

**COMPENDIUM OF MARYLAND'S
SUBSTANCE ABUSE INDICATORS**

Annual Report

Prepared by
Center for Substance Abuse Research

September 2003

COMPENDIUM OF MARYLAND'S SUBSTANCE ABUSE INDICATORS

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Information Management Branch
(Drug-Related Student Suspensions Data)

Maryland Alcohol and Drug Abuse Administration (ADAA)
Information Services Division
Management Information Systems (MIS) Section
(Treatment Admissions Data)

Maryland Office of the Chief Medical Examiner (OCME)
(Overdose Deaths Data)

Maryland State Highway Administration (SHA)
Traffic Safety Analysis Division
Information Systems Section
(Substance-Related Traffic Crashes Data)

Maryland State Police (MSP)
Uniform Crime Reporting Section
(Drug-Related Arrests Data)

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INTRODUCTION

SUBSTANCE ABUSE INDICATORS PROJECT OVERVIEW

The Substance Abuse Indicators Project is a key component of the Maryland Drug Early Warning System (DEWS) and involves the acquisition, monitoring, and analysis of key drug indicators in the State. Since 1998, the Indicators Project has utilized 6 key data sources:

- Self reports of drug use among public school students (6th, 8th, 10th, and 12th) from the Maryland Adolescent Survey (MAS) reported biennially by the Maryland State Department of Education (MSDE)
- Drug- and alcohol-related public school suspensions data reported annually by the MSDE
- Drug-related arrests reported annually by the Maryland State Police (MSP)
- Alcohol- and/or drug- related traffic crash data reported annually by the Maryland State Highway Administration (SHA)
- Substance abuse treatment admissions data reported annually by the Maryland Alcohol and Drug Abuse Administration (ADAA)
- Overdose deaths reported annually by the Office of the Chief Medical Examiner (OCME)

DEWS staff analyze substance abuse data to identify changes in trends on both a state and county level. This report presents state-level data. County-level data are available on the DEWS website at <http://www.dewsonline.org> in the regional drug data section.

ORGANIZATION OF THIS REPORT

This report examines state level data from the six indicators listed above. The report is organized by indicator. A description of the data source and caveats associated with the data monitored by DEWS are described for each indicator. Data tables and charts are preceded by a series of bullets highlighting the key findings of the analysis. Tables and charts included in this report are designed to provide a brief overview of the state-level data. Data for Maryland counties are available online at www.dewsonline.org in the regional drug data section.

INDICATOR 1: STUDENT DRUG USE

Source of the Data

The Maryland Adolescent Survey (MAS) is a survey conducted by the Maryland State Department of Education with support from the Maryland Alcohol and Drug Abuse Administration (ADAA) and Maryland State Highway Safety Office to assess the nature and extent of substance use by Maryland adolescents. The survey is designed to measure student substance use, student attitudes toward substance use, and to assess protective factors such as parenting practices and peer acceptance. The MAS has been administered to 6th, 8th, 10th, and 12th graders in Maryland Public Schools every two years since 1973. Private schools, certain alternative and special schools, such as home and hospital schools, and evening schools, are not included in the study.

The survey was administered in April 2001 to sixth, eighth, tenth, and twelfth graders in public middle and high schools in Maryland. The anonymous questionnaire was completed by 7,676 sixth graders (response rate 86%), 7,336 eighth graders (response rate 83%), 6,614 tenth graders (response rate 78%), and 6,078 twelfth graders (response rate 73%).

Interpreting the Data

Certain caveats should be kept in mind when interpreting findings. First, because the survey relies upon students to report their drug use, it is possible that some students may underreport or overreport their use of illicit drugs, even though the survey is anonymous. Second, students who dropped out of school or who were absent on the day of the survey are omitted from the samples. School dropout and absenteeism may be related to a higher risk of drug use. It should also be noted that the 2001 survey was administered in the spring semester instead of the traditional fall semester. Hence, the number of students who have dropped out may be larger by the time of the survey. Third, alternative and special schools, such as home and hospital schools and evening schools, were excluded from the sample. Finally, the MAS Report does not provide sampling error estimates; therefore, we are unable to determine whether changes in drug use are statistically significant.

Data Highlights

- During the 2000-2001 school year, alcohol, cigarettes, and marijuana were the three most widely used substances reported by Maryland public school 6th, 8th, 10th, and 12th grade students (See Table 1, Chart 1, and Chart 2).
- Inhalants were the third most widely used substance among 6th graders, behind alcohol and cigarettes and the fourth most widely used substance among 8th graders, behind alcohol, cigarettes, and marijuana (See Table 1, Chart 1, and Chart 2).
- Among Maryland 10th and 12th graders, designer drugs/ecstasy, amphetamines, and LSD were the three most prevalent substances after alcohol, cigarettes, and marijuana (See Table 1, Chart 1, and Chart 2).
- Use of most drugs increases by grade; however, inhalant use appears to be stable across the grades (See Table 1, Chart 1, and Chart 2).

- Lifetime cigarette used has decreased* among 8th graders (from 33% to 27%) and 10th graders (from 46% to 36%) between the 1998-1999 and 2000-2001 school years (See Table 2).
- The only notable increase* between the 1998-1999 and 2000-2001 school years was lifetime designer drug use among 12th graders, which increased* from approximately 8% to 13% (See Table 2).
- Compared to a national sample, Maryland 8th, 10th, and 12th graders reported similar rates of crack, LSD, steroids, methamphetamines, and heroin use within the past 30 days (See Table 3).

* The MAS Report does not provide sampling error estimates; therefore, we are unable to determine whether changes in drug use are statistically significant.

Table 1
Percentage of Public School Students Reporting Substance Use, by Grade Level and
Time Period, State of Maryland, School Year 2000-2001

Substance	Grade											
	6th (n=7,676)			8th (n=7,336)			10th (n=6,614)			12th (n=6,078)		
	Ever Used	Last 30 Days	Last 12 Months	Ever Used	Last 30 Days	Last 12 Months	Ever Used	Last 30 Days	Last 12 Months	Ever Used	Last 30 Days	Last 12 Months
Cigarettes	8.5	2.5	4.2	26.5	10.6	17.0	36.3	16.6	23.5	45.7	25.5	31.7
Smokeless tobacco (chewing tobacco, snuff)	1.6	0.7	0.9	4.1	1.9	2.7	5.9	2.3	3.9	8.1	3.0	5.5
Beer, wine (other than for religious use), or wine coolers	15.6	5.7	10.5	38.7	20.0	31.7	55.7	32.2	49.2	69.8	42.4	61.2
Liquor (such as rum, vodka, or whiskey)	6.2	2.7	4.3	25.7	14.3	22.2	47.0	27.6	42.3	62.6	37.5	55.4
Five or more servings of alcohol on the same occasion	5.2	2.3	3.8	17.0	9.3	14.1	35.4	21.1	32.0	52.3	31.4	45.2
Marijuana (pot, grass, hashish)	2.9	1.2	2.0	16.9	10.6	15.2	33.3	19.8	28.8	46.5	22.7	37.9
Inhalants	5.0	2.2	3.5	6.2	3.0	4.7	5.3	2.7	4.1	4.6	1.6	2.9
Amyl or butyl nitrates (locker room, rush)	0.5	0.3	0.4	1.3	0.9	1.2	1.8	1.2	1.6	2.1	0.9	1.6
Crack (rock)	0.9	0.6	0.8	2.5	1.5	2.1	2.8	1.8	2.3	2.9	1.3	2.1
Other forms of cocaine	0.8	0.5	0.7	2.1	1.2	1.7	3.5	2.0	3.2	5.6	2.0	4.1
LSD (acid, stickers)	1.0	0.6	0.8	3.7	2.2	3.2	7.0	3.7	6.4	11.4	3.7	8.8
PCP (angel dust, love boat, green)	0.9	0.5	0.8	3.2	2.0	2.7	3.5	2.1	3.1	4.6	1.6	3.2
Other hallucinogens (mescaline, 'shrooms)	0.7	0.3	0.6	3.3	1.9	3.1	5.8	3.4	5.3	9.3	3.7	7.0
Steroids for body building	1.3	0.6	1.0	2.3	1.1	1.8	2.4	1.6	2.1	2.3	1.6	1.9
Methamphetamines (meth, speed, crank, ice)	0.9	0.5	0.8	3.1	1.3	2.7	4.1	2.2	3.5	4.6	1.8	3.1
Designer drugs (MDMA, ecstasy)	0.9	0.4	0.7	4.3	2.4	3.9	8.5	4.8	8.0	12.9	4.8	10.9
Heroin (smack, stuff)	0.7	0.3	0.5	1.5	1.1	1.3	1.6	1.1	1.4	2.2	0.9	1.4
Needle to inject cocaine, heroin, or other illegal drugs	0.6	0.3	0.4	1.1	0.7	0.9	1.4	1.0	1.2	1.4	0.7	0.8
Amphetamines (uppers, bennies, speed, dexies)	1.4	0.7	1.0	4.5	2.4	4.0	8.4	5.1	7.7	11.4	5.5	9.3
Barbiturates and/or tranquilizers (downers, reds, Valium)	0.6	0.3	0.5	1.5	0.8	1.3	3.9	2.3	3.7	5.9	3.1	5.1
Narcotics (Codeine, Morphine, Methadone, Percodan)	0.7	0.3	0.6	2.1	1.0	1.8	5.3	3.4	5.0	7.2	3.6	6.4
Ritalin	1.4	0.6	0.9	2.8	1.4	2.2	4.4	2.3	3.4	5.3	2.0	3.2
Any form of alcohol	16.9	6.3	11.4	41.3	22.8	34.9	58.9	35.9	53.1	72.5	47.5	65.5
Any drug other than alcohol or tobacco	9.7	4.5	6.5	24.6	15.2	21.3	38.9	24.3	34.2	51.5	28.2	42.9

SOURCE: 2001 Maryland Adolescent Survey (MAS), Maryland State Department of Education (MSDE).

Chart 1
Percentage of Public School Students Reporting *Lifetime* Use of Selected Substances, by Grade Level*, State of Maryland, School Year 2000-2001

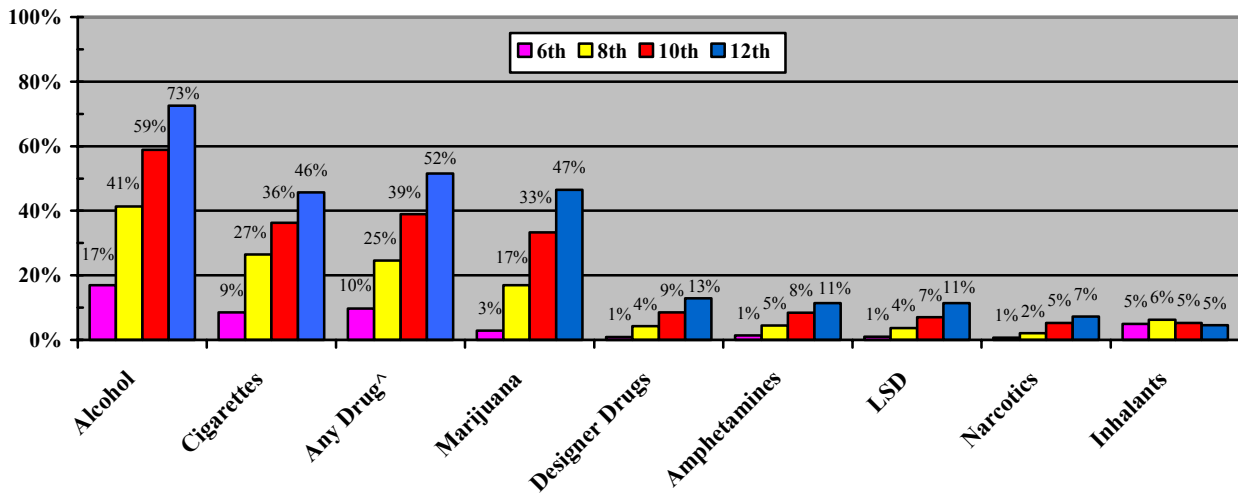
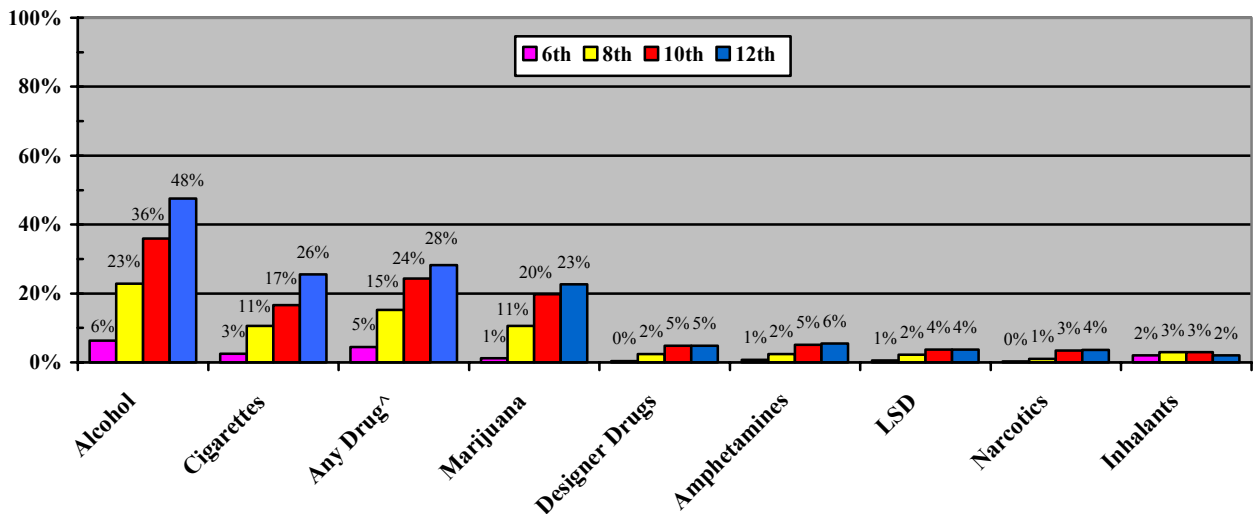


Chart 2
Percentage of Public School Students Reporting *Current* Use of Selected Substances, by Grade Level*, State of Maryland, School Year 2000-2001**



NOTE:

* Sample sizes for each grade are: 6th=7,676; 8th=7,336; 10th=6,614; and 12th=6,078.

** Current use refers to use of substance in the 30 days prior to administration of the survey.

^ Any Drug refers to any drug other than alcohol or tobacco.

SOURCE: Adapted by CESAR from data from the 2001 Maryland Adolescent Survey (MAS), Maryland State Department of Education (MSDE).

Table 2
Percentage of Public School Students Reporting *Lifetime* Substance Use, by Grade Level,
State of Maryland, School Year 1998-1999 and 2000-2001

Substance	Grade							
	6th		8 th		10th		12th	
	1998 (n=5,653)	2001 (n=7,676)	1998 (n=5,610)	2001 (n=7,336)	1998 (n=5,480)	2001 (n=6,614)	1998 (n=5,397)	2001 (n=6,078)
Cigarettes	10.7	8.5	33.2	26.5	46.1	36.3	48.9	45.7
Smokeless tobacco (chewing tobacco, snuff)	3.6	1.6	6.1	4.1	8.6	5.9	10.3	8.1
Beer, wine (other than for religious use), or wine coolers	15.7	15.6	39.8	38.7	60.2	55.7	69.2	69.8
Liquor (such as rum, vodka, or whiskey)	7.6	6.2	26.5	25.7	51.1	47.0	61.7	62.6
Five or more servings of alcohol on the same occasion	6.3	5.2	20.9	17.0	39.5	35.4	51.2	52.3
Marijuana (pot, grass, hashish)	3.4	2.9	17.2	16.9	36.9	33.3	45.2	46.5
Inhalants	4.2	5.0	8.5	6.2	6.5	5.3	6.1	4.6
Amyl or butyl nitrates (locker room, rush)	1.0	0.5	1.6	1.3	2.9	1.8	2.2	2.1
Crack (rock)	1.2	0.9	3.8	2.5	5.2	2.8	3.7	2.9
Other forms of cocaine	1.1	0.8	3.0	2.1	5.2	3.5	7.4	5.6
LSD (acid, stickers)	1.2	1.0	4.4	3.7	9.8	7.0	13.7	11.4
PCP (angel dust, love boat, green)	1.1	0.9	4.0	3.2	6.0	3.5	6.3	4.6
Other hallucinogens (mescaline, 'shrooms)	0.9	0.7	4.0	3.3	8.2	5.8	10.2	9.3
Steroids for body building	1.3	1.3	2.3	2.3	2.5	2.4	1.5	2.3
Methamphetamines (meth, speed, crank, ice)	1.1	0.9	3.9	3.1	6.4	4.1	6.4	4.6
Designer drugs (MDMA, ecstasy)	1.0	0.9	2.4	4.3	6.0	8.5	7.5	12.9
Heroin (smack, stuff)	1.2	0.7	2.9	1.5	3.3	1.6	2.7	2.2
Needle to inject cocaine, heroin, or other illegal drugs	0.7	0.6	1.6	1.1	2.2	1.4	1.3	1.4
Amphetamines (uppers, bennies, speed, dexies)	1.4	1.4	5.6	4.5	8.9	8.4	10.1	11.4
Barbiturates and/or tranquilizers (downers, reds, Valium)	1.0	0.6	2.1	1.5	4.9	3.9	6.1	5.9
Narcotics (Codeine, Morphine, Methadone, Percodan)	0.8	0.7	2.8	2.1	5.5	5.3	7.1	7.2
Ritalin	1.5	1.4	4.4	2.8	6.3	4.4	6.1	5.3
Any form of alcohol	17.0	16.9	41.7	41.3	62.7	58.9	71.4	72.5
Any drug other than alcohol or tobacco	8.9	9.7	25.1	24.6	42.1	38.9	48.8	51.5

NOTE:

The MAS Report does not provide the standard errors around these observations; therefore, caution should be exercised in interpreting any changes in drug use over time.

SOURCE: Adapted by the Center for Substance Abuse Research (CESAR) from the 1998 and 2001 Maryland Adolescent Survey (MAS) Reports, Maryland State Department of Education (MSDE).

Table 3
Percentage of Students Reporting *Lifetime* Substance Use, by Grade Level and Jurisdiction,
(Maryland Students compared with National Sample of Students), 2001

Substance	Grade							
	6th		8th		10th		12th	
	State (n=7,676)	National (n=*)	State (n=7,336)	National (n=16,200)	State (n=6,614)	National (n=14,000)	State (n=6,078)	National (n=12,800)
Cigarettes	8.5	NA	26.5	36.6	36.3	52.8	45.7	61.0
Smokeless tobacco (chewing tobacco, snuff)	1.6	NA	4.1	11.7*	5.9	19.5*	8.1	19.7 ^A
Beer, wine (other than for religious use), or wine coolers	15.6	NA	38.7	NA	55.7	NA	69.8	NA
Liquor (such as rum, vodka, or whiskey)	6.2	NA	25.7	NA	47.0	NA	62.6	NA
Five or more servings of alcohol on the same occasion	5.2	NA	17.0	NA	35.4	NA	52.3	NA
Marijuana (pot, grass, hashish)	2.9	NA	16.9	20.4	33.3	40.1	46.5	49.0
Inhalants	5.0	NA	6.2	NA	5.3	NA	4.6	NA
Amyl or butyl nitrates (locker room, rush)	0.5	NA	1.3	NA	1.8	NA	2.1	NA
Crack (rock)	0.9	NA	2.5	3.0	2.8	3.1	2.9	3.7
Other forms of cocaine	0.8	NA	2.1	3.3	3.5	5.0	5.6	7.4 [^]
LSD (acid, stickers)	1.0	NA	3.7	3.4	7.0	6.3	11.4	10.9
PCP (angel dust, love boat, green)	0.9	NA	3.2	NA	3.5	NA	4.6	3.5
Other hallucinogens (mescaline, 'shrooms)	0.7	NA	3.3	NA	5.8	NA	9.3	NA
Steroids for body building	1.3	NA	2.3	2.8	2.4	3.5	2.3	3.7 [□]
Methamphetamines (meth, speed, crank, ice)	0.9	NA	3.1	4.4	4.1	6.4	4.6	6.9
Designer drugs (MDMA, ecstasy)	0.9	NA	4.3	NA	8.5	NA	12.9	NA
Heroin (smack, stuff)	0.7	NA	1.5	1.7	1.6	1.7	2.2	1.8
Needle to inject cocaine, heroin, or other illegal drugs	0.6	NA	1.1	NA	1.4	NA	1.4	NA
Amphetamines (uppers, bennies, speed, dexies)	1.4	NA	4.5	10.2	8.4	16.0	11.4	16.2
Barbiturates and/or tranquilizers (downers, reds, Valium)	0.6	NA	1.5	NA	3.9	NA	5.9	NA
Narcotics (Codeine, Morphine, Methadone, Percodan)	0.7	NA	2.1	NA	5.3	NA	7.2	9.9
Ritalin	1.4	NA	2.8	NA	4.4	NA	5.3	NA
Any form of alcohol	16.9	NA	41.3	50.5	58.9	70.1	72.5	79.7
Any drug other than alcohol or tobacco	9.7	NA	24.6	26.8+	38.9	45.6+	51.5	53.9+

NOTES:

* = N is one-half of N indicated; [^] = N is one-sixth of N indicated; [□] = N is one-third of N indicated; [^] = N is two-thirds of N indicated; + = Monitoring the Future (MTF) asks students about any illicit drug use, not use of any drug other than tobacco or alcohol.

NA = Data not available for comparison. MTF does not include 6th graders in its sample. Also questions addressing some substances are worded differently on the MAS and MTF survey so that direct comparisons are not possible.

The MAS Report does not provide the standard errors around these observations; therefore, caution should be exercised in interpreting any differences between state and national averages.

SOURCE: Adapted by the Center for Substance Abuse Research (CESAR) from the 2001 Maryland Adolescent Survey (MAS), Maryland State Department of Education (MSDE) and the 2001 Monitoring the Future Study, University of Michigan, funded by the National Institute on Drug Abuse (NIDA).

INDICATOR 2: DRUG-RELATED STUDENT SUSPENSIONS

Source of the Data

The Maryland State Department of Education's (MSDE) Division of Planning, Results, and Information Management (PRIM) compiles data from all public schools regarding disciplinary actions taken during the year. The results are published annually in a report entitled "Suspensions, Expulsions, and Health-Related Exclusions, Maryland Public Schools".

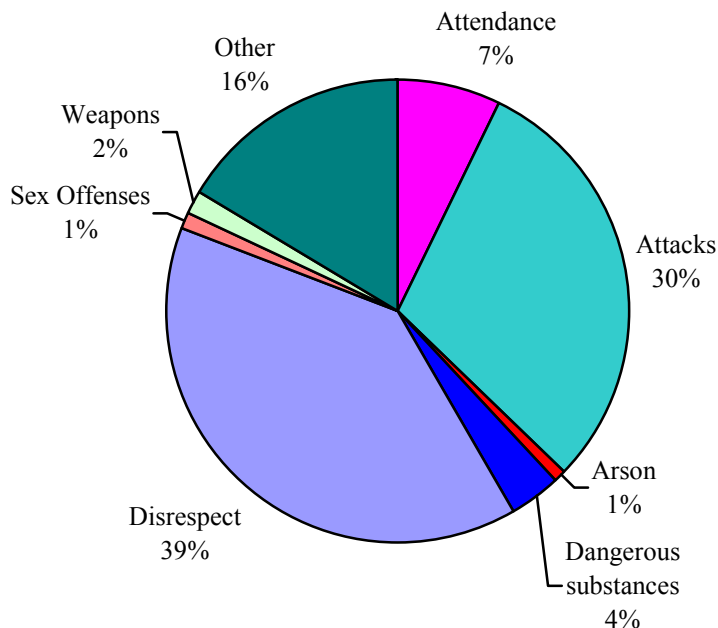
Interpreting the Data

According to the MSDE report, suspensions can be indicators of the most serious student misbehavior in schools; however, several things must be kept in mind when using this data. According to the 2002 report, "many factors can influence how a particular offense is perceived and dealt with at a particular school. Local norms and community standards may lead to varying thresholds for determining that a student should be suspended for a certain behavior. Often, school administrators will consider a student's record in determining whether or not to suspend a student. In other cases, local policy may require suspensions for a 'first offense.'" Second, "the availability of alternatives to suspensions in different schools may result in different rates of suspension. If the school has few other options when a severe offense occurs, then suspension may be a more frequent response."

Data Highlights

- Suspensions for dangerous substances made up 4% of total suspensions in Maryland public schools during the 2001-2002 school year (See Chart 3).
- Suspensions for dangerous substances declined steadily during the past five years from 6,071 suspensions in school year 1997-1998 to 4,456 suspensions in school year 2001-2002, a decline of 27% (See Table 4).
- The decrease in suspensions was due in large part to tobacco-related suspensions, which declined 50% over the past five years from 3,264 in the 1997-1998 school year to 1,645 suspensions in school year 2001-2002 (See Table 4 and Chart 4).
- By contrast, suspensions due to illegal drugs have increased 15% during this same five year time period, from 1,811 to 2,075 suspensions (See Table 4 and Chart 4).
- During the 2001-2002 school year, illegal drugs accounted for 47% and tobacco accounted for 37% of substance-related offenses compared to the 1997-1998 school year, in which tobacco accounted for 54% and illegal drugs only accounted for 30% of substance-related offenses (See Table 4).

Chart 3
Distribution of Public School Suspensions, by Reason for Suspension,
State of Maryland, School Year 2001-2002
(n = 123,011)



NOTES:

Dangerous Substances: Dangerous Substances are defined as suspensions relating to possession, use, or evidence of use, sale or distribution of alcohol, illicit drugs, inhalants or tobacco.

Other: Suspensions resulting from academic dishonesty/cheating, possession or use of an electronic device used to receive or communicate messages, trespassing, unapproved sale or distribution of items not otherwise defined in the suspension codes, vandalism/destruction of property, refusal to obey school policies.

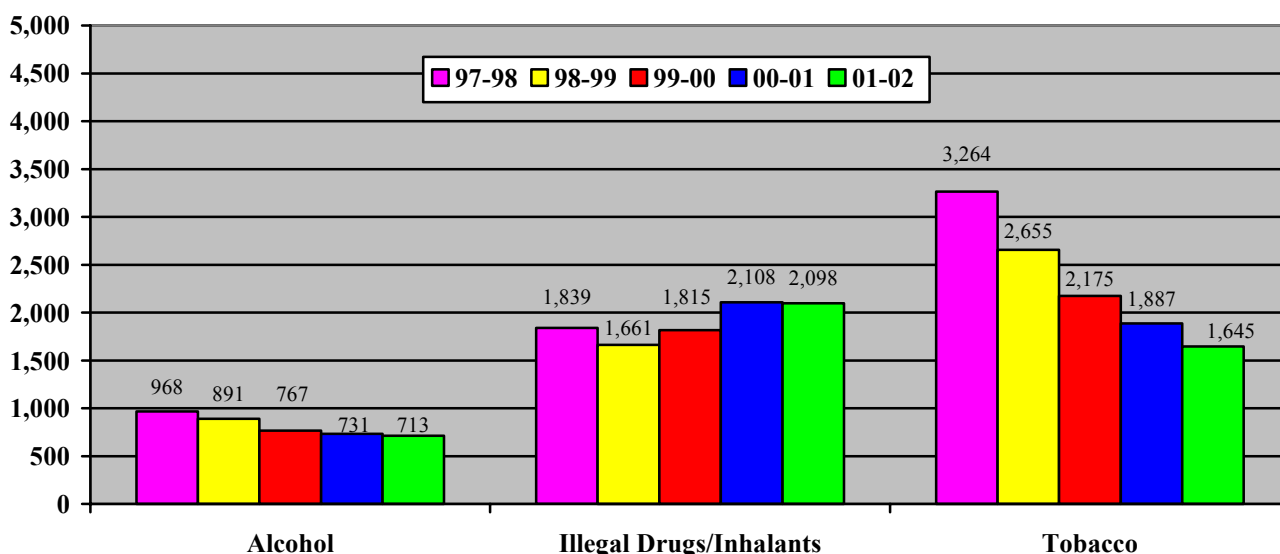
See Appendix A, page 27 for definitions of suspension categories listed above.

SOURCE: Adapted by CESAR from “Suspensions, Expulsions, and Health-Related Exclusions, Maryland Public Schools, 2001-2002,” Division of Planning, Results, and Information Management (PRIM), Maryland State Department of Education (MSDE).

Table 4
Substance-Related Suspensions* in Public Schools, by Type of Drug,
State of Maryland, School Years 1997-2002

	97-98	98-99	99-00	00-01	01-02
Alcohol	968	891	767	731	713
Inhalants	28	20	33	25	23
Illegal drugs**	1,811	1,641	1,782	2,083	2,075
Tobacco	3,264	2,655	2,175	1,887	1,645
Total Substance-Related	6,071	5,207	4,757	4,726	4,456
Total Suspension Offenses (All Causes)	123,327	113,064	113,377	123,364	123,011
% Substance-Related	4.9%	4.6%	4.2%	3.8%	3.6%

Chart 4
Substance-Related Suspensions in Public Schools, by Substance,
State of Maryland, School Years 1997-2002



NOTES:

* Substance-Related Suspensions are defined as suspensions related to any of the substances below.

Alcohol: Possession, use or showing evidence of use, sale, or distribution of any alcoholic substances.

Illegal Drugs: Possession, use or showing evidence of use, sale, or distribution of controlled dangerous substances including prescription drugs, over-the-counter medicines, look-alike drugs, and substances represented as controlled substances or drug paraphernalia.

Inhalants: Possession, use or showing evidence of use, sale, or distribution of any inhalants or other intoxicants.

Tobacco: Possession, use, sale or distribution of tobacco or tobacco products.

** In 2000-2001, the classification for Illegal Drugs was changed to include three categories: drugs, sales, and possession. In previous years, these categories were combined under the heading illegal drugs.

SOURCE: Adapted by CESAR from "Suspensions, Expulsions, and Health-Related Exclusions, Maryland Public Schools, 1997-1998, 1998-1999, 1999-2000, 2000-2001, 2001-2002", Division of Planning, Results, and Information Management (PRIM), Maryland State Department of Education (MSDE).

INDICATOR 3: TREATMENT ADMISSIONS

Source of the Data

The Maryland Alcohol and Drug Abuse Administration (ADAA) monitors trends and patterns of alcohol and other drug abuse through its Substance Abuse Management Information System (SAMIS). All certified public and private drug treatment programs in Maryland are required to report admissions and discharges to SAMIS. This database provides valuable information on statewide drug trends among those individuals in treatment programs. Treatment admissions are screened at intake to determine their major substances of abuse. The clients' primary, secondary, and tertiary drugs of choice are then reported to SAMIS. Thus, each admission may have up to three substances associated with it.

Interpreting the Data

The SAMIS treatment data are one of the best indicators of drug abuse trends in the state. It should be noted, however, that the data reflect drug use patterns only of individuals in treatment. It is possible that those drug-abusing individuals not in treatment may exhibit very different drug use patterns. In addition, the treatment data only reflect information on those able to get into treatment programs. To the extent that waiting lists exist, the number of treatment admissions may be an indicator of treatment capacity rather than demand. Finally, each admission in the SAMIS data does not necessarily represent a unique individual, since some individuals are admitted to treatment more than once in a given period.

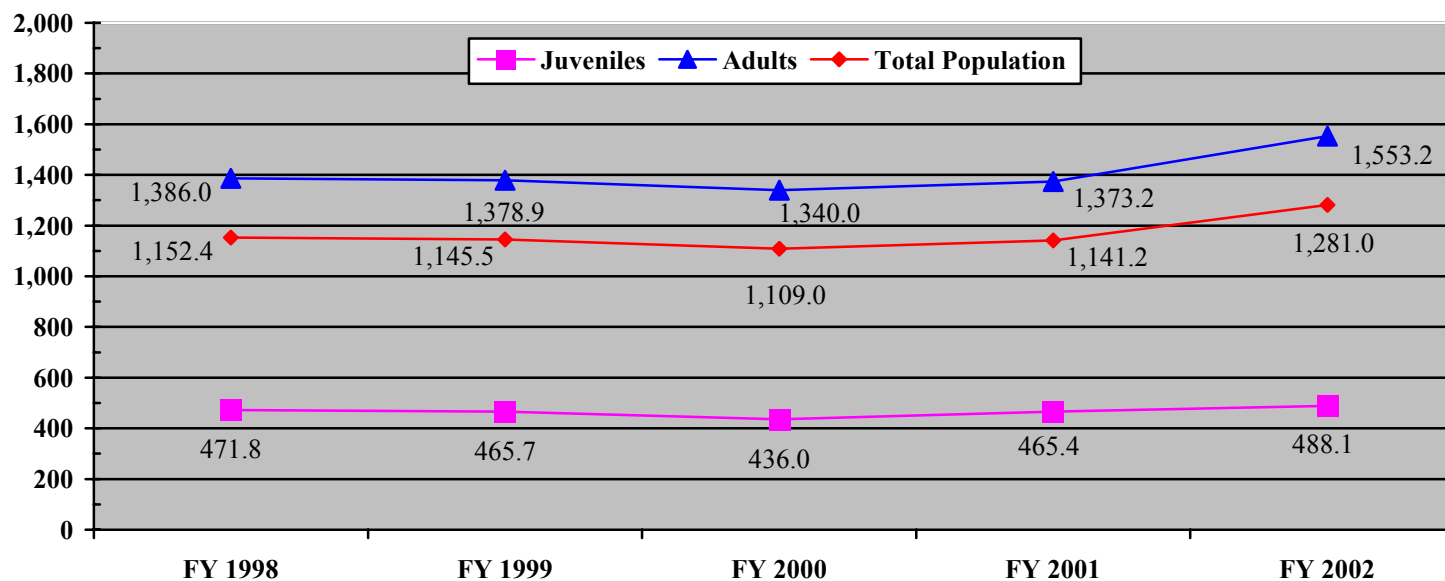
Data Highlights

- In Fiscal Year (FY) 2002, there were a total of 67,849 admissions to Maryland treatment programs. Adults accounted for 90% (61,243) and juveniles 10% (6,606) of all admissions (See Table 5).
- FY 2002 treatment admission rates were at a five-year high for both age groups—1,553 per 100,000 population among adults and 488 per 100,000 populations among juveniles (See Table 5 and Chart 5).
- In FY 2002, alcohol (62%), cocaine/crack (39%), heroin (35%), and marijuana (34%) were the most frequently mentioned substances of abuse among Maryland treatment clients (See Table 6).
- Among juvenile treatment clients, marijuana was the most frequently mentioned substance of abuse with 82% of juvenile admissions mentioning it. Alcohol was the second most frequently mentioned substance of abuse with approximately 65% of juvenile clients mentioning it. Hallucinogens was the third most widely mentioned substance of abuse but was mentioned by far fewer juvenile clients – only 6.5% of juvenile clients mentioned hallucinogens as a substance of abuse at admission to treatment (See Table 6).
- Among adult treatment clients, alcohol (62%) was the most frequently mentioned substance, followed by cocaine/crack (42%), heroin (38%), and marijuana (29%) (See Table 6).
- Overall, mentions for the four most prevalent substances were at a five-year high in FY 2002 (See Chart 6).

Table 5
Treatment Admission Numbers and Rates Per 100,000 Population, by Age Group*, State of Maryland, Fiscal Years (FY) 1998–2002

Age Group*	2000 Census Population**	FY 1998		FY 1999		FY 2000		FY 2001		FY 2002	
		Treatment Admissions (#)	Rate Per 100,000	Treatment Admissions (#)	Rate Per 100,000	Treatment Admissions (#)	Rate Per 100,000	Treatment Admissions (#)	Rate Per 100,000	Treatment Admissions (#)	Rate Per 100,000
Juveniles	1,353,419	6,385	471.8	6,303	465.7	5,901	436.0	6,299	465.4	6,606	488.1
Adults	3,943,067	54,652	1,386.0	54,370	1,378.9	52,839	1,340.0	54,147	1,373.2	61,243	1,553.2
Total Population	5,296,486	61,037	1,152.4	60,673	1,145.5	58,740	1,109.0	60,446	1,141.2	67,849	1,281.0

Chart 5
Treatment Admission Rates (per 100,000 population), by Age Group*, State of Maryland, FY 2002



NOTE:

* Age Groups are defined as: Juveniles = Under 18 years; Adults = 18 Years and Older; Total Population = Juveniles and Adults combined.

** FY 1998 through FY 2002 rates are based on Census 2000 Summary File data adapted from the Maryland Department of Planning website: www.mdp.state.md.us/msdc/census

SOURCE: Adapted by CESAR from data from the Substance Abuse Management Information System (SAMIS), Maryland Alcohol and Drug Abuse Administration (ADAA), Department of Health and Mental Hygiene (DHMH).

Table 6
Number of Mentions* for Specific Substances at Admission to Treatment and
Percentage of Total Treatment Admissions with Abuse of Specific Substances, by Age Group,
State of Maryland, FY 2002

Substance**						
	Juveniles		Adults		Total	
	#	%	#	%	#	%
Heroin	297	4.5	23,408	38.2	23,705	34.9
Non-Rx methadone	4	0.1	291	0.5	295	0.4
Other opiates	174	2.6	3,295	5.4	3,469	5.1
Alcohol	4,278	64.8	37,836	61.8	42,114	62.1
Barbiturates	13	0.2	136	0.2	149	0.2
Other sedatives or hypnotics	34	0.5	472	0.8	506	0.7
Hallucinogens	427	6.5	556	0.9	983	1.4
Cocaine/crack	400	6.1	25,908	42.3	26,308	38.8
Marijuana/hash	5,445	82.4	17,451	28.5	22,896	33.7
Methamphetamine	49	0.7	174	0.3	223	0.3
Other amphetamines	77	1.2	189	0.3	266	0.4
Inhalants	62	0.9	48	0.1	110	0.2
PCP	79	1.2	732	1.2	811	1.2
Other stimulants	36	0.5	49	0.1	85	0.1
Benzodiazepines	39	0.6	1,099	1.8	1,138	1.7
Other tranquilizers	8	0.1	47	0.1	55	0.1
Over the counter	27	0.4	32	0.1	59	0.1
Steroids	12	0.2	22	< 0.1	34	0.1
Other	39	0.6	733	1.2	772	1.1
TOTAL ADMISSIONS	6,606	N/A	61,243	N/A	67,849	N/A

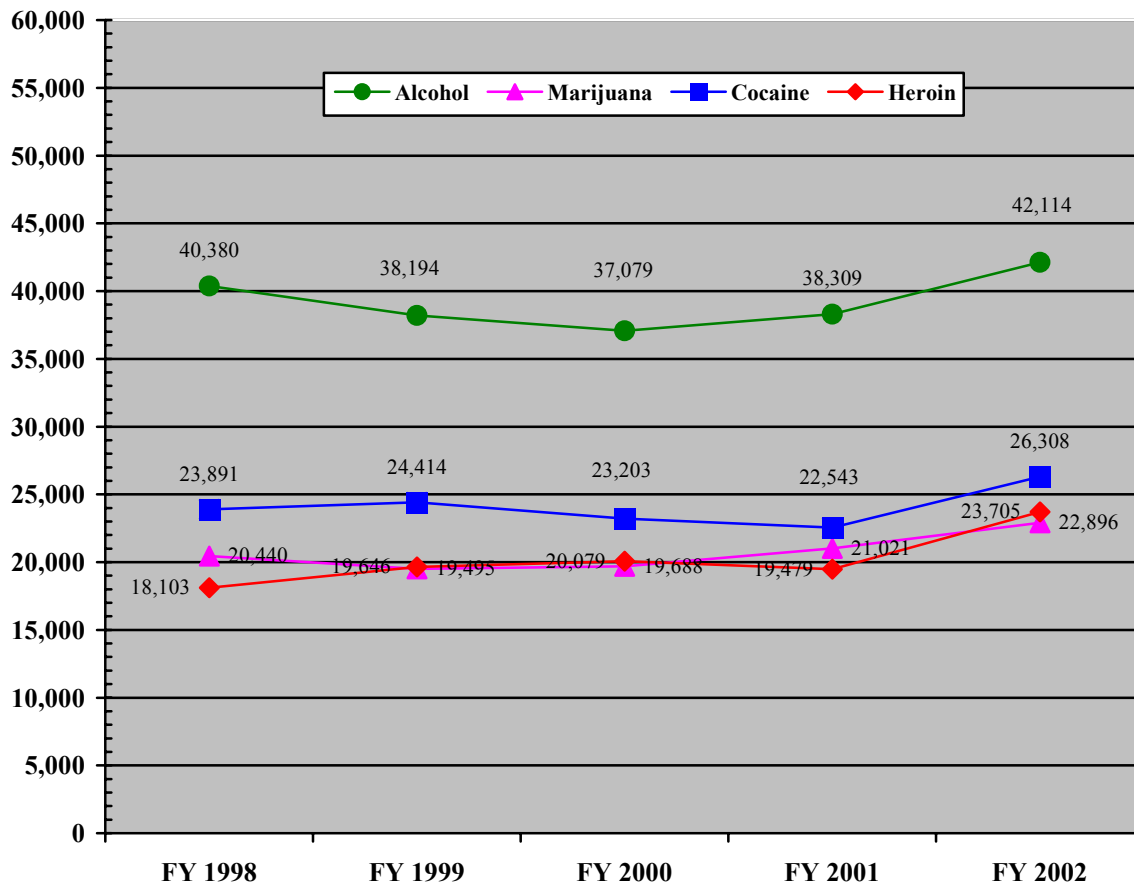
NOTES:

* Each client's primary, secondary, and tertiary drugs of choice are reported to SAMIS. Since each admission may have up to three drug mentions associated with it, percentages will not add to 100%.

** ADAA's definitions of substances listed in Table 6, above, are listed in Appendix A, page 28.

SOURCE: Adapted by CESAR from data from the Substance Abuse Management Information System (SAMIS), Maryland Alcohol and Drug Abuse Administration (ADAA), Department of Health and Mental Hygiene (DHMH).

Chart 6
Alcohol, Marijuana, Cocaine, and Heroin Mentions at Admission to Treatment, State of Maryland, FY 1998--2002



NOTE:

Each client's primary, secondary, and tertiary drugs of choice are reported to SAMIS. Thus each admission may have up to three substances associated with it.

SOURCE: Adapted by CESAR from data from the Substance Abuse Management Information System (SAMIS), Maryland Alcohol and Drug Abuse Administration (ADAA), Department of Health and Mental Hygiene (DHMH).

INDICATOR 4: OVERDOSE DEATHS

Source of the Data

By law, the Office of the Chief Medical Examiner (OCME) is required to investigate deaths of a violent or suspicious nature. The OCME investigates the following types of cases: homicides, poisonings, suicides, drownings, sudden deaths of apparently healthy individuals, individuals who are dead on arrival to a hospital, and other suspicious or unusual causes. These data include deaths due to toxic levels of alcohol, narcotics, cocaine, methadone, and other drugs.

The database used for these analyses is continually updated. New cases are added as toxicology reports are completed, or cases may be removed as an investigation proceeds. Analyses of deaths occurring between 1997 and 2000 are based on a data set received in October 2001; data on deaths in 2001 are based on a data set received February 2002; and data on deaths in 2002 are based on a data set received February 2003.

Interpreting the Data

Overdose mortality data do not necessarily reflect the magnitude of drug use in a community. Mortality from drug overdoses can reflect many things besides the level of drug use or even drug availability in a given area — including the purity of a particular drug, individual tolerance to the drug, or access to medical care. Further, the data relies on the OCME for quality control. Lastly, many trends are based on a small number of cases; therefore, percent changes should be interpreted with caution.

Data Highlights

- There were a total of 605 overdose deaths in Maryland in 2002 (See Table 7).
- Single-drug overdoses accounted for 68% of cases and multiple-drug cases accounted for approximately 32% of overdose cases (See Table 7).
- Overdose deaths in Maryland increased approximately 24% over the past five years from 490 in 1998 to 605 in 2002 (See Table 7).
- In 2002, narcotics-related deaths (i.e., deaths attributed to narcotics-only intoxication or narcotics in combination with alcohol, cocaine, or methadone intoxication) accounted for the largest percentage of overdoses, making up 84% of total overdose deaths in the state. Narcotics-related overdoses have consistently accounted for approximately 84-86% of total deaths during the past five years (See Chart 7).
- Cocaine-related deaths (i.e., deaths attributed to cocaine-only intoxication or cocaine in combination with alcohol or narcotics intoxication) accounted for approximately one quarter (24%) of overdose deaths in 2002 and have accounted for between 19%-26% of all overdose deaths during the past five years (See Chart 7).
- Narcotics-only overdose deaths increased 38% during the past five years, from 230 deaths in 1998 to 317 in 2002 (See Table 7).
- Cocaine-only overdose deaths increased 122% from 23 cases in 1998 to 51 in 2002 (See Table 7).
- Although they still only made up 5% of single drug overdoses in 2002, methadone overdose deaths increased dramatically (633%) from 3 deaths in 1998 to 22 in 2002 (See Table 7).

Table 7
Number of Alcohol and Drug-Related Overdose Deaths*, by Year, State of Maryland, 1998-2002

	1998	1999	2000	2001	2002
Single Drug Mentions**					
Narcotics-only	230	297	263	297	317
Cocaine-only	23	35	27	34	51
Alcohol-only	27	16	19	19	24
Methadone	3	5	14	21	22
Subtotal Single Drug Mentions	283	353	323	371	414
Multiple Drug Mentions***					
Alcohol and Narcotics	83	98	135	97	81
Alcohol and Cocaine	10	9	13	9	7
Narcotics and Cocaine	96	75	77	66	87
Alcohol and Other Drugs	18	19	18	16	16
Subtotal Multiple Drug Mentions	207	201	243	188	191
TOTAL	490	554	566	559	605

NOTES:

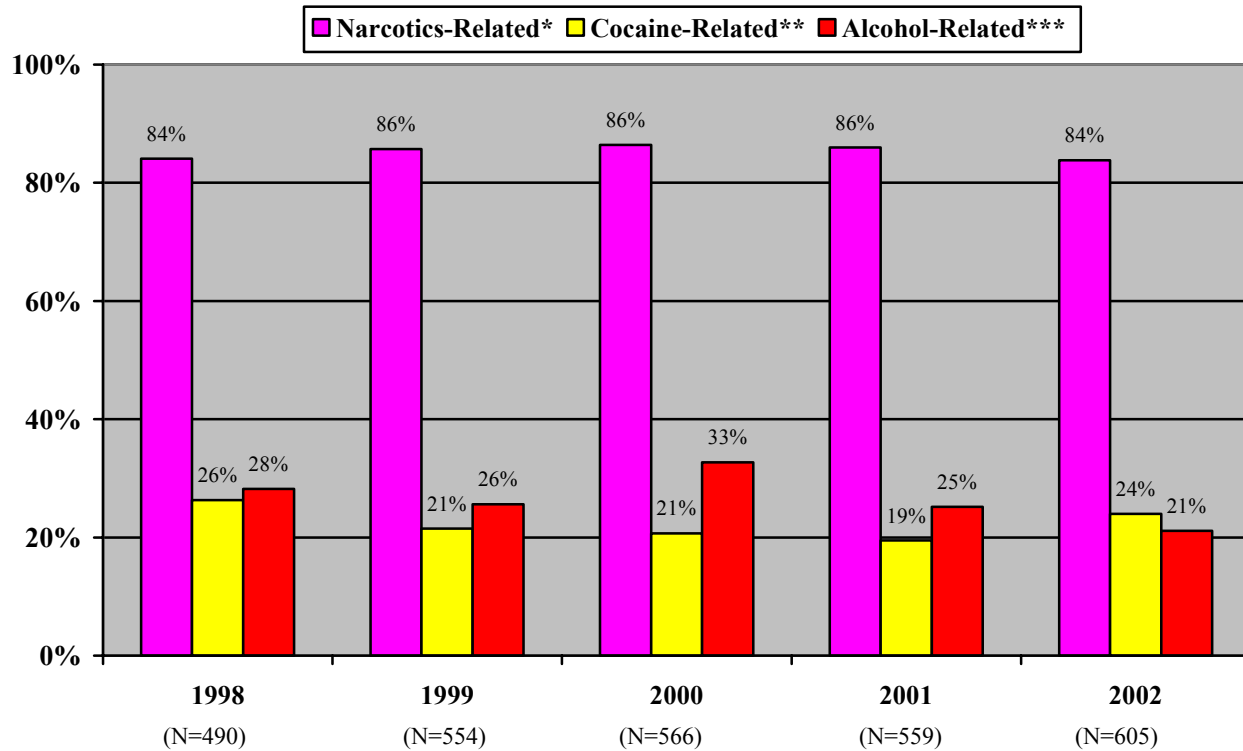
* **Overdose Death:** This term describes a death directly resulting from the ingestion of toxic amounts of alcohol, narcotics, cocaine, methadone, other drugs, or any of these drugs in combination, into the system of an individual, regardless of whether the cause of death is suicide, accident, or undetermined.

** **Single Drug Mention Death:** This denotes cases where only a single drug (*e.g.*, alcohol, narcotic, cocaine, or other) is mentioned on the death certificate as the cause of death.

*** **Multiple Drug Mention Death:** This denotes cases where more than one drug (*e.g.*, alcohol & narcotics, narcotics & cocaine, etc.) is mentioned on the death certificate as the cause of death.

SOURCE: Adapted by CESAR from data from the Office of the Chief Medical Examiner (OCME), October 2001, February 2002, and February 2003.

Chart 7
Percentage of Total Overdose Deaths Related to Narcotics, Cocaine, and/or Alcohol,
State of Maryland, 1998-2002



NOTES:

* **Narcotics-Related Deaths:** Narcotics was a contributing factor in an individual's death. Narcotics-related includes overdoses attributed to narcotics intoxication, narcotics and alcohol intoxication, narcotics and cocaine intoxication, and methadone intoxication.

** **Cocaine-Related Deaths:** Cocaine was a contributing factor in an individual's death. Cocaine-related includes overdoses attributed to cocaine intoxication, cocaine and alcohol intoxication, and cocaine and narcotics intoxication.

*** **Alcohol-Related Deaths:** Alcohol was a contributing factor in an individual's death. Alcohol-related deaths include overdoses attributed to alcohol intoxication, alcohol and cocaine intoxication, alcohol and narcotics intoxication, and alcohol and other drugs intoxication.

Percentages will add to more than 100% as some overdoses are caused by multiple drugs.

SOURCE: Adapted by CESAR from data from the Office of the Chief Medical Examiner (OCME), October 2001, February 2002, and February 2003.

INDICATOR 5: SUBSTANCE-RELATED TRAFFIC CRASHES

Source of the Data

The Maryland State Highway Administration (SHA) tracks alcohol and drug-related traffic crashes. According to the SHA, “all crashes resulting in a vehicle being towed away, personal injury, or fatality are reported. The state, county, or local law enforcement officer who first arrives at the scene of a reportable accident records the crash data. Typically, within 10 days, the crash report is submitted to the Maryland State Police Central Records Division for transfer into the Maryland Automated Accident Reporting System (MAARS) database files; within 30 days, the data is uploaded to the Maryland State Highway Administration’s database and the Maryland State Police database.”¹

Interpreting the Data

Alcohol- and/or drug-related traffic crash data are based on crashes being reported to the police. If no injury occurs during a crash, it is possible that the involved drivers may not report the crash to the police. This is also the case with single car crashes in which injury has not occurred. This data is also based on the knowledge that the crash is alcohol- and/or drug-related. How this is determined may vary across jurisdictions--some jurisdictions may use breathalyzers while others might use field sobriety tests.

Data Highlights

- In 2001, there were a total of 8,754 traffic crashes involving an alcohol- and/or drug-involved driver, up from 8,567 AOD-related crashes in 2000 and 7,743 AOD-related crashes in 1998 (See Table 8).
- AOD-related crashes represented approximately 8.6% of all crashes in Maryland in 2001. The percentage of AOD-related traffic crashes has remained relatively stable since 1998 ranging from a low of 8.2% in 1998 to a high of 8.6% in 2000 and 2001 (See Table 8).
- In 2001, 29% of fatal crashes, 9% of injury crashes, and 8% of property damage only crashes involved an alcohol- and/or drug-involved driver (See Table 9 and Chart 8).
- The percentage of AOD-related fatal crashes have fluctuated from a low of 25% of all crashes in 1998 to 29% of all crashes in 1999 and 2001 (See Table 9 and Chart 8).
- AOD-related injury and property damage crashes have remained stable since 1998 (See Table 9 and Chart 8).

¹ <http://www.sha.state.md.us/Safety/ooots/crashdata/crashData.asp> (8/26/03)

Table 8
Total (All Causes) Crashes, Alcohol- and/or Drug (AOD)-Related Crashes, and
Percentage of AOD-Related Crashes, State of Maryland, 1998-2001

Year			
	Total Crashes* (#)	AOD-Related Crashes** (#)	Percent AOD-Related Crashes
1998	94,039	7,743	8.2%
1999	97,009	8,270	8.5%
2000	99,302	8,567	8.6%
2001	101,411	8,754	8.6%

NOTES:

* **Crash:** An event that produces injury and/or property damage, involves a motor vehicle in transport, and occurs on a trafficway or while the vehicle is still in motion after running off the trafficway.

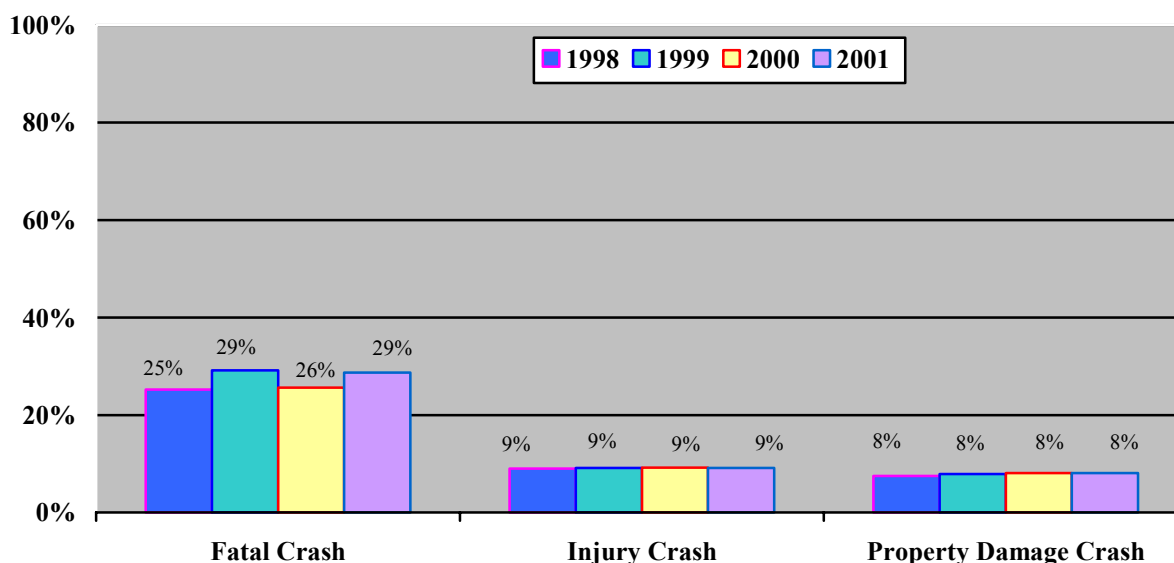
** **AOD crash:** A crash in which the driver was impaired by either alcohol or drugs.

SOURCE: Adapted by CESAR from data supplied by the Traffic Safety Analysis Division, Office of Traffic and Safety, Maryland State Highway Administration (SHA).

Table 9
Number of Traffic Crashes and Alcohol and/or Drug (AOD)-Related Crashes and
Percentage of Crashes Involving an AOD-Involved Driver, by Type of Crash,
State of Maryland, 1998-2001

	1998	1999	2000	2001
Fatal Crashes				
# AOD related	139	162	147	173
Total Fatal Crashes	551	555	574	602
% Fatal crashes AOD related	25.2%	29.2%	25.6%	28.7%
Injury Crashes				
# AOD related	3,440	3,464	3,457	3,519
Total Injury Crashes	38,274	38,021	37,743	38,523
% Injury crashes AOD related	9.0%	9.1%	9.2%	9.1%
Property Damage Crashes				
# AOD related	4,164	4,644	4,963	5,062
Total Property Crashes	55,214	58,433	60,985	62,286
% Property crashes AOD related	7.5%	7.9%	8.1%	8.1%

Chart 8
Percentage of Traffic Crashes Involving an Alcohol- and/or Drug (AOD)-Involved Driver,
by Type of Crash, State of Maryland, 1998-2001



NOTES:

Crash: An event that produces injury and/or property damage, involves a motor vehicle in transport, and occurs on a trafficway or while the vehicle is still in motion after running off the trafficway.

Fatal Crash: A police-reported crash involving a motor vehicle in transport on a trafficway in which at least one person dies within 30 days of the crash.

Injury Crash: A police-reported crash that involves a motor vehicle in transport on a trafficway in which no one died but at least one person was reported to have: (1) an incapacitating injury; (2) a visible but not incapacitating injury; (3) a possible, not visible injury; or (4) an injury of unknown severity.

Property Damage Crash: A police-reported crash involving a motor vehicle in transport on a trafficway in which no one involved in the crash suffered any injuries.

SOURCE: Adapted by CESAR from data supplied by the Traffic Safety Analysis Division, Office of Traffic and Safety, Maryland State Highway Administration (SHA).

INDICATOR 6: DRUG-RELATED ARRESTS

Source of the Data

The Maryland Uniform Crime Reporting (UCR) program maintained by the Maryland State Police collects, evaluates, and processes uniform statistical data on crime statewide. State, county, and municipal law enforcement agencies are required by law to submit monthly Uniform Crime Reports on the number of offenses known to have occurred in their locality and the number of arrests made.

Data on arrests for drug law violations are collected according to four drug categories and whether the arrest was for sales/manufacturing or possession. The UCR program separates illicit drugs into four categories: (1) opium, cocaine, and derivatives, (2) marijuana, (3) synthetic narcotics, and (4) dangerous non-narcotics. It is not possible to compare trends in drug arrests for heroin and cocaine separately because the two drugs are grouped together into the first category.

Interpreting the Data

Arrest statistics gathered by the Maryland UCR program do not measure the direct incidence of crime. Regardless of the number of charges involved in an arrest, only the most serious charge is recorded, as determined by the arresting agency. Thus, the actual incidence of crime is underestimated by arrest statistics. In addition, arrest figures are not a measure of the number of different individuals arrested, as one person may be arrested several times during the reporting period. Also, drug-related arrest statistics may not necessarily reflect the true magnitude of drug-related crimes being committed in a community, rather it reflects the level of enforcement concentrated on the problem. Changes in enforcement priorities may show changes in drug-related arrests that may not necessarily reflect an increase in drug crime. Despite these limitations, the Maryland UCR statistics provide a reliable means of tracking the number of drug violation arrests and the demographic characteristics of persons arrested for those offenses.

Data Highlights

- In 2001, 52,711 drug-related arrests were made in the state of Maryland (See Table 10).
- Drug-related arrests accounted for approximately 17% of all arrests in Maryland in 2001, up from approximately 13% in 1998 and 2000 (See Table 10).
- Between 1998 and 2001, the total drug-related arrest rate increased 27% from 783.3 per 100,000 to 995.2 per 100,000. This increase has been largely due to a 32% increase in the adult drug-related arrest rates during this four year time period (from 859.6 arrests per 100,000 population in 1998 to 1,134.9 per 100,000 population in 2001) (See Table 11 and Chart 9).
- The juvenile drug-related arrest rate has remained relatively stable during this four year time period (See Table 11 and Chart 9).
- Of the 52,711 drug-related arrests in Maryland in 2001, 70% were for possession and the remaining 30% were for sales/manufacturing. (See Table 12 and Chart 10).
- In 2001, the majority of drug-related arrests were for opium/cocaine derivatives (60%), followed by marijuana (37%) and “other” (i.e., synthetic narcotics and dangerous non-narcotics) (3%) (See Table 12 and Chart 11).
- Opium/cocaine-related arrests increased 58% between 2000 and 2001 from 20,189 arrests in 2000 to 31,856 in 2001 (See Table 12 and Chart 11).

Table 10
Total (All Cause) Arrests, Drug-Related Arrests and
Percentage Drug-Related Arrests, State of Maryland, 1998-2001

Year			
	Total Arrests (#)	Drug-Related Arrests (#)	Percent Drug-Related (%)
1998	316,599	41,489	13.1%
1999	311,513	42,919	13.8%
2000	318,249	41,488	13.0%
2001	308,094	52,711	17.1%

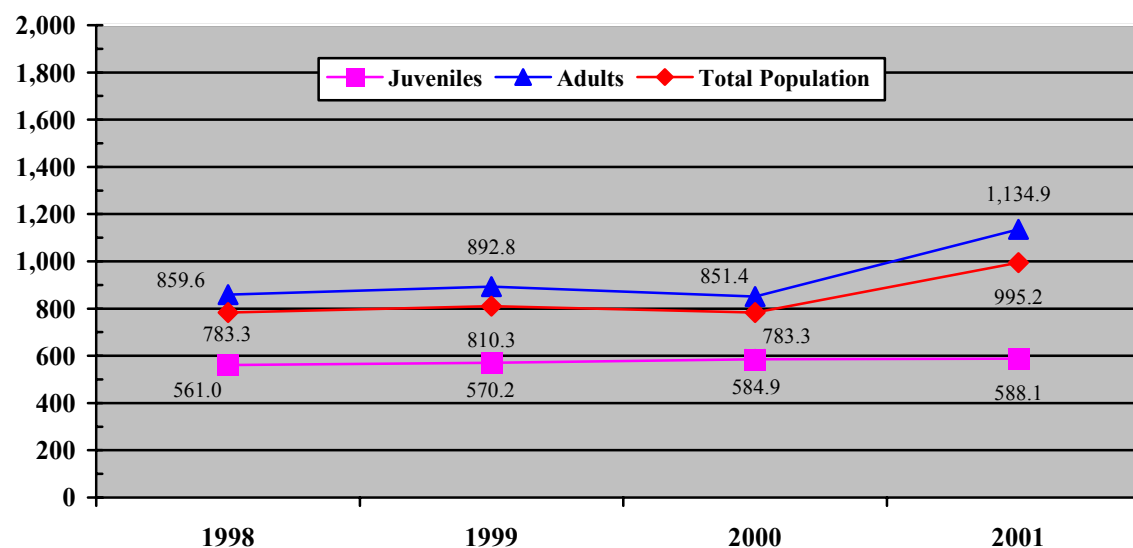
NOTE: Drug-related arrests include arrests for sales/manufacturing or possession of illegal drugs.

SOURCE: Adapted by CESAR from data from the Uniform Crime Reporting (UCR) Program, Central Records Division, Maryland State Police (MSP).

Table 11
Total Drug-Related Arrest Numbers and Rates Per 100,000 Population, by Age Group*, State of Maryland, 1998–2001

Age Group	2000 Census Population**	1998		1999		2000		2001	
		Drug-Related Arrests (#)	Rate Per 100,000	Drug-Related Arrests (#)	Rate Per 100,000	Drug-Related Arrests (#)	Rate Per 100,000	Drug-Related Arrests (#)	Rate Per 100,000
Juveniles	1,353,419	7,593	561.0	7,717	570.2	7,916	584.9	7,960	588.1
Adults	3,943,067	33,896	859.6	35,202	892.8	33,572	851.4	44,751	1,134.9
Total Population	5,296,486	41,489	783.3	42,919	810.3	41,488	783.3	52,711	995.2

Chart 9
Drug-Related Arrest Rates (per 100,000 population), by Age Group, State of Maryland, 1998-2001



NOTE:

* Age Groups are defined as: Juveniles = Under 18 Years; Adults = 18 Years and Over; and Total Population = Juveniles and Adults combined.

**1998 through 2001 rates are based on Census 2000 Summary File data adapted from the Maryland Department of Planning website: www.mdp.state.md.us/msdc/census

SOURCE: Adapted by CESAR from data from the Uniform Crime Reporting (UCR) Program, Central Records Division, Maryland State Police (MSP).

Table 12
Drug-Related Arrests, by Type of Violation and Drug Type,
State of Maryland, 1998-2001

Violation Type & Drug Type	Year			
	1998	1999	2000	2001
Possession:				
Opium or Cocaine & their Derivatives*	12,554	12,664	12,091	18,739
Marijuana	15,091	16,458	17,146	17,668
Other**	1,049	1,090	952	708
Subtotal Possession	28,694	30,212	30,189	37,115
Sales and Manufacturing:				
Opium or Cocaine & their Derivatives*	10,195	9,973	8,098	13,117
Marijuana	2,354	2,504	2,703	1,845
Other**	246	230	498	634
Subtotal Sales and Manufacturing	12,795	12,707	11,299	15,596
Total Drug Arrests	41,489	42,919	41,488	52,711

NOTES:

* UCR does not collect information on heroin and cocaine separately.

** Other includes "Synthetic Narcotics" and "Other Dangerous Non-Narcotics."

SOURCE: Adapted by CESAR from data from the Uniform Crime Reporting (UCR) Program, Central Records Division, Maryland State Police (MSP).

Chart 10
Total Drug-Related Arrests, by Year and Type of Violation, State of Maryland, 1998-2001

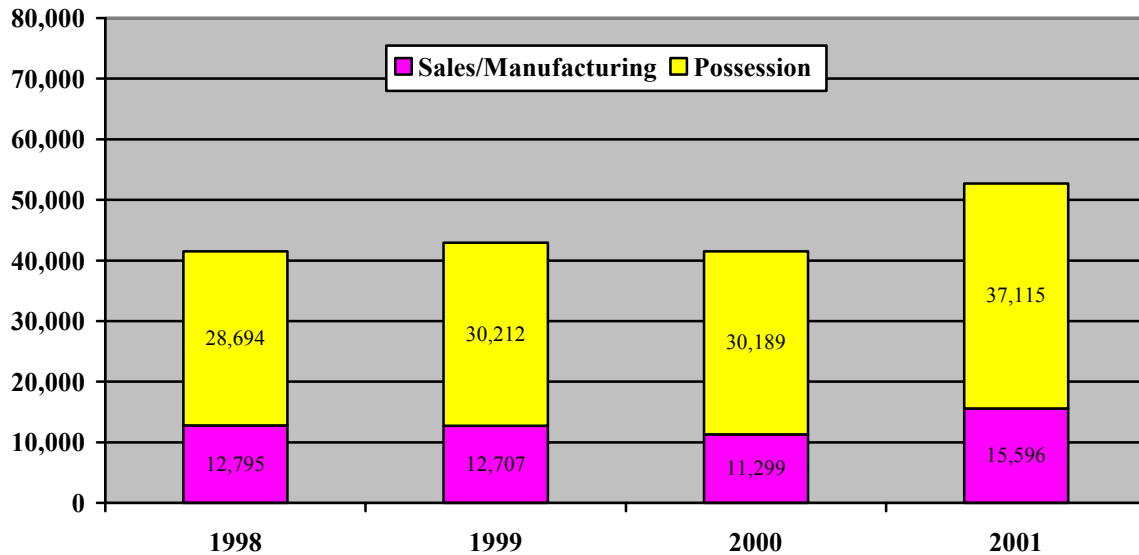
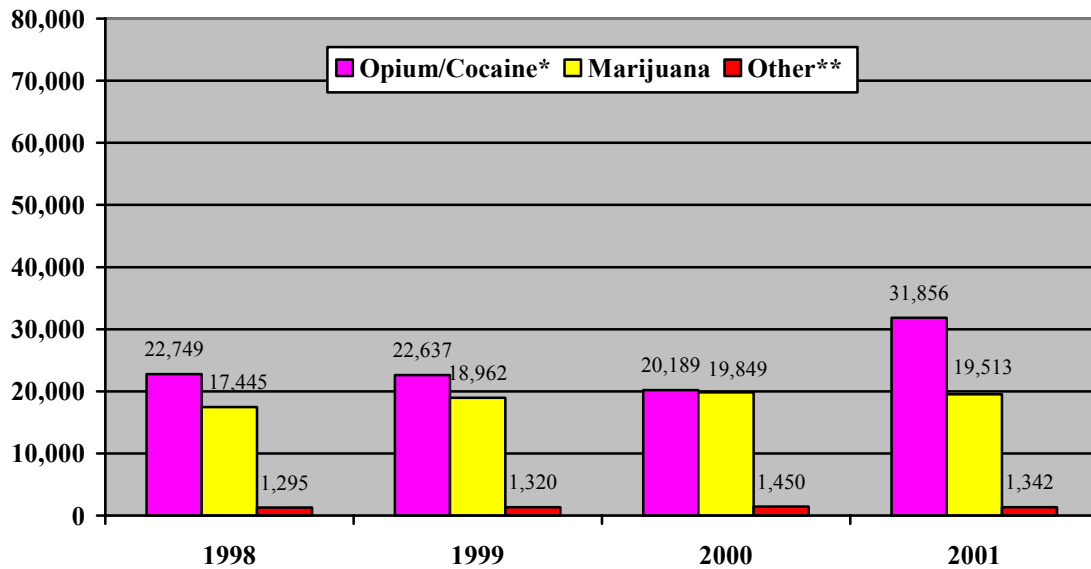


Chart 11
Total Drug-Related Arrests, by Year and Type of Drug, State of Maryland, 1998-2001



NOTES:

* UCR does not collect information on heroin and cocaine separately.

** Other includes "Synthetic Narcotics" and "Other Dangerous Non-Narcotics."

SOURCE: Adapted by CESAR from data from the Uniform Crime Reporting (UCR) Program, Central Records Division, Maryland State Police (MSP).

APPENDICES

Appendix A: Additional Definition of Terms Used in Report

Appendix B: Additional Reference Information

Appendix C: Index by Substance

APPENDIX A

Additional Definitions of Terms Used in Report

Suspensions Data

Definitions for terms used in Chart 3, page 9:

Attendance: Suspensions relating to cutting class, tardiness to school or class, and truancy.

Arson/Fire/Explosives: Suspensions resulting from attempting to, aiding in, or setting fire to a building or other. The conveyance of threats or false information concerning the placement of explosives, or destructive substances. Initiating a report of fire or other catastrophe without cause. Misuse of 911. Discharge of a fire extinguisher. Possession, sale, distribution, detonation, or threat of detonation of an incendiary or explosive material.

Attacks/Threats/Fighting: Suspensions resulting from verbal or physical threat to teacher, staff, student, or others, physical attack on teacher/staff or student, fighting with another student, or extortion.

Dangerous Substances: Dangerous Substances are defined as suspensions relating to possession, use, or evidence of use, sale or distribution of alcohol, illicit drugs, inhalants or tobacco.

Disrespect: Inappropriate comments or physical gestures to teachers, staff members, or others. Refusing to follow directions of teachers, staff, or administrators. Unwanted and inappropriate verbal, written, or physical conduct, other than sexual harassment, directed toward others. Behavior that interferes with the learning of others in a classroom or other learning environment. Disturbing, preventing orderly conduct, or otherwise causing a disruption to the atmosphere of order and discipline in the school necessary for effective learning, other than classroom disruption.

Other: Suspensions resulting from academic dishonesty/cheating, possession or use of an electronic device used to receive or communicate messages, trespassing, unapproved sale or distribution of items not otherwise defined in the suspension codes, vandalism/destruction of property, refusal to obey school policies

Sex Offenses: Physical sexual attack on school system staff or another student. Unwelcome sexual advances, requests for sexual favors, and/or other inappropriate verbal, written, or physical conduct of a sexual nature, directed toward others. Inappropriate behavior of a sexual nature, including indecent exposure, consensual sex, and other sexual activity not identified as sexual assault or harassment.

Weapons: Possession of a firearm or possession of any gun of any kind, loaded or unloaded, operable or inoperable, including any object that is a look-alike of a gun, other than a firearm. Possession of any implement, which could cause or intended to cause bodily harm, other than a firearm or other gun.

APPENDIX A

Additional Definitions (Cont'd)

Treatment Admissions Data

The Maryland Alcohol and Drug Abuse Administration's (ADAA) definitions of drug categories used in Table 6, page 13 are provided below:

Non-Rx Methadone: methadone obtained and used without a legal prescription.

Other Opiates: includes codeine, dilaudid, morphine, Demerol, fentanyl, opium, oxycodone, and any other drugs with morphine-like effects.

Alcohol: beer, wine, liqueur, and hard liquor.

Barbiturates: includes Phenobarbital, seconal, Nembutal, etc.

Other Sedatives of Hypnotics: includes methaqualone (Quaaludes), choral hydrate, placidly, doriden, etc.

Hallucinogens: excludes PCP but includes LSD, DMT, STP, MDA, mescaline, psilocybin, peyote, Ecstasy (MDMA), etc.

Cocaine/Crack: all forms of cocaine, which are inhaled, smoked, free-based, or injected.

Marijuana/Hash: THC and any other cannabis sativa preparation.

Methamphetamines: Crystal meth, Ice, etc.

Other Amphetamines: excludes methamphetamine and ecstasy (MDMA) but includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs.

Inhalants: includes Ether, glue, chloroform, nitrous oxide, gasoline, paint thinner, and any other substance breathed in nasally.

PCP: Phencyclidine

Other Stimulants: any other central nervous system stimulants not categorized above, e.g. caffeine, ephedrine, theophylline, etc.

Benzodiazepines: includes diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, prazepam, triazolam, clonazepam, and halazepam.

Other Tranquilizers: includes drugs considered to be in the tranquilizer group that were not mentioned above.

Over the Counter: any drug that can be purchased without a prescription including but not limited to, aspirin, cough syrup, Sominex.

“Other” Drug: Alcohol substitutes and non-beverage alcohol (e.g. sterno, mouthwash, vanilla extract, and wine vinegar). This also includes any other drug not falling into one of the other specified categories.

APPENDIX B

Additional Reference Information, by Indicator

Indicator 1: Student Drug Use

Maryland Adolescent Survey (MAS), Maryland State Department of Education (MSDE)

Data for this state-level report and for county-level data included on the DEWS website were obtained from the MSDE website. The “2001 Maryland Adolescent Survey” report can be found on the MSDE website at http://www.msde.state.md.us/Special_ReportsandData/index.html. A 2002 survey is scheduled to be available in Fall 2003 at the same location. For additional DEWS county-level results from the MAS, please access the DEWS website at <http://www.dewsonline.org/dews/regdruginfo.asp>.

Monitoring the Future, University of Michigan and National Institute on Drug Abuse (NIDA)

The results from the national 8th, 10th, and 12th grade student samples in Table 3 were taken from the 2001 Monitoring the Future study. Information on the Monitoring the Future study can be found at: <http://monitoringthefuture.org>.

Indicator 2: Drug-Related Student Suspensions

Suspensions, Expulsions, and Health Related Exclusions Report, MSDE

Data for this state-level report and for county-level data included on the DEWS website were obtained from the MSDE website. The full report entitled “Suspensions, Expulsions, and Health Related Exclusions, Maryland Public Schools, 2001-2002”, with state level and county level results for 2001-2002 school year can be found on the MSDE website at <http://www.msde.state.md.us/prim/pubs1.htm>. For additional DEWS county-level suspension information, please access the DEWS website at <http://www.dewsonline.org/dews/regdruginfo.asp>.

Indicator 3: Treatment Admissions Data

Substance Abuse and Management Information Systems (SAMIS) data, Maryland Alcohol and Drug Abuse Administration (ADAA)

The Maryland ADAA provided the data runs that were used for this state-level report and for the county-level data included on the DEWS website. The DEWS county-level treatment admission data can be found on the DEWS website at: <http://www.dewsonline.org/dews/regdruginfo.asp>. ADAA also publishes an annual report entitled “Trends and Patterns in Maryland Alcohol and Drug Abuse Treatment”; the FY 2001 report can be found on the ADAA website at: <http://maryland-adaa.org/download/TrendsFinal.pdf>.

Indicator 4: Overdose Deaths

Overdose Data, Maryland Office of the Chief Medical Examiner (OCME)

The Maryland OCME provided the data runs that were used for this state-level report and for the county-level data included on the DEWS website. For additional DEWS county-level overdose information, please access the DEWS website at <http://www.dewsonline.org/dews/regdruginfo.asp>.

APPENDIX B

Additional Reference Information, by Indicator (Cont'd)

In addition, a special report entitled “Alcohol and Drug-Related Overdose Deaths in Maryland: 1997-2001: An examination of data from the Office of the Chief Medical Examiner” was completed by DEWS staff in 2002 and is available on the DEWS website at <http://www.dewsonline.org/dews/specialpubs.asp>.

Indicator 5: Substance-Related Traffic Crashes

Crash Data, Maryland State Highway Administration (SHA)

The Maryland SHA provided the data runs that were used for this state-level report and for the county-level data included on the DEWS website. For additional DEWS county-level AOD-related crash information, please access the DEWS website at <http://www.dewsonline.org/dews/regdruginfo.asp>.

Indicator 6: Drug-Related Arrests

Uniform Crime Reporting Program (UCR), Maryland State Police (MSP)

The MSP Uniform Crime Reporting Unit supplied the data runs that were used for this state-level report and for the county-level data included on the DEWS website. The full report entitled “Crime in Maryland” is available and can be obtained by contacting the MSP Central Records Office, Uniform Crime Reporting Unit, at 410-298-3883. For additional DEWS county-level arrest information, please access the DEWS website at <http://www.dewsonline.org/dews/regdruginfo.asp>.

APPENDIX C

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