





Drugs in Maryland: 2003 Update

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Message from the Director

Drug abuse is a serious, but solvable problem. A primary mission of the Center for Substance Abuse Research (CESAR) is to provide Maryland citizens and policymakers with clear and concise research-based information about the magnitude of alcohol and drug problems in Maryland, the effects on our communities, and the possible solutions. Research provides the foundation on which effective policies can be crafted to reduce the social consequences of drug and alcohol abuse.



We at CESAR feel it is important to highlight each year what we believe to be the major issues related to substance abuse facing Maryland today. This document reflects our commitment to bringing readers timely information and offers recommendations for alleviating the burdens of substance abuse. Rather than producing a longer, comprehensive review of substance abuse in Maryland, our goal is to provide an overview of some of the more pressing alcohol and drug issues that deserve special attention when formulating statewide policy. It is our hope that Maryland will thereby become a model for the nation for the use of scientific research to promote effective substance abuse policies.

This report is divided into three sections: **Problem Areas**, **Recommendations for Action**, and a **Guide to the Relevant Research Literature**. As with all CESAR publications, additional information about the topics in this report can be obtained by contacting the CESAR library or our staff directly. We appreciate your feedback and look forward to another year of serving as Maryland's premier source of up-to-date information about substance abuse.

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I. Youth Drug Use More than 40% of Maryland high school seniors used an illicit drug in the past year.



Maryland seniors use illicit drugs at rates similar to those of seniors across the country. Research studies tell us that about one in seven alcohol users will become alcohol dependent and one in six who try cocaine will develop cocaine dependence.¹ These estimates indicate that more than 5,000 of the 58,000 seniors who graduated in 2001 will develop alcohol dependence; more than 400 will develop cocaine dependence.

Has youth drug use changed in Maryland in recent years?

Alcohol and marijuana remain the substances most likely to be used by Maryland youths.² However, ecstasy has become increasingly popular among youths. Initially available primarily at raves, ecstasy has since spread to more mainstream settings (i.e., house parties, campuses).^{3,4} Maryland surveys, like national studies, show an increase in the use of drugs such as GHB, ketamine, and the non-medical use of prescription drugs.^{5,6}

Why are some youths more at risk for drug use than others?



Research has identified individual characteristics that increase the risk for drug use.⁷ Having a family history of drug or alcohol use raises one's risk for developing problems.⁸

Parents play a vital role. Children who grow up in supportive and enriching environments with clear boundaries are less likely to initiate drug use.⁹ Parental monitoring and supervision are important deterrents for youth drug use.¹⁰

Peers clearly play a significant role in youth drug use.¹¹ Sustained involvement in structured peer activities decreases the likelihood of substance use.¹²

Drug use is associated with poor academic performance,¹³ but it is difficult to say which comes first — drug-using students should be carefully assessed to understand their needs for intervention and/or other services.

Studies show that the more disadvantaged a neighborhood is, the higher the level of youth drug use.¹⁴ Prevention programs that focus on fostering a connection between youths and the community have been shown to reduce drug use.¹⁵

2. Drug-Related Suspensions in Public Schools More than 4,400 drug-related suspensions occurred in Maryland public schools (K-12) in '01-'02.

Youths who are suspended for any reason need help – whether it be through mentoring, tutoring, or mental health services – to get back on track toward success. Getting suspended for drugs is only the tip of the iceberg for most students – the point is early identification, assessment, and action.

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In the academic year '01-'02, there were 123,011 incidents that resulted in suspensions in Maryland public schools;17 more than 4,400 were drug-related. Major reasons for suspension included being highly disruptive and fighting or attacking another student or a staff member. It is clear that alcohol and drug use are common among children who are disruptive, fight, carry weapons, and have poor school attendance.¹⁸ Understanding the role of early alcohol and other drug use in these behaviors is critical for improving the educational lives of these students and the quality of the educational environment in general.





Source: Maryland State Department of Education, Division of Planning, Results, & Information Management. (2003). <u>Suspensions, expulsions, and health-related</u> <u>exclusions in Maryland public schools, 2001-2002</u>. Among the more than 4,400 incidents resulting in a drugrelated suspension, almost half (47%) involved illicit drugs; another 37% involved tobacco.¹⁹

3. Drug Use and Crime

Across Maryland, on average, more than half of adult arrestees test positive for illicit drugs.



Maryland's Alcohol and Drug Abuse Administration (ADAA) and CESAR successfully competed for federal funds to conduct a family of studies to estimate drug treatment needs in Maryland. One of the studies, the Substance Abuse Need for Treatment Among Arrestees (SANTA) Study, obtained diagnostic interviews and urine specimens from samples of more than 500 adult male and female arrestees in six Maryland regions. The findings indicated that more than one-half of all arrestees were dependent on alcohol or another drug and that one-third to one-half used drugs, primarily heroin and cocaine, 2-3 days prior to arrest.²⁰



Researchers have documented the pervasive link between drug use and crime throughout the United States.²¹⁻²³ Drug abusers are likely to commit crimes because: they may need money to purchase drugs; they may be involved in the violent drug distribution network; or they may be influenced by the drug action itself. Drug use may be part of a broader criminal lifestyle. An important study showed that heroin addicts in Baltimore committed six times as many crimes when they used heroin frequently than when they used it less often.²⁴ Other studies have shown that offenders mandated by the court to receive treatment stay in treatment and succeed.²⁵ The criminal justice system therefore provides an extraordinary opportunity to identify a community's dysfunctional drug abusers, and to manage their referral to and progress in treatment.

4. Driving While Impaired (DWI)

For the past two years, alcohol-related traffic fatalities in Maryland have risen.



During the 1980s, drunk driving fatalities fell significantly. Starting in 1991, this trend leveled off for several years.²⁶ In 2001, for the second year in a row, the percentage of alcohol-related traffic fatalities increased in Maryland to 290, or 44% of all fatal traffic crashes.²⁷ As shown below, arrests for DWI were at their peak in the early 1990s,²⁸ when fatalities began to decline, and recently have been on a downward trend as fatalities have started to rise. Whether the recently enacted 0.08 law will help reduce drunk driving and fatalities in Maryland remains to be seen. This policy has been shown to be effective in other states to reduce drunk driving and associated injuries and deaths.²⁹⁻³¹



5. Costs of the Drug Problem

Alcohol abuse is estimated to cost Maryland \$3.4 billion; illicit drug abuse \$2.2 billion.



Note: More information on the derivation of these estimates, including a full description of the categories of costs and the dollar amounts for each of the categories, can be found in a CESAR report (Arria, 2003).³⁴

6. The Treatment Gap Only one in four drug abusers in Maryland receives treatment.



A recent CESAR study estimated that 285,994 Maryland adults need alcohol or drug treatment.³⁵ In 2002, there were 79,073 admissions to treatment, representing 28% of the total who needed treatment, an increase from 22% the previous year. Some interesting facts about treatment in Maryland include:³⁶⁻³⁷

- Admissions involving heroin, which more than tripled in the past 15 years, were fairly level from 1999-2001.
- About 40% of cocaine and 43% of heroin mentions at admission to treatment during 2001 involved females.
- Admissions related to other opiates and synthetics increased by 133% from 1998 to 2002.
- Only 18% of treatment admissions were to residential facilities; most clients received outpatient treatment (44%). Many experts agree that more long-term residential treatment is needed.³⁸

According to several conservative estimates, every \$1 invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft alone. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.

National Institute on Drug Abuse. <u>Principles of</u> <u>drug addiction treatment</u>.³⁹



7. Health Consequences

A majority of drug users have other serious physical or mental health problems.

Overdoses

- According to a recent CESAR report,⁴⁶ drug overdose deaths in Maryland increased 16% over the past five years. In 2001, 559 people died from drug overdoses, a figure that increased 8% to 605 in 2002.
- Two-thirds of overdose deaths are due to a single drug, most frequently narcotics (e.g., opiates). Narcotic overdoses increased 47% from 1997 to 2002.
- Significant regional variation in overdose deaths exists: Baltimore City had the highest rates; however, every county in Maryland had at least one overdose death.

HIV and Other Infections

- Nationally, half of all new HIV infections occur among injection drug users.⁴⁷
- In Maryland, injection drug use is the leading cause of new HIV infections.⁴⁸
- In a recent study of six U.S. cities,⁴⁹ including Baltimore, 79% of injection drug users in treatment tested positive for Hepatitis C; 70% will go on to develop chronic liver disease, for which there is no cure except liver transplantation.
- Sexually transmitted diseases are highly prevalent among drug users, and injection drug users in particular.⁵⁰

Mental Health Problems

- Depression is one of the most common psychiatric disorders coexistent with alcohol and drug abuse.⁵¹
- Youths who reported past year use of any illicit drug other than marijuana were three times more likely to be at risk for suicide than non-users (29% vs. 10%).⁵²
- Experts agree that treatment of underlying depression and other psychiatric disorders aids in recovery from substance abuse.⁵³

8. Baltimore City: Continuing Challenges In response to the persistent substance abuse problem in Baltimore City, many important steps have been taken.

Substance abuse in Baltimore City is not an isolated problem. The City has been faced with tremendous challenges rooted in economic hardship and disparities in access to health care. Several important steps have been taken, but challenges still remain.⁵⁴⁻⁵⁷ Highlighted below are some of the more pressing issues facing Baltimore and some of the steps that have been taken by community leaders and other stakeholders.





Recommendations

- 1. Expand Drug Courts
- 2. Expand Drug Treatment
- 3. Use Evidence-Based Prevention Programs
- 4. Combat Drug Trafficking and Crime through Law Enforcement
- 5. Continue to Monitor the Drug Problem
- 6. Develop a State Drug Control Strategy

The criminal justice system affords a unique opportunity to intervene with dysfunctional drug abusers in the state. *Drug courts* provide a way to identify and divert those juvenile and adult arrestees who might benefit from drug treatment to treatment programs coupled with drug testing and supervision. While the operation of drug courts varies, studies have demonstrated some successes among the more than 1,300 programs across the country.⁶⁰ Because drug courts hold people accountable for their progress in treatment, participants typically have high retention rates — ranging from 65-85%.⁶¹

Recommendation #1: Expand Drug Courts

What's happening in Maryland?

• Maryland has 15 drug courts, 10 of which are fully implemented. Six of the 15 are for juveniles, one is for families.⁶²

• Those who complete treatment commit fewer crimes, reduce drug use, and are less likely to recidivate than dropouts.^{63,64}

• The Baltimore City Drug Court had a 38% reduction in positive urine drug tests compared to a control group in a three-year follow-up study.⁶⁵

• The Maryland Drug Court Commission has been tasked with developing a statewide system of drug courts and providing support to local jurisdictions planning drug courts.

• Governor Ehrlich has allocated an additional \$1M for a juvenile drug court initiative in the FY 2004 budget.⁶⁶

What else can Maryland do?

Expand adult and juvenile drug and rehabilitation courts to all jurisdictions

Monitor and evaluate existing programs to determine the essential ingredients of effective drug courts

Review the literature on best practices in drug courts around the country

Convene a statewide conference on drug courts to share information and review best practices

Create statewide standards that will be linked to Maryland's developing performance measurement system for drug treatment programs *Effective drug treatment* should last at least ninety days and be delivered by trained professionals who are up-to-date on the latest advances in psychotherapeutic techniques, case management, and pharmacotherapy.⁶⁷ Aftercare, or continued contact with clients after treatment, is critical.⁶⁸

Recommendation #2: Expand Drug Treatment

What's happening in Maryland?

• Maryland has introduced a statewide effort to bring strategic planning and performance accountability to its treatment community.⁶⁹

• Maryland's Drug and Alcohol Council is overseeing the introduction of a statewide performance measurement system that will be web-based and modified to track results-oriented information from individual treatment providers.⁷⁰ The entire effort is expected to take no more than 5 years, depending on resource availability, and will result in Maryland becoming a national leader in the management and oversight of its treatment system.

• Buprenorphine, a medication that is effective for reducing heroin dependence, has been recently approved by the FDA and is now available in Maryland.⁷¹

• Treatment is being facilitated through Maryland's system of Drug Court programs (see Recommendation #1, *Drug Courts*).

• To respond to the treatment gap, Maryland's treatment system has begun to expand.⁷²

• Research studies on needle exchange initiatives have shown they are effective in reducing the transmission of HIV infection while not increasing crime rates or needle usage.⁷³

• ADAA, in collaboration with CESAR and HIDTA, has conducted treatment outcome studies showing that treatment completion is associated with increased employment and decreased arrests.⁷⁴

What else can Maryland do?

Continue funding treatment expansion with a special focus on residential treatment for adolescents and adults

Promote and sponsor training and continuing education in effective research-based clinical practices

Offer continuing technical & management assistance to jurisdictions to develop an integrated continuum of care

Develop a financial and administrative structure to expand and sustain programs for people with co-occurring disorders

Expand performance measurement efforts to improve program effectiveness

Evaluate treatment effectiveness with respect to cost savings (e.g., reductions in crime, increases in employment) *Evidence-based drug prevention* aims to address the causes and consequences of substance use.⁷⁵ Proven and promising science-based programs meet the criteria established by the federal Center for Substance Abuse Prevention's (CSAP) National Registry of Effective Prevention Programs⁷⁶ or the University of Maryland's Maryland Blueprints programs.⁷⁷

Recommendation #3: Use Evidence-Based Prevention Programs

What's happening in Maryland?

The University of Maryland, College Park, partnered with the State to receive funding for a federal State Incentive Grant.⁷⁸ This effort aims to promote systemic changes to improve the strategic planning, funding, and delivery of prevention and youth programs. Steps have been taken to consolidate and focus funding streams and to implement innovative programs on the state and local level including:

- County Safe and Drug Free Schools Programs⁷⁹
- Maryland Student Assistance Programs (MSAP) in public middle and high schools⁸⁰
- Faith-based partnerships⁸¹
- Public awareness campaigns⁸²
- Continuing education opportunities for prevention professionals through MAPPA and the ADAA

The Maryland Blueprints document was developed by national prevention experts. It includes programs and policies that have been shown by research to reduce or prevent substance use/abuse, crime, delinquency, and/or antisocial behavior.⁸² In addition, the Johns Hopkins University Prevention Research Center⁸³ is active in understanding the antecedents of substance abuse and other deviant behaviors.

What else can Maryland do?

Promote and evaluate targeted research-based prevention programs and strategies to engage highrisk youths in early intervention programs

□ Support prevention as part of a continuum of services provided by the Department of Juvenile Services and ensure appropriate services are provided to youths whose cases are resolved at intake

Develop an online prevention community to facilitate information sharing and coordination of resources to create and sustain effective policies and programs

Support innovative local campaigns to build public awareness about the chronic nature of chemical dependency and the societal benefits of prevention and intervention *Law enforcement efforts* address substance abuse regionally by disrupting supply and demand.⁸⁴ Locally, law enforcement can improve a community's quality of life by working with policymakers and communitybased organizations to monitor and support offenders and develop and implement alternative sentencing programs.

Recommendation #4: Combat Drug Trafficking and Crime through Law Enforcement

What's happening in Maryland?

Maryland law enforcement agencies have embraced community policing, prosecution, and supervision. Proactive law enforcement efforts can help reduce recidivism and better allocate police and community resources.⁸⁵ The Washington-Baltimore HIDTA coordinates the efforts of federal, state, and local law enforcement units. Current programs for adult and juvenile offenders include:⁸⁶

Adult Offenders

- Pretrial drug testing
- Adult drug courts
- Jessup Drug Free Prison
- Correctional Options Programs

• Offender re-entry initiatives to provide education, job skills, and mentoring

• Break the Cycle

Juvenile Offenders

- Risk/needs assessments at intake
- Teen courts
- Juvenile drug courts
- Police-sponsored youth and community events
- Choice Program

What else can Maryland do?

Provide full medical diagnostic assessments and treatment plans for all offenders entering state facilities

Use technology to support interagency monitoring of offenders and services provided

Expand pretrial services and technology for drug testing to all jurisdictions

Develop statewide standards for drug testing for use by programs throughout Maryland

Expand the DJJ Intensive Aftercare Program to link services to local programs

Continue to evaluate strategies to reduce drunk and drugged driving

Use geo-targeting to focus resources on neighborhoods with the biggest problems *Monitoring of the drug problem* involves assessing existing and emerging trends and consequences. Most drug epidemics are detected long after a drug has become rooted in the population. Government must then play catchup to address the problem. By continually monitoring relevant statistics, drug use patterns, and the availability of drugs across the state, Maryland can get ahead of the curve and respond more effectively to drug problems. In times of reduced resources, it is even more important that government responds quickly and with the best policies.

Recommendation #5: Continue to Monitor the Drug Problem

What's happening in Maryland?

• During the past 13 years CESAR has built the premier statewide program for monitoring drug trends in Maryland. The Maryland Drug Early Warning System (DEWS) uses state-of-the-art methods to keep abreast of developing drug problems. Through regular interviews of knowledgeable drug professionals (Drug Scan) and juvenile offenders (OPUS), and examination of available statistics, DEWS staff are constantly reviewing changing drug patterns.⁸⁷

• The CESAR library and clearinghouse gathers the latest governmental and scientific information and responds to requests for information from government agencies, concerned citizens, policymakers, and other researchers.

• The DEWS Action Team, composed of researchers, representatives from state and local governments, and practitioners (like the Washington-Baltimore HIDTA), meets periodically to review and interpret the accumulated information. The latest information is disseminated widely through the DEWS and CESAR faxes, specialized websites and newsletters, and scientific reports.

What else can Maryland do?

Monitor information to inform Maryland's strategic planning process

Support the creation of a web-based drug monitoring collection and dissemination system

Enhance the exchange of and use of drug information by schools, faith-based organizations, and other community groups

Maryland Responds Early to Rise in Ecstasy Use

DEWS detected the rise in ecstasy use among youths in Maryland before the drug's rise showed up in national and school surveys. The DEWS information was used by Maryland to develop a state ecstasy action plan that coordinated actions for law enforcement and prevention and treatment agencies. Maryland thereby developed the nation's first ecstasy-targeted public service announcements for theatres, as well as an ecstasy prevention video and educational materials for use by Maryland schools.88

A State Drug Control Strategy establishes goals and objectives to reduce drug use and its damaging consequences. It brings together criminal justice, prevention, treatment, and research experts to achieve significant and long-lasting results. It is community-oriented, uses technology to monitor performance, and monitors substance abuse trends and programs through research.

Recommendation #6: Develop a State Drug Control Strategy

What's happening in Maryland?

A successful strategy involves five activities: monitoring the drug problem, identifying and implementing practical responses, providing training and other support, monitoring performance, and evaluating outcomes. Maryland has several important programs underway:

• The Drug and Alcohol Council focuses primarily on drug treatment services. A recent survey by the Council showed a great need for strategic planning in many jurisdictions in Maryland.⁸⁹

• The Alcohol and Drug Abuse Administration provides training on strategic planning.

• The State Incentive Grant⁹⁰ enables state and local agencies to develop a State Prevention Plan.

• Training and threat assessments conducted by the Washington-Baltimore HIDTA guide and support federal, state, and local law enforcement.

• The DEWS Drug Action Plan identifies practical, cost-effective steps for law enforcement, treatment, prevention, education, and research agencies to respond to specific drug trends.⁹¹

• Maryland's Results for Child Well-Being⁹² report summarizes critical issues affecting youths, including substance abuse.

What else can Maryland do?

"The drug policy of the future is not the choice of law enforcement OR treatment. It is to integrate both law enforcement AND drug treatment." Robert L. DuPont, M.D. President, Institute for Behavior and Health, Inc. First Director, National Institute on Drug Abuse (NIDA)

Coordinate a statewide effort to formulate a comprehensive drug control plan that ensures that limited resources are put to best use to achieve long-term results for Maryland's citizens

Utilize statewide performance outcomes so that jurisdictions can use resources cost-effectively

Conduct evaluations to understand the impact of policies and programs

Increase access to training for law enforcement, treatment, and prevention professionals

Coordinate efforts among the DC/Baltimore HIDTA, local and federal agencies to ensure effective responses



Guide to the Relevant Research Literature

PROBLEM AREAS

Problem 1: Youth Drug Use

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RECOMMENDATIONS FOR ACTION

1. Expand Drug Courts

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For additional information, see www.buprenorphine.samhsa.gov

72. Treatment capacity expansion in Baltimore City has been primarily in outpatient and methadone programs. However, several residential programs opened in 2002, alleviating a long-standing shortfall. Treatment capacity expansion is also continuing on a county level as a result of Cigarette Restitution Fund allocations. For example, Prince George's County began a methadone maintenance program this year using these funds.

73. Strathdee, S. A., Celentano, D. D., Shah, N., Lyles, C., Stambolis, V. A., Macalino, G., Nelson, K., & Vlahov, D. (1999). Needle exchange attendance and health care utilization promote entry into detoxification. <u>Journal of Urban Health</u>, 76 (4): 448-460.

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Marx, M.A., Crape, B., Brookmeyer, R.S., Junge, B., Latkin, C., Vlahov, D., & Strathdee, S.A. (2000). Trends in crime and the introduction of a needle exchange program. <u>American</u> Journal of Public Health, 90:1933-1936.

Doherty, M.C., Junge, B., Rathouz, P., Garfein, R.S., Riley, E., & Vlahov, D. (2000). The effect of a needle exchange program on numbers of discarded needles: a two-year follow-up. <u>American Journal of Public Health</u>, 90:936-939.

Valente, T.W., & Vlahov, D. (2001). Selective risk-taking among needle exchange participants: implications for supplemental interventions. <u>American Journal of Public Health</u>, 91:406-411.

74. The TOPPS Interstate Cooperative Study Group. (Submitted). Drug treatment completion and post-discharge employment in the Interstate Cooperative Study. <u>Journal of</u> <u>Substance Abuse Treatment</u>.

The TOPPS Interstate Cooperative Study Group. (In preparation.) <u>Drug treatment completion and post-discharge arrest in the Interstate Cooperative Study</u>.

Arria, A.M., Williams, F.T., & Wish, E.D. (2002). <u>Outpatient</u> drug treatment in Baltimore City: Findings from the <u>Community Research on Substance Abuse Treatment</u> <u>(CREST) Study</u>. College Park, MD: University of Maryland Center for Substance Abuse Research.

Nemes, S, Wish, E.D., & Messina, N. (1998). <u>The District of</u> <u>Columbia Treatment Initiative</u>. College Park, MD: Center for Substance Abuse Research.

75. Brounstein, P. J., & Zweig, J. M. (1999). <u>Understanding</u> substance abuse prevention. Towards the 21st century: a primer on effective programs. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration.

76. Information about the National Registry of Effective Prevention Programs. [Online]. Available: http://modelprograms.samhsa.gov/template_cf.cfm?page= model_list This site contains information about promising and effective

programs currently on the list as well as directions for how to nominate new programs.

77. Information about the University of Maryland's Maryland Blueprints programs will be available online in the near future. Hard copies of the <u>Maryland Blueprints</u> publication are available through the Department of Criminology and Criminal Justice at the University of Maryland, College Park.

78. The State Incentive Grant is awarded to Maryland by the Federal Center for Substance Abuse Prevention. It is currently managed by the Office of Crime Control and Prevention. Results of the year one systems change evaluation are available. [Online.] Available: http://www.cesar.umd.edu/cesar/projects/sig_report.asp 79. Each of Maryland's 24 jurisdictions has a Safe and Drug Free Schools coordinator and office. Activities of these offices are supported by the State Department of Education's Pupil Services Division.

80. The Center for Substance Abuse Research completed a pilot evaluation of the Maryland Student Assistance Programs in Montgomery and Baltimore Counties. Nearly three quarters of the parents interviewed felt that an intervention was necessary for their child. Nearly two-thirds found the program helpful and felt that there were positive changes in their child's behavior, attitude, attendance or grades.

Lehder, D., Artigiani, E.E., Winters, C., Westover, M., and Wish, E.D. (2002.) <u>Maryland Student Assistance Program:</u> <u>Pilot evaluation in Baltimore and Montgomery counties: Final</u> <u>report</u>. College Park, MD: Center for Substance Abuse Research.

81. Maryland's Faith Partnership Initiative works with partners across the state to provide training to faith-based organizations to guide them in activities such as developing a board of directors, preparing and filing incorporation papers, and writing grant proposals. A web site, www.faithinmaryland.org, is currently in development to provide opportunities for sharing information and advice and increasing access to training information and other resources.

82. See endnote 77.

83. <u>The prevention program.</u> [Online]. Available: http://www.bpp.jhu.edu/index.htm

84. Eck, J.E. (1997). Preventing crime at places. In Lawrence W. Sherman, et al. (Eds.) <u>Preventing crime: What works,</u> <u>what doesn't, what's promising.</u> Washington, DC: US Department of Justice.

85. Mastrofski, S., Parks, R.B., & Worden. R.E. (June 1998). Community policing in action: Lessons from an observational study. <u>National Institute of Justice Research Preview</u>. Washington, DC: US Department of Justice.

Sampson, R.J., Raudenbush, S.W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. <u>Science</u>, 277 (5328): 918.

86. The Jessup Drug Free Prison Program involves a variety of initiatives designed to curb the availability of drugs in prison and provide treatment to offenders who are drug abusers. These efforts were evaluated by the Center for Substance Abuse Research.

The Regimented Offender Treatment Center is one of the COP programs active in Maryland. Housed at the Patuxent Institution, it provides intensive evaluation, treatment, and referral services for nonviolent, substance-abusing inmates who are ready to leave the correctional system and for parolees who have relapsed.

Offender reentry initiatives include DOC's "Exit Orientation" and Partnership for Re-entry Programming (PREP) and the Baltimore Maryland Re-entry Partnership.

Residential Substance Abuse Treatment programs (such as the Central Laundry Facility and Patuxent Institution) are available in many state and local correctional facilities. These programs provide drug treatment to offenders in prison and referrals to appropriate aftercare services upon their release.

Teen courts are designed to divert first-time offenders from traditional juvenile justice venues to prevent reoffending.

Generally, fellow teens run these courts serving as prosecutors, defense attorneys, bailiffs, clerks, and jurors. Adult judges oversee the proceedings. Sentences usually include community service and service on at least one teen jury. Failure to complete a teen court disposition results in the case being returned to a traditional court.

The Choice Program currently operates in seven jurisdictions. It provides community-based services to recently released juvenile offenders and other youths ages 9 to 17 who are at risk for offending. The program incorporates intensive supervision, family visits, tutoring, parent support groups, and other programs.

The Bureau of Governmental Research is working with the Department of Juvenile Justice to develop and pilot a risk/needs assessment instrument.

87. DEWS links data collection, analysis, and dissemination to the treatment and prevention of substance abuse and policy development. Its mission is to help communities identify, understand, prevent, and respond to drug use in Maryland by encouraging a multidisciplinary approach for identifying emerging drugs; empowering Marylanders with understandable, accessible drug information; and supporting coordinated state and local efforts aimed at reducing drug use. Complete descriptions of DEWS and the DEWS studies listed are available. [Online]. Available: www.dewsonline.org.

88. The Ecstasy in Maryland report and Ecstasy Action Plan provide additional information about the level of use in Maryland and Maryland's response to the problem. As mentioned in Problem #1, ecstasy continues to be a problem in Maryland. Maryland produced the first TV ecstasy PSA. In addition, an ecstasy slide ran in movie theatres across the state. A video, <u>Stolen Dreams: The Reality of Ecstasy</u>, was produced and directed by the University of Maryland.

89. As described in the Maryland Drug Treatment Task Force Report, <u>Blueprint for change: Expanding Access to and</u> <u>Increasing the Effectiveness of Maryland's Drug and Alcohol</u> <u>Treatment System</u> (February 2001), the Maryland Drug and Alcohol Council was officially established by Executive Order in December 2001. The Council plans for the further development and expansion of Maryland's alcohol and drug treatment system. Council activities include: reviewing drug and alcohol treatment system budget items, reviewing state agency policies related to drug and alcohol treatment, and working with various stakeholders, including state and local governments, consumers, and providers to develop and implement drug and alcohol treatment system initiatives for the expansion and improvement of treatment services.

90. See endnote 78.

91. DEWS Drug Action Plan.

92. Maryland's <u>Results for Child Well-Being</u> are published annually by the Maryland Partnership for Children, Youth, and Families. The eight results currently monitored are babies born healthy, healthy children, children enter school ready to learn, children successful in school, children completing school, children safe in their families and communities, stable and economically independent families, and communities that support family life. The data indicators monitored within each result are used to assess and understand the current status of children and families, to select priority areas and set goals for improvement, and to monitor progress toward goals and evaluate resource investments.

Drugs & Maryland Fast Stats

Basic Demo	graphics		
Total population of Maryland:			
Number of Marylanders younger than 18:		1,356,172	
Number of Mary	anders 18+:	3,940,314	
Number of 12-17	vear olds who		
	Used tobacco in the past month: Drank alcohol in the past month:	68,000 66,000	
	Consumed 5+ drinks per day in the past month:	37,000	
	Used marijuana in the past month:	44,000	
	Used cocaine in the past year:	6.000	
	Used hallucinogens in the past year:	17,959	
	Used inhalants in the past year:	15,714	
	Tried ecstasy at least once:	14,367	
Number of admir	Have abused prescription pain relievers or tranquilizers at least once:	53,878	
Percentage of 12-17 year olds who report that "smoking one or more packs of cigarettes per			
day" is a	great risk:	63%	
Adults*			
Number of Maryl	and adults who		
	Used tobacco in the past month:	1,093,000	
	Used alcohol in the past month:	2,031,000	
	Used any illicit drug in the past month.	198,000	
	Used marijuana in the past month:	156,000	
	Used cocaine in the past year:	49,000	
	Abused prescription pain relievers or tranquilizers at least once:	639,577	
Number of Marylanders with HIV/AIDS due to injection drug use:			
Number of Maryland adults receiving alcohol/drug treatment: 55,000			
INEEd for Treatment			
Total number of	Central Maryland (Anne Arundel, Baltimore, Carroll, Harford, Howard counties) – 20% treated	286,000 102,457	
	DC Metro (Frederick, Montgomery, Prince George's counties) –17% treated Baltimore City – 41% treated	70,982 58,316	
	Eastern Shore (Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester counties) – 27% treated	25,050	
	Southern Maryland (Calvert, Charles, St. Mary's counties) – 23% treated Western Maryland (Allegany, Garrett, Washington counties) – 20% treated	16,066 13,123	
Crime			
Number of Maryland juveniles (under 18) arrested for drug-related crimes (use/possession): Number of Maryland adults (18+) arrested for drug-related crimes (use/possession):		7,960 44,751	
Number of adults arrested for DUI:			
Number of indivi	duals killed in Maryland in drug or alcohol involved traffic crashes:	290	
Cost			
Estimated cost to Maryland associated with alcohol abuse:**			
Estimated cost to Maryland associated with illicit drug use:** \$2.2			

Sources: National Household Survey on Drug Abuse (NHSDA), 1999 & 2000; Alcohol & Drug Abuse Administration SAMIS; Maryland Uniform Crime Report; 2001 Center for Substance Abuse Research 2002; U.S. Census Bureau, results of Census 2000.

*Note: These numbers are derived by applying age specific estimates from NHSDA for Maryland to the Maryland population. ** Because many persons have both alcohol and drug problems, one should not combine the two estimates.