are from the 1995 and 1996 Core Alcohol and Drug Survey, administered to 89,874 students at 171 institutions of higher education across the U.S. Only institutions employing random sampling techniques to collect data representative of their campuses were included.

SOURCES: Cheryl Presley et al., “Alcohol and Drugs on American College Campuses: Issues of Violence and Harassment,” Core Institute, Carbondale, Ill., 1997.

Kurt Dermen et al., “Sex-Related Alcohol Expectancies as Moderators of the Relationship between Alcohol Use and Risky Sex in Adolescents,” *Journal of Studies on Alcohol* 59:71-77, 1998.

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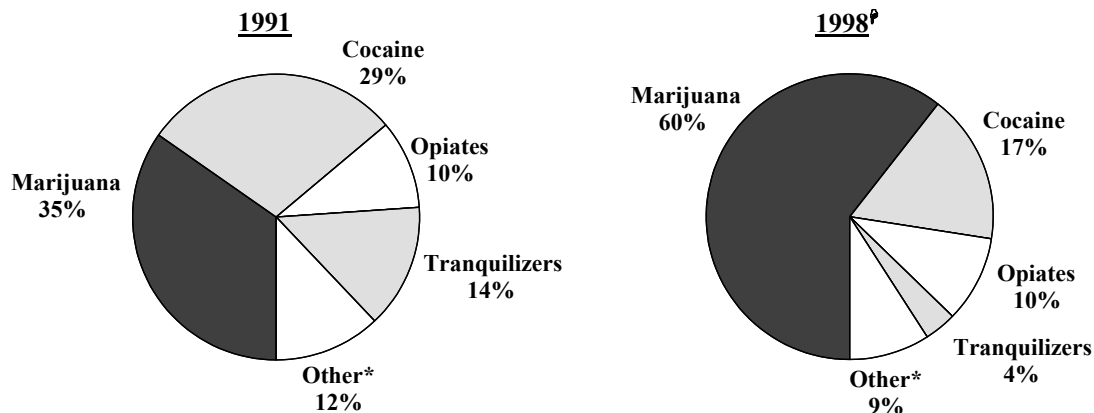
**A Weekly FAX from the Center for Substance Abuse Research**

**University of Maryland, College Park**

***Employee Drug Tests Reveal Shift in Drugs Detected Most Frequently;  
60% of Positives Are for Marijuana, Less than 20% for Cocaine***

Each year, SmithKline Beecham Clinical Laboratories (SBCL) conducts drug tests on over 3 million urine samples from workers across the U.S. According to their most recent drug testing index, 5% of all tests conducted in the first six months of 1998 were positive for at least one illicit drug, compared to 9% in 1991. Among the positive tests, there has been a dramatic shift in the drugs detected most frequently. Thirty-five percent of the positive tests in 1991 contained marijuana, compared to 60% of the positive test in the first six months of 1998. The percentage of positive tests containing cocaine declined from 29% to 17% over the same period. Similar trends in marijuana and cocaine use have been evident in other populations, such as arrestees and household residents (see CESAR FAX Volume 6, Issue 25 and Volume 7, Issue 30).

**Drug Distribution of Positive Urine Tests Among U.S. Workers,  
1991 and 1998<sup>‡</sup>**



<sup>‡</sup>January through June 1998.

\*The category "Other" includes amphetamines, barbiturates, methadone, methaqualone, PCP and propoxyphene.

NOTE: This data is from workers employed by companies that use SmithKline Beecham Clinical Laboratories' drug testing services. Reasons for testing include pre-employment, periodic, random, post-accident, for cause, and returned to duty.

SOURCE: Adapted by CESAR from data from SmithKline Beecham Clinical Laboratories (SCBL), "400 Applicants Caught Attempting to Cheat Drug Test, SmithKline Beecham Drug Testing Index Reveals," WWW document; URL <http://www.sb.com/news/dti.html> (downloaded 10/29/98). For more information, contact Thomas Johnson of SBCL at 800-877-7478 or 610-454-6202.

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CESAR is currently seeking a project manager for a three-year substance abuse treatment outcome assessment. Applicants must have a Ph.D. in a relevant discipline. Grant-writing experience a plus. Please contact CESAR at 301-403-8329 or [cesar@cesar.umd.edu](mailto:cesar@cesar.umd.edu) for a complete job description.

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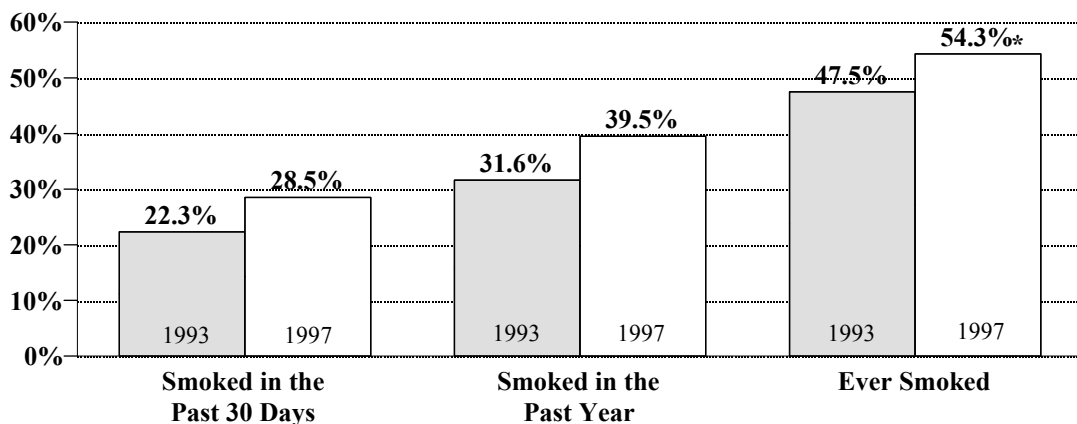
**University of Maryland, College Park**

## *Smoking Increasing Among College Students Nationwide*

“Cigarette use is increasing on campuses nationwide in all subgroups and types of colleges,” according to a survey conducted by the Harvard School of Public Health. The percentage of college students reporting that they had smoked in the past 30 days increased from 22.3% in 1993 to 28.5% in 1997. The increase occurred equally among students of all sex, race/ethnicity, and age groups. The majority of this rise resulted from an increase in the percentage of regular light smokers (those who smoke 1-9 cigarettes per day). The increase in smoking among college students is likely a continuation of the rise in adolescent smoking that began in the early 1990s (see CESAR FAX, Volume 7, Issue 3).

### **Percentage of U.S. College Students Who Reported Smoking Cigarettes, by Frequency of Use, 1993 and 1997**

(n=15,032 in 1993; 14,434 in 1997)



NOTE: The surveys were self-administered to a random sample of 15,103 (1993) and 14,521 (1997) students at 116 nationally representative 4-year colleges. Due to missing responses there were 71 and 87 students excluded from the smoking analysis in 1993 and 1997, respectively.

SOURCE: Adapted by CESAR from Henry Wechsler et al., “Increased Levels of Cigarette Use Among College Students: A Cause for National Concern,” *Journal of the American Medical Association*, 280(19):1673-1678, November 18, 1998. For more information, contact Dr. Wechsler at 617-432-1137 or [hwechsle@hsph.harvard.edu](mailto:hwechsle@hsph.harvard.edu).

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

**University of Maryland, College Park**

## ***1998 "Keeping Score" Report Focuses on Substance Abuse Among Women and Girls***

Federal funding for women's substance abuse prevention, treatment, and research programs needs to be increased, according to the 1998 edition of *Keeping Score*, released by Drug Strategies last Friday. The annual report reviews the impact and effectiveness of public drug control spending; the 1998 edition focuses on substance use among women and girls. Below are some of the findings:

- "Girls are catching up with boys with regard to alcohol, tobacco and other drug use, and in some cases, already surpassing them," according to the first analysis of gender-specific trends in student drug use from the national Monitoring the Future study (p. 6).
- Previously unpublished data from the FBI's Uniform Crime Reports show that "drug arrests of girls have climbed dramatically. In 1996, 19,940 girls were arrested for drug offenses, compared to 6,708 in 1991. The great majority of these arrests were for possession" (p. 23).
- "Emergency room visits by women because of drug-related problems rose 35 percent between 1990 and 1996. During that period, the number of visits related to heroin and marijuana rose more rapidly for women than for men" (p. 5).
- "Women substance abusers account for almost one-third of the total number of people in treatment in 1996 . . . This represents an increase since 1980, when one-quarter of all treatment clients were women"(p. 16).
- Women-specific programs comprise a small fraction of fiscal year 1999 public agency budgets--6% of the Substance Abuse and Mental Health Services Administration (SAMHSA) budget, 15% of the National Institute on Drug Abuse (NIDA) budget and 19% of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) budget is specifically designated for women's programs.

The report also highlights numerous programs for girls, women, and their families in communities across the country. To obtain a copy of *Keeping Score 1998*, please fax a request, along with your name and mailing address, to Drug Strategies at 202-663-6110.

SOURCE: Adapted by CESAR from Drug Strategies, *Keeping Score: Women and Drugs--Looking at the Federal Drug Control Budget*, Washington, D.C., 1998.

### **December is Drunk and Drugged Driving Prevention Month**

Join communities across the country in supporting National Drunk and Drugged Driving (3D) Prevention Month by providing public awareness and enforcement campaigns to prevent impaired driving. For more information, including a list of national campaign activities, visit the National 3D Prevention Month Coalition's web site at [www.3dmonth.org](http://www.3dmonth.org), or call them at 202-452-6004.

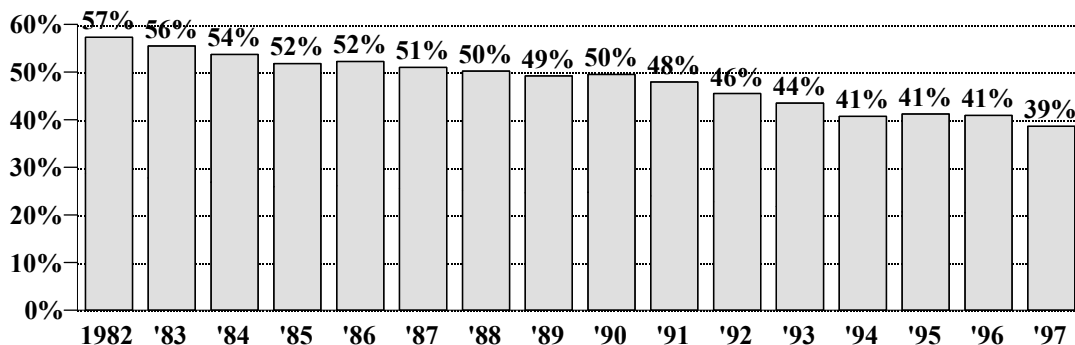
**A Weekly FAX from the Center for Substance Abuse Research**

**University of Maryland, College Park**

## *Drunk Driving Deaths Continue to Decline in the United States*

Almost 40% of the 41,967 traffic fatalities that occurred in the United States in 1997 were alcohol-related, according to data from the National Highway Transportation Safety Administration's Fatality Analysis Reporting System (FARS). While this percentage is a cause for concern, it represents a marked improvement over past years; alcohol-related traffic fatalities have decreased from 25,165 in 1982 to 16,189 in 1997. Many factors have likely influenced this decline, including the enactment of stricter alcohol-impaired driving legislation (see CESAR FAX, Volume 5, Issue 41). Fifteen states and the District of Columbia have lowered the legal blood alcohol limit to 0.08% and as of this year, all 50 states, the District of Columbia, and Puerto Rico have enacted laws prohibiting people under the age of 21 from driving with any blood alcohol level.

**Percentage of Vehicular Crash Fatalities That Were Alcohol-Related, United States, 1982-1997**



NOTE: The Fatality Analysis Reporting System (FARS) gathers data on fatal motor vehicle traffic crashes from the 50 states, the District of Columbia, and Puerto Rico. To be included in FARS, a crash must involve a motor vehicle traveling on a traffic way customarily open to the public, and result in the death of a person (either an occupant of a vehicle or a non-motorist) within 30 days of the crash. An accident is considered to be alcohol-related if any driver or nonoccupant involved in the crash had a positive blood alcohol level.

SOURCE: Adapted by CESAR from National Highway Traffic Safety Administration (NHTSA), Fatality Analysis Reporting System (FARS). For more information, visit [www-fars.nhtsa.dot.gov](http://www-fars.nhtsa.dot.gov).

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**University of Maryland, College Park**

## *CESAR's Web Site Offers a Wide Variety of Substance Abuse Information*

Looking for substance abuse information? CESAR's home page on the world wide web ([www.cesar.umd.edu](http://www.cesar.umd.edu)) is a searchable source of hundreds of substance abuse related articles and statistics, including links to over 175 substance abuse related web sites. Many of CESAR's research publications, including the CESAR FAX, are also available for viewing, downloading, or online ordering. For information about CESAR's web site, contact Bernadine Douglas at [bdouglas@cesar.umd.edu](mailto:bdouglas@cesar.umd.edu) or 301-403-8329. Listed below is the information you can access from CESAR's home page:



**CESAR**

This page provides general information about CESAR, including CESAR's mission statement and directions to our office.



**CESAR  
BOARD**

The main information source on CESAR's web site, the CESAR BOARD, provides information on a wide range of substance abuse-related topics, including prevention, treatment, AIDS, criminal justice, workplace issues, and legislation/grants/contracts.



The Maryland Drug and Alcohol Referral and Assessment (DARA)\* page provides a confidential, convenient way for University of Maryland students to assess their risk for alcohol or other drug problems.



**DEWS**

Information about the Maryland Drug Early Warning System (DEWS), a program designed to detect and define emerging substance abuse trends in Maryland, can be accessed from this page.



**CESAR  
Products**

This page provides online access to many of CESAR's research publications, such as "Estimating the Need for Substance Abuse Treatment in Maryland."



**CESAR *FAX* →**

Current and past issues of the weekly *CESAR FAX* are available here in text, gif, or pdf formats.



**CSAT *by Fax***

The *CSAT by Fax*, produced by CESAR and the federal Center for Substance Abuse Treatment (CSAT), is a biweekly publication devoted to substance abuse treatment issues. Current and past issues are available here in text, gif, or pdf formats.

\*The DARA program of the University of Maryland is not in any way affiliated with the D.A.R.E. programs.

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

This is the final issue of Volume 7 of the CESAR FAX. The CESAR FAX will resume with Volume 8, Issue 1 on January 4, 1998. Thank you for your support during 1998!

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