CESAR FAX

January-December 2003
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A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

CESAR FAX Annual Volume

Volume 12
2003

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This project was supported by VOIT 1996-1002, awarded by the U.S. Department of Justice through the Governor's Office of Crime Control & Prevention. The Assistant Attorney General, Office of Justice Programs, coordinates the activities of the program offices and bureaus. Points of view or opinions contained within this document are those of the author and do not necessarily represent the official position or policies of USDOJ.

ACKNOWLEDGMENTS

CESAR is pleased to provide this 2003 Annual Volume of the *CESAR FAX*. To assist you in using this volume, the Table of Contents indexes the 2003 faxes by issue title and subject area.

The *CESAR FAX* was produced and maintained during the past year by Wanda Hauser, with the assistance of Cindy Boyle and Ben Falls. Other CESAR staff provide valuable assistance in the selection of *CESAR FAX* topics by continuously monitoring crime and drug abuse issues and data sources. Special thanks to Jessica Woodruff for maintaining the *CESAR FAX* issues on our web site.

Since the first transmission to 150 recipients on February 17, 1992, the *CESAR FAX* audience has grown to more than 6,000 recipients worldwide. With the ongoing support of the Maryland Governor's Office of Crime Control & Prevention, the *CESAR FAX* continues to provide timely and relevant substance abuse information in an easy-to-read format.

CESAR FAX
Volume 12
2003

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CESAR FAX

January 6, 2003
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A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

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Distribution of CESAR FAX Topics, January-December 2002
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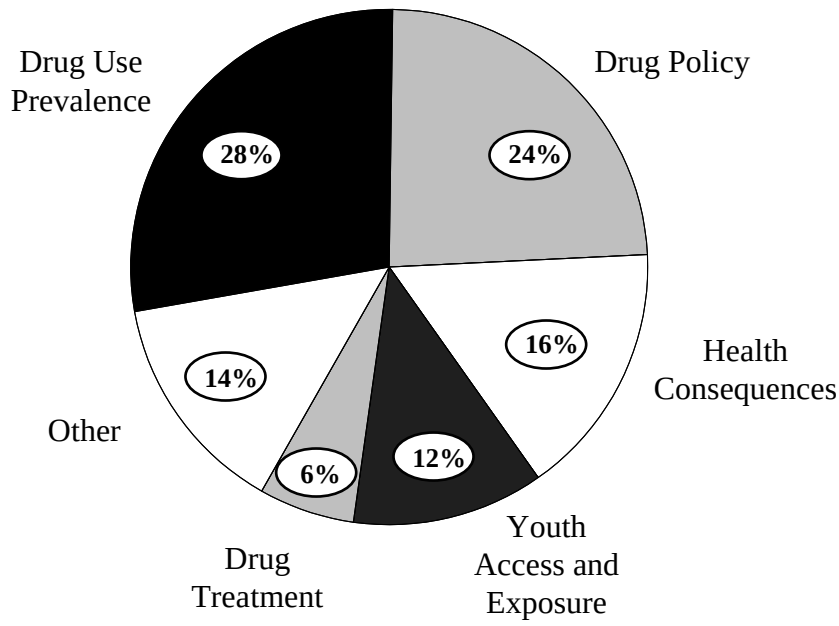

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

CESAR Introduces New Publication for Disseminating Local Drug Trends: First DEWS County Snapshot Highlights Baltimore City

Using recent data from Maryland's innovative Drug Early Warning System (DEWS), CESAR has developed a new publication series, the *DEWS County Snapshot*, that integrates qualitative and quantitative data to describe current substance abuse trends at the county level. Other states may wish to adopt a similar strategy to interpret and disseminate local drug trends.

The *Snapshot* utilizes findings from DEWS' current field data collection projects to supplement traditional, less timely indicators of drug use and provide a current picture of a county's drug trends. Two to four weeks before the publication of a *Snapshot*, DEWS staff conduct interviews with arrested youth (Juvenile Offender Population Urinalysis Screening project) and knowledgeable professionals (Drug Scan project) in each county about their perceptions of current local drug trends. These anecdotal reports from the field are then interpreted in the context of other county indicators monitored by DEWS staff. Following are highlights from the inaugural issue, *Substance Abuse Trends in Baltimore City*.

- Baltimore City juvenile offenders report that youth are using ecstasy in a variety of locations while in the past it was used primarily at raves, indicating that ecstasy may be moving into mainstream use in Baltimore City.
- Methadone overdoses have increased over the last five years in Baltimore City and in Maryland overall. Similar increases have been reported in other states.
- Drug Scan interviewees report that oxycodone abuse is rising, sometimes as a substitute for heroin. From 1998 to 2001 there has been a 48% increase in Baltimore City treatment admissions who mentioned "other opiates" as a problem, a category that includes oxycodone.

The integration of the recent DEWS interview results with the more extensive, but typically older, quantitative indicator data provides a rare opportunity to detect emerging drug trends. The goal of the *Snapshot* is to alert readers to possible changes in drug use that, if substantiated, can form the basis for developing effective interventions and public policy.

SOURCE: Drug Early Warning System, *The DEWS County Snapshot: Substance Abuse Trends in Baltimore City*, Volume 1, Issue 1, November 2002. For more information, contact Erin Artigiani at erin@cesar.umd.edu.

Want to Receive the Latest DEWS County Snapshot?

***DEWS County Snapshots* are available online (www.dewsonline.org). To receive the *Snapshot* by mail, call (301-403-8329) or email (dews@cesar.umd.edu) DEWS.**

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CESAR FAX

January 20, 2003
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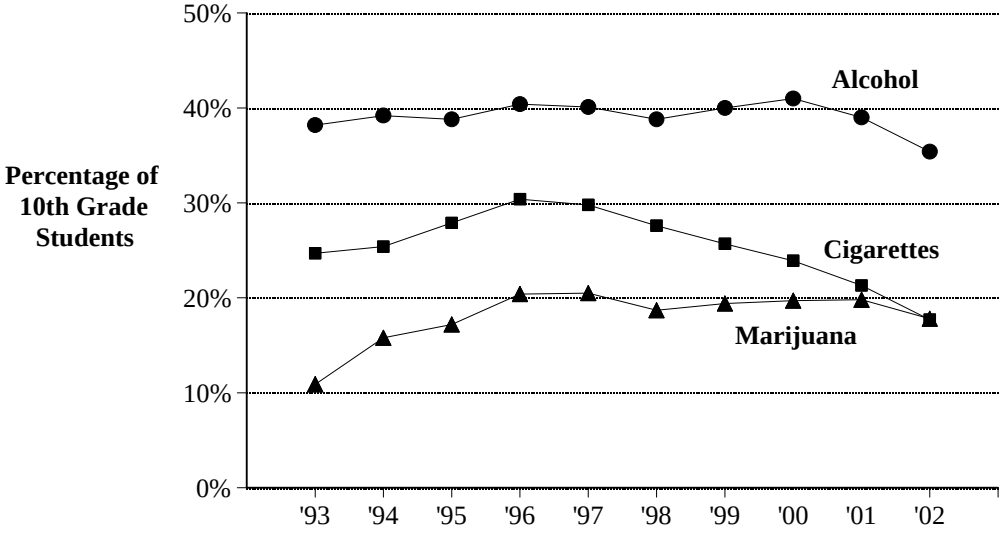
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Alcohol, Cigarette, and Marijuana Use Decline Among U.S. Tenth Graders

The percentage of U.S. 10th grade students reporting the use of alcohol, cigarettes, or marijuana declined from 2001 to 2002, according to data from the national Monitoring the Future survey. The most substantial decreases were for alcohol (from 39% in 2001 to 35% in 2002) and cigarette use (from 21% to 18%). In addition, the reported use of marijuana decreased among 10th graders for the first time in several years (from 20% to 18%). The only significant declines in alcohol, cigarette, or marijuana use among students in other grades were for alcohol use among 8th graders and cigarette use among 8th and 12th graders (data not shown). The study's Principal Investigator, Lloyd D. Johnston, concludes that although use may be on the decline, "We need to remember that the job of education and persuading our youngsters is never done, because there are always new ones entering adolescence" (p. 9).

Percentage of U.S. 10th Grade Students Reporting Past Month Use of Alcohol, Cigarettes and Marijuana, 1993-2002



SOURCE: Adapted by CESAR from University of Michigan, Monitoring the Future Study Press Release, "Ecstasy Use Among American Teens Drops for the First Time in Recent Years, and Overall Drug and Alcohol Use Also Decline In the Year After 9/11" December 13, 2002. Available online at www.monitoringthefuture.org. For more information, contact Lloyd D. Johnston at 734-763-5043.

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CESAR FAX

January 27, 2003
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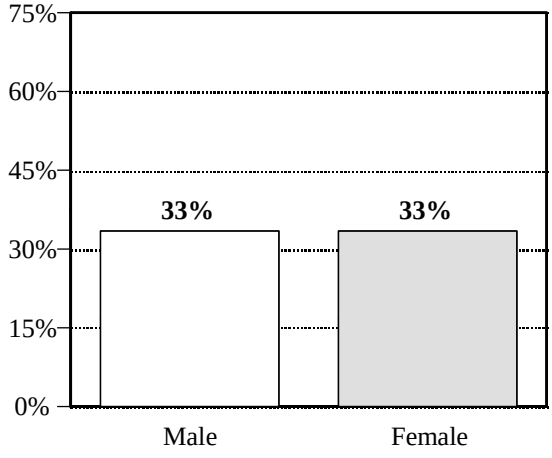
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

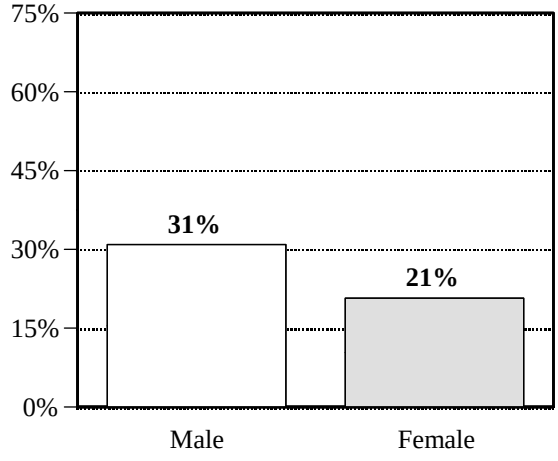
One-Fourth of Sexually Active U.S. High School Students Used Alcohol or Drugs At Last Sexual Intercourse; Males More Likely Than Females to Mix Drugs and Sex

One-third of U.S. high school students report they are sexually active and one-fourth (26%) of these students reported that they used alcohol or drugs before their last sexual intercourse, according to a 2001 national survey of U.S. high school students. While males and females were equally likely to be sexually active (defined as having had sexual intercourse during the 3 months preceding the survey), males were more likely to have used alcohol or drugs the most recent time they engaged in sexual intercourse (31% v. 21%; see figure). Furthermore, only 51% of sexually active girls, and 65% of boys used a condom during their last sexual intercourse (data not shown). The authors stress the need for interventions to prevent sexual risk behaviors among youths and to "reverse the increasing percentage of sexually active high school students who use alcohol or drugs before their last sexual intercourse" (p. 857).

Percentage of U.S. High School Students Who Reported Being Sexually Active, 2001



Percentage of Sexually Active Students Who Reported Using Alcohol or Drugs At Last Sexual Intercourse, 2001



NOTE: Data were obtained from the 2001Youth Risk Behavior Survey (YRBS), a nationally representative sample of 13,601 students in grades 9-12.

SOURCE: Adapted by CESAR from the Center for Disease Control and Prevention "Behaviors Among High School Students – United States, 1991--2001," *Morbidity and Mortality Weekly Report* 51(38): 856-859, 2002. Available online (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5138a2.htm).

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CESAR FAX

February 3, 2003
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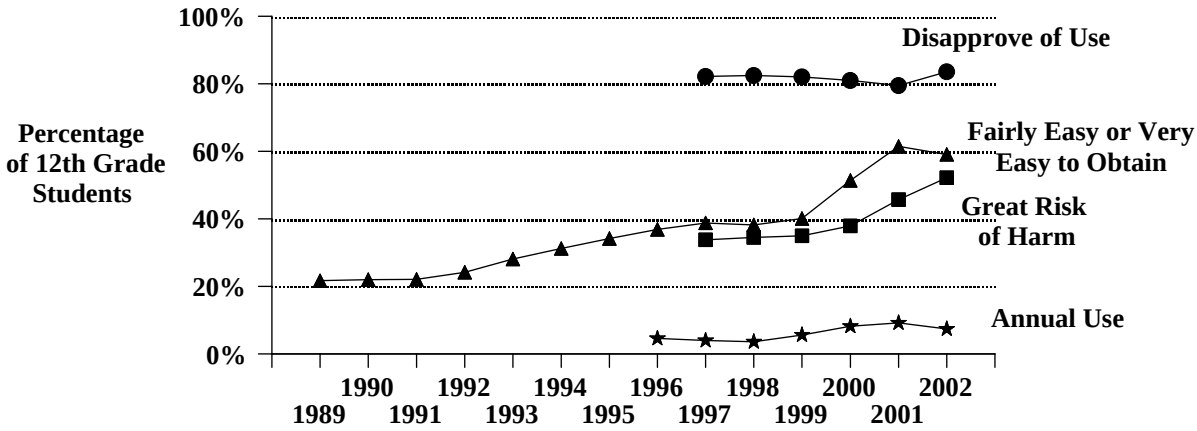
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Ecstasy Use Stabilizes Among High School Seniors as Perceived Harmfulness Increases

For the second year in a row ecstasy (MDMA) use among U.S. 12th grade students has not increased significantly, according to data from the national Monitoring the Future survey. In 2002, 7% of high school seniors reported that they had used ecstasy in the past year, compared to 9% in 2001 (a statistically nonsignificant difference). While perceived availability of the drug remains high—59% of seniors reported that ecstasy is "fairly easy" or "very easy" to obtain—more seniors are now reporting that using the drug may be harmful. The percentage of seniors that perceived a "great risk" of harm from using ecstasy once or twice increased significantly, from 46% in 2001 to 52% in 2002. Furthermore, the percentage of 12th graders who said they disapprove of people who use ecstasy also increased, from 80% in 2001 to 84% in 2002. Past research has found "increases in the perceived risk of using a drug to be an important leading indicator of downturns in its use" (p. 2).

U.S. Twelfth Grade Students Reporting Annual Use, Perceived Availability, Perceived Harmfulness, and Disapproval of Use of Ecstasy (MDMA), 1989-2002



SOURCE: Adapted by CESAR from University of Michigan, Monitoring the Future Study Press Release, "Ecstasy Use Among American Teens Drops for the First Time in Recent Years, and Overall Drug and Alcohol Use Also Decline In the Year After 9/11" December 13, 2002. Available online at www.monitoringthefuture.org. For more information, contact Lloyd D. Johnston at 734-763-5043.

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February 10, 2003
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A Weekly FAX from the Center for Substance Abuse Research

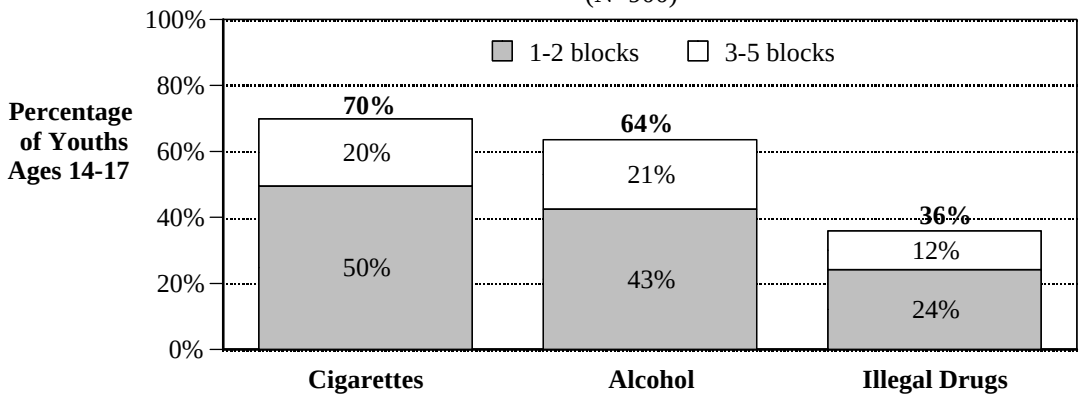
University of Maryland, College Park

Minors Say They Can Purchase Alcohol, Tobacco, and Illegal Drugs Within Five Blocks of Home

Alcohol, cigarettes, and illegal drugs are available for purchase within blocks of many U.S. youths' homes, according to findings from the Annenberg National Risk Survey of Youth. Despite the fact that it is illegal for minors to purchase cigarettes or alcohol, 70% of youths ages 14-17 said that they could buy cigarettes and 64% reported being able to buy alcohol within a 5 block radius of their home. Furthermore, one in three young people (36%) believed that they could purchase an illegal drug, such as marijuana, within 5 blocks of their home. Parents, community members, and policy makers should be aware of the ease by which youths believe they can purchase these substances and address this issue when discussing drug use with youths as well as when planning and implementing prevention and education programs.

Percentage of U.S. Youths Ages 14-17 Who Report They Can Purchase Cigarettes, Alcohol, or Illegal Drugs Within Five Blocks of Their Home

(N=900)



NOTES: The telephone survey was conducted using random-digit dialing from May 8th to June 23rd, 2002 with households in the continental U.S. that had a young person between the ages of 14 and 22. The margin of error for the data presented is ±4.8%.

SOURCE: Adapted by CESAR from the Institute for Adolescent Risk Communication at the Annenberg Public Policy Center, *Access to Risky Products and Perceptions of Risky Behavior and Popularity*, 2002. Available online (http://www.appcpenn.org/press/risk.pdf). For more information, contact Dan Romer at DRomer@asc.upenn.edu.

CESAR Needs Your Feedback

We are preparing funding proposals to maintain programs like the *CESAR FAX*. Please let us know what services have benefited you most. Write a letter to Dr. Eric Wish, Director, 4321 Hartwick Rd, Ste 501, College Park, MD 20740, 301-403-8342 (fax), cesar@cesar.umd.edu. With your help, we can ensure that CESAR continues to provide the most current and complete information available with which to monitor drug trends and inform policy.

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CESAR FAX

February 17, 2003
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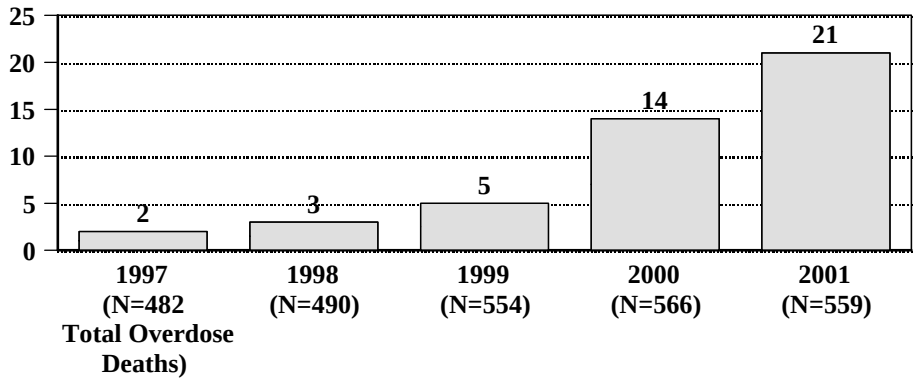
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Maryland Methadone Overdose Deaths Increase Ten-Fold Since 1997

The number of deaths caused by toxic levels of the synthetic opiate methadone has increased over the past few years, according to an analysis of data from the Maryland Office of the Chief Medical Examiner. In 2001, 21 individuals died from methadone overdoses (3.8% of all alcohol and drug-related overdose deaths for that year) compared to two deaths in 1997 (0.4% of all alcohol and drug-related overdose deaths). Methadone overdose deaths occurred primarily among older individuals living in Baltimore City and Central Maryland (data not shown). According to the authors, future research will focus on the potential causes of this increase in methadone overdoses, including whether or not these deaths are occurring among individuals with prescriptions for methadone. Similar reports of increases in methadone-related deaths have been reported in Florida, Maine, and North Carolina.*

Number of Maryland Alcohol and Drug-Related Overdose Deaths Caused by Methadone, 1997-2001



NOTE: An overdose death is a death directly resulting from the ingestion of toxic amounts of alcohol, narcotics, cocaine, methadone, other drugs, or any of these drugs in combination, regardless of whether the cause of death is suicide, accident, or undetermined.

*See *Maine Drug-Related Mortality Patterns: 1997-2002* (http://www.maine.gov/bds/osa/pubs/osa/2003/drugreport.pdf), *2002 Interim Report of Drugs Identified in Deceased Persons by Florida Medical Examiners* (http://www.fdle.state.fl.us/publications/examiner_drug_report_2002.pdf), *Deaths from Unintentional Drug Overdoses in North Carolina, 1997-2001* (http://www.communityhealth.dhhs.state.nc.us/hlthprom/Unintentional%20Poisonings%20report-9-02-final.pdf), and "Methadone Grows As Killer Drug," *New York Times* (2/9/03) (http://www.nytimes.com/2003/02/09/health/09METH.html).

SOURCE: Lehder, D.M., Arria, A., Artigiani, E.E., and Wish, E.D. *Alcohol and Drug-Related Overdose Deaths in Maryland: 1997-2001*, November 2002. Available online (www.dewsonline.org). For more information, contact Erin Artigiani at erin@cesar.umd.edu.

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CESAR FAX

February 24, 2003
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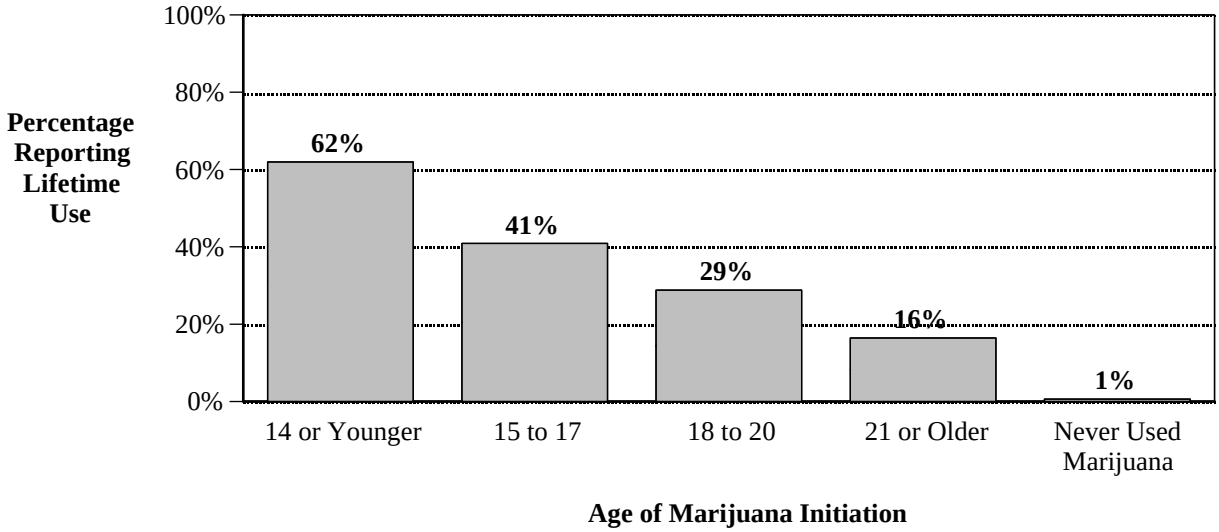
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Youths Who Begin Using Marijuana Before Age Fifteen Are More Likely To Report Lifetime Cocaine Use

The earlier youths begin using marijuana the more likely they are to use cocaine at some point in their lives, according to data from the National Household Survey on Drug Abuse (NHSDA). Nearly two-thirds (62%) of adults age 26 or older who reported first using marijuana before age 15 also reported using cocaine at least once in their life, compared to only 16% of those who began using marijuana at age 21 or older and 1% of those who never used marijuana. Similar results were found for lifetime use of heroin and psychotherapeutic drugs (e.g., pain relievers, tranquilizers, stimulants, sedatives). According to the authors, "Delaying the onset of marijuana initiation could be important in preventing the progression into heavy drug involvement and other drug-related health risk behaviors, as well as in decreasing the social burdens of illicit drug use" (p. 7).

Percentage of U.S. Adults Age 26 or Older Reporting Lifetime Use of Cocaine, by Age of Marijuana Initiation, 1999 and 2000 Combined



SOURCE: Adapted by CESAR from Office of Applied Studies, Substance Abuse and Mental Health Services Administration, *Initiation of Marijuana Use: Trends, Patterns and Implications*, 2002. Available online at http://www.samhsa.gov/oas/MJinitiation/MJinitiation.pdf.

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CESAR FAX

March 3, 2003
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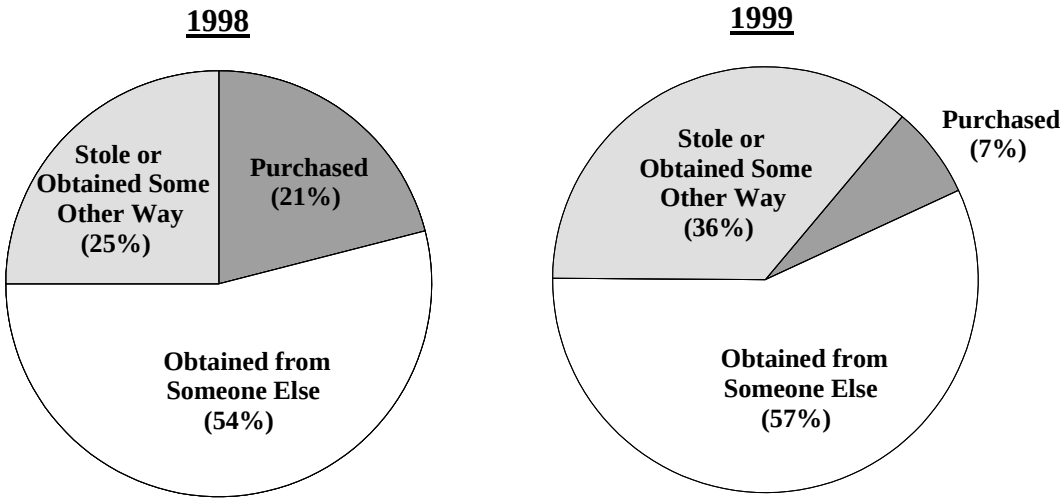
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Texas Middle School Smokers Less Likely to Buy Cigarettes; More Likely to Steal or Obtain Other Ways

Texas middle school students who smoke are more likely to steal cigarettes than buy them, according to data from the Texas Youth Tobacco Survey. The percentage of middle school smokers reporting that they usually obtain their cigarettes by purchasing them from stores or vending machines decreased from 21% in 1998 to 7% in 1999. At the same time there was an increase in the percentage of students who reported that they usually obtain their cigarettes by stealing them or getting them "some other way" (from 25% to 36%; see figure). These findings suggest that although sales of cigarettes to minors decreased, students are finding other ways to access cigarettes. Parents and community members must be aware of alternate channels students may have developed to access cigarettes so steps can be taken to eliminate those sources.

Usual Source for Cigarettes Among Texas Middle School Smokers, 1998 and 1999



NOTES: Students who reported having smoked during the 30 days preceding the survey were asked, "During the past 30 days, how did you usually get your own cigarettes?" The category "Obtained from Someone Else" is comprised of three sources: 1) borrowed from someone else, 2) someone else bought for them, and 3) older person gave it to them.

SOURCE: Adapted by CESAR from the Centers for Disease Control and Prevention, "Usual Sources of Cigarettes for Middle and High School Students – Texas, 1998-1999," *Morbidity and Mortality Weekly Report* 51(40):900-901, 2002. Available online at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5140a2.htm.

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CESAR FAX

March 10, 2003
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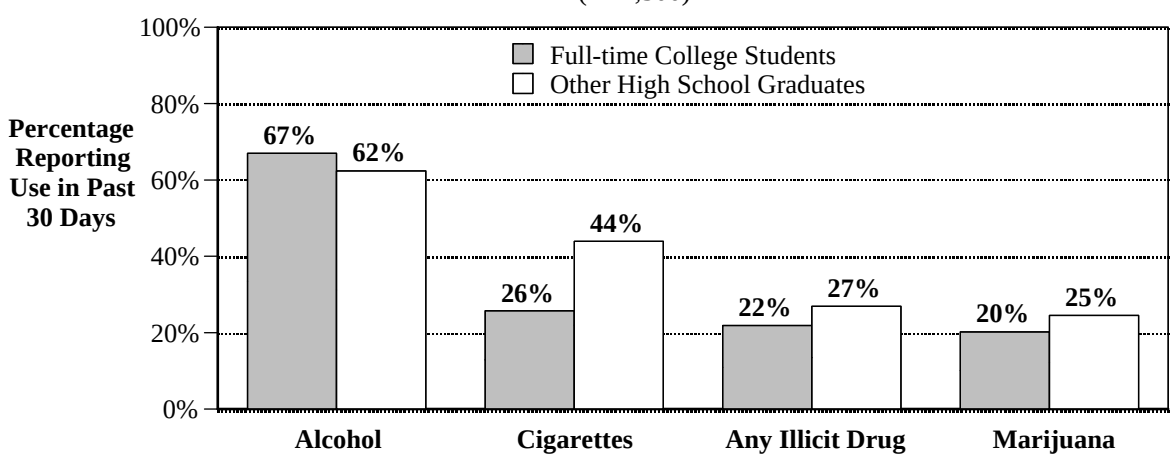
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

College Students Less Likely Than Other High School Graduates to Use Illicit Drugs and Cigarettes; More Likely to Use Alcohol

College students are less likely than other young adults who graduated from high school within the previous four years to use illicit drugs and cigarettes, according to an analysis of data from the national Monitoring the Future survey. The most significant difference was for cigarette smoking, with 26% of full-time college students reporting smoking in the past month, compared to 44% of their same age peers not in college (see figure). The only drug that college students were more likely to use was alcohol (67% vs. 62%). The survey found that college students were more likely to binge drink whereas young adults not in college were more likely to report daily drinking (data not shown). The authors conclude, "In sum the noncollege segment is generally more drug-experienced than the college student segment. This pattern is a continuation of the high school scenario in which those without college plans are more likely to use drugs" (p. 202).

Percentage of Young Adults (1-4 Years Beyond High School) Reporting Use of Alcohol, Cigarettes, and Illicit Drugs in the Past 30 Days, By College Enrollment, 2001
(N=2,300)



NOTE: Use of "any illicit drug" includes any use of marijuana, hallucinogens, cocaine, or heroin, or any use of other narcotics, amphetamines, barbiturates, or tranquilizers not under a doctor's order.

SOURCE: Adapted by CESAR from the National Institute on Drug Abuse, *Monitoring the Future National Survey Results on Drug Use, 1975-2001, Volume II: College Students & Adults Ages 19-40*, August 2002. Available online (http://www.monitoringthefuture.org/pubs/monographs/vol2_2001.pdf).

ERRATUM: Volume 12, Issue 8

CESAR FAX Volume 12, Issue 8 (2/24/03) inaccurately indicated that there was a relationship between age of first marijuana use and *subsequent* cocaine use. The data show that adults who report earlier ages of marijuana initiation are more likely to also report use of cocaine *at any point in their lives*. We apologize for the error. A revised copy of this issue is available on our website (http://www.cesar.umd.edu/cesar/cesarfax.asp).

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CESAR FAX

March 17, 2003
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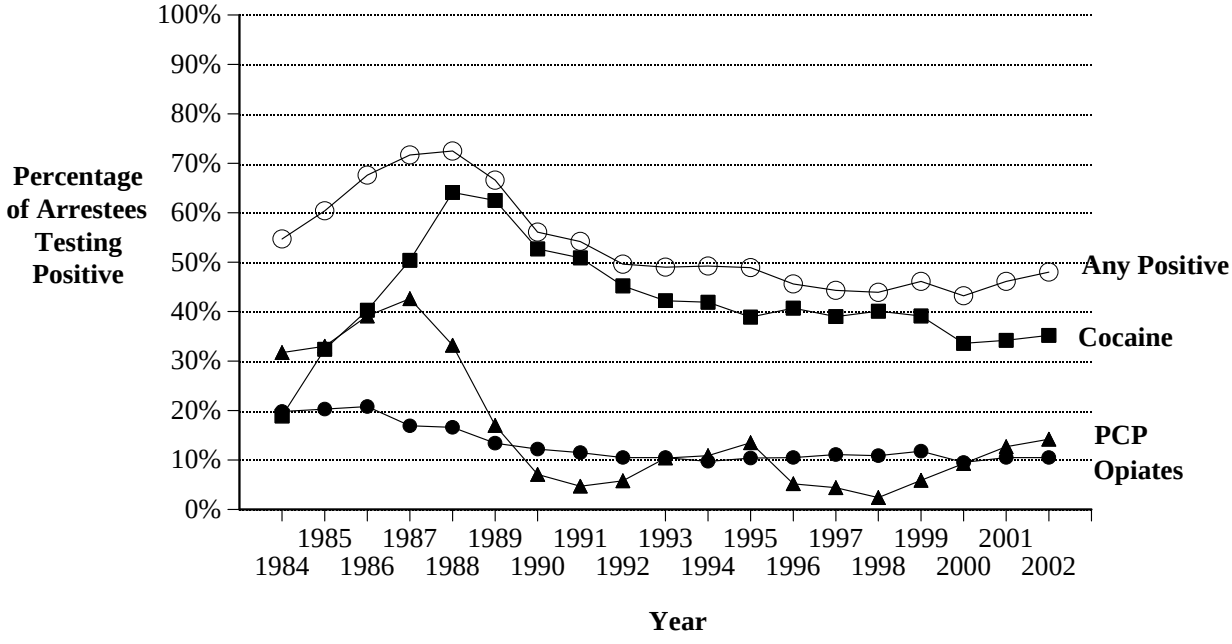
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Drug Use Among D.C. Adult Arrestees Has Declined Since Late 1980s; Cocaine the Most Prevalent, PCP Surpasses Opiates

The percentage of D.C. adult arrestees testing positive for cocaine, PCP, and opiates has declined over the past 15 years, according to data from the D.C. Pretrial Services Agency. Cocaine continues to be the drug that adult arrestees in the District of Columbia test positive for most often. For the past three years slightly more than one-third of adult arrestees have tested positive for cocaine, down from the peak of 64% in 1988. The percentage of arrestees testing positive for PCP also peaked at around the same time (43% in 1987) but has remained at relatively low levels since 1990 (ranging from a low of 2% in 1998 to a high of 14% in 1995 and 2002). The percentage of arrestees testing positive for PCP now surpasses those positive for opiates; opiate positives have declined from around 20% in the early 1980s to 10% in 2002.

Percentage of Washington, D.C. Adult Arrestees Testing Positive for Any Drug, Cocaine, PCP, and Opiates, 1984-2002



SOURCE: Adapted by CESAR from data from the District of Columbia Pretrial Services Agency. Data from this agency are available on CESAR's website at http://www.cesar.umd.edu/cesar/bytopic/cj/dcpretrial.asp.

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CESAR FAX

March 24, 2003
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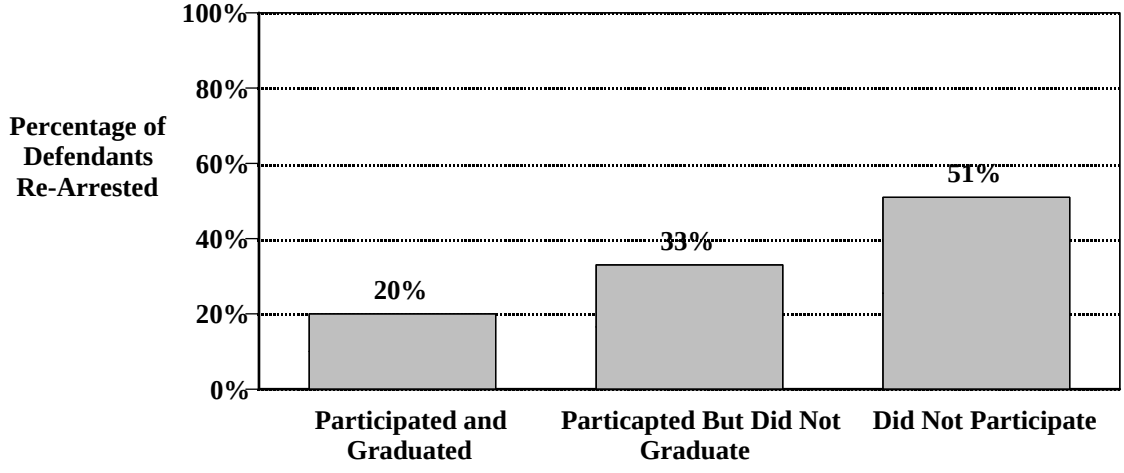
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Los Angeles County Drug Court Graduates Half as Likely to Be Re-Arrested

Defendants who participated in a drug court program as an alternative to prosecution for non-violent drug offenses were less likely to be re-arrested, according to an evaluation of the Los Angeles County drug court program. The pre-plea diversion program includes supervision based on frequent drug testing and court appearances. Drug court graduates were more than half as likely as defendants who did not participate in the program to be re-arrested in the year after completing the program (20% vs. 51%). Furthermore, even those who participated in, but did not graduate from, the drug court program had lower re-arrest rates than non-participants (see figure). According to the authors, "The success of drug court participants in reducing future arrests suggest the effectiveness of the program's emphasis on promoting self-sufficiency and empowering substance abusers to become productive and responsible members of the community" (p. 223).

Percentage of Los Angeles County Defendants Re-Arrested in the Year After Exiting the Drug Court Program (Drug Court Participants) or in the Year After Sentencing (Non-Participants), 1994-1997



SOURCE: Adapted by CESAR from Fielding J. E., Tye. G., Ogawa M. "Los Angeles County Drug Court Programs: Initial Results," *Journal of Substance Abuse Treatment* 23(3):217-224, 2002. For more information please contact Dr. J. E. Fielding at Jfielding@dhs.co.la.ca.us.

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Buprenorphine Now Available for Treating Heroin Dependence in U.S.

What is buprenorphine? Buprenorphine is an opiate used for the treatment of opiate dependence. It is the active ingredient in the prescription medications Subutex® and Suboxone®. Subutex®, which contains only buprenorphine, is intended for use at the beginning of treatment. Suboxone® contains both buprenorphine and naloxone (to decrease the potential for abuse by injection) and is used in the maintenance treatment of opiate addiction.

How is buprenorphine used? Both Subutex® and Suboxone® are tablets that are placed under the tongue and dissolved. Buprenorphine abusers either inject the drug intravenously or chew or swallow the tablets.

What are the effects of buprenorphine use? The most common reported side effects of the drug include cold or flu-like symptoms, headaches, sweating, sleeping difficulties, nausea, and mood swings. Buprenorphine has been associated with breathing difficulty, especially when combined with depressants. Misuse of the drug by using it with other drugs (e.g., benzodiazepines, depressants), by injecting it, or by taking large oral doses can be lethal.

How effective is buprenorphine in treating opiate dependence? Studies have shown that buprenorphine is more effective than a placebo and is equally as effective as moderate doses of methadone and LAAM in opioid maintenance therapy. A Swedish study published earlier this year reports that 75% of opiate-dependent patients receiving buprenorphine treatment were still in treatment after one year, compared to 0% of those receiving a placebo.

What is the abuse potential of buprenorphine? Buprenorphine can be abused, both by individuals who are and who are not dependent on opioids. A recent study in France (where buprenorphine has been prescribed since 1996) found that 47% of patients on buprenorphine maintenance treatment reported ever injecting the drug. The addition of naloxone decreases the likelihood of abuse because naloxone blocks the desired "high" abusers seek when injecting buprenorphine and can cause severe withdrawal symptoms.

How is buprenorphine obtained? Subutex® and Suboxone® are the first narcotic drugs used for the treatment of opiate dependence that can be prescribed in an office setting. A list of physicians currently qualified to prescribe these drugs under the Drug Addiction Treatment Act of 2000 (DATA 2000) is available online (http://buprenorphine.samhsa.gov/bwns_locator/index.html).

What is the legal status of buprenorphine? In 2002 the Drug Enforcement Agency (DEA) reclassified buprenorphine from a Schedule V to a Schedule III narcotic based on a re-evaluation of evidence regarding the potential for abuse, diversion, dependence, and side effects.

SOURCE: A complete list of sources is available on the CESAR website (http://www.cesar.umd.edu/cesar/cesarfax.asp). For more information on buprenorphine, visit http://www.buprenorphine.samhsa.gov and http://www.fda.gov/cder/drug/infopage/subutex_suboxone/default.htm.

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CESAR FAX

April 7, 2003
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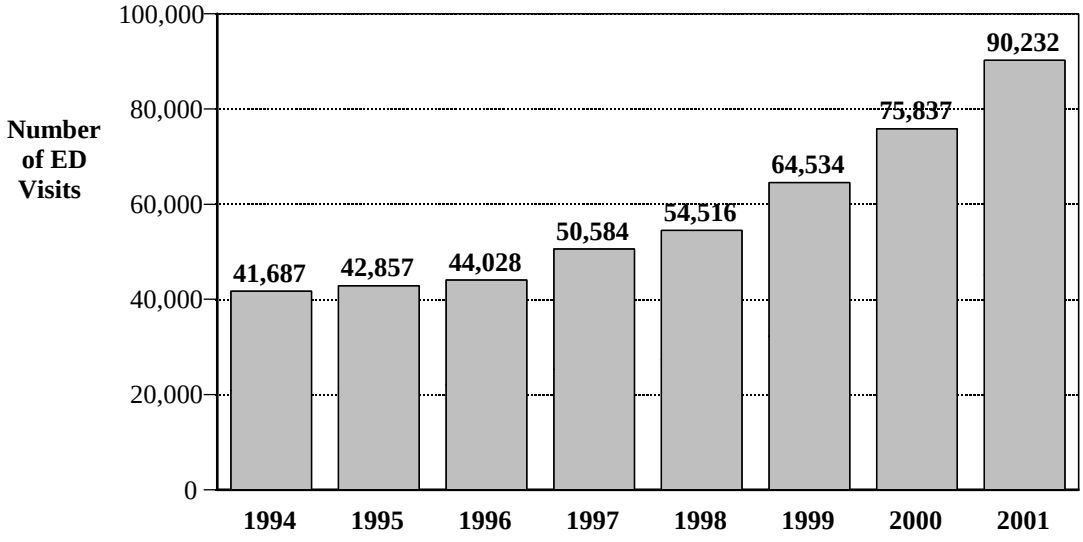
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

U.S. Emergency Department Visits Involving Narcotic Analgesics Have Doubled in Five Years

The number of U.S. emergency department (ED) visits related to the nonmedical use of narcotic analgesics has increased significantly since 1996, according to data from the Drug Abuse Warning Network (DAWN). Narcotic analgesics are pain medications—such as oxycodone, hydrocodone, and methadone—that contain opiates. In 2001 there were 90,232 narcotic analgesic-related ED visits, compared to 44,028 visits in 1996 (see figure below). These findings support those of the National Household Survey on Drug Abuse showing an increase in the number of first-time nonmedical users of prescription pain relievers during the 1990s (see *CESAR FAX*, Volume 11, Issue 39).

Number of U.S. Narcotic Analgesic-Related ED Visits, 1994-2001



NOTE: A drug-related ED visit is one that was induced by or related to the use of an illegal drug(s) or the nonmedical use of a legal drug for patients age 6 to 97.

SOURCE: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, "Narcotic Analgesics," *The DAWN Report*, January 2003. Available online (http://www.samhsa.gov/oas/2k3/pain/DAWNpain.pdf). For more information contact Dr. Elizabeth Crane at ecrane@samhsa.gov.

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CESAR FAX

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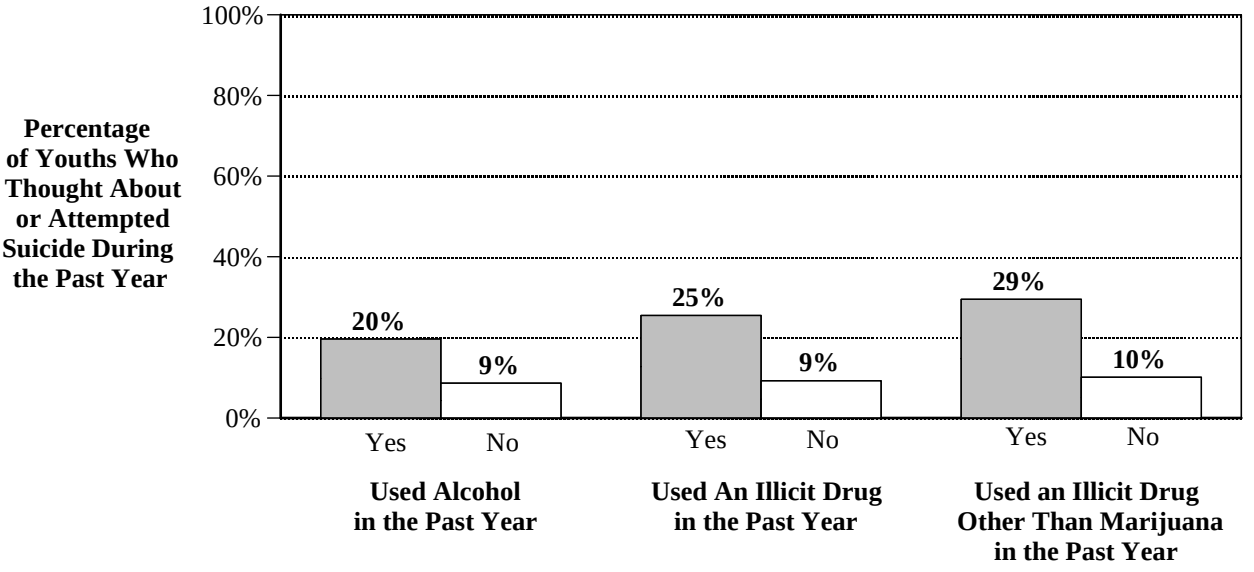
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Youths Who Report Alcohol or Illicit Drug Use More Than Twice As Likely to Think About or Attempt Suicide

Youths who reported past year use of alcohol were slightly more than twice as likely to have seriously thought about or attempted suicide as youths who did not report past year use, according to an analysis of data from the National Household Survey on Drug Abuse (NHSDA). Similar results were found for youths who reported past year use of illicit drugs (see figure). The study also found that only 36% of youths who thought about or attempted suicide during the past year received mental health treatment during that time period, illustrating the need for identification and treatment of those at risk for suicide.

Percentage of Youths Aged 12 to 17 Who Thought About or Attempted Suicide During the Past Year, by Past Year Alcohol or Illicit Drug Use, 2000



NOTES: Data are from the 2000 National Household Survey on Drug Abuse, a face-to-face survey of a representative sample of U.S. household residents, including 25,717 youths ages 12-17. The categories are not mutually exclusive (i.e. a person who used alcohol may have also used illicit drugs and would thus be included in both measures). Any illicit drug includes marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA), "Substance Use and the Risk of Suicide Among Youths," *The NHSDA Report*, July 12, 2002. Available online at http://www.samhsa.gov/oas/2k2/suicide/suicide.pdf.

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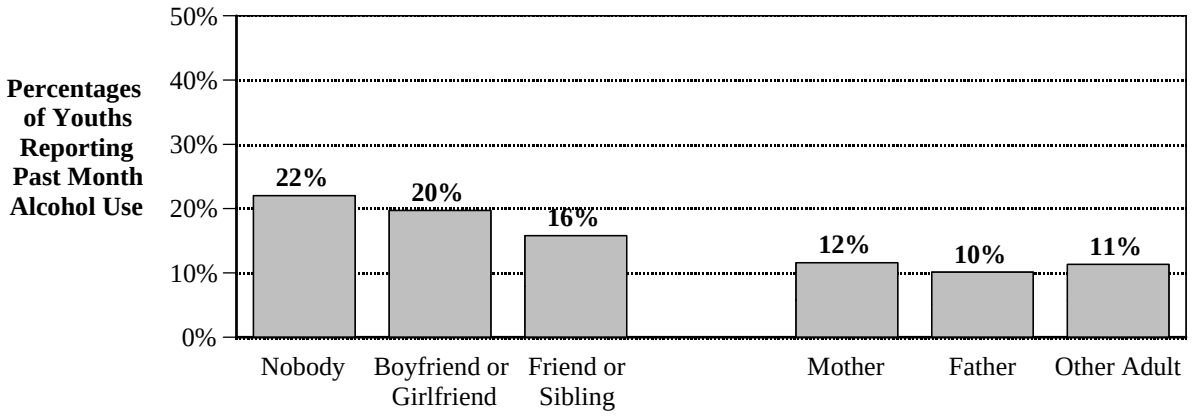
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Youths Who Would Turn to an Adult to Talk About a Serious Problem Less Likely to Use Alcohol

Youths ages 14-15 who reported that they would turn to an adult to talk about serious problems had lower rates of past month alcohol use than youths who indicated that they would talk to dating partners, friends, or nobody, according to an analysis of data from the National Household Survey on Drug Abuse (NHSDA). Between 10% and 12% of youths who reported that they would talk about a serious problem with either their mother, father, or another adult used alcohol in the past month, compared to between 16% and 22% of those who said they would talk to a friend or sibling, their boyfriend or girlfriend, or nobody (see figure). Similar results were found for 12-13 and 16-17 year olds.

Percentage of Youths Ages 14-15 Reporting Past Month Alcohol Use, by Person to Whom They Would Talk to About a Serious Problem, 1999



NOTES: Respondents were asked, "If you wanted to talk to someone about a serious problem, which of the following people would you turn to?" The response categories were not mutually exclusive, therefore youths could provide more than one response. Other adult includes grandparents, teacher/principal/coach, therapist/psychiatrist, or pastor/clergy/church/church group.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA), "Youths' Choice of Consultant for Serious Problems Related to Substance Abuse," *The NHSDA Report*, February 14, 2003. Available online (http://www.samhsa.gov/oas/2k3/YouthConsult/YouthConsult.htm).

ERRATUM: Volume 12, Issue 15

CESAR FAX Volume 12, Issue 15 (4/14/03) inaccurately reported the the National Household Survey on Drug Abuse (NHSDA) was a telephone survey. The NHSDA is a *face-to-face* survey of a representative sample of U.S. household residents. We apologize for the error. A revised copy of this issue is available on our website (www.cesar.umd.edu/cesar/cesarfax.asp).

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Hallucinogenic Tryptamines AMT and Foxy Gain Popularity in U.S.; DEA Temporarily Places Drugs into Schedule I of Controlled Substances Act

What is a tryptamine? A tryptamine is a nonhallucinogenic chemical from which some hallucinogenic drugs can be derived. Tryptamine exists naturally in some plants, fungi, and animals and can also be produced synthetically. Two synthetic tryptamines, alpha-methyltryptamine (AMT) and 5-methoxy-N,N-diisopropyltryptamine (also known as Foxy), have gained popularity over the last few years among teens and young adults, particularly at raves, clubs, and other social venues. Other synthetic tryptamines include 2C-T-7 (Blue Mystic), dimethyltryptamine (DMT), and psilocybin (mushrooms).

What are the street names for AMT and Foxy? AMT is referred to as Spirals, Amtrak, and Amthrax. Foxy is also known as Foxy Methoxy.

How are AMT and Foxy ingested? Both AMT and Foxy are usually taken orally, but can be snorted or smoked. An average dose of AMT can last from 12 to 24 hours while an average dose of Foxy can last from three to six hours.

Who uses AMT and Foxy? Since 1999, AMT and Foxy have been encountered by law enforcement officials in 16 states and the District of Columbia. For example, there have been reports of abuse at both clubs and raves in Arizona, California, Florida and New York. The attempted production of AMT and Foxy has been reported in Nevada, Virginia, and the District of Columbia.

What do AMT and Foxy look like? Foxy may be in powder, tablet, or capsule form. Tablets may be purple or red and may have a spider or alien marking on it. Foxy capsules usually contain a powder that is either blue, green, tan, orange, gray, or pink. AMT is often found in an off-white or orange crystal powder but can be in capsule or tablet form as well.

What are the effects of AMT and Foxy? Effects for both substances include an increase in energy, hallucinations with both visual and auditory distortions, euphoria, empathy, and emotional distress. Some users may experience nausea, vomiting, and diarrhea. People also report nervous tension, irritability, restlessness, inability to sleep, blurry vision, and dilated pupils.

Are AMT and Foxy illegal drugs? In April 2003, the Drug Enforcement Administration (DEA) temporarily placed both AMT and Foxy into Schedule I of the Controlled Substances Act (CSA), which would allow the imposition of criminal sanctions on anyone who is found to manufacture, distribute, or be in possession of either substance.

SOURCE: A complete list of sources is available on the CESAR website (www.cesar.umd.edu).

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CESAR FAX

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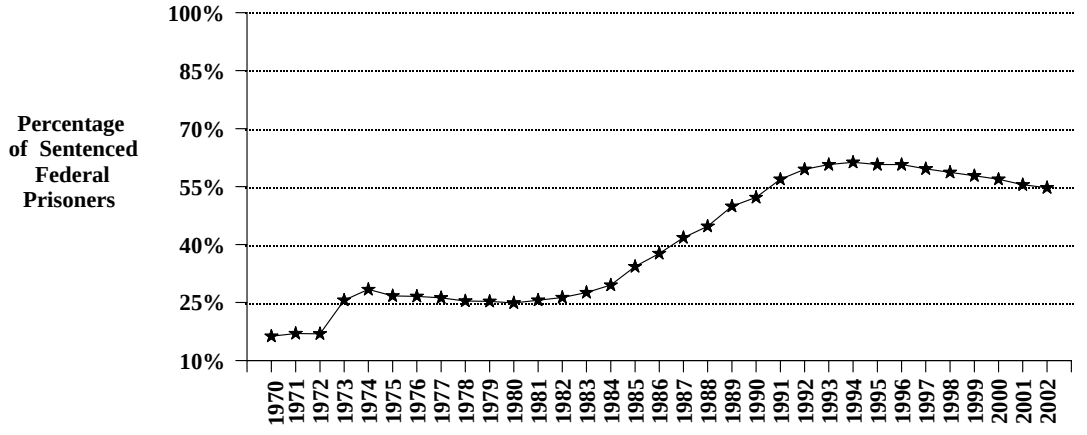
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Fifty-Five Percent of Sentenced Federal Prisoners Are Drug Offenders

Just over one-half (55%) of the 128,090 sentenced inmates in federal prisons in 2002 were convicted of drug trafficking, drug possession, or other drug offenses, according to statistics recently released from the the Federal Bureau of Prisons (BOP). While the current proportion of sentenced prisoners who are drug offenders is twice as high as it was in the 1970's and early 1980's, it is slightly below the peak of 61% reached in 1994 (see figure). Offenses that currently account for the next highest rates of sentenced federal inmates are weapons, explosives, and arson offenses (11%), immigration (11%), and robbery (7%).

Percentage of Sentenced Federal Prisoners Who Are Drug Offenders, 1970-2002



NOTE: Data are for inmates in BOP facilities (i.e. do not include inmates in contract facilities).

SOURCE: Adapted by CESAR from the Federal Bureau of Prisons, *Quick Facts*, March 2003. Available online at http://www.bop.gov/fact0598.html.

ERRATUM: Volume 12, Issue 17

CESAR FAX Volume 12, Issue 17 (4/28/03) compared the increase in energy resulting from the use of AMT and Foxy to similar effects of MDMA and GHB use. This is incorrect in that GHB does not result in an increase in energy; rather its effects include lethargy and respiratory depression. We apologize for the error and thank the alert readers who advised us of it. A revised copy of this issue is available on our website (www.cesar.umd.edu/cesar/cesarfax.asp).

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CESAR FAX

May 12, 2003
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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

National Pulse Check Report Describes Trends in Local Drug Market Activity

"In order to disrupt street-level drug local markets within local communities, it is necessary to understand how they operate" (p. 9).

The most recent *Pulse Check* survey interviewed 78 epidemiologists, ethnographers, law enforcement officials, and treatment providers from 20 cities across the U.S.* about their perceptions of local drug markets. Following are some of the observed trends and patterns in local drug market activity. A copy of the full report is available online (www.whitehousedrugpolicy.gov/publications/drugfact/pulsechk/nov02/).

- **Availability of Drugs:** Both users and undercover police reported that marijuana was the most easily purchased illegal drug while methamphetamine was generally the most difficult drug to purchase on the streets, and accessibility varied greatly across the 20 sites.
- **When the Drug Market is Most Active:** Seven sites reported an increase in market activity at the times of the month when people receive paychecks or government checks and one site observed an increase around tax refund time. Several sites reported that markets appear more active on weekends and holidays. New York law enforcement reported increases in drug market activity when police presence is low, such as right after the September 11 attacks.
- **How Street-Level Dealers Communicate:** Law enforcement sources reported that cell phones and beepers were the most common means of communication between the dealers and their buyers, suppliers, and fellow dealers. Seven sites mentioned the use of regular phones, most often in dealer-to-dealer communications.
- **Transportation of Drugs to Selling Locations:** The most common mode of transportation for moving drugs is personal vehicles. Other modes of transportation included planes, rental cars, taxi cabs, and "trapped vehicles" (vehicles equipped with secret compartments). Foot traffic was mentioned as a mode of transportation in Chicago, Los Angeles, Philadelphia and Seattle.
- **What Deters Street Drug Buys:** Commonly reported deterrents include intense and visible police presence, media coverage, overdoses, supply or demand changes, neighborhood changes, and legislative/sentencing changes.

*Baltimore, MD; Billings, MT; Boston, MA; Chicago, IL; Columbia, SC; Denver, CO; Detroit, MI; El Paso, TX; Honolulu, HI; Los Angeles, CA; Miami, FL; Memphis, TN; New Orleans, LA; New York City, NY; Philadelphia, PA; Portland, ME; St. Louis, MO; Seattle, WA; Sioux Falls, SD; Washington, DC.

SOURCE: Adapted by CESAR from Office of National Drug Control Policy, *Pulse Check: Trends in Drug Abuse, January-June 2002 Reporting Period*, 2002.

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CESAR FAX

May 19, 2003
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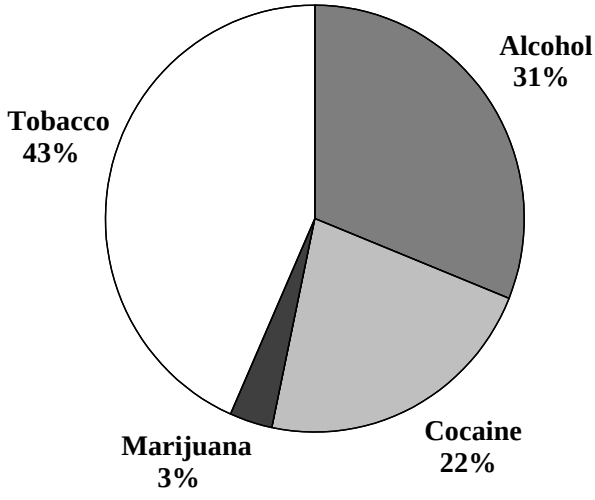
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Every $1 Spent on School-Based Drug Prevention Is Estimated to Save Approximately $5.60

The benefits of school-based drug prevention programs in the U.S. far exceed the costs, according to a recent economic analysis. The lifetime social benefits from one average student's participation in drug prevention are estimated at $840, while the cost of one student's participation in drug prevention is approximately $150. Thus every $1 spent on school-based drug prevention results in a cost-savings of $5.60. The largest amounts of social cost savings are associated with reductions in tobacco (43%) and alcohol (31%) use. Reductions in cocaine use result in social cost savings of 22%, while marijuana accounts for 3% (see figure below). According to the authors, these are conservative estimates because benefits associated with reductions in use of other illicit drugs, such as heroin, LSD, steroids, and ecstasy, are omitted due to a lack of data on prevention's impact on these substances. The authors note that "although drug prevention is a wise use of public funds, that is mainly because drug prevention is relatively cheap and because drug use is so costly to society, and not because even model programs eliminate a large proportion of drug use" (p. xix).

Cost Savings Attributable to Reductions in the Use of Tobacco, Alcohol, Cocaine, and Marijuana



SOURCE: Adapted by CESAR from Caulkins J., Pacula R., Paddock S., Chiesa J. R. "School-Based Drug Prevention: What Kind of Drug Use Does it Prevent?" *RAND: MR-1459-RWJ*, 2002. Available online at http://www.rand.org/publications/MR/MR1459/.

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Illicit Drug Anti-Proliferation Act of 2003: A Summary of Opposing Viewpoints

On April 30, 2003, the Illicit Drug Anti-Proliferation Act of 2003 was enacted as part of a larger crime bill (The PROTECT Act, S151). The Anti-Proliferation Act was previously introduced as the RAVE (Reducing Americans' Vulnerability to Ecstasy) Act to stop the use of ecstasy and other drugs at raves and similar events. After complaints that it unfairly targeted raves, the bill was generalized to include other venues. The enacted Anti-Proliferation Act amends the Controlled Substances Act to prohibit an individual from "knowingly opening, maintaining, managing, controlling, renting, leasing, making available for use, or profiting from any place for the purpose of manufacturing, distributing, or using any controlled substance" (S. 226). Violators are subject to a civil penalty of at least $250,000 or twice the gross receipts derived from each violation, as well as the possibility of imprisonment. Following are some of the arguments surrounding the passage of the Anti-Proliferation Act.

Opponents of the Illicit Drug Anti-Proliferation Act of 2003:

Critics of the bill believe it is so vaguely and broadly worded that property owners, concert promoters, and event organizers who have taken all possible steps to prevent drug use at their establishments and events could still be punished if drugs enter their facility undetected. This, opponents argue, will discourage promoters from holding any kind of event at all. The Drug Policy Alliance suggests that "nightclub and stadium owners would likely stop holding events—such as rock or Hip Hop concerts—in which even one person might use drugs." (Drug Policy Alliance, 2003a). In addition, some are concerned that the Act "will not eliminate drug use or raves–it will just drive them underground and discourage basic health precautions" (Murphy and Johnson, 2003). Others argue that the bill violates the First Amendment because it infringes on a person's right to listen to music and to dance.

Proponents of the Illicit Drug Anti-Proliferation Act of 2003:

According to the bill's sponsor, Senator Joseph Biden Jr., "this bill was not to ban dancing, kill 'the rave scene' or silence electronic music . . . In no way is this bill aimed at stifling any type of music or expression. It is only trying to deter illicit drug use and protect kids" (Anderson, 2003). Proponents argue that the increase in ecstasy and other drug use by teenagers in recent years called for legal action to be taken against those who knowingly provide opportunities for this behavior. However, they assert that the burden of proof is high enough that it will not affect "legitimate, law-abiding managers of stadiums, arenas, performing arts centers, licensed beverage facilities and other venues because of incidental drug use at their events" (Holland, 2003).

SOURCES: A complete list of sources is available on the CESAR website (http://www.cesar.umd.edu/cesar/cesarfax.asp, then click on the May 26, 2003 *CESAR FAX*).

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CESAR FAX

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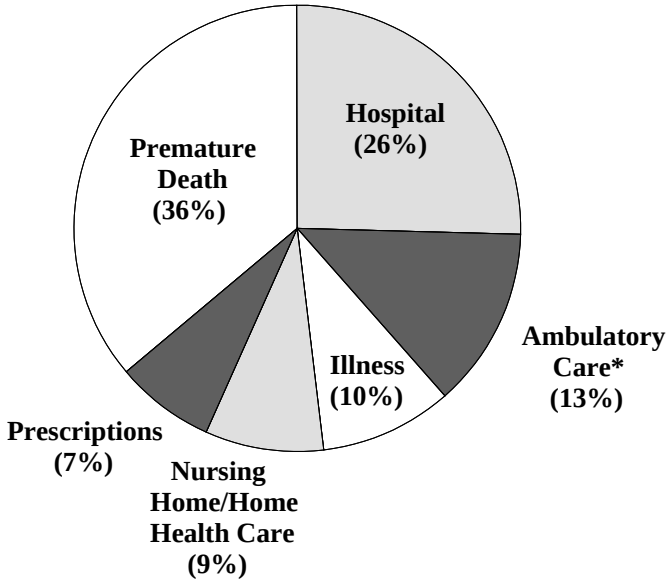
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Smoking Cost California an Estimated $15.8 Billion in 1999, Majority of Costs Due to Premature Death

Smoking cost California residents an estimated $15.8 billion—$475 per resident—in 1999, according to a study of the direct and indirect costs of smoking in California. The majority of these costs were attributable to premature death (36%), followed by hospitalizations (26%) and ambulatory care, including physician and other professional services (13%; see figure below). Despite the high costs associated with smoking, 19% of adults and 8% of adolescents in California smoke. The authors estimate that if smokers were to pay for all of the costs of their smoking, the price of cigarettes would have to increase by $11.34 per pack.

Costs Associated With Smoking in California, 1999
(Total Cost=an estimated $15.8 billion)



*Ambulatory care includes physician office services, emergency department care, and the services of chiropractors, outpatient mental health providers, and optometrists.

NOTE: Percentages do not add to 100% due to rounding.

SOURCE: Adapted by CESAR from Max W., Rice D. P., Zhang X., Sung H-Y., Miller. "The Cost of Smoking in California," California Department of Health Services, 2002. Available online at http://www.dhs.ca.gov/tobacco/documents/CostOfSmoking1999.pdf.

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CESAR FAX

June 9, 2003
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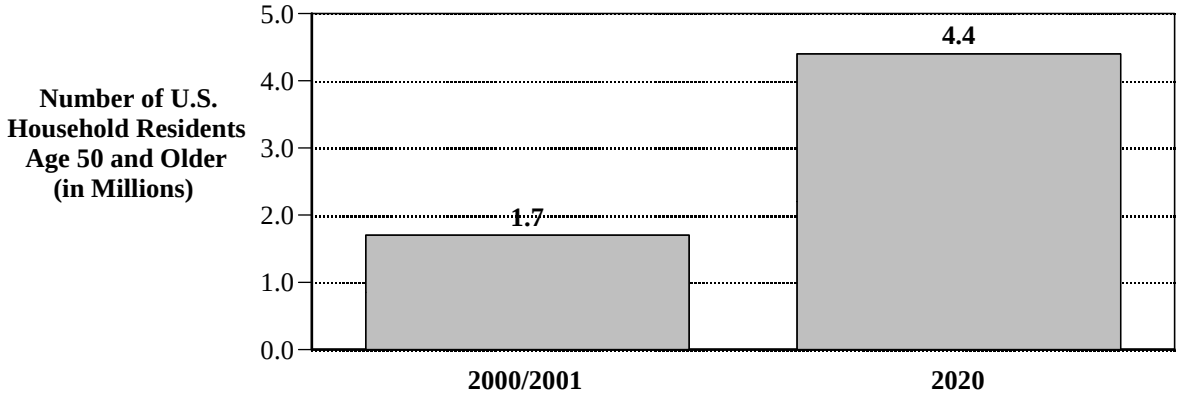
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Substance Abuse Treatment Needs of Baby Boomers Expected to Nearly Triple by 2020

The estimated number of people age 50 or older in need of substance abuse treatment is expected to increase from 1.7 million in 2000/2001 to 4.4 million in 2020, according to a recent analysis of data from the National Household Survey on Drug Abuse. Individuals born between 1946 and 1964—"baby boomers"—are more likely than previous cohorts to be illicit drug and heavy alcohol users and are therefore more likely to be in need of substance abuse treatment as they age. The study estimates that the rate of treatment need among this population will increase from 2.3% in 2000/2001 to 3.9% in 2020. In addition, the baby-boom cohort is larger than previous cohorts—the number of persons age 50 or older is projected to increase from 74.8 million in 2000/2001 to 112.5 million in 2020. The authors conclude that "these data support the notion that the aging of the baby-boom cohort in the US, with its relatively large size and high rate of substance use, will place increasing demands on the substance abuse treatment system in the next two decades. This will require a shift in focus among treatment planners to address the special needs of an older population of substance abusers" (p. 134).

Estimated Number (in Millions) of U.S. Household Residents Age 50 and Older In Need of Treatment, 2000/2001 and 2020



NOTE: Treatment need is defined as being classified with substance dependence or abuse based on DSM-IV criteria.

SOURCE: Gfroerer, J., Penne, M., Pemberton, M., Folsom, R. "Substance Abuse Treatment Need Among Older Adults in 2020: the Impact of the Aging Baby-Boom Cohort," *Drug and Alcohol Dependence* 69(2):127-135, 2003. For more information, contact Joseph Gfroerer at jgfroerer@samhsa.gov.

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CESAR FAX

June 16, 2003
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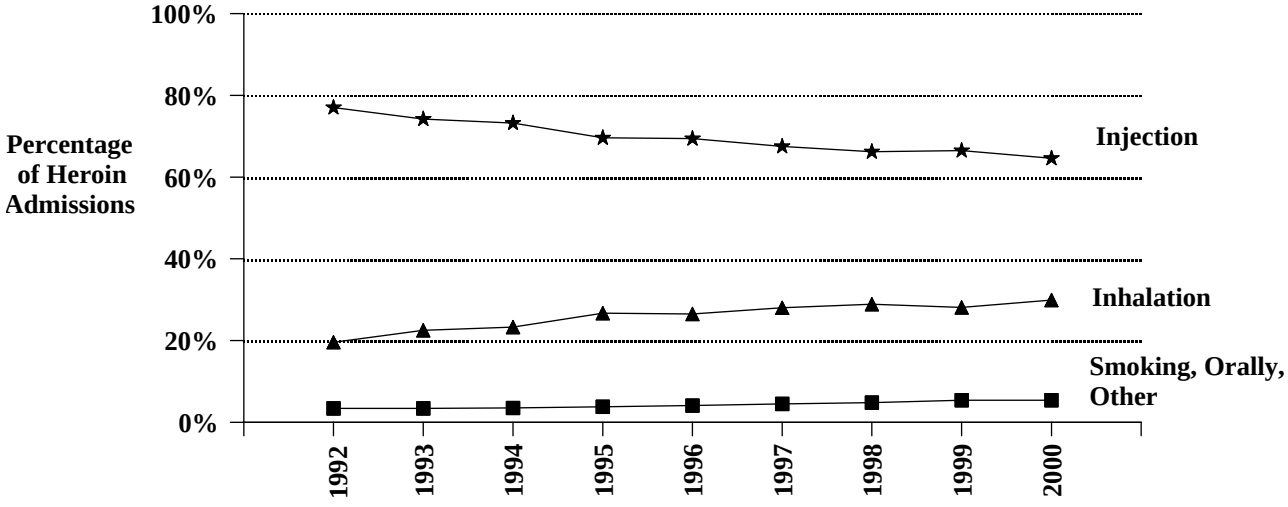
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

U.S. Residents Seeking Treatment for Heroin Increasingly More Likely to Inhale the Drug

Heroin users admitted to treatment in the United States are increasingly more likely to be inhaling the drug, according to data from the national Treatment Episode Data Set (TEDS). The percentage of heroin users admitted to treatment who reported inhalation as their primary route of administration has gradually increased from 20% in 1992 to 30% in 2000 (the most recent year for which data is available). At the same time the proportion of heroin treatment admissions reporting injecting the drug has slowly decreased from 77% in 1992 to 65% in 2000 (see figure). These trends are most likely caused by 1) a fear of contracting infectious diseases from contaminated needles and 2) the increased purity of available heroin that enables people to get an effective high from inhaling the drug (see *CESAR FAX*, Volume 10, Issue 11 for more information on the increase in heroin purity).

Route of Heroin Administration by U.S. Heroin Treatment Admissions, 1992-2000



NOTES: TEDS includes facilities that are licensed or certified by the State substance abuse agency to provide substance abuse treatment. There were 168,321 heroin admissions in 1992 (of which 160,931 had information on route of administration) and 243,523 heroin admissions in 2000 (of which 225,640 had information on route of administration).

SOURCE: Adapted by CESAR from Office of Applied Studies, Substance Abuse and Mental Health Services Administration, *Treatment Episode Data Sets (TEDS): 1992-2000*, 2003. Available online at http://www.samhsa.gov/oas/dasis.htm#teds2.

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CESAR FAX

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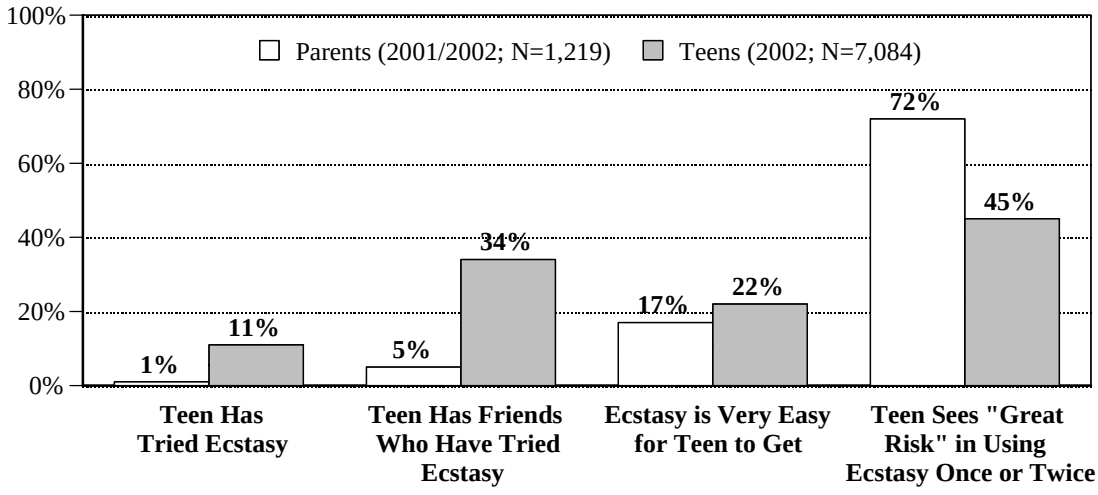
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Parents And Teens Have Differing Perceptions of Ecstasy

Parents underestimate the level of teen exposure to ecstasy, while overestimating the level of teen understanding of the drug's risks, according to a study from the Partnership for a Drug-Free America. While nearly all parents of teens have heard about ecstasy (93%), their perceptions of teenagers' exposure to the drug are considerably different than those of the teens themselves. Only 1% of parents of teens believe their child may have tried ecstasy, while 11% of a separate teen sample report they have tried the drug. Furthermore, 5% of parents of teens believe their teen has friends who have tried ecstasy, while nearly seven times as many teens (34%) say they have close friends who use ecstasy. Additionally, 72% of parents think there is a great risk associated with using ecstasy once, while only 45% of teens agree (see figure). The authors suggest, "An opportunity exists to build on high parent awareness of ecstasy, translating awareness into a deeper knowledge of the drug and discussion of it with children" (2003; p. 20).

Percentage of Parents and Teenagers Reporting Ecstasy Use, Availability, and Risk, 2001-2002



NOTES: The parent survey was a self-administered in-home survey of a nationally projectable sample of parents in households with children under the age of 19 conducted from December 2001 through January 2002. The teen survey was a self-administered school survey of a nationally projectable sample of students in grades 7-12 conducted from April through June 2002. The margin of error was ±2.8% for the adult survey and ±1.5% for the teen survey. Both surveys were conducted by Roper ASW, Inc.

SOURCES: Adapted by CESAR from the Partnership for a Drug-Free America, *Partnership Attitude Tracking Study—Parents 2001-2002*, 2002 and Partnership for a Drug-Free America, *Partnership Attitude Tracking Study—Teens 2002*, 2003. Copies of the reports are available online (www.drugfreeamerica.org).

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CESAR FAX

June 30, 2003
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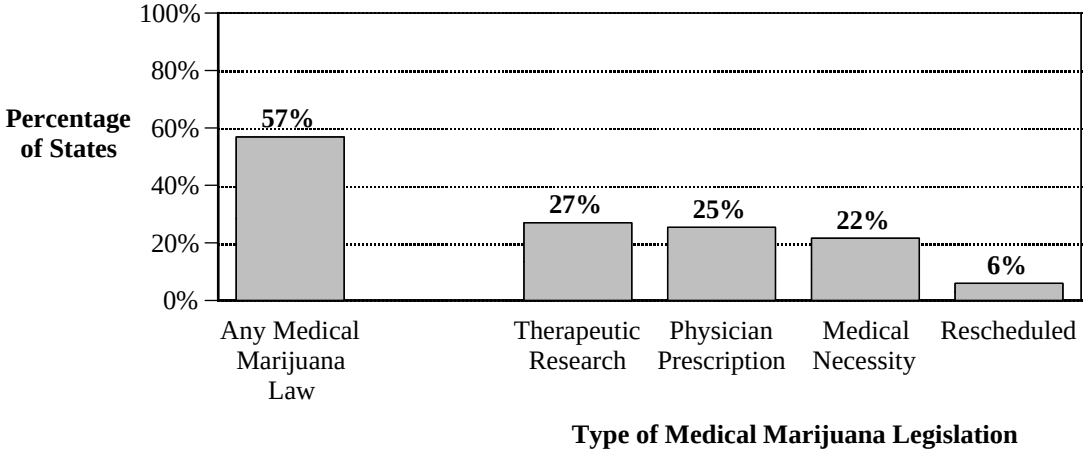
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

More Than One-Half of U.S. States Have Medical Marijuana Laws

Twenty-eight states and the District of Columbia currently have one or more laws that enable the medical use of marijuana. The most common type of medical marijuana law—enacted in 14 (27%) states—protects physicians, pharmacies and patients involved in federally-approved therapeutic research programs (TPRS). Another thirteen states (25%) have physician prescription laws that protect physicians who prescribe marijuana or discuss its medicinal value to their patients. This law is often coupled with medical necessity laws. Eleven states (22%) currently have such laws, allowing patients or caregivers to obtain marijuana upon a physician's recommendation and providing them with a defense from state prosecution for use and/or possession of marijuana for medical purposes. Finally, three states (6%) have rescheduled marijuana from a Schedule I drug to a lower class when used medicinally. Of these four types of medical marijuana laws, only therapeutic research programs law are currently consistent with federal statutes.

Percentage of States with Medical Marijuana Legislation (as of May 31, 2003)
(N=50 states and the District of Columbia)



NOTE: Therapeutic Research: AL, CA, GA, IL, MA, MN, NJ, NM, NY, RI, SC, TX, VT, WA.
Physician Prescription: AK, AZ, CA, CO, CT, HI, LA, ME, NH, OR, VA, WA, WI.
Medical Necessity: AK, CA, CO, CT, HI, ME, MD, NV, OR, VA, WA.
Rescheduled: AK, DC, IA.

SOURCES: Adapted by CESAR from Drug Policy Research Center, "How State Medical Marijuana Laws Vary: A Comprehensive Review," *DPRC Research Brief*, 2003. Available online (http://www.rand.org/publications/RB/RB6012/) and Pacula R.L., Chiriqui J.F., Reichmann D.A., Terry-McElrath Y.M. *State Medical Marijuana Laws: Understanding the Laws and their Limitations*, ImpacTEEN 13, 2001. Available online (http://www.impacteen.org/ab_medicalmarijuana102001.htm).

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CESAR FAX

July 7, 2003
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A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

ADAM 2002: Majority of Adult Male Arrestees Test Positive for Drugs

Between 43% and 85% of adult male arrestees in 36 cities across the U.S. tested positive for drug use in 2002, according to recently released data from the Arrestee Drug Abuse Monitoring (ADAM) program. In addition, many arrestees tested positive for more than one drug (from 15% in Woodbury, IA, to 37% in Philadelphia and Sacramento). Arrestees most commonly tested positive for marijuana and cocaine and were less likely to test positive for opiates or methamphetamines. However, positive rates varied across sites. For example, the percentage of arrestees testing positive for methamphetamine ranged from 0% in several cities to 45% in Honolulu, suggesting substantial regional differences in drug use.

Percentage of Adult Male Arrestees Testing Positive for Any Drug* and More Than One Drug, by ADAM Site, 2002

ADAM Site	Positive for Any Drug	More Than One Drug	ADAM Site	Positive for Any Drug	More Than One Drug	ADAM Site	Positive for Any Drug	More Than One Drug
Albany	72%	20%	Indianapolis	68%	24%	Rio Arriba, NM	65%	30%
Albuquerque	67%	28%	Laredo	51%	20%	Sacramento	80%	37%
Anchorage	65%	15%	Las Vegas	67%	25%	Salt Lake City	62%	25%
Atlanta	71%	19%	Los Angeles	62%	25%	San Antonio	64%	22%
Birmingham	65%	21%	Minneapolis	75%	24%	San Diego	66%	26%
Charlotte	63%	21%	New Orleans	73%	32%	San Jose	60%	23%
Chicago	85%	36%	New York	83%	32%	Seattle	71%	25%
Cleveland	73%	25%	Oklahoma City	74%	33%	Spokane	67%	25%
Dallas	59%	20%	Omaha	63%	23%	Tucson	75%	33%
Denver	67%	23%	Philadelphia	77%	37%	Tulsa	72%	30%
Des Moines	57%	20%	Phoenix	74%	33%	Washington, DC	64%	24%
Honolulu	64%	26%	Portland	69%	28%	Woodbury, IA	43%	15%

*Any drug includes barbiturates, benzodiazepines, cocaine, marijuana, methadone, methamphetamine, methaqualone, opiates, PCP, and propoxyphene.

METHODS: ADAM data are collected through probability-based sampling of male arrestees in adult booking facilities in 36 cities across the United States. Data are obtained through voluntary face-to-face interviews and urine specimen collection.The interviewees have been in the booking facility for less than 48 hours.

SOURCE: U.S. Department of Justice, Office of Justice Programs, Arrestee Drug Abuse Monitoring Program, *Preliminary Data on Drug Use & Related Matters Among Adult Arrestees & Juvenile Detainees, 2002*, May 2003. Available online (http://www.adam-nij.net/files/2002_Preliminary_Data.pdf).

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Inmate Visits Account For the Majority of Drugs Smuggled into Federal Prisons

Drug use and smuggling occur in almost every Federal Bureau of Prisons' (BOP) institution, according to a report released earlier this year by the Department of Justice. Interviews with BOP staff revealed that three primary points of entry for drugs into institutions were inmate visitors, staff, and mail.

- The primary source of drugs in BOP institutions is visitors. Limited contact visits allow visitors to hand over drugs to the inmate, exchange the drugs by mouth when kissing, or place the drugs in a food package or beverage purchased from vending machines. Several institutions reported insufficient cameras, monitors, and staff to observe inmate visits.
- "When staff smuggle drugs, the amounts are often larger, they reach more inmates, and more money is involved" (p. v). There are no restrictions on what personal property staff can bring into the institutions. In addition, neither staff nor their property are routine or randomly searched when they enter for duty.
- The third primary point of entry for drugs is the inmate mail. Institution mailrooms process up to 3,000 pieces of mail daily, which may result in drugs in the incoming mail that cannot be detected because of the high volume. In addition, drugs may go undetected due to human error or inadequate technology.

To address the problem of drug smuggling into federal prisons, the report recommends that the BOP consider restricting or eliminating contact visits for specific inmates or institutions based on an assessment of the inmate's history of drug use or drug smuggling in prison and the institution's overall drug program. Additionally, the BOP should limit the size and content of property that staff members are permitted to bring into institutions, as well as implement a policy regarding the searching of staff and their property. Policies are also needed to limit the growing volume of unsolicited mail and improve training to detect smuggled drugs.

SOURCE: Adapted by CESAR from the U.S. Department of Justice, "*The Federal Bureau of Prisons' Drug Interdiction Activities*, January 2003. Available online (http://www.usdoj.gov/oig/igbopin1.htm).

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Highlights from CEWG December 2002 Advance Report: High Purity, Low Cost Heroin Associated with Increase in Heroin-Related Deaths; Ecstasy Use Spreading from Raves and Night Clubs

The Community Epidemiology Work Group (CEWG) is a NIDA- sponsored network of epidemiologists and researchers that meets twice a year to discuss current and emerging substance abuse problems. Representatives from 21 U.S. areas and 7 countries outside the U.S. attended the 53rd meeting held in Miami, Florida, this past December. Information gathered from the meeting demonstrate the similarities and differences in substance abuse patterns in the CEWG areas and enable the tracking of emerging trends. Following are highlights from the meeting.

- **Cocaine** and **crack** indicators continued a pattern of stabilization or decline, with the only increase seen in San Francisco. While in most areas crack was the preferred form of cocaine, powder cocaine remained widely available in many CEWG areas, including Denver, Detroit, Phoenix, St. Louis, and Texas.
- **Heroin** abuse indicators remained high despite mixed patterns of abuse. In Washington D.C., "heroin has surpassed crack as the drug associated with the most serious consequences: medically, legally, and in overall effects to society" (p. 12). In Baltimore, heroin was the responsible for 50% of drug-related treatment admissions in 2000. Increases in heroin-related deaths were reported in 6 CEWG areas.
- Indicators of **methamphetamine** use continued to be highest in Hawaii, where purity is nearly 100 percent, and in west coast and Southwest areas. There was evidence that methamphetamine was increasingly being used by certain populations in other areas of the U.S. In New York City, methamphetamine abuse is "especially on the rise among males in gay communities" (p. 32).
- While the use of **MDMA** (ecstasy) increased in only Atlanta and Texas, most areas reported that "the use of this drug had spread beyond the rave and nightclub venue, to different ethnic groups, high school and college students, and gay populations" (p. 39).

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

SOURCE: National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, Community Epidemiology Work Group, "Epidemiologic Trends in Drug Abuse Advance Report, December 2002," April 2003. Available online (http://www.drugabuse.gov/about/organization/cewg/Reports.html).

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A Weekly FAX from the Center for Substance Abuse Research

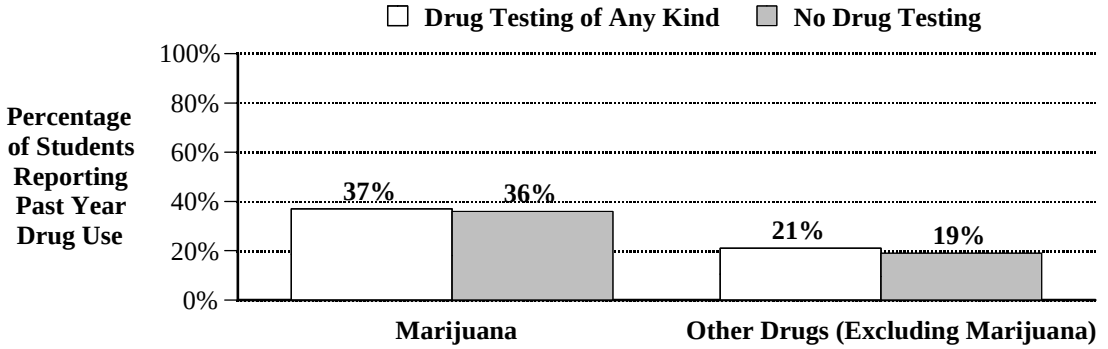
University of Maryland, College Park

Study Finds Schools With Drug Testing Do Not Have Less Student Drug Use; Study Limitations Reduce Study Usefulness

Approximately 18% of high schools in the United States drug test their students, according to a recent study of national trends in school drug testing between 1998 and 2001. Twelfth grade students at schools that had drug testing policies had virtually identical rates of past year marijuana use and other drug use as seniors at schools that did not have drug testing policies (see figure). Similar results were found for 8th and 10th grade students as well as for experienced marijuana users. Student athletes at schools that drug tested athletes also had similar rates of past year marijuana and other drug use as athletes at schools that did not drug test athletes. The authors conclude that "while lack of evidence for the effectiveness of drug testing is not definitive, results suggest that drug testing in schools may not provide a panacea for reducing student drug use" (p. 164). They suggest that school policies that address students perception and attitude towards use may be more effective than drug testing in preventing drug use.

CESAR believes that there are several limitations of this study that should be considered. According to the authors, it is possible that "schools that instituted drug testing initially had higher use, and drug testing reduced those levels to levels similar to those at other schools" (p. 164). In addition, the most prevalent reason for drug testing in these schools was for cause or suspicion, not random testing.* Finally, there were no data presented in the study on the schools' responses to positive drug tests (e.g., sanctions, counseling, parental input), which may greatly affect the efficacy of drug testing programs.

Percentage of U.S. 12th Grade Students Reporting Past Year Marijuana and Other Drug Use by Presence of Drug Testing in School, 1998-2001



*A forthcoming publication will include an expanded analysis of schools with random drug testing. (Yamaguchi, R., Johnston, L.D., and O"Malley, P.M. "The legal and educational issues behind drug testing in schools," Youth Education, and Society Occasional Paper No. 2, University of Michigan Institute for Social Research, Forthcoming.)

NOTE: The study was conducted using an analysis of data from the national Monitoring the Future and the Youth, Education, and Society studies.

SOURCE: Adapted by CESAR from Yamaguchi R., Johnston L.D., O'Malley P.M. "Relationship Between Student Illicit Drug Use and School Drug-Testing Policies," *Journal of School Health* 73(4):159-64, 2003. For more information, contact Lloyd Johnston at lloydj@umich.edu.

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research

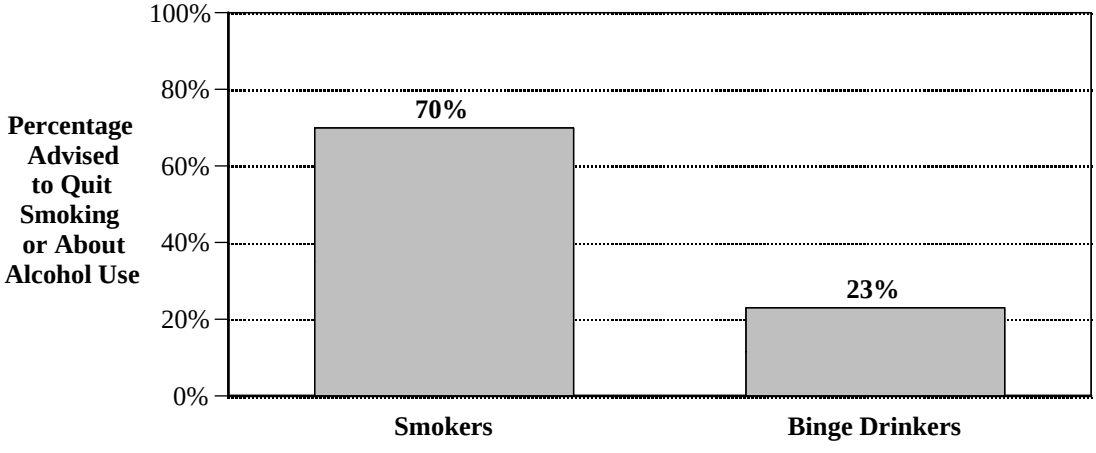
University of Maryland, College Park

Millions of U.S. Smokers and Binge Drinkers Are Not Advised By Physicians About Their Behavior

Smokers were more likely than binge drinkers to be advised by a health professional about their behavior, according to data from 10 states participating in the 1997 Behavioral Risk Factor Surveillance System. More than two-thirds (70%) of smokers who had a routine checkup in the past year reported that they had been advised by their doctor or other health professional to quit. One-fourth (23%) of binge drinkers had been talked to about their behavior. Based on this data the authors estimate that over 8 million smokers who had a routine checkup in the past year had not been advised to quit smoking and almost 11 million binge drinkers had not been spoken to about their alcohol use. The authors suggest that "efforts to increase smoking and alcohol intervention need to continue so that opportunities to decrease the mortality, morbidity and the costs related to smoking and alcohol abuse are not lost" (p. 73).

Percentage of Smokers and Binge Drinkers Who Had a Routine Checkup in the Past Year Who Reported That a Doctor or Other Health Professional Advised Them About Their Behavior, 1997

(smokers n=3818; binge drinkers n=1783)



NOTES: Smoking is defined as having smoked ≥100 cigarettes and currently smoking. Binge drinking is defined as consuming five or more drinks on at least one occasion in the past month.

SOURCE: Adapted by CESAR from Denny C.H., Serdula M.K., Holtzman D., Nelson, D.E.. "Physician Advice About Smoking and Drinking: Are U.S. Adults Being Informed?" *American Journal of Preventive Medicine* 24(1):71-3, 2003. For more information contact Clark H. Denny at cfd3@cdc.gov.

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CESAR FAX

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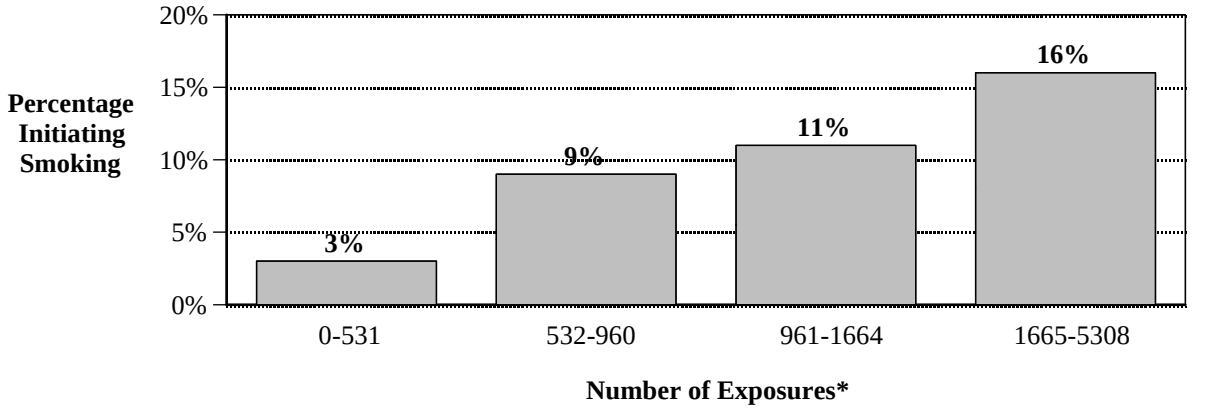
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Exposure to Smoking in Movies Related to Youths' Smoking Initiation

Youths who view more smoking in movies are more likely to initiate smoking, according to a study of 5th-8th grade students in Vermont and New Hampshire. Youths who reported never smoking were assessed for their exposure to smoking in movies and then re-interviewed 13-26 months later to determine whether they had started smoking. Only 3% of youths who had the lowest exposure to smoking in movies reported that they had started smoking, compared to 16% of those with the highest exposure. This association remained even after adjusting for sociodemographic factors (such as grade and sex), social influences (such as friends', siblings', or parents' smoking), characteristics of the child (such as sensation seeking and receptivity to tobacco promotions), and parenting styles (such as authoritative parenting). While the authors caution that they "cannot exclude the possibility that some other aspect of R-rated movies influences smoking initiation" (almost all R-rated movies contain smoking), they point out that "more than 40 years of research shows that observers imitate specific behaviors they see modelled" (p. 4). They also note that "not all initiators will become established smokers. Further research is needed to assess the effect of exposure to smoking in movies on long-term smoking behavior" (p. 4).

Percentage of Vermont and New Hampshire 5th-8th Grade Students That Initiated Smoking, by Exposure to Smoking in Movies, 1999

(n=2,603)



*Exposure to movie smoking was calculated by summing the number of smoking occurrences for each movie the respondent had seen based on a list of 50 movies randomly selected for each individual survey from a sample of 601 popular contemporary movies released between 1988 and 1999.

SOURCE: Adapted by CESAR from Dalton M.A., Sargent J.D., Beach M.L., Titus-Ernstoff L., Gibson J.J., Ahrens M.B., Tickle J.J., Heatherton T.F., "Effect of viewing smoking in movies on adolescent smoking initiation: a cohort study." *The Lancet*, June 10, 2003. For more information contact Dr. Dalton at madeline.dalton@dartmouth.edu.

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

New Video Features Real Teens Talking About Ecstasy

Stolen Dreams: The Reality of Ecstasy both educates middle school students about the psychological and physical effects that ecstasy use can have and encourages the development of effective decision making skills. Produced and developed by University Video and CESAR at the University of Maryland College Park, this 15-minute video features young people who have experienced ecstasy use firsthand as well as renowned experts that highlight the effects of ecstasy use on the brain.

The youths in the video describe their various experiences with the drug, why they used it, and why they realize it was a mistake to use. Many reasons are given for taking ecstasy such as, "I thought it would just be a weekend thing." Many regrets are expressed as well. One girl discusses how she lost a lot of her values after she started taking ecstasy. A boy describes how his ecstasy use "tore his family to shreds." Another boy expresses his regrets at ever having tried ecstasy because now he can't skateboard as well as he used to.

Teens that choose not to use ecstasy offer their reasons, including wanting to achieve their goals and dreams, their fear of throwing away their potential, and missing out on activities such as the prom and sporting events. As one girl points out, "its just not the right choice."

The video also discusses the short and long-term affects of ecstasy use by showing what occurs in the brain after ecstasy use as well as what can happen as a result of an overdose of ecstasy.

Clips of *Stolen Dreams: The Reality of Ecstasy* can be viewed on CESAR's Drug Early Warning System (DEWS) website (www.dewsonline.org). The entire video is available for purchase for $15. Orders can be submitted by mailing the order form below, along with a check or purchase order for $15 made payable to CESAR.

SOURCE: University of Maryland, *Stolen Dreams: The Reality of Ecstasy*, 2003. For more information, contact Erin Artigiani at erin@cesar.umd.edu.

Yes, I would like to purchase the video *Stolen Dreams: The Reality of Ecstasy*.
Enclosed is my check or purchase order for **$15** made payable to CESAR and mailed to:
CESAR, Attention: *Stolen Dreams* Video, 4321 Hartwick Rd, Ste 501, College Park, MD 20740.

Name: _____
Organization: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Email: _____

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August 25, 2003
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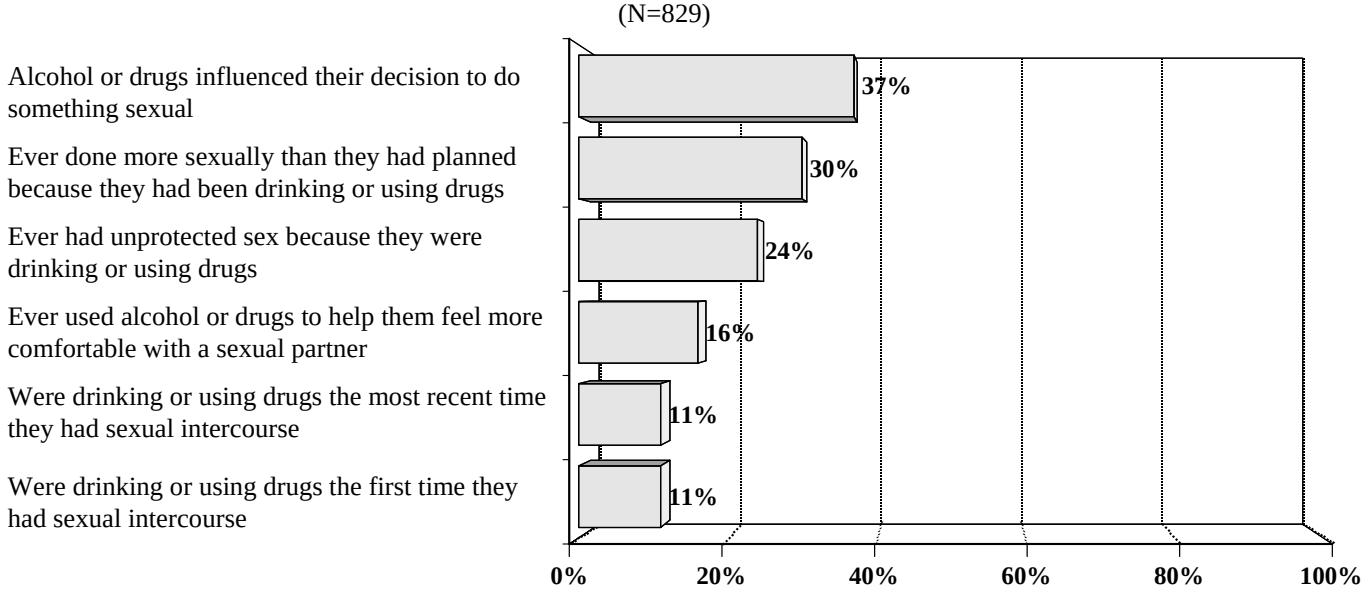
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

One-Third of Sexually Active Young Adults Report Alcohol and Drug Use Influenced Their Decision to Do Something Sexual

Sexually active young adults report that drinking and drug use affect the decisions they make about sexual intercourse, according to the 2003 National Survey of Adolescents and Young Adults.* Overall, 80% of young adults age 18-24 have had sexual intercourse. Of these, more than one-third (37%) reported that alcohol or drugs have influenced their decisions about sex and thirty percent said that drinking or using drugs had caused them to do more sexually than they had planned. Nearly one-fourth (24%) reported that they had not used a condom during sex because they were drinking or using drugs. Drugs and alcohol were used by 16% of young adults in order to feel more comfortable with their sexual partner, and one in ten (11%) were under the influence of either drugs or alcohol the most recent time they had intercourse. These findings are consistent with those of previous studies of alcohol and drug-related sexual behavior among U.S. high school students (see *CESAR FAX*, Volume 12, Issue 4).

Percentage of Sexually Active Young Adults (age 18-24) Reporting Alcohol or Drug Related Sexual Behaviors, 2003



*The National Survey of Adolescents and Young Adults is a nationally representative telephone survey of 1,854 youths and young adults age 13-24 conducted between November 2001 and February 2002.

SOURCE: Adapted by CESAR from Kaiser Family Foundation, Hoff T., Greene L., Davis J., *National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes and Experience.* The Henry J. Kaiser Family Foundation, 2003. For more information visit www.kff.org.

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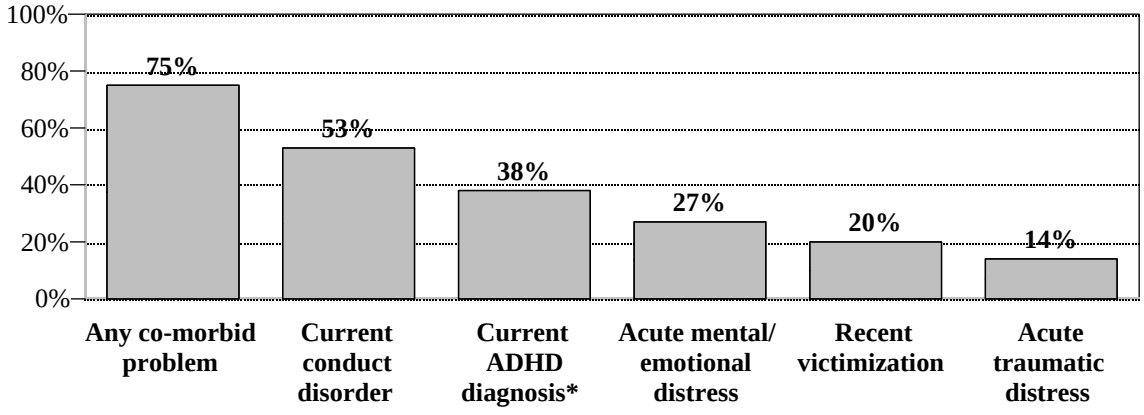
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Three-Fourths of Adolescents Being Treated for Marijuana Abuse or Dependence Also Have Other Psychological Problems

Three-fourths of adolescents receiving outpatient treatment for marijuana abuse/dependence also had at least one co-morbid psychological problem, according to findings from the Cannabis Youth Treatment Study.† Just over one-half (53%) of the youths were diagnosed with conduct disorders and 38% with attention deficit hyperactivity disorder (ADHD).* Other problems reported included distress over mental health, recent victimization, and experiencing acute traumatic distress. According to the authors, "For most adolescent treatment clients the problem is not 'just drugs'. The associated psychological problems and the hazards identified . . . point to the need to address a range of issues in treatment, including co-morbidity, coping and social involvement" (p. 56).

Percentage of Adolescents Ages 12-18 in Outpatient Treatment For Marijuana Abuse/Dependence, by Co-Morbid Problem
(N=600)



†The Cannabis Youth Treatment Study was a randomized clinical trial of outpatient treatment clinics in four metropolitan areas of the United States.

*The diagnosis of ADHD in some of these cases could possibly be substance-induced.

SOURCE: Adapted by CESAR from Tims F.M., Dennis M.L., Hamilton D., Buchan B.J., Diamond G., Funk R., Brantley L.B. "Characteristics and Problems of 600 Adolescent Cannabis Abusers in Outpatient Treatment," *Addiction* 97(1):46-57, 2002. For additional information, contact Frank Tims PhD at ftims@aol.com

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CESAR FAX

September 8, 2003
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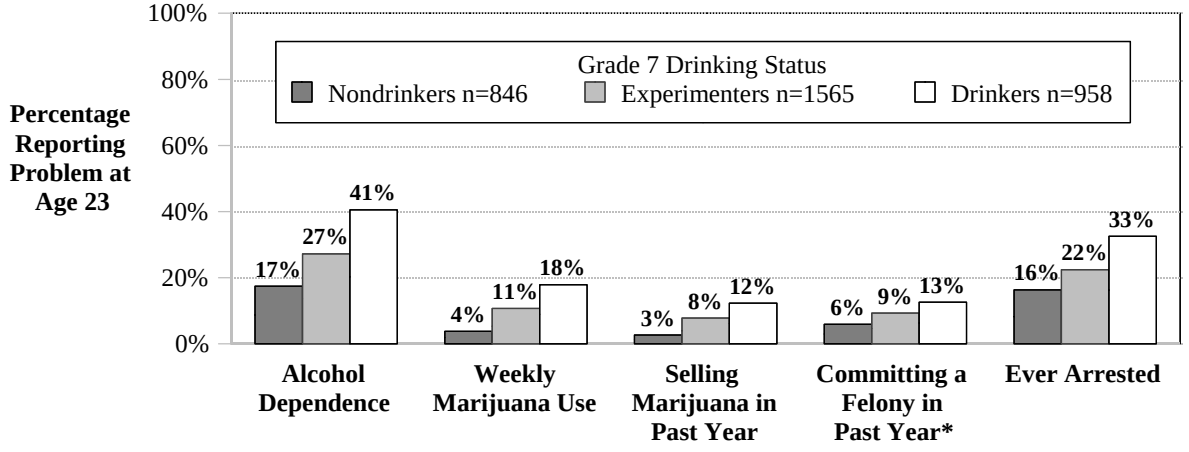
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Early Alcohol Users More Likely to Report Substance Use and Criminal Activity as Young Adults

Children that began drinking or experimenting with alcohol at or before 7th grade were more likely to report public health problems at age 23 than those who were nondrinkers in 7th grade, according to a longitudinal study conducted in California and Oregon. Less than one in five (17%) of seventh grade nondrinkers reported that they were alcohol dependent at age 23, compared to 27% of those who experimented with alcohol in seventh grade and 41% of seventh grade drinkers. Seventh graders who experimented with or used alcohol also were more likely to report smoking (data not shown), marijuana use, and involvement with criminal activities at age 23 (see figure below). These relationships remained even after controlling for gender, race/ethnicity, age, parental education, family structure, and other types of early adolescent substance use and problem behaviors. According to the authors, "Early drinkers do not necessarily mature out of a problematic lifestyle as young adults. Interventions for these high-risk youth should start early and address their other public health problems, particularly their tendency to smoke and use other illicit drugs" (p. 949).

Weighted Percentages of Grade 7 Nondrinkers, Experimenters and Drinkers Exhibiting Problem Behaviors at Age 23



*Felonies were defined as buying/selling/holding stolen goods, taking a joy ride without the vehicle owner's permission, breaking into property, arson or attempted arson.

NOTES: Nondrinkers never had a drink, not even a few sips. Experimenters drank less than three times in the past year, and not in the past month. Drinkers drank three or more times in the past year or drank in the past month. Subjects were assessed in grade 7, again at grade 12, and again at age 23.

SOURCE: Adapted by CESAR from Ellickson P.L, Tucker J.S., Klein D.J., "Ten-Year Prospective Study of Public Health Problems Associated With Early Drinking," *Pediatrics* 111(5):949- 955, 2003. For more information contact Phyllis Ellickson phyllis_ellickson@rand.org.

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CESAR FAX

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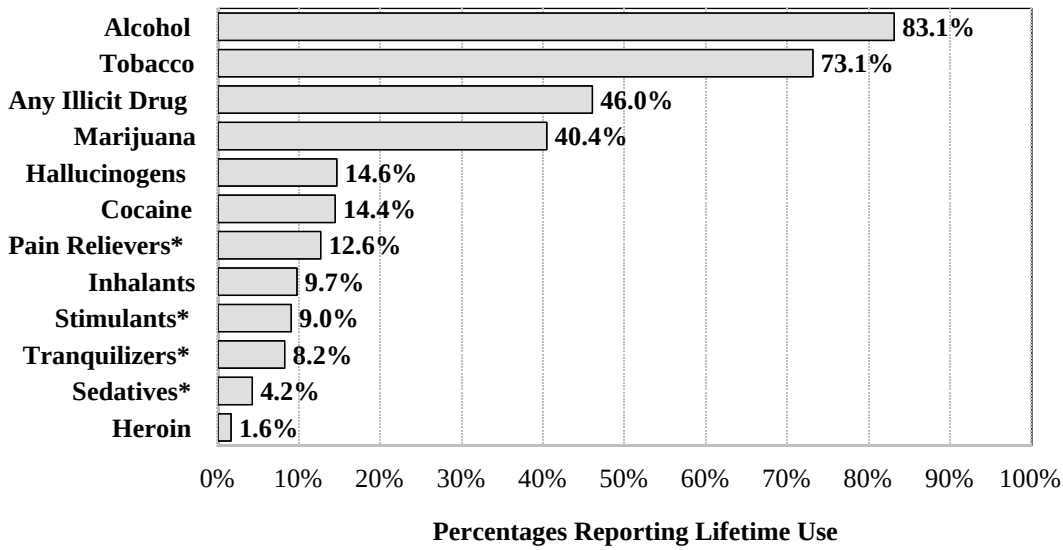
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

More Than 70% of U.S. Residents Have Used Alcohol or Tobacco at Least Once in Their Life; Nearly One-Half Have Used an Illicit Drug

More than three-quarters (83%) of U.S. residents age 12 or older have used alcohol at least once in their lifetime and 73% have used tobacco, according to recently released data from the National Survey on Drug Use and Health (formerly the National Household Survey on Drug Abuse[†]). In addition, 46%—an estimated 108.2 million people—have used an illicit drug, primarily marijuana. Other drugs used for nonmedical reasons by 5% or more of the population were hallucinogens, cocaine, pain relievers, inhalants, stimulants, and tranquilizers.

Editor's Note: *These estimates are slightly higher than those found in the 2001 survey. For example, the 2001 survey estimated that 94.1 million residents had used any illicit drug in their life, while the 2002 survey estimate was 108.2 million. According to the researchers, the increases seen in 2002 are a result of changes in the survey methodology (e.g. providing monetary incentives, improved data collection quality control) rather than actual increases in lifetime use of these drugs. For this reason, the researchers recommend that estimates from the 2002 survey not be compared with survey estimates from previous years to examine changes over time.*

Percentage of U.S. Residents (Age 12 or Older) Reporting Lifetime Use of Alcohol, Tobacco and Illicit Drugs, 2002



[†] Prior to 2002 the National Survey on Drug Use and Health (NSDUH) was called the National Household Survey on Drug Abuse (NHSDA). The name was changed to make it more representative of the topic and content of the survey.

[*] Nonmedical use only; does not include over-the-counter drugs.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, *Overview of Findings from the 2002 National Survey on Drug Use and Health*, 2003. Available online (www.drugabusestatistics.samhsa.gov).

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CESAR FAX

September 22, 2003
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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Stimulant Drug Khat Increasingly Available in the U.S.; Used Primarily by East African and Middle Eastern Immigrants

The National Drug Intelligence Center (NDIC) recently reported that the availability of khat is increasing in the U.S. While its use will probably remain limited to certain ethnic populations, NDIC concludes that"khat will remain a growing concern among law enforcement agencies in the United States because of its increasing availability" (NDIC,May 2003, p. 4). This CESAR FAX updates a previous fax on this topic published more than a decade ago (see CESAR FAX, Volume 1, Issue 45).

What is khat? Khat (Catha edulis) is a flowering evergreen shrub that is native to Africa and the Arabian Peninsula. Fresh khat leaves contain the stimulant cathinone. The leaves deteriorate after 48 hours at which time cathinone is converted to cathine, a stimulant that is much less potent than cathinone.

What are the street names for khat? Khat is also known as Abyssinian tea, African salad, bushman's tea, chat, gat, kat, miraa (in Kenya), oat, qat (in Yemen), quat, tohai, and tschat (in Ethiopia).

What does khat look like? Fresh khat leaves are glossy and crimson-brown in color. Deteriorated khat leaves are leathery and yellow-green in color.

How is khat used? Fresh khat is usually chewed and/or kept in the cheek like chewing tobacco. Dried khat can be smoked, brewed in tea, or sprinkled on food.

What are the effects of khat? Khat use results in mild euphoria, excitement, alertness, talkativeness, dilated pupils, suppressed appetite, and increased blood pressure and heart rate. The effects usually last between 90 minutes and three hours, but can last up to 24 hours. Repeated use may cause dependence, manic behavior, paranoia, hallucinations, anorexia, tachycardia, hypertension, and insomnia. Withdrawal symptoms include lethargy and mild depression.

How does khat get into the U.S.? Khat is legal in much of Europe, East Africa, and the Arabian Peninsula. It is primarily smuggled into the U.S. by overnight express mail because of its limited shelf life.

Who uses khat? Khat has a long history of social and cultural use in Africa and the Arabian Peninsula, particularly in Somalia, Ethiopia, and Yemen. Its use in these countries is often compared to the use of tobacco or caffeine in North America. In the U.S., khat use is most prevalent among immigrants from these countries and abuse levels are highest in cities where there are large populations of these immigrants (e.g., Boston, Columbus, Dallas, Detroit, Kansas City, Los Angeles, Minneapolis, Nashville, New York, and Washington, DC). The National Drug Intelligence Center reports that although there have been recent reports of use by Caucasian individuals, "the drug likely will not become widely popular due to its limited shelf life and because stimulant abusers commonly seek more intense physiological effects, such as those produced by cocaine and methamphetamine" (p. 4).

Is khat considered an illegal substance in the U.S.? Fresh khat contains cathinone, a Schedule I drug under the Controlled Substances Act. Deteriorated khat contains cathine, a Schedule IV drug.

SOURCES: A complete list of sources is available at www.cesar.umd.edu.

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CESAR FAX

September 29, 2003
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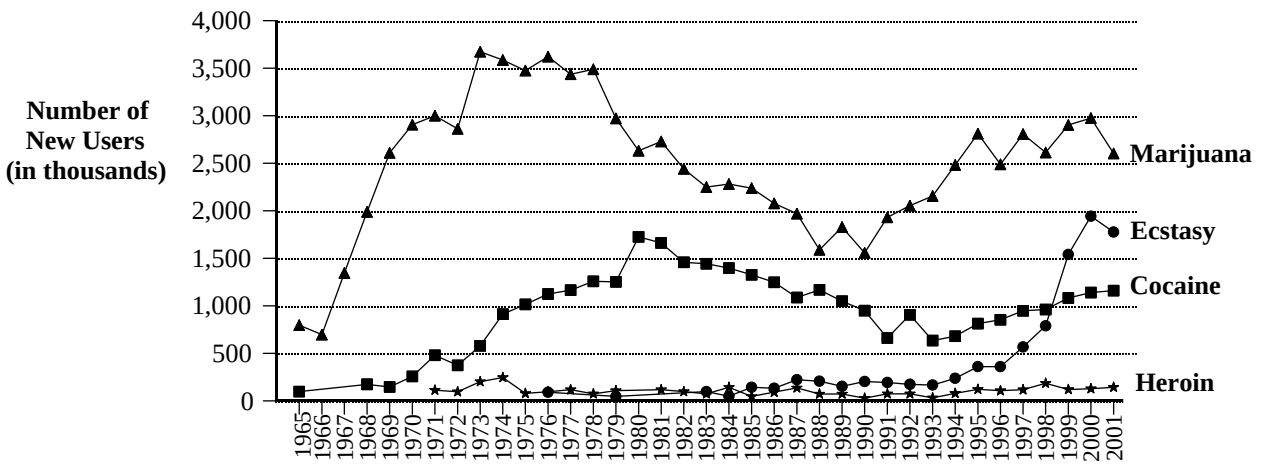
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Number of First Time Ecstasy Users in U.S. Has Increased Dramatically Since 1993; Now Surpasses Cocaine

There were more first time users of ecstasy than of cocaine in 2001, according to recently released data from the National Survey on Drug Use and Health (NSDUH). Nearly 1.8 million Americans tried ecstasy for the first time in 2001, compared to nearly 1.2 million new cocaine users. The number of both ecstasy and cocaine initiates has been increasing since 1993; the number of first-time ecstasy users has increased more than ten-fold (from 168,000) while the number of first-time cocaine users has nearly doubled (from 635,000). Despite these recent increases, marijuana continues to be the most prevalent drug among first-time drug users. From 1994 to 2001 the number of first time marijuana users has fluctuated between 2.5 and 3.0 million new users per year—2.6 million U.S. residents age 12 or older reported using the drug for the first time in 2001. First-time use of heroin has remained fairly constant since 1995 at around 120,000. According to the researchers, "increases and decreases in incidence usually have been followed by corresponding changes in the prevalence of use, particularly among youths" (p. 43).

Estimated Number in Thousands of New Users of Cocaine, Ecstasy, Heroin, and Marijuana Per Year, 1965-2001



NOTE: The number of new users is estimated based on retrospective reports of age at first use. The most recent year available for these estimates is 2001.

SOURCE: Adapted by CESAR from Office of Applied Studies, Substance Abuse and Mental Health Services Administration. *Results from the 2002 National Survey on Drug Use and Health: National Findings*, 2003. Available online (http://www.samhsa.gov/oas/nhsda.htm#NHSDAinfo).

CESAR Has a New Phone Number

Effective immediately, CESAR's new phone number is **301-405-9770**.
Our fax number (301-403-8342) and email address (cesar@cesar.umd.edu) remain the same.

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CESAR FAX

October 6, 2003
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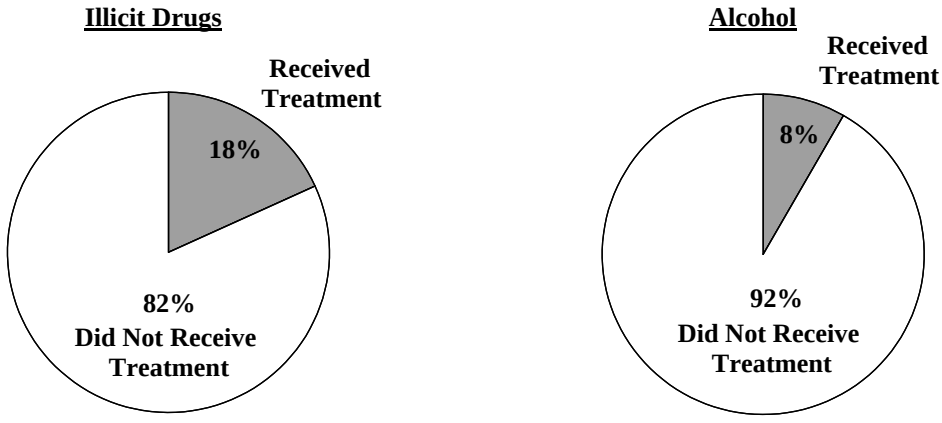
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Majority of U.S. Residents With Illicit Drug and Alcohol Problems Receive No Treatment; Most Feel Treatment is Not Needed

The majority of United States residents who had an alcohol or illicit drug problem in 2002 did not receive treatment for their problem. The 2002 National Survey on Drug Use and Health (NSDUH) reports that of the estimated 7.7 million individuals who needed treatment for an illicit drug problem in the past year, only 18% (approximately 1.4 million) received treatment. Moreover, only 8% (approximately 1.5 million) of the 18.6 million individuals in need of alcohol treatment received treatment. One reason for not receiving treatment appears to be that many persons do not perceive a need for treatment. Nearly all (94% illicit drugs; 96% alcohol) individuals who needed but did not receive treatment reported that they did not feel a need for treatment. Furthermore, of the few people who felt they needed treatment, only a small proportion made an effort to seek treatment (24% illicit drugs; 35% alcohol), suggesting that there may be perceived barriers to treatment. (See *CESAR FAX* Volume 10, Issue 31, for more information on barriers to treatment).

Percentage of U.S. Residents Who Needed and Received Treatment for an Illicit Drug or Alcohol Problem in the Last Year, 2002



NOTES: Respondents were classified as *needing treatment* for a drug or alcohol problem if they met at least one of three criteria during the past year: (1) dependent on drugs or alcohol; (2) abuse of drugs or alcohol; (3) received treatment. *Receiving treatment* was defined as receiving treatment for a drug or alcohol problem at an inpatient or outpatient drug or alcohol rehabilitation facility, an inpatient hospital, or a mental health center. *Illicit drugs* are defined as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including LSD and PCP), heroin, or any prescription-type psychotherapeutic drug used non-medically.

SOURCE: Adapted by Cesar from the Office of Substance Abuse and Mental Health Services Administration. Results from the 2002 *National Survey on Drug Use and Health: National Findings*, 2003. Available online (http://www.samhsa.gov/oas/nhsda.htm).

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CESAR FAX

October 13, 2003
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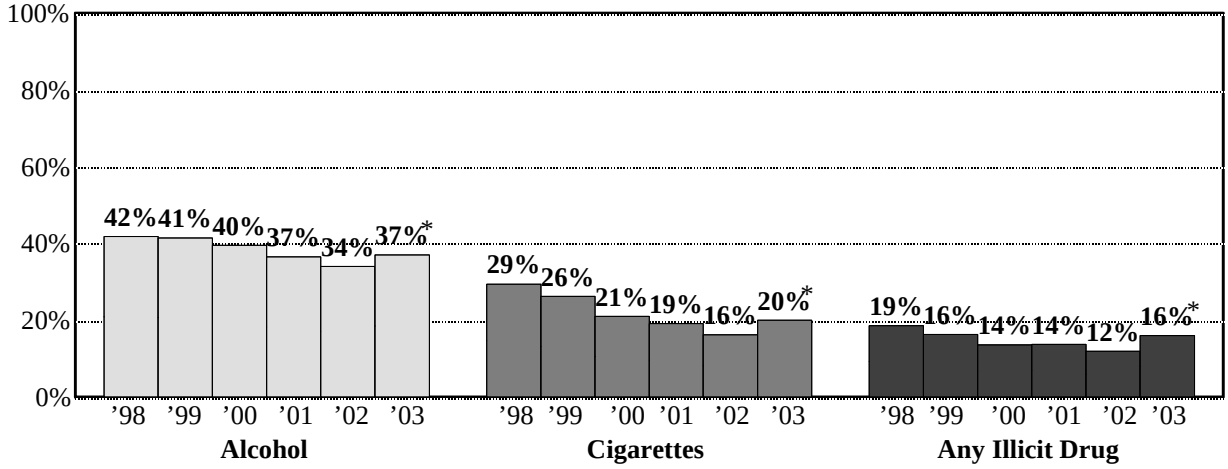
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

PRIDE Survey Shows Significant Increase in Junior High School Students' Use of Alcohol, Tobacco, and Drugs

Alcohol, tobacco, and other drug use increased significantly among U.S. junior high school students for the first time since the mid-1990s, according to the data recently released from the Parents' Resource Institute for Drug Education (PRIDE). The percentage of 6th, 7th, and 8th grade students reporting the use of alcohol over the past year increased from 34% in 2001-02 to 37% in 2002-03. Similarly, tobacco use increased from 16% to 20% and use of any illicit drug increased from 12% to 16% over the same period. Among high school students (grades 9-12), rates of alcohol and tobacco use decreased slightly, while illicit drug use increased slightly (data not shown).

Percentage of Junior High School Students (Grades 6-8) Reporting Past Year Use of Alcohol, Tobacco, and Illicit Drugs, 1997-98 through 2002-03 School Years



*The difference between 2001-2002 and 2002-2003 was statistically significant at $p \leq .05$.

NOTES: Year indicates the end of each school year (i.e. '98= 1997-1998 school year). N=48,026 in 2001-2002 and N=54,520 in 2002-2003.

SOURCE: Adapted by CESAR from data from the Parents' Resource Institute for Drug Education (PRIDE), *PRIDE Questionnaire Report: 2002-03 National Summary Grades 6-12*, 2003.
Available online at http://www.pridesurveys.com. For more information, contact Janie Pitcock at 800-279-6361.

Thank You for Your Letters of Support

We would like to thank the recipients of the *CESAR FAX* who took the time to send in letters of support earlier this year. The over 300 letters we received were instrumental in securing funding for this project through June 2004. Thank you!

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CESAR FAX

October 20, 2003
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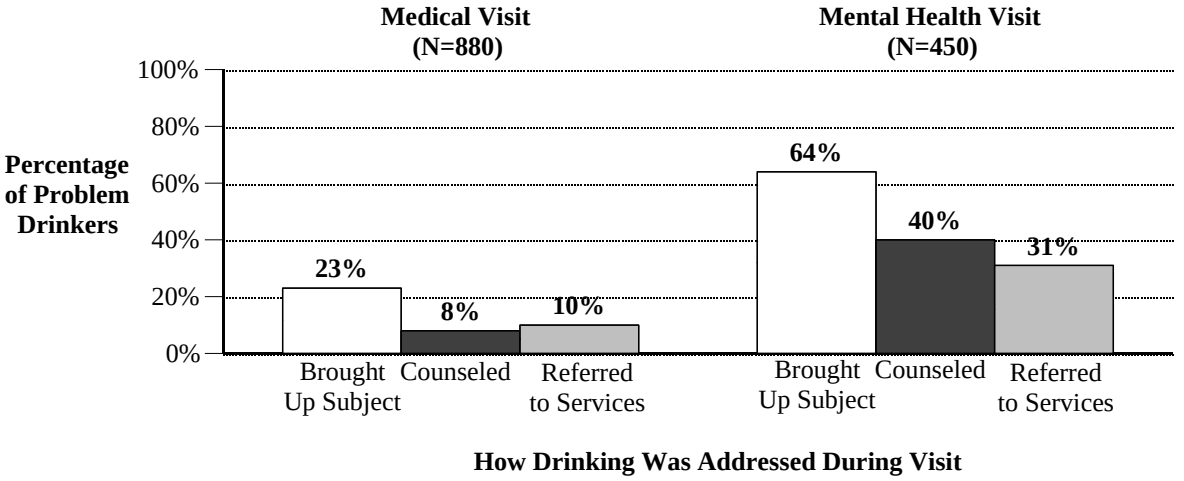
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Problem Drinkers More Likely to Have Drinking Addressed During a Mental Health Visit Than a Medical Visit

According to a California study, less than one-fourth (24%) of problem drinkers who had a medical visit in the past year reported that their drinking was addressed during their visit, compared to 65% of problem drinkers who had a mental health visit. During both medical and mental health visits, the way in which the issue of drinking was most frequently addressed was by the service provider bringing up the subject. In-person counseling and referrals to outside services were less likely to occur (see figure below). The authors note that identifying problem drinkers in "medical and psychiatric settings could ensure that many of their problems were addressed before they become more severe" as well as "greatly increase the number of individuals who have access to an intervention and are referred to specialty treatment" (p. 1139).

Percentage of Problem Drinkers Who Had Medical or Mental Health Visits in the Past Year Reporting that Drinking Was Addressed, 1995-1996



NOTE: Problem drinking is defined by meeting at least two of the following criteria for the previous 12 months: (1) drinking five or more drinks in a single day at least once a month for men (three drinks weekly for women); (2) one or more alcohol-related social consequences (from a list of eight); (3) one or more alcohol-dependence symptoms (from a list of nine).

SOURCE: Adapted by CESAR from Weisner C., Matzger H., "Missed Opportunities in Addressing Drinking Behavior in Medical and Mental Health Services," *Alcoholism: Clinical and Experimental Research,* 17(7):1132-1141, 2003. For more information, contact Constance Weisner at conniew@lppi.ucsf.edu.

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CESAR FAX

October 27, 2003
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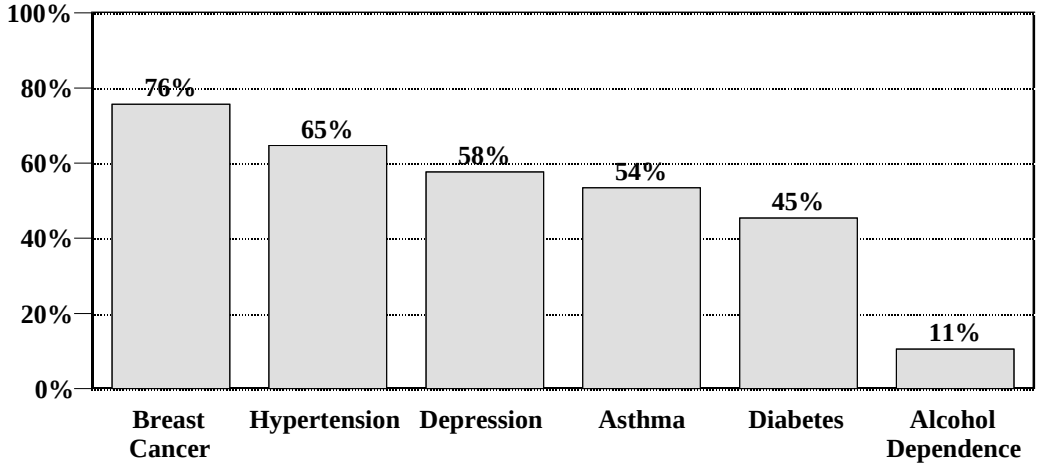
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Alcohol Dependent Adults Receive Only One-Tenth of Recommended Health Care for Their Dependence

Americans receive less of the recommended health care for alcohol dependence than other medical conditions, according to a study of health care received by a random sample of adults living in 12 metropolitan areas. The study compiled indicators of the quality of health care for 30 medical conditions identified as the leading causes of illness and death and the most common reasons for physician visits.* Alcohol dependence ranked at the bottom of the list of conditions, with patients only receiving 11% of recommended care. In contrast, patients with breast cancer, hypertension, depression, asthma, and diabetes received four to seven times more of the recommended healthcare for their conditions (see figure). These findings support recent research indicating that medical professionals may not be taking advantage of the opportunities they have to address their patients' drinking behaviors (see *CESAR FAX*, Volume 12, Issue 31 and Volume 12, Issue 42).

Percentage of Recommended Care Received by Persons With Medical Conditions*, 1998-2000



*The study examined a total of 30 medical conditions (alcohol dependence, asthma, atrial fibrillation, benign prostatic hyperplasia, breast cancer, cancer pain and palliation, cerebrovascular disease, cesarean delivery, chronic obstructive pulmonary disease, colorectal cancer, community acquired pneumonia, congestive heart failure, coronary artery disease, depression, diabetes, dyspepsia/peptic ulcer disease, headache, hip fracture, hyperlipidemia, hypertension, hysterectomy, low back pain, menopause management, orthopedic conditions, osteoarthritis, prenatal care, prostate cancer, senile cataract, STDs/vaginitis, and urinary tract infections) and preventive care.

NOTES: Data on health care received was obtained through telephone interviews and medical records. Recommended care was determined by staff physicians who reviewed national guidelines, medical literature, and proposed indicators of quality for all phases of care or medical functions for each condition.

SOURCE: Adapted by CESAR from McGlynn E. A., Asch S. M., Adams J., Keesey J., Hicks J., DeCristofaro A., Kerr E. A., "The Quality of Health Care Delivered to Adults in the United States," *The New England Journal of Medicine* 346(26):2635-2645, 2003. For more information, contact Dr. Beth McGlynn Ph.D. at beth_mcglynn@rand.org.

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CESAR FAX

November 3, 2003
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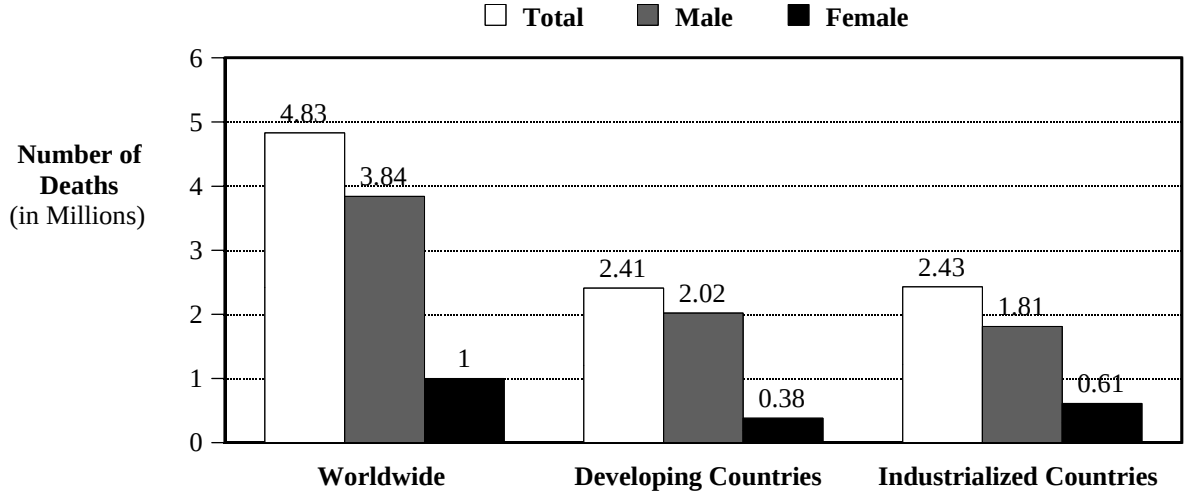
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Smoking Causes 4.83 Million Deaths Globally; Totals in Developing Countries Not Far Behind Industrialized Countries

Smoking was the cause of an estimated 4.83 million deaths worldwide in 2000, according to a recent statistical analysis of smoking-related mortality conducted by the Harvard School of Public Health in conjunction with the School of Population Health at the University of Queensland, Australia. The study found that the number of deaths attributable to smoking in developing countries was nearly equal to that of industrialized countries (2.41 million vs. 2.43 million). Men accounted for about 80% of the total smoking deaths worldwide and accounted for a higher percentage of the total deaths within developing countries (84%) than in industrialized ones (75%). The authors conclude that "the health loss due to smoking will grow larger unless effective interventions and policies that reduce smoking among men and prevent increases among women in developing countries are implemented" (p. 847).

Estimated Number of Deaths (in Millions) Attributable to Smoking in Developing and Industrialized Countries, 2000



SOURCE: Adapted by CESAR from, Ezzati M., Lopez, A.D., "Estimates of Global Mortality Attributable to Smoking in 2000," *The Lancet* 362(9387):847-852, 2003. For more information, contact Dr. Majid Ezzati Ph.D. at mezzati@hsph.harvard.edu.

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CESAR FAX

November 10, 2003
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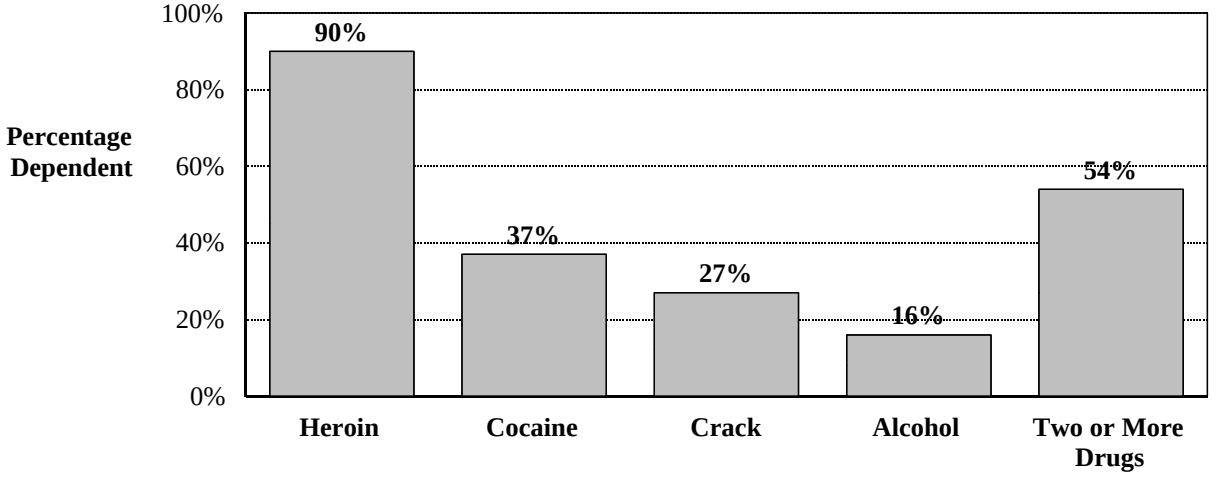
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Baltimore Study Finds Most Street-Recruited New Injection Drug Users Are Dependent on Heroin; Around One-Third Dependent on Either Cocaine or Crack

Ninety percent of new injection drug users (IDUs) are dependent on heroin, according to a community study of more than 200 IDUs from the Baltimore, Maryland, area who had first injected drugs less than five years prior to being studied. Around one-third of the IDUs were dependent on either cocaine (37%) or crack (27%) and 16% were alcohol dependent. Furthermore, over one-half (54%) of the IDUs were dependent on two or more substances. Despite these high rates of dependence, only 10% of these street-recruited IDUs reported being currently involved in any type of drug treatment. The authors suggest that "estimating the number of drug-dependent IDUs who are dwelling in a community or living 'on the street' is important for allocating drug treatment services" (p. 1100).

Percentage of New Injection Drug Users (Age 15-30) Dependent on Drugs, Baltimore, Maryland, 1997-1999
(N=226)



NOTES: Subjects were recruited from the community using flyers distributed in drug-trafficking neighborhoods, word of mouth, and community outreach services. Injection status was verified by the presence of injection stigmata (scar tissue or "tracks") and through a series of questions identifying the plausibility of subject's experience with injected drugs. Dependence was measured using 10 questions from the National Household Survey on Drug Abuse that correspond with DSM-IV criteria for dependence.

SOURCE: Adapted by CESAR from Arria A., Fuller C., Strathdee, S.A., Latkin, C., Vlahov, D. "Drug Dependence Among Young Recently Initiated Injection Drug Users," *Journal of Drug Issues* 32(4):1089-1102, 2002. For more information, contact Amelia Arria at aarria@cesar.umd.edu.

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CESAR FAX

November 17, 2003
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A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Despite Some Obstacles, Physicians Still Optimistic About Prescribing Buprenorphine to Opiate-Addicted Patients

In October 2002, buprenorphine was approved by the FDA as a medication to treat opiate-addicted patients in an outpatient setting. Qualified physicians were able to start prescribing Subutex® and Suboxone®, two types of buprenorphine, effective May 22, 2003. Join Together, a project of the Boston University School of Public Health, recently conducted a telephone poll of physicians qualified to prescribe these drugs. Two-thirds of the physicians polled have treated patients with either Subutex® (9%), Suboxone® (34%), or both drugs (23%). The remaining 34% of the physicians polled had not yet prescribed buprenorphine. Following are some of the barriers to prescribing the drugs:

- The most common complaint by physicians was that they had a difficult time finding pharmacies that carried either drug. One physician remarked, "I wish there was a way of educating pharmacies because so few are aware of the drug, which makes it hard to get" (p. 4).
- Problems with federal, state, and local regulations were the second most common barrier. For example, federal law limits physicians to prescribing buprenorphine to no more than thirty patients. One doctor reports "having to turn away dozens of patients" because he had reached his limit (p. 3).
- Costs and a lack of insurance coverage were other limitations that physicians cited as barriers to prescribing Subutex® or Suboxone®. One physician stated, "Some [patients] find it so difficult or so expensive that they give up and resume opiate use" (p. 3).

The authors conclude, "Although many obstacles still prevent widespread buprenorphine use for addiction treatment, it appears as though availability and use are headed in an encouraging direction. Most physicians seem optimistic about buprenorphine, and many of the physicians who are not yet prescribing indicated that they planned to start treating patients with the medication soon" (p. 7). More information about buprenorphine is available online at http://buprenorphine.samhsa.gov.

NOTES: The physicians polled were those listed in an on-line directory maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) http://buprenorphine.samhsa.gov/bwns_locator/index.html. The physicians were contacted via phone, email, and fax over the months of June and July 2003. Of the 863 physicians listed on the SAMHSA web site, 419 agreed to participate in the poll (a 53% response rate).

SOURCE: Adapted by CESAR from "National Poll of Physicians on Barriers to Widespread Buprenorphine Use," *Join Together*, October 2003. Available online at http://www.jointogether.org/sa/files/pdf/bupereport.pdf.

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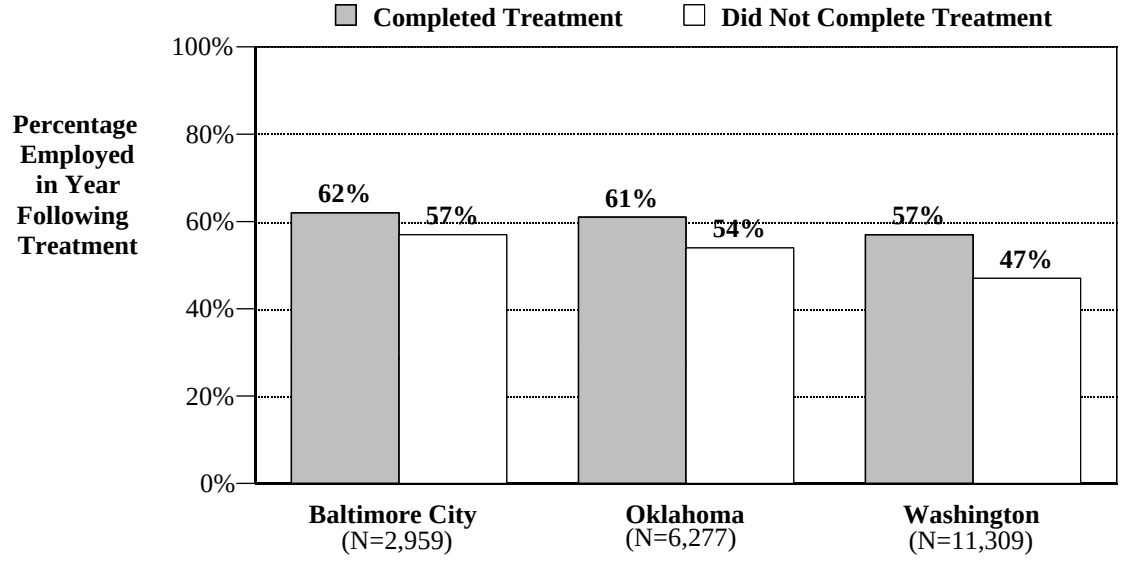
A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Drug Users Who Complete Drug Treatment More Likely to Be Subsequently Employed

Drug users who completed publicly-funded substance abuse treatment were more likely than non-completers to be employed in the year following treatment, according to a study of substance abuse treatment admissions in Baltimore City, Oklahoma, and Washington state. For example, 62% of clients in Baltimore City who completed treatment were employed in the year after treatment, compared to 57% of those who did not complete treatment (see figure). The study also found that even if treatment was not completed, staying in treatment longer than 90 days was also related to being employed in the year following treatment, independent of treatment completion (data not shown). The authors note that "the strength of these findings lies not only in the magnitude and significance of the estimates, but also in the replication of these results across three states with different demographic distributions, drug use patterns, service delivery systems, and labor market characteristics" (p. 16).

Percentage of Drug Users Employed in the Year Following Treatment, by Treatment Completion
(FY 1997-Oklahoma and Washington; FY 1998-Baltimore City)



SOURCE: Adapted by CESAR from The TOPPS-II Interstate Cooperative Study Group, "Drug Treatment Completion and Post-Discharge Employment in the TOPPS-II Interstate Cooperative Study," *Journal of Substance Abuse Treatment* 25:9-18, 2003. For more information, contact Dr. Amelia Arria. at aarria@cesar.umd.edu.

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A Weekly FAX from the Center for Substance Abuse Research
University of Maryland, College Park

Ritalin® and Adderall® Abused by Students as Party Drugs and Study Aids

What are Ritalin® and Adderall®? Ritalin® (methylphenidate hydrochloride) and Adderall® (amphetamine) are prescription drugs used to treat patients who suffer from attention deficit hyperactive disorder (ADHD), attention deficit disorder (ADD), and narcolepsy. When taken appropriately, these stimulants help people remain awake and sustain concentration and energy levels.

What are the slang names? Ritalin® is known among users as R-ball, vitamin R, JIF, MPH, kiddie cocaine, West Coast, skippy, and the smart drug. While there are no known slang terms for Adderall®, it may be referred to by an amphetamine slang name such as speed or uppers.

How are Ritalin® and Adderall® abused? Ritalin® and Adderall® abusers can take the drugs orally as tablets or crush the tablets, creating a powder which can either be snorted or dissolved and injected. The drugs may also be mixed with other drugs or alcohol to increase and sustain the effects of the other substances.

What are the effects? Ritalin® and Adderall® abuse can result in agitation, tremors, euphoria, increased or irregular heart rate, hypertension, sleeplessness, and a loss of appetite. More extreme effects include manic or psychotic episodes, paranoid delusions, hallucinations, and, in rare instances, death. Repeated abuse can result in addiction.

Who abuses these drugs? Ritalin® and Adderall® abusers tend to be middle and upper-middle class high school and college students. Some use the drugs as party drugs, seeking a high. Other abusers—typically college students—take these drugs to stay awake and remain focused while trying to study. A 2002 national survey found that 3%-5% of students in grades 8, 10, and 12 reported using Ritalin® without medical supervision at least once in the past year (NIDA, 2003). And a 2001 University of Michigan study found that 3% of undergraduates had used Ritalin® in the past year without a prescription (Teter et al. 2003).

How are they obtained? Unlawful acquisition of these drugs usually occurs through theft (from individuals, schools, or pharmacies) or purchase from persons who have been prescribed the medications. Students who take the drugs for medical purposes have been known to sell their unused extra pills, at a rate ranging from $2 to $20 per pill. A survey of middle and high school students in two midwestern states found that 34% of the students legally taking ADHD medications reported being approached to sell or trade their medications (Moline and Frankenberger, 2001). The Drug Enforcement Administration notes the pills are available on the street and through smuggling rings, as well.

Are they illegal substances? Both drugs are classified as Schedule II Drugs under the federal Controlled Substance Abuse Act. Purchase, sale, or possession of these drugs without a prescription is a felony.

SOURCES: A complete list of sources is available at www.cesar.umd.edu.

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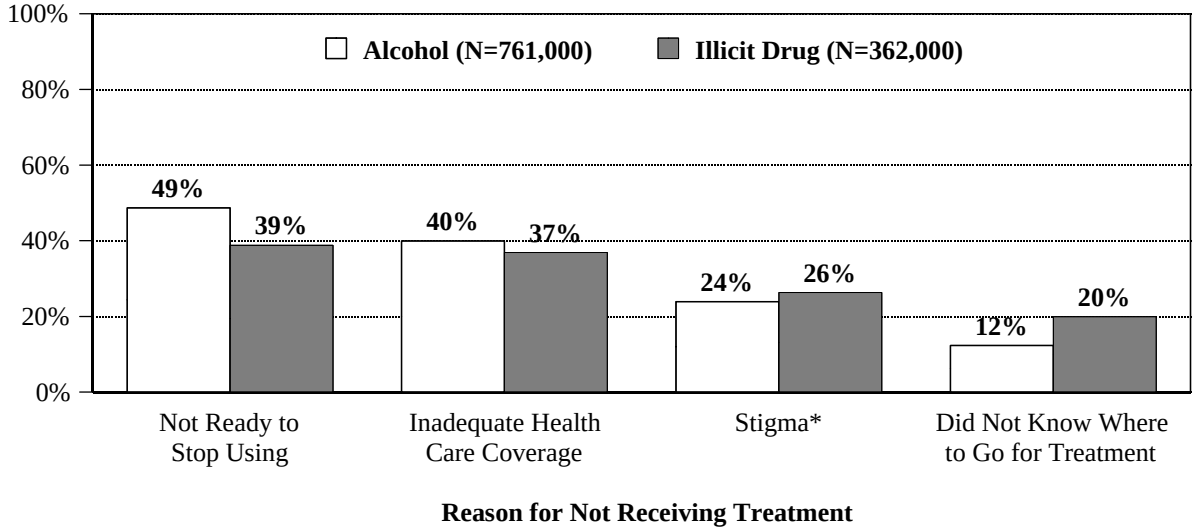
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Reluctance to Stop Using and Inadequate Health Care Coverage Are Primary Reasons for Not Receiving Treatment for Alcohol and Illicit Drug Problems

The majority of United States residents who had an alcohol or illicit drug problem in 2002 did not receive treatment and did not feel they needed it, according to data from the National Survey on Drug Use and Health. Furthermore, only around 5% of those who felt they needed treatment actually sought treatment (see *CESAR FAX*, Volume 12, Issue 40). The most common reason given for not receiving needed alcohol or illicit drug treatment was that they were not ready to stop using (49% for alcohol treatment; 40% for illicit drug treatment). Approximately 40% reported that they did not seek alcohol or drug treatment because they couldn't afford the cost of treatment, either because they had no health care coverage or their health care plan didn't cover treatment. Other reasons reported for not receiving treatment were stigma associated with receiving treatment and not knowing where to receive treatment.

Percentage of U.S. Residents (Aged 12 or Older) with an Alcohol or Illicit Drug Problem Who Felt They Needed But Did Not Receive Treatment, by Reason for Not Receiving Treatment, 2002



NOTE: Stigma included (1) might cause neighbors or community to have negative opinion, (2) might have negative effect on job, and (3) ashamed/embarrassed/afraid to go to treatment or were afraid they would get in trouble with the police or social services.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), "Reasons for Not Receiving Substance Abuse Treatment," *The NSDUH Report*, November 7, 2003. Available online at http://www.samhsa.gov/oas/2k3/SAnoTX/SAnoTX.cfm.

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A Weekly FAX from the Center for Substance Abuse Research

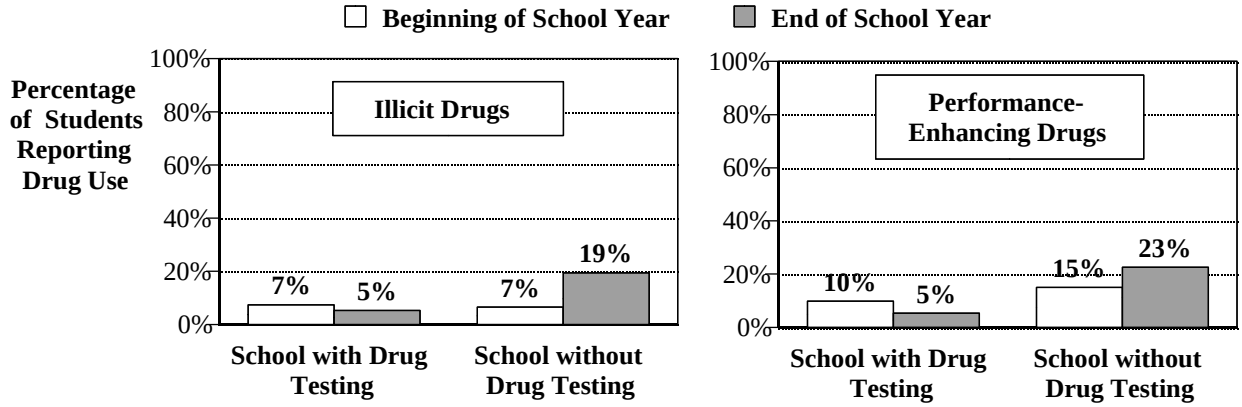
University of Maryland, College Park

Oregon Pilot Study Finds Mandatory Student Athlete Drug Testing Associated with Lower Student Drug Use

Student athletes report lower drug use rates after participating in mandatory random drug testing, according to the results of the first controlled study of student athlete drug testing. Student Athlete Testing Using Random Notification (SATURN) researchers were asked by an Oregon school board to study a policy recently adopted at one Oregon high school that required students to participate in random urinalysis tests to take part in school athletics. Self-reported drug use of these athletes was then compared to that of student athletes in another Oregon high school that did not have a drug-testing policy. At the beginning of the school year, 7% of student athletes in both schools reported using illicit drugs in the past month. By the end of the school year, however, drug use by student athletes in the drug-testing school had decreased slightly to 5%, while drug use by student athletes in the schools that did not drug test had increased to 19%. Similar results were found for performance-enhancing drugs. These reductions occurred despite the fact that drug use risk factors (such as believing in less negative consequences of drug use and perceiving greater peer drug use) actually increased among students in the drug-testing school, to a rate higher than that of students in the non-drug testing school.

Editor's Note: Since measures of drug use were based on self-report, athletes at the drug testing school may have been less willing to admit to drug use.

Percentage of Athletes Reporting Illicit and Performance-Enhancing Drug Use in the Past 30 Days, by School Drug Testing, 1999-2000



NOTES: Illicit drugs were defined as marijuana, cocaine, amphetamines, narcotics, sniffing glue or paint, and phencyclidine (PCP). Performance-enhancing drugs were defined as anabolic steroids, androstenedione, amphetamines, creatine, and pseudoephedrine. Positive drug tests resulted in parental notification and mandatory counseling.

SOURCE: Adapted by CESAR from Goldberg L., Elliot D. L., MacKinnon D. P., Moe E., Kuehl K. S., Nohre L, Lockwood C. M. "Drug Testing Athletes to Prevent Substance Abuse: Background and Pilot Study Results of the SATURN (Student Athlete Testing Using Random Notification) Study," *Journal of Adolescent Health* 32(1):16-25, 2003. For more information, contact Dr. Linn Goldberg at goldberl@ohsu.edu.

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