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University of Maryland, College Park

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CESAR is pleased to provide this 2005 Annual Volume of the *CESAR FAX*. To assist you in using this volume, the Table of Contents indexes the 2005 faxes by issue title and subject area.

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Since the first transmission to 150 recipients on February 17, 1992, the *CESAR FAX* audience has grown tremendously. During 2004, the CESAR FAX transitioned from fax to email as its primary dissemination method, and is now being sent to more than 4,000 recipients worldwide. With the ongoing support of the Maryland Governor's Office of Crime Control & Prevention, the *CESAR FAX* continues to provide timely and relevant substance abuse information in an easy-to-read format.

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2005

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CESAR FAX

January 3, 2005
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A Weekly FAX from the Center for Substance Abuse Research

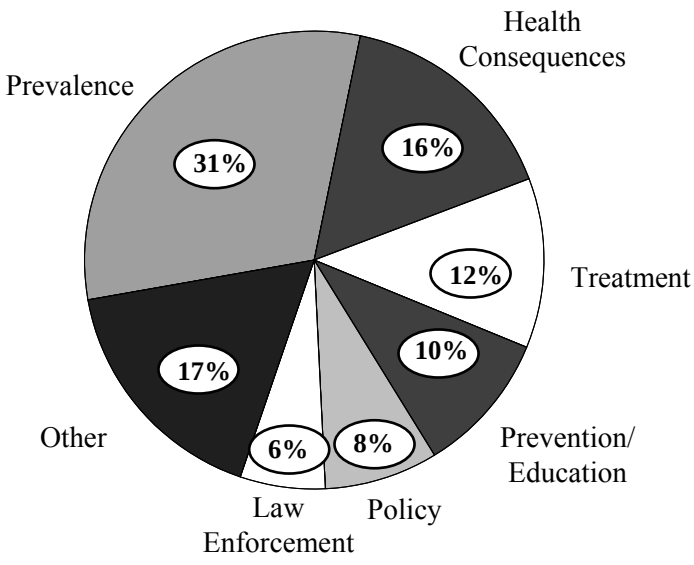
University of Maryland, College Park

CESAR FAX 2004 Bound and Indexed Volume Now Available

Have all of the 2004 *CESAR FAX* issues at your fingertips! The bound volume contains each of the 2004 issues, indexed by issue number and subject area. Complimentary copies of the bound volume will be available on our website in late January. To purchase a hard copy, send the form below along with a purchase order or check for $10 to: CESAR, Attention: *CESAR FAX* 2004, 4321 Hartwick Road, Suite 501, College Park, MD 20740. Thank you!

Distribution of CESAR FAX Topics, January-December 2004

(N=51)



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CESAR FAX

January 10, 2005
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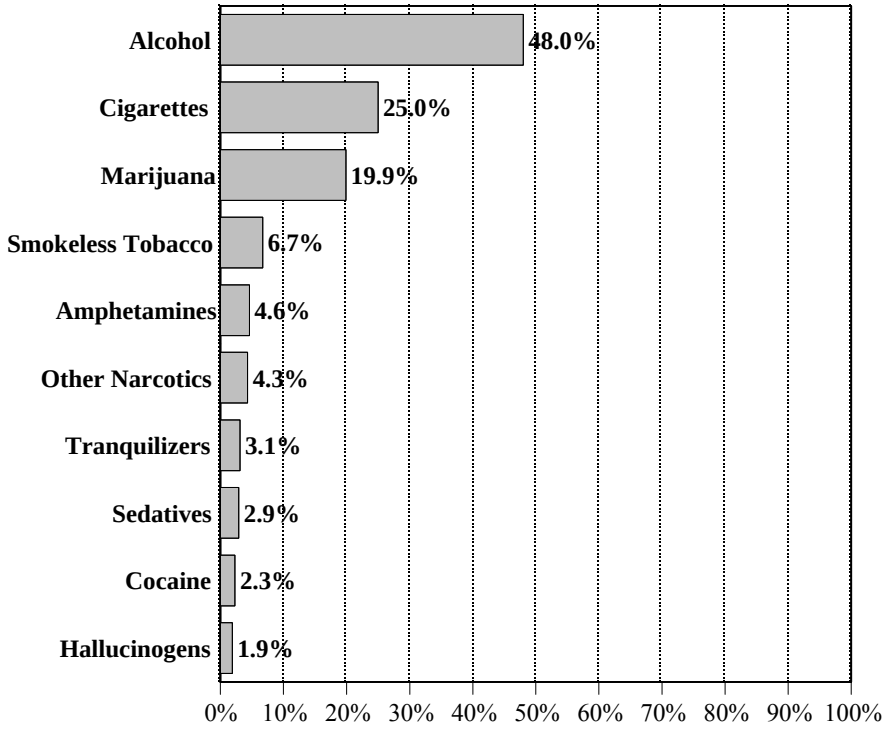
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Alcohol, Cigarettes, and Marijuana Lead the Top Ten List of Drugs Used by U.S. High School Seniors in Past Month

Alcohol is used by more high school seniors than any other drug, according to recent data from the national 2004 Monitoring the Future study. Nearly one-half of 12th graders reported that they drank more than a few sips of alcohol in the past month. Cigarette and marijuana use ranked second and third, with 25% and 19.9% of seniors reporting past month use. Other drugs included in the top ten list were smokeless tobacco (6.7%), amphetamines (4.6%), and narcotics other than heroin, such as Vicodin®, OxyContin®, and Percocet® (4.3%). Drugs not ranked in the top ten include steroids (1.7%) and heroin (0.5%).

Percentage of U.S. 12th Grade Students Reporting Past Month Use of Top Ten Drugs, 2004
(N=15,222 12th graders in 128 schools)



SOURCE: Adapted by CESAR from University of Michigan, "Overall teen drug use continues gradual decline; but use of inhalants rises," Monitoring the Future press release, December 21, 2004. Available online at http://www.monitoringthefuture.org.

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CESAR FAX

January 17, 2005
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A Weekly FAX from the Center for Substance Abuse Research

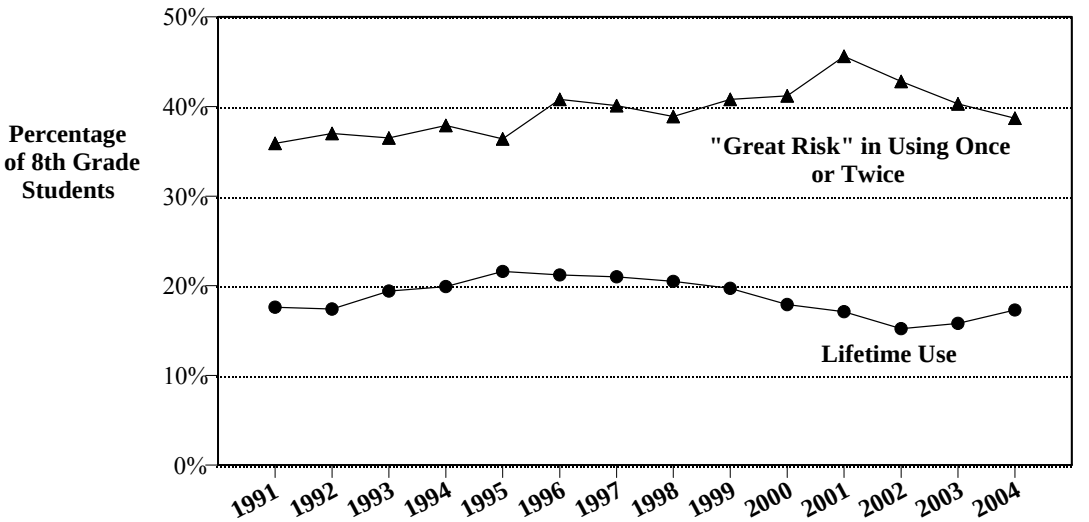
University of Maryland, College Park

Lifetime Use of Inhalants by U.S. 8th Graders Continues to Increase as Perception of Risk Declines

The percentage of 8th grade students who have used inhalants at least once in their life has been increasing since 2002, according to data from the national Monitoring the Future survey. Nearly one-fifth (17.3%) of 8th graders reported lifetime inhalant use in 2004, compared to 15.2% in 2002. At the same time, the percentage of 8th graders reporting that there is a "great risk" in trying inhalants once or twice has decreased, from 45.6% in 2001 to 38.7% in 2004. Past research has shown that decreases in perceived risk of using a drug are often related to increases in use. According to the study's principal investigator, Lloyd Johnston, "This turnaround in their use continues to suggest the need for greater attention to the dangers of inhalant use in our media messages and in-school prevention programs" (p. 5).

Percentage of U.S. 8th Grade Students Reporting Lifetime Use of Inhalants and Perceived Risk of Use, 1991 to 2004

(N=17,413 8th graders in 147 schools)



SOURCE: Adapted by CESAR from University of Michigan, "Overall teen drug use continues gradual decline; but use of inhalants rises," Monitoring the Future press release, December 21, 2004. Available online at http://www.monitoringthefuture.org.

Want to Know More About Inhalants?

The *CESAR FAX* "Inhalant Abuse: Nothing to Sniff At" (Volume 13, Issue 12) provides answers to frequently asked questions about inhalant abuse. It is available online at http://www.cesar.umd.edu/cesar/cesarfax/vol13/13-12.pdf.

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CESAR FAX

January 24, 2005
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A Weekly FAX from the Center for Substance Abuse Research

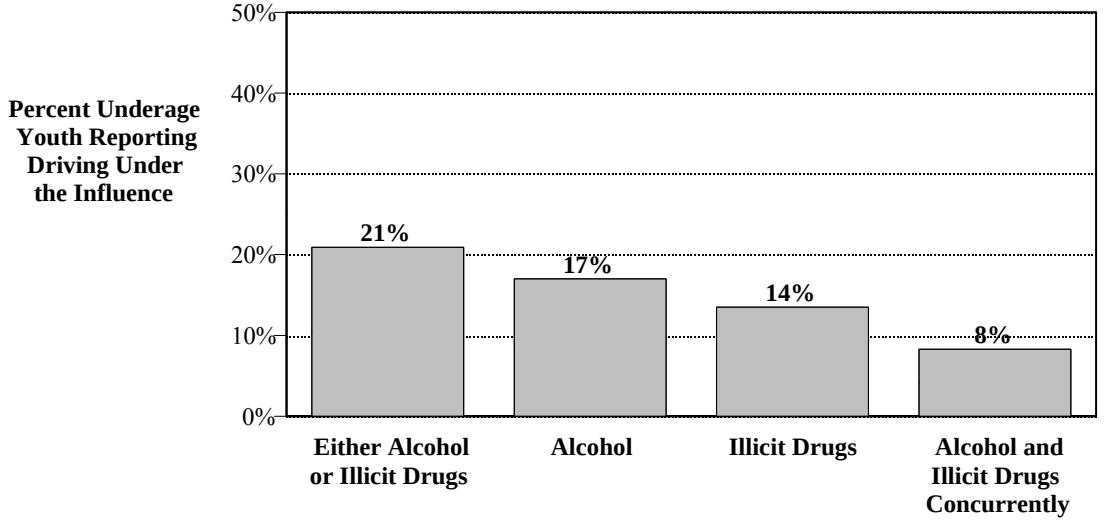
University of Maryland, College Park

One-Fifth of Underage Youth Have Driven Under the Influence of Alcohol or Illicit Drugs

Slightly more than one-fifth of youths under the legal drinking age—more than 4 million persons age 16 to 20—reported driving a vehicle under the influence of alcohol and/or illicit drugs in the past year, according to data from the 2002 and 2003 National Survey on Drug Use and Health. Seventeen percent reported driving under the influence of alcohol, 14% reported driving under the influence of illicit drugs, and 8% reported driving under the combined influence of alcohol and illicit drugs. Older persons were more likely than younger ones to report driving under the influence. For example, 20-year-olds were nearly three times more likely to have driven under the influence than 16-year-olds (28% vs. 10%, respectively; data not shown).

Percentage of U.S. Persons Aged 16 to 20 Who Reported Driving a Vehicle Under the Influence of Alcohol and/or Illicit Drugs in the Past Year, 2002 and 2003 Data Combined

(N=32,890)



NOTE: The "Either Alcohol or Illicit Drugs" category is not equal to the sum of the other three categories. The categories "Either Alcohol or Illicit Drugs," "Alcohol," and "Illicit Drugs" were created from responses to three different survey questions: if during the past 12 months the respondent had 1) driven a vehicle while under the influence of alcohol only, 2) illicit drugs only, or 3) a combination of alcohol and illicit drugs used together.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), "Driving Under the Influence (DUI) Among Young Persons," *The NSDUH Report*, December 31, 2004. Available online at http://oas.samhsa.gov/2k4/youthDUI/youthDUI.cfm.

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CESAR FAX

January 31, 2005
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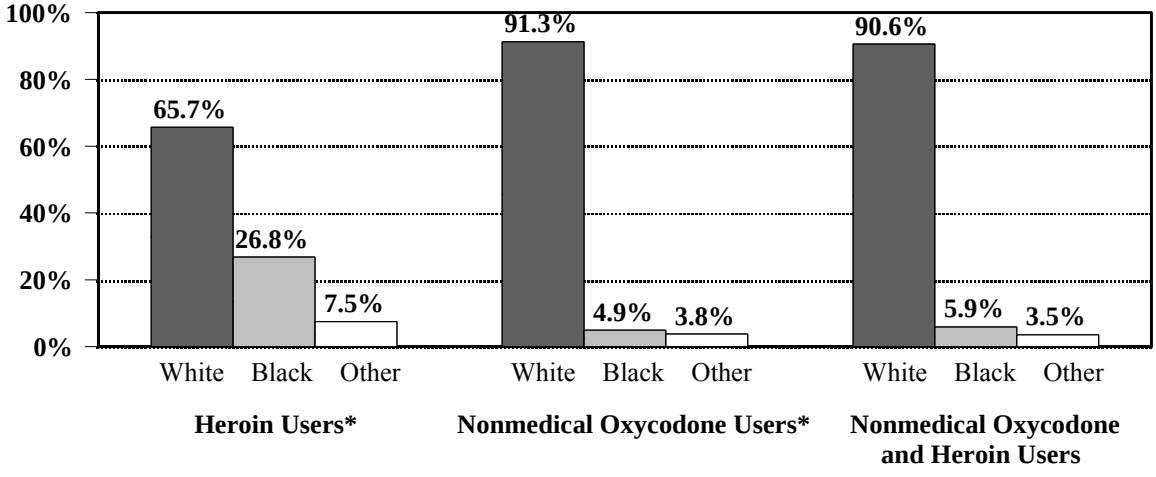
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Not All Opiates Are the Same: Differences Between Oxycodone and Heroin Abusers

While heroin and oxycodone are both opiates, the characteristics of people who abuse these drugs are different, according to a recent analysis of data from the 2002 and 2003 National Survey on Drug Use and Health. Regardless of whether they ever used heroin, nearly all persons who reported lifetime use of oxycodone nonmedically were white; fewer than 10% were black or of other races/ethnicities. In contrast, more than one-third of persons who ever used heroin but not oxycodone were black or of other races/ethnicities. Other differences between users are described in the original report, available online at http://oas.samhsa.gov/2k4/oxycodoneH/oxycodoneH.cfm.

Racial/Ethnic Distribution of Lifetime Users of Nonmedical Oxycodone and/or Heroin



*The "heroin" and "nonmedical oxycodone user" categories are mutually exclusive. In 2002 and 2003 combined, an estimated 1.9 million U.S. residents age 12 and older used heroin at least once in their lifetime, but never used oxycodone nonmedically; an estimated 11.0 million used oxycodone nonmedically, but never used heroin; and an estimated 1.7 million used both heroin and oxycodone nonmedically.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), "Nonmedical Oxycodone Users: A Comparison with Heroin Users," *The NSDUH Report*, January 21, 2005.

Random Student Drug Testing—"Prevention, Not Punishment"

Student Drug Testing: Prevention, Not Punishment (www.PreventionNotPunishment.org), is a new website that provides educators, parents, students and community leaders information about the best practices in random student drug testing. This interactive website features a bulletin board for educators to post questions and discuss student drug testing programs, as well as other resources helpful in understanding and creating successful random student drug testing programs.

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CESAR FAX

February 7, 2005
Vol. 14, Issue 6

A Weekly FAX from the Center for Substance Abuse Research

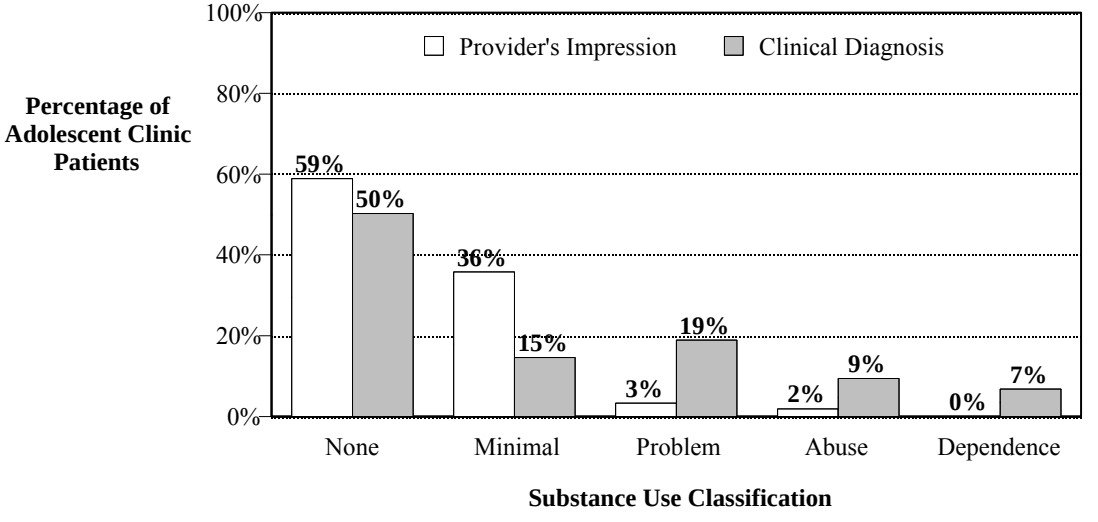
University of Maryland, College Park

Health Care Providers Underestimate Severity of Adolescent Substance Use

Health care providers rarely identify problematic substance use, abuse, or dependence among adolescents, according to a study of youths age 14 to 18 visiting an urban, hospital-based clinic for routine or urgent care. Nearly one-fifth of the youths had a clinical diagnosis of problem substance use, yet providers identified only 3% of youths as having problem substance use. Furthermore, 16% of youths were diagnosed with substance abuse or dependence, yet providers identified only 2% of youths as having these disorders. Providers were better able to identify drug use among boys than among girls and were better able to identify male drug use than male alcohol use (data not shown). The authors note that youths may have been reluctant to fully disclose their substance use to a health care provider. They suggest that structured screening devices "be considered for use with all adolescent patients, rather than only those who are perceived to be at higher risk" (p. 540).

Percentage of Adolescent Clinic Patients (Age 14 to 18) with Medical Care Provider's Impression and Clinical Diagnosis of Substance Use

(N=533)



NOTE: Clinical diagnoses were assessed by the administration of the Adolescent Diagnostic Interview (ADI) by a trained research assistant at the conclusion of the medical visit.

SOURCE: Adapted by CESAR from Wilson, C.R., Sherritt, L., Gates, E., and Knight, J.R. "Are Clinical Impressions of Adolescent Substance Use Accurate?" *Pediatrics* 114(5):536-540, 2004.

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CESAR FAX

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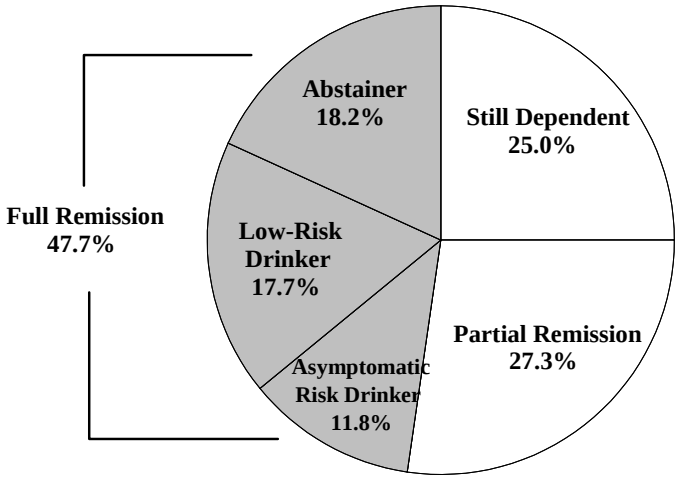
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Nearly One-Half of U.S. Adults with Prior Alcohol Dependence Were in Full Remission in the Past Year, Including Some Who Still Drink

There is a substantial level of recovery from alcohol dependence, according to an analysis of data from the 2001-02 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). Of adults classified with alcohol dependence prior to the past year, 47.7% were diagnosed as being in full remission in the past year, either because they had abstained from alcohol (18.2%), were a low-risk drinker (17.8%), or were a risk drinker with no symptoms of abuse or dependence (11.8%). Remission rates were related to the number of years since the onset of dependence. For example, 11% of those who had been diagnosed with dependence less than five years ago were in remission in the past year, compared to 73% of those whose onset of dependence was 20 or more years ago (data not shown).

Past-Year Alcohol Use Status of U.S. Adults with Alcohol Dependence Diagnoses Prior to the Past Year
(N=4,422)



CAVEATS: Chronic alcoholics may be more likely to die than those who recover, which would inflate estimates of recovery. In addition, errors in recall may bias recovery estimates.

NOTES: The NESARC was a household survey of the civilian, non-institutionalized adult population of the United States. Persons who developed alcohol dependence in the year preceding the interview were excluded from analysis because they could not have had any other status in the past year other than still being dependent. Definitions of alcohol use disorders and remission are based on DSM-IV criteria.

SOURCE: Adapted by CESAR from Dawson, D.A., Grant, B.F., Stinson, F.S., Chou, P.S., Huang, B., Ruan, W.J. "Recovery from DSM-IV Alcohol Dependence: United States, 2001-2002," *Addiction*, OnlineEarly, January 14, 2005.

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research

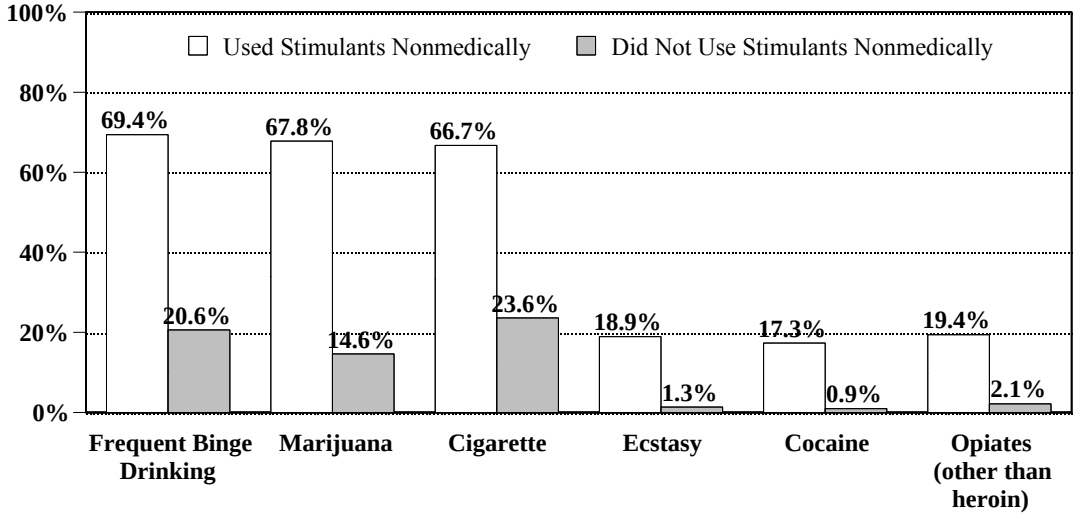
University of Maryland, College Park

College Students Who Use Stimulants Non-Medically Are Substantially More Likely to Use Other Drugs

Approximately 6.9% of U.S. college students have used prescription stimulants (i.e. Ritalin®, Dexedrine®, or Adderall®) for nonmedical reasons at least once in their lifetime, according to data from the 2001 College Alcohol Study. Nonmedical stimulant users were substantially more likely to report using alcohol, tobacco, and other drugs, even after controlling for relevant factors.* For example, slightly more than two-thirds of past year non-medical stimulant users reported using marijuana in the past month, compared to 14.6% of college students who had not used prescription stimulants nonmedically. Nonmedical stimulant users were also more likely to drive after drinking or be a passenger in a car with a drunk driver (data not shown). The authors note that "the higher rates of substance use and other risky behaviors found among non-medical prescription stimulant users may be an indication that the non-medical use of prescription stimulants is part of a larger cluster of problem behaviors among college students" (p. 103).

Percentage of College Students Reporting Frequent Binge Drinking and Past Month Substance Use, by Past Year Non-Medical Stimulant Use, 2001

(N=10,904 students at 119 U.S. 4-year colleges and universities in 39 states)



*Frequent binge drinking is defined as the consumption of at least five drinks in a row for men (four for women) on three or more occasions during the previous two weeks.

*Odds ratios (not shown) were adjusted for gender, race, age, living arrangement, parental education, fraternity/sorority membership, grade point average, geographical region, commuter status, and college admissions selectivity.

SOURCE: Adapted by CESAR from McCabe, S.E., Knight, J.R., Teter, C.J., Wechsler, H. "Non-medical Use of Prescription Stimulants Among US College Students: Prevalence and Correlates from a National Survey," *Addiction* 100(1):96-106, 2005.

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CESAR FAX

February 28, 2005
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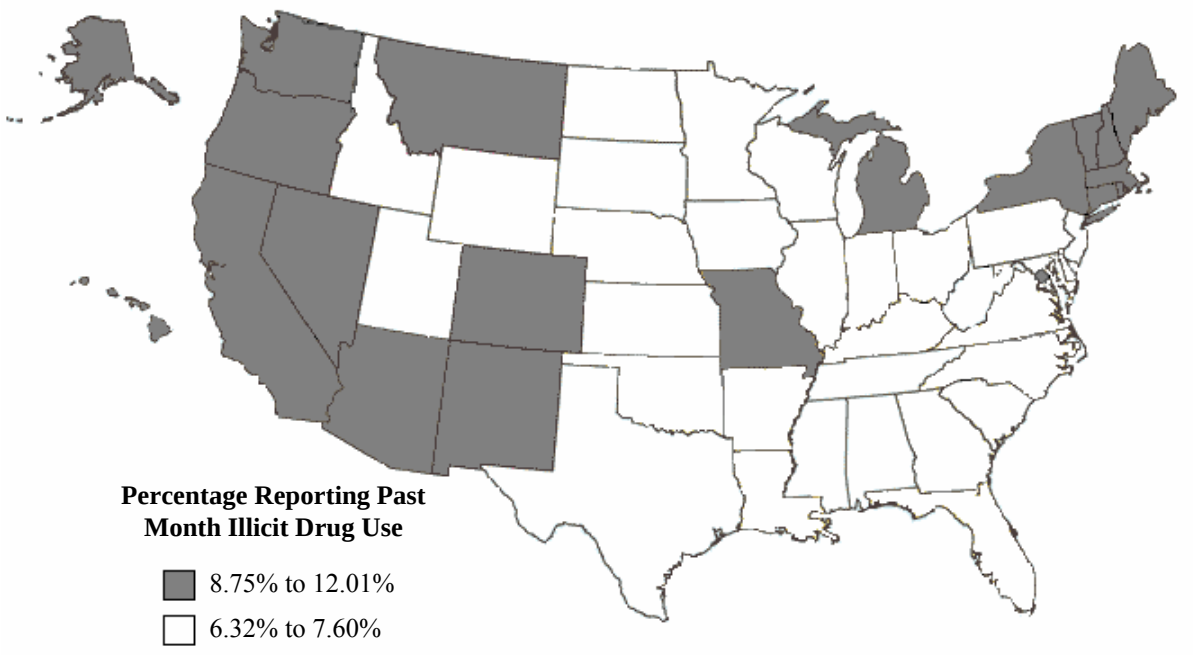
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Illicit Drug Use Rates Are Highest in Western and Northeastern U.S. States

The percentage of U.S. residents reporting the use of any illicit drug (primarily marijuana) in the past month ranged from 6.3% in Utah to 12.0% in Alaska, according to an analysis of data from the 2002 and 2003 National Surveys on Drug Use and Health. States in the western and northeastern regions of the country typically had the highest rates of past month use, while the lowest rates were found in southern states (see figure below). Individual state estimates for illicit drug use, as well as alcohol and tobacco use, are available online at http://oas.samhsa.gov/2k3State/2k3SAE.pdf.

States with High or Low Rates of Illicit Drug Use in the Past Month, 2002 and 2003*
(U.S. Household Residents Age 12 and Older)



*Highlighted states are those that ranked in the upper two-fifths of all states for past month illicit drug use.

NOTE: Any Illicit Drug Use is defined as at least one use of cocaine (including crack), hallucinogens, heroin, inhalants, marijuana/hashish, or any prescription-type psychotherapeutic used nonmedically.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *State Estimates of Substance Use from the 2002-2003 National Surveys on Drug Use and Health*, 2005.

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CESAR FAX

March 7, 2005
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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

National Methamphetamine Epidemic?

"…smokable methamphetamine will be the drug plague of the 1990's"
(New York Times, September 16, 1989)

"…meth could become the biggest scourge of American drug enforcement since the cocaine epidemic."
(Christian Science Monitor, October 27, 1995)

"…the drug [methamphetamine] could become 'the crack of the 21st century'."
(The Oregonian, December 31, 2004)

While methamphetamine use has gradually spread eastward during the past decade, the majority of methamphetamine use and production remains west of the Mississippi River. Many communities in the Northeast and mid-Atlantic regions of the country have yet to experience the degree of methamphetamine problems seen in other areas, suggesting that at present the problem should not be portrayed as a national epidemic. Rather, it appears to be concentrated and growing in rural communities. Yet speculation that "meth use is exploding in cities and suburbs all across America"[1] periodically reemerges.[2] Media coverage of this "national" methamphetamine problem prompted a recent CESAR analysis of methamphetamine use in Maryland. Following is a summary of the major findings of the report, *Methamphetamine in Maryland*, which will be available this week at http://www.cesar.umd.edu.

- Methamphetamine ranked last among nine illicit drugs most commonly used by Maryland students. Less than 5% of 10th and 12th grade students reported ever using methamphetamine in 2002, compared to 36% for marijuana, 11% for other stimulants, and 10% for hallucinogens.
- Less than 0.5% of all treatment admissions in Maryland in FY2004 were methamphetamine related.
- In the Baltimore and Washington, D.C., metropolitan statistical areas combined there were 39 methamphetamine-related emergency department visits in 2002, compared to 9,002 for cocaine and 6,312 for heroin. There was one methamphetamine-caused death in Maryland in 2004.
- According to the National Clandestine Laboratory Database, one methamphetamine lab was found in Maryland in 2004, compared to 474 in California and 1,049 in Missouri.[3]
- Small pockets of use do exist among certain populations and regions of the state. As elsewhere in the country, methamphetamine users in Maryland are most likely to be white males of diverse socioeconomic backgrounds living in rural areas.
- While available data do not indicate that methamphetamine is a prevalent drug of abuse in Maryland, the growing number of methamphetamine labs and use reported in neighboring states, such as Virginia, suggest that indicators of methamphetamine use in Maryland should continue to be monitored.

[1]The Today Show, "Methamphetamine abuse on rise with suburban women" March 2, 2005.

[2]For a discussion on how a previous localized methamphetamine problem came to be projected on a national level, see Jenkins, Philip. "'The Ice Age' The Social Construction of a Drug Panic," *Justice Quarterly* (11)1:7-31, 1994.

[3]These figures may underestimate the actual number of methamphetamine labs seized in each state because law enforcement agencies are not required to report lab seizures to the National Clandestine Laboratory Database.

SOURCE: Center for Substance Abuse Research, "Methamphetamine in Maryland," *CESAR Briefing*, March 2005. For more information, contact Eric Wish at 301-405-9774 or ewish@cesar.umd.edu.

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CESAR FAX

March 14, 2005
Vol. 14, Issue 11

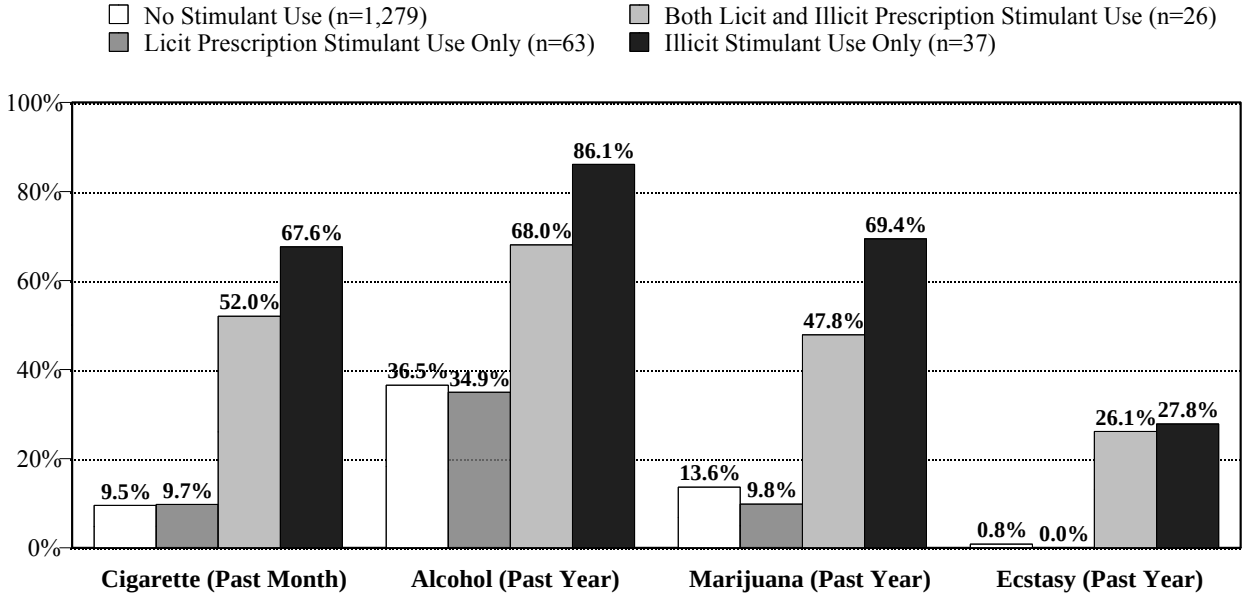
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

ADHD Students Prescribed Stimulant Medications Less Likely to Abuse Other Drugs

Students who take prescription stimulant medications to treat attention-deficit hyperactivity disorder (ADHD) report relatively low rates of tobacco, alcohol, marijuana, and ecstasy use compared to students who illicitly use prescription stimulants, according to a recent study of Detroit middle and high school students. One in ten (9.8%) students who used stimulant medications (i.e. Ritalin®, Dexedrine®, or Adderall®) as prescribed for them also reported past year marijuana use, a rate similar to that of non-stimulant users (13.6%). In contrast, nearly one-half (47.8%) of students who reported using prescription stimulants both licitly and illicitly and nearly 70% of students who reported only illicit use of prescription stimulants also reported using marijuana in the past year . Similar patterns were found for past month cigarette use and for past year alcohol and ecstasy use. According to the authors, "our findings provide evidence that middle and high school students who properly use prescribed stimulant medication for ADHD are not at higher risk for substance misuse" (p. 1107).

Percentage of Middle and High School Students Reporting Cigarette, Alcohol, Marijuana, and Ecstasy Use, by Lifetime Licit or Illicit Stimulant Use, Detroit, 2002



SOURCE: Adapted by CESAR from McCabe, S.E., Teter, C.J., Boyd, C.J. "The Use, Misuse and Diversion of Prescription Stimulants Among Middle and High School Students," *Substance Use and Misuse* 39(7):1095-1116, 2004. For more information, contact Dr. Sean Esteban McCabe at plius@umich.edu.

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CESAR FAX

March 21, 2005
Vol. 14, Issue 12

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Methamphetamine Treatment Admission Rates Higher Than Those of Cocaine and/or Heroin in Western States

More than three-fourths of western states have higher rates of methamphetamine/amphetamine-related* treatment admissions than cocaine- or heroin-related admissions, according to data from the 2002 national Treatment Episode Data Set (TEDS). In Idaho, for example, methamphetamine and other amphetamines were reported as the primary drugs of abuse at a rate of 116 per 100,000 residents, compared to a rate of 6 per 100,000 for cocaine and 3 per 100,000 for heroin. In contrast, one-third (4 out of 12) of states in the north central region of the country, 2 of the 17 southern states, and none of the northeastern states had rates of methamphetamine/amphetamine treatment admissions higher than those for cocaine and/or heroin.

U.S. Treatment Admissions per 100,000 Population by Primary Substance of Abuse, 2002

(Highlighted methamphetamine rates are those that are higher than cocaine and/or heroin treatment rates in that state)

		Cocaine	Heroin	Meth*
WEST	Alaska	42	4	15
	Arizona	14	11	**28**
	California	81	160	**200**
	Colorado	78	44	68
	Hawaii	33	21	**217**
	Idaho	6	3	**116**
	Montana	16	8	**119**
	Nevada	61	39	**157**
	New Mexico	10	13	4
	Oregon	56	158	**324**
	Utah	42	49	**115**
	Washington	81	111	**150**
	Wyoming	25	2	**167**

		Cocaine	Heroin	Meth*
NORTHEAST	Connecticut	183	626	4
	Maine	36	99	4
	Massachusetts	60	671	1
	New Hampshire	28	47	7
	New Jersey	74	370	2
	New York	269	366	3
	Pennsylvania	93	116	2
	Rhode Island	173	485	2
	Vermont	72	164	4

		Cocaine	Heroin	Meth*
MIDWEST	Illinois	149	108	13
	Indiana	64	11	23
	Iowa	64	10	**198**
	Kansas	102	3	61
	Michigan	122	90	5
	Minnesota	93	22	78
	Missouri	161	32	86
	Nebraska	49	<1	**102**
	North Dakota	6	1	**65**
	Ohio	73	35	2
	South Dakota	13	2	**69**
	Wisconsin	36	12	4

		Cocaine	Heroin	Meth*
SOUTH	Alabama	109	5	36
	Arkansas	90	2	**125**
	Delaware	191	254	2
	District of Columbia	399	470	4
	Florida	125	36	5
	Georgia	108	9	22
	Kentucky	65	6	13
	Louisiana	213	18	18
	Maryland	199	481	3
	Mississippi	71	4	17
	North Carolina	79	13	3
	Oklahoma	60	5	**119**
	South Carolina	106	13	7
	Tennessee	77	---	9
	Texas	50	23	13
	Virginia	72	30	3
	West Virginia	1	4	<1

*Methamphetamine constitutes about 95 percent of combined methamphetamine/amphetamine admissions. Four states (Arkansas, Connecticut, Oregon, and Texas) do not distinguish between methamphetamine and amphetamine admissions.

--- Heroin admissions are included in Other Opiates in Tennessee.

NOTES: Data are from treatment facilities that are state-licensed/certified and/or receive public funding. Treatment clients may report up to three substance problems. Geographic divisions are based on the U.S. Census Bureau regions.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Treatment Episode Data Set (TEDS) 1992-2002, National Admissions to Substance Abuse Treatment Services*, 2004. Available online at http://oas.samhsa.gov/dasis.htm#teds2.

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CESAR FAX

March 28, 2005
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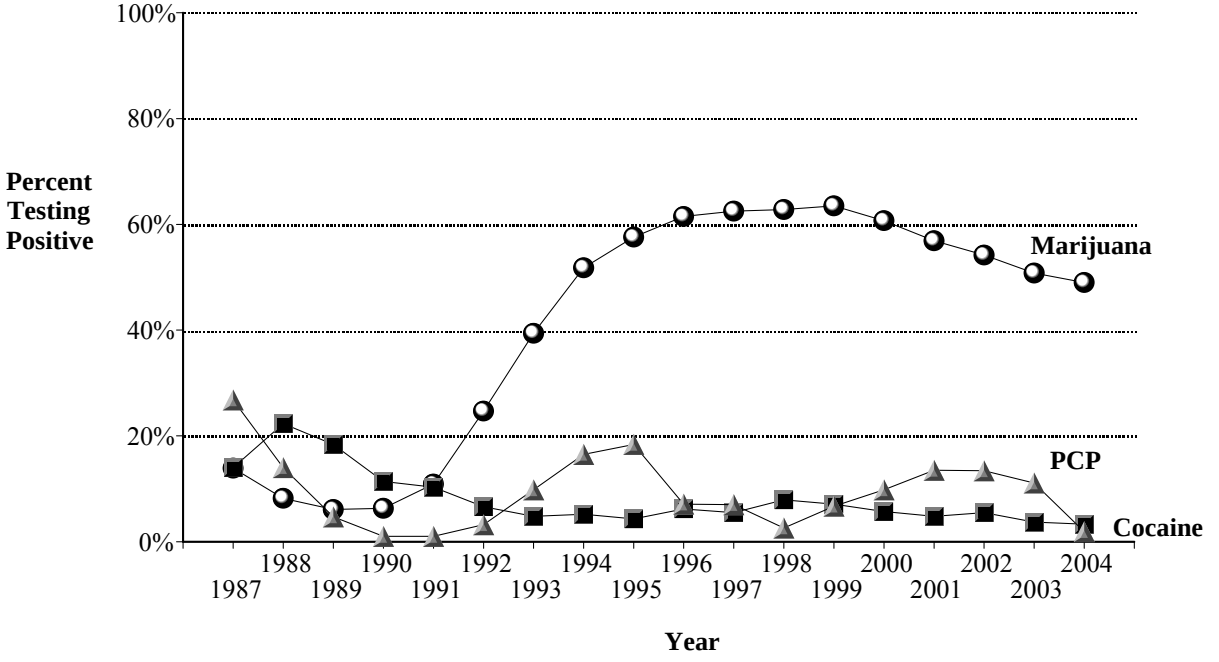
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Marijuana Use Among D.C. Juvenile Arrestees Continues to Decline

While marijuana continues to be the drug most commonly detected among D.C. juvenile arrestees, the percentage of juveniles testing positive for marijuana has been declining since 1999. According to data from the D.C. Pretrial Services Agency, 49% of juvenile arrestees tested positive for marijuana in 2004, down from the peak of 64% in 1999. Cocaine positives have also declined slightly (from 8% in 1988 to 3% in 2004). While the rate of PCP positives has fluctuated between 1% and 27%, it is currently at a relatively low level (2% in 2004). Data from the national Monitoring the Future school survey have shown similar declines in marijuana and cocaine use in recent years.

Percentage of Washington, D.C., Juvenile Arrestees Testing Positive by Urinalysis for Cocaine, Marijuana, and PCP, 1987-2004



SOURCE: Adapted by CESAR from data from the District of Columbia Pretrial Services Agency. Available online at http://www.dcpsa.gov/foia/foiaERRpsa.cfm. For more information, contact the D.C. Pretrial Services Agency at 202-220-5500.

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CESAR FAX

April 4, 2005
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A Weekly FAX from the Center for Substance Abuse Research

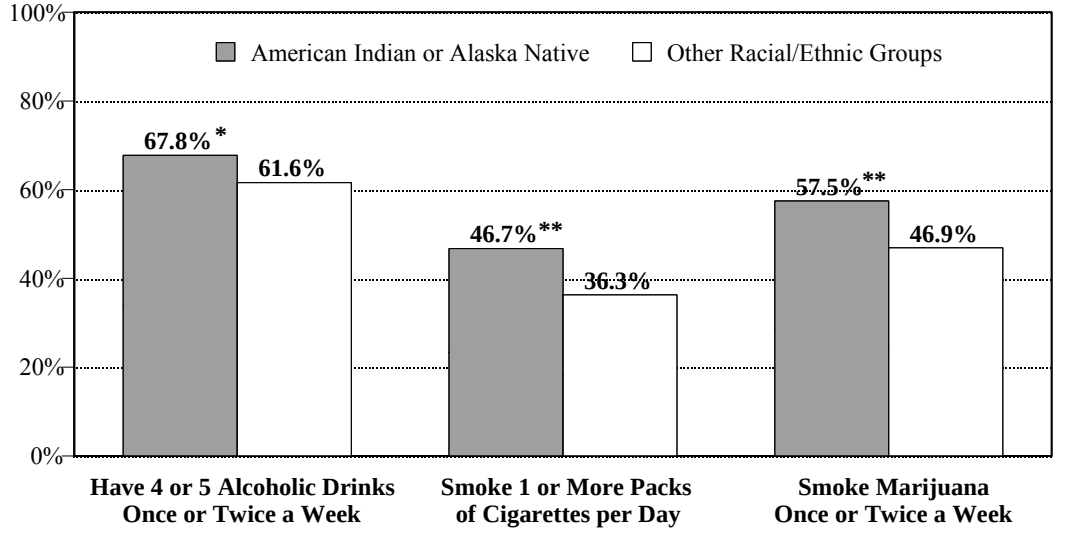
University of Maryland, College Park

American Indian and Alaska Native Youths More Likely to Perceive Minimal Risk of Harm from Alcohol, Tobacco, and Marijuana Use

American Indian and Alaska Native youth had the highest rate of past month illicit drug use (20.2%) in 2002 and 2003, nearly twice the average rate of all youth (11.4%).[1] American Indian and Alaska Native youths are also more likely than other races/ethnicities to perceive minimal risk of harm from substance use, according to a recent special analysis of data from the 2002 and 2003 National Surveys on Drug Use and Health. For example, more than one-half (57.5%) of American Indian and Alaska Native youths reported that they thought there was moderate, slight, or no risk of harm from smoking marijuana once or twice a week, compared to 46.9% of other races/ethnicities (see figure below). Previous research has shown an association between decreased perceptions of risk and increased substance use (see CESAR FAX, Volume 12, Issue 5).

Percentage of Youths (12 to 17 Years Old) Reporting Perceived Moderate to No Risk in Alcohol, Tobacco, and Marijuana Use, by Race/Ethnicity, 2002 and 2003

(N=46,310)



*p≤0.05 **p≤0.01

[1]Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *Results from the 2003 National Survey on Drug Use and Health: National Findings*, 2004.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, Office of Applied Studies. "Risk and Protective Factors for Substance Use Among American Indian or Alaska Native Youths," *The NSDUH Report*, September 24, 2004. Available online at http://oas.samhsa.gov/2k4/AmIndianYouthRF/AmIndianYouthRF.cfm.

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CESAR FAX

April 11, 2005
Vol. 14, Issue 15

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Proposed FY2006 Federal Drug Control Budget Reduces or Eliminates Funding for Many State-Level Programs

The proposed $12.4 billion National Drug Control Budget for FY2006 reduces or eliminates federal support for many state and local drug programs. Reasons cited for these changes include that the programs have achieved their purpose, are ineffective, or may be more appropriately supported through state, local, or private resources. Following are some of the programs that would be reduced or eliminated by this proposed drug control budget.

Programs Eliminated

- Safe and Drug Free Schools and Communities State Grants ($437.4 million)
- Alcohol Abuse Reduction Program ($32.7 million)
- Underage Drinking Prevention Program ($24.7 million)
- Drug Enforcement Administration's Demand Reduction Program ($9.3 million)
- National Alliance of Model State Drug Laws ($1.0 million)

Programs with Reduced Funding

- High Intensity Drug Trafficking Area (HIDTA) (from $226.5 million to $100 million)
- Prescription Drug Monitoring Program ($9.9 million to $5.0 million)
- Methamphetamine Enforcement and Cleanup (from $51.9 million to $20.0 million)
- Prevention Programs of Regional & National Significance (from $198.7 million to $184.3 million)

There have also been proposed cuts to programs that do not come under the National Drug Control Budget, but that may have an impact on state substance abuse efforts. Most notable is the elimination of the $625.5 million Edward Byrne Memorial Justice Assistance Grant Program, which provides funds to state and local governments to prevent and control crime.* The $39 million National Drug Intelligence Center, designated by the government as the "nation's principal center for strategic domestic counterdrug intelligence," is also slated to be discontinued while funding for the Community Oriented Policing Service hiring, training, and technical assistance grants may be drastically reduced from $499 million to $118 million.

*NOTE: CESAR receives some grant funding from the Byrne Justice Assistance Grant Program.

SOURCES: Adapted by CESAR from Executive Office of the President, *National Drug Control Strategy: FY2006 Budget Summary*, 2005 (http://www.whitehousedrugpolicy.gov/publications/policy/06budget); and Executive Office of the President, *Budget of the United States Government Fiscal Year 2006*, 2005 (http://www.whitehouse.gov/omb/budget/fy2006).

ERRATUM: *CESAR FAX* Volume 14, Issue 10, "National Methamphetamine Epidemic?"

The March 7, 2005, *CESAR FAX* cited an introduction from a *Today Show* interview with Carol Falkowski in such a way that it appeared that the quoted statement was made by Ms. Falkowski. The statement was, in fact, made by the host, Katie Couric. CESAR apologizes for the error and any subsequent confusion or discomfort.

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CESAR FAX

April 18, 2005
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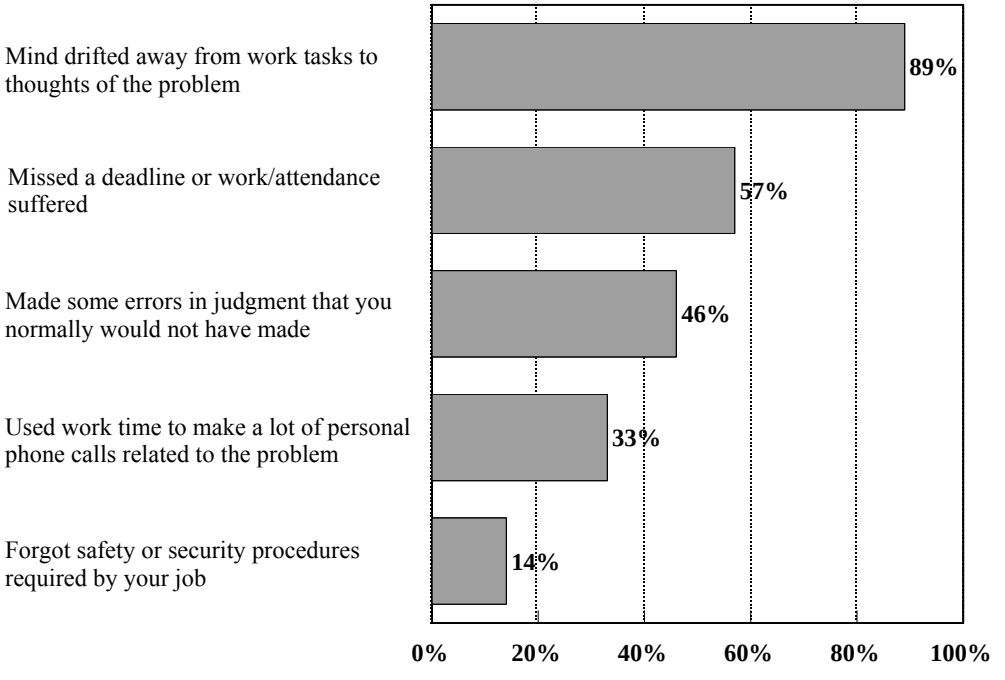
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Inability to Concentrate, Missed Deadlines, and Poor Attendance Most Common Ways in Which Family Members' Substance Abuse Affects Workers

Slightly more than one-fourth (26%) of employed adults report that there has been substance abuse or addiction within their family and 42% of these workers report that they have been distracted or less productive at work because of it, according to a recent national telephone survey. Having their mind drift away from work tasks to thoughts of the problem was the most frequently reported work-related problem (89%), followed by missing a deadline or work/attendance suffering (57%), and errors in judgment (46%). The workers surveyed suggested several ways in which employers could help, such as offering counseling for family members of addicted individuals (73%), providing better health insurance coverage (67%), and providing a more flexible work schedule or time off work (65%).

Work Impairment of U.S. Employed Adults with Family Substance Abuse or Addiction Problems, 2005



NOTE: Data are based on a telephone survey conducted in January 2005 by Ipsos-Worldwide of a sample of 1,190 employed adults from across the U.S. The margin of error is ± 2.8%.

SOURCE: Adapted by CESAR from Hazelden Foundation, *Hazelden Foundation's 2005 "Making Recovery America's Business" Survey Data Tables*, 2005. Available online at http://www.hazelden.org.

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CESAR FAX

April 25, 2005
Vol. 14, Issue 17

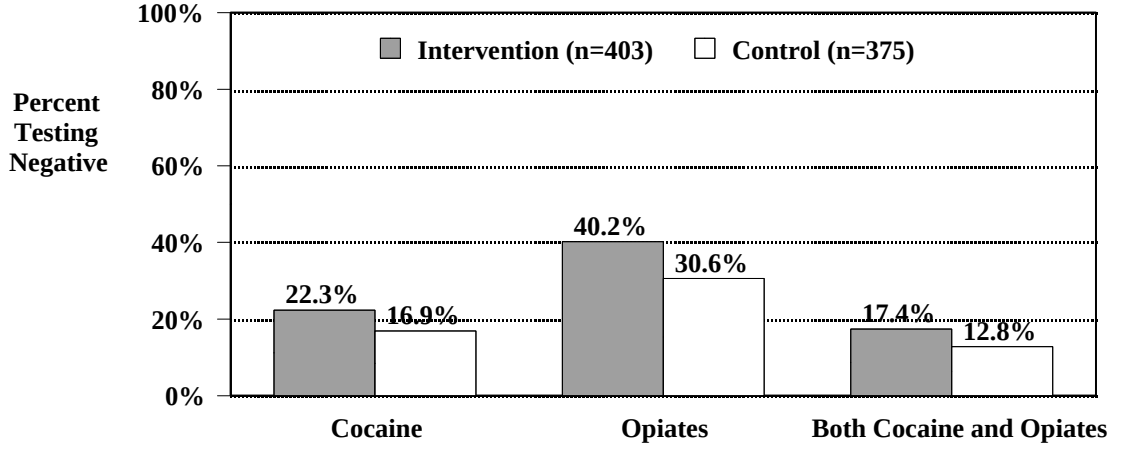
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Study Finds Brief Motivational Intervention During Medical Visit May Promote Abstinence from Cocaine and/or Heroin Use

A brief motivational intervention during a medical visit decreases cocaine and heroin use, according to a study of patients receiving routine health care at three Boston Medical Center walk-in clinics. Clinic patients who had used cocaine and/or heroin in the last 30 days (based on self-report and hair analysis) were randomly assigned to either 1) an intervention group that received a brief motivational interview, referrals, a written list of treatment sources, and a ten day follow-up phone call or 2) a control group that received only the written list of treatment sources. Six months after enrolling in the study, 22.3% of those who had received the brief motivational intervention tested negative for cocaine use and 40.2% tested negative for opiate use, compared to 16.9% and 30.6%, respectively, of users that did not receive the intervention. The authors conclude that "the aggregate effects of intervention could thus be quite large if screening and brief motivational intervention were instituted universally as normal routine in clinical settings across the country" (p. 58).

Percentage of Patients Testing Negative for Cocaine and/or Opiates Six Months After Medical Visit, by Experimental Group



NOTES: Nearly 24,000 patients were screened between May 1988 and November 2000 at three Boston Medical Center walk-in clinics (urgent care, women's, and homeless) . Patients in treatment or protective custody were excluded. The brief motivational intervention was conducted by a substance abuse outreach worker in recovery.

SOURCE: Adapted by CESAR from Bernstein, J., Bernstein, E. Tassiopoulos, K., Heeren, T., Levenson, S., Hingson, R. "Brief Motivational Intervention at a Clinic Visit Reduces Cocaine and Heroin Use," *Drug and Alcohol Dependence* 77(1):49-59, 2005.

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CESAR FAX

May 2, 2005
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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

CESAR FAX Readers Offer Suggestions on Why Younger Students Are Less Likely to Be Asked to Provide Proof of Age When Purchasing Cigarettes

Recent studies have found that middle school students are less likely than high school students to be asked to show proof of age when purchasing cigarettes. According to the 2004 National Youth Tobacco Survey (NYTS),[1] less than one-third (29.4%) of middle school current smokers[2] were asked to show proof of age when they purchased or attempted to purchase cigarettes in the preceding month, compared to 36.1% of high school students. These findings corroborate those of another national survey of students, which was summarized in a December 2004 *CESAR FAX* (see Volume 13, Issue 50). In that *CESAR FAX* issue, we asked readers why they thought younger students were less likely to be asked to provide proof of age. Following are edited summaries of some of the responses we received.

- Younger smokers may be more likely to seek out stores where clerks are known not to require identification.
- Younger smokers are less likely to be asked for proof of age because the clerk immediately refuses the sale due to the youthful appearance of the student. *[Editor's note: Yet the NYTS and other studies have found that younger smokers are also more likely to be sold cigarettes without providing identification.]*
- Clerks may not ask younger smokers for identification because they don't want to know their age and thus lose the sale.
- Younger smokers may underreport or older smokers may over report being asked for identification when they purchase cigarettes.
- Younger smokers can more plausibly state that they are buying for their parents.

[1]Centers for Disease Control and Prevention, "Tobacco Use, Access, and Exposure to Tobacco in Media Among Middle and High School Students—United States, 2004," *Morbidity and Mortality Weekly Report* 54(12):297-301, 2005.

[2]Current smokers are defined as those youths under age 18 who smoked cigarettes on at least one day during the 30 days preceding the survey and bought or tried to buy cigarettes in a store.

SOURCE: Center for Substance Abuse Research, Responses received from an unofficial inquiry of CESAR FAX readers in the December 13, 2004 issue of the *CESAR FAX*.

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CESAR FAX

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A Weekly FAX from the Center for Substance Abuse Research

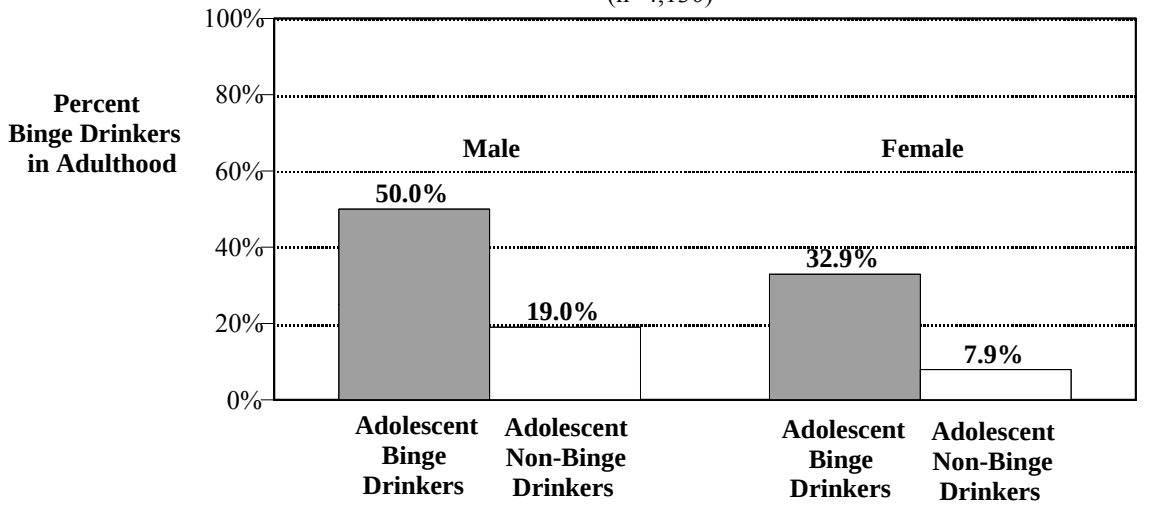
University of Maryland, College Park

Adolescent Binge Drinking Associated with Binge Drinking During Early Adulthood

Persons who were binge drinkers* during adolescence are more likely to be binge drinkers in early adulthood, according to an analysis of data from the National Longitudinal Survey of Youth (NLSY). One-half of males who were binge drinkers at ages 17 to 20 were also binge drinkers at ages 30 to 31, compared to slightly less than one-fifth (19%) of those who were not adolescent binge drinkers. Similar results were found for females (see figure below). These differences remained even after statistically controlling for potentially confounding factors, such as early marijuana and cigarette use, college enrollment, and race/ethnicity. The authors conclude that "efforts to prevent and treat adolescent problem drinking are likely to have an impact on adult drinking patterns and therefore may have immediate as well as longstanding effects on public health" (p. 718).

Percentage of Male and Female U.S. Residents Reporting Binge Drinking at Age 30 to 31, by Whether They Were Binge Drinkers at Age 17 to 20

(n=4,130)



*Binge drinking is defined as having six or more drinks on at least one occasion in the last month.

NOTE: The NLSY is a nationally representative sample of almost 12,700 individuals who were age 14 to 22 years in 1979 and have been interviewed annually or biennially since 1979. The sample eligible for this study consisted of 4,130 individuals who were interviewed at appropriate ages when drinking was assessed.

SOURCE: Adapted by CESAR from McCarty, C.A., Ebel, B.E., Garrison, M.M., DiGiuseppe, D.L., Christakis, D.A., Rivara, F.P. "Continuity of Binge and Harmful Drinking from Late Adolescence to Early Adulthood," *Pediatrics* 114(3):714-719, 2004. For more information, contact Dr. Carolyn McCarty at cmccarty@u.washington.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

GAO Review Finds Adult Drug Courts Can Be Effective

Drug court programs allow eligible defendants to be diverted from traditional sentencing and participate in a program that involves intense judicial supervision, substance abuse treatment, and sanctions for drug use. As of September 2004 there were approximately 1,040 adult drug court programs operating or being planned nationwide. The federal Government Accountability Office (GAO) recently conducted a review of empirical evaluations of adult drug court programs.* Following are highlights from the review.

- **Drug courts reduce recidivism.** Drug court program participants were less likely than nonparticipants to be rearrested or reconvicted. However, the effects of drug court components (e.g. the judge's behavior, the amount of treatment received, sanctions) on recidivism was infrequently evaluated.
- **Evidence of reductions in substance use is promising but limited.** Only eight drug court programs included in this review were evaluated for their effectiveness in reducing substance use. Drug test results generally showed significant reductions in use.
- **Drug courts are cost effective.** While drug court programs are typically more expensive than conventional case processing, the reduced costs of crime associated with recidivism yielded net monetary benefits. Additionally, these benefits may underestimate drug court programs' true benefits because the evaluations did not include indirect benefits, such as reduced medical costs of treated participants.

The report concludes that "[P]ositive findings from relatively rigorous evaluations . . . indicate that drug court programs can be an effective means to deal with some offenders. These programs appear to provide an opportunity for some individuals to take advantage of a structured program to help them reduce their criminal involvement and their substance abuse problems, as well as potentially provide a benefit to society in general" (p. 7).

*The GAO reviewed the results of 27 evaluations of 39 different adult drug court programs published between May 1997 and January 2004 that reported recidivism, substance use relapse, or program completion outcomes and met additional criteria for methodological soundness.

SOURCE: Adapted by CESAR from U. S. Government Accountability Office, *Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes*, February 2005. Available online at http://www.gao.gov/new.items/d05219.pdf.

National Drug Court Month—May 2005

National Drug Court Month, sponsored by The National Association of Drug Court Professionals (NADCP) and the Congress of State Drug Court Associations (CSDCA), provides drug court practitioners an opportunity to increase awareness of drug courts and their mission at the federal, state, and local levels. Information about the May 2005 National Drug Court Month, is available online at www.nadcp.org.

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CESAR FAX

May 23, 2005
Vol. 14, Issue 21

A Weekly FAX from the Center for Substance Abuse Research

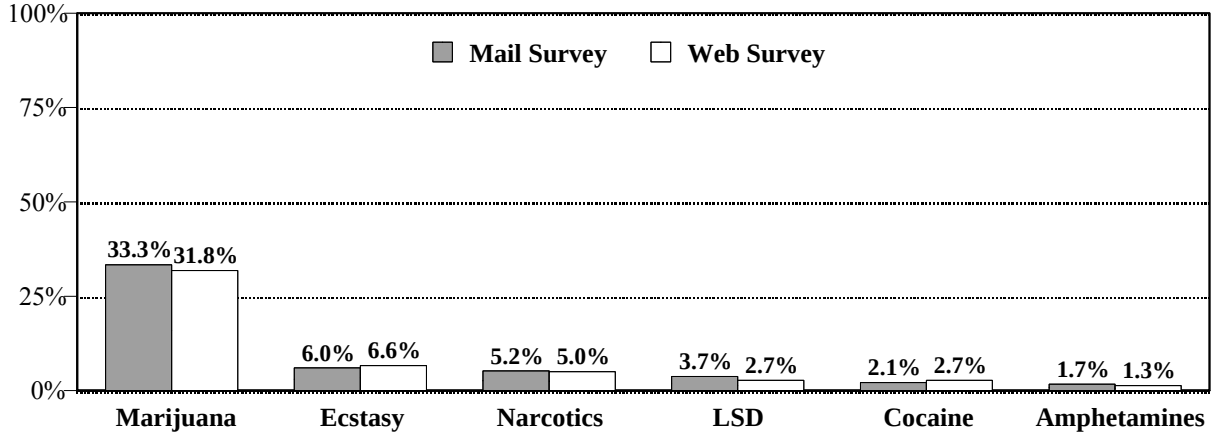
University of Maryland, College Park

Study Finds Web Surveys May Be as Reliable as Mail Surveys in Estimating Drug Use Among Undergraduate Students

Prevalence estimates of illicit drug use do not differ significantly between mail and web surveys, according to a study of undergraduate students attending a large Midwestern public university in the spring of 2001. A random sample of 7,000 students were randomly assigned to self-administer either a Web- or mail-based substance use survey. Both undergraduate men and women reported similar rates of past year substance use, regardless of survey mode (see figure below for results for men; women's results are not shown). Furthermore, the Web-based survey had a higher response rate (63%) than the mail-based survey (40%).* The author concludes that while "future research is needed to learn how to optimize Web-based modes of data collection, Web surveys have a great deal of promise for conducting large-scale studies because of potential cost savings" (p. 69).

Percentage of Undergraduate Men Reporting Past Year Substance Use, by Mail or Web Survey**

(n=1,497)



*The fact that the lower mail survey response rate did not result in lower estimates of drug use is notable because previous research has shown that surveys with lower response rates are likely to underestimate drug use.

**Other drugs asked about were other psychedelics and inhalants.

SOURCE: Adapted by CESAR from McCabe, S.E. "Comparison of Web and Mail Surveys in Collecting Illicit Drug Use Data: A Randomized Experiment," *Journal of Drug Education*, 34(1):61-72, 2004. For more information, contact Dr. Sean McCabe at plius@umich.edu.

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CESAR FAX

May 30, 2005
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A Weekly FAX from the Center for Substance Abuse Research

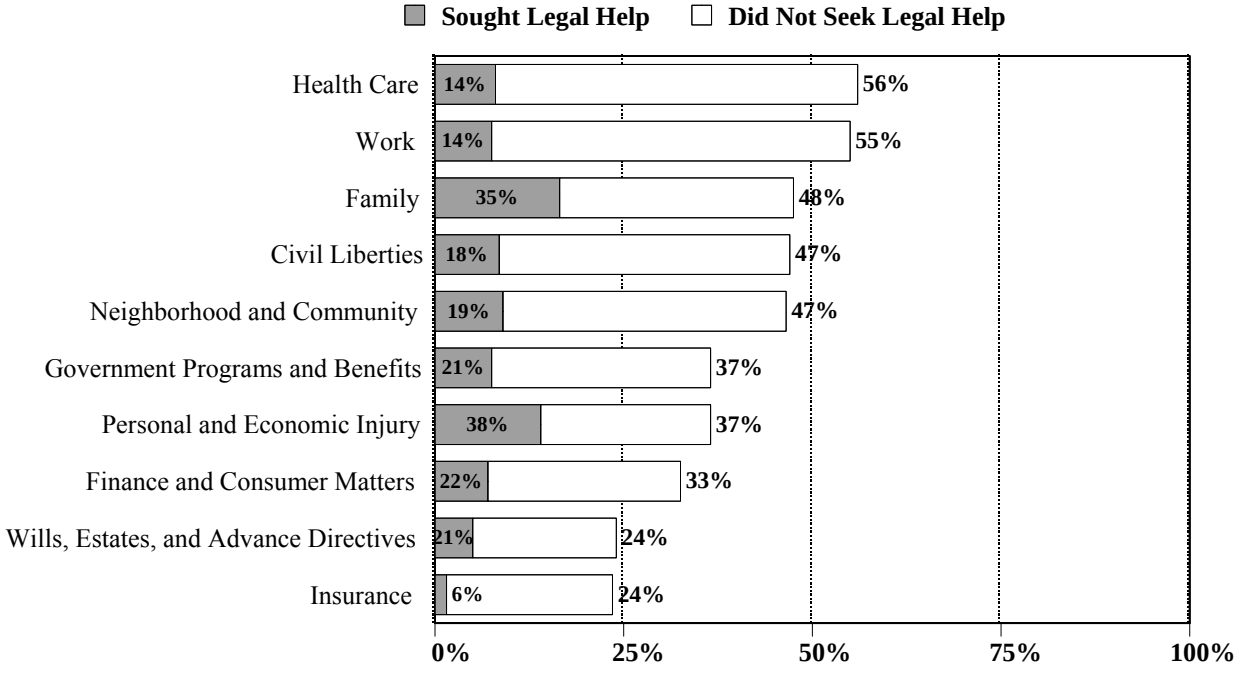
University of Maryland, College Park

Study Finds Unmet Needs for Civil Legal Help Among Baltimore City Treatment Clients

Baltimore City public treatment clients have unmet needs for civil legal help, according to a collaborative pilot study conducted by the University of Maryland School of Law and CESAR. The majority of the participants (98%) reported having one or more potential legal problems, yet relatively few sought legal help for their problems. For example, more than one-half reported a health care-related (56%) or work-related (55%) legal problem, yet only 14% also reported seeking legal help for the problem. The primary reasons cited for not seeking help were that they did not think the problem was a legal problem and/or they did not know who could help. The authors suggest that treatment programs can help clients identify and remedy civil legal problems by "providing education about legal issues that commonly confront persons in treatment and identifying existing legal and non-legal resources that are available on specific topics" (p. 211).

Top Ten Potential Legal Problems* Reported by Baltimore City Public Treatment Clients, by Whether or Not Legal Help for the Reported Problem Was Sought

(N=200)



*Other types of legal problems asked about were property rental; family education; transportation; personal education; home ownership; and veterans and military service.

SOURCE: Adapted by CESAR from Weber E., Grunberger R.C., O'Grady, K.E., Arria, A.M. "Civil Legal Needs of Individuals in Drug Treatment," *Journal of Substance Abuse Treatment* 28(2):205-211, 2005. For more information, contact Ellen Weber at eweber@law.umaryland.edu.

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CESAR FAX

June 6, 2005
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A Weekly FAX from the Center for Substance Abuse Research

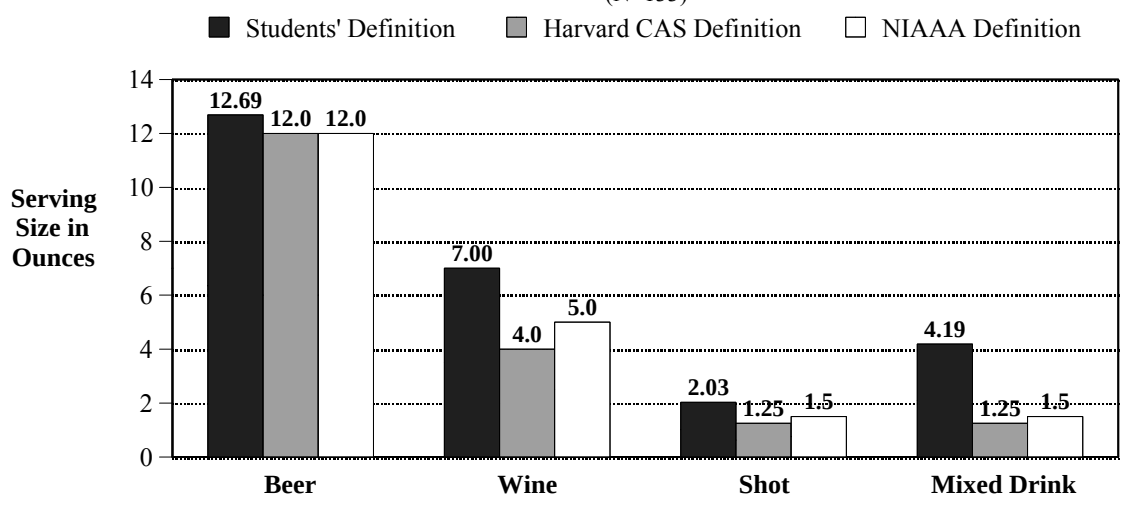
University of Maryland, College Park

College Students Overestimate Standard Wine and Liquor Drink Volumes; May Impact Their Reported Alcohol Use

College students overestimate how many ounces constitute standard servings of wine and liquor, according to a study of undergraduate students at a private university in the southern United States. When asked how many ounces they thought constituted a single serving of beer, wine, or liquor in a shot or mixed drink, students defined wine and liquor more liberally than standard definitions commonly used by researchers and government agencies.* For example, the students' average definition of the amount of liquor in a mixed drink was more than twice the standard definitions (see figure below). Furthermore, students asked to free-pour an average drink consistently poured drinks larger than the standard definitions (data not shown). According to the authors, these findings suggest that students who ignore the definition of a standard drink provided on alcohol surveys may be underreporting their drinking habits. In addition, students' liberal definitions of drinks puts them at risk for hazardous drinking. For example, a male college student who is taught that binge drinking is five drinks will go well beyond the five-drink threshold by using his definition of a standard drink. The authors suggest that "alcohol education initiatives should include a component that addresses the issue of standard drink sizes" (p. 636).

Undergraduate College Students', Harvard CAS, and NIAAA Definitions of Single Servings of Alcohol, 2003

(N=133)



*The serving size definitions used by the Harvard College Alcohol Study (CAS) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) were used as standard definitions.

SOURCE: Adapted by CESAR from White A.M., Kraus, C.L., Flom, J.D., Kestenbaum, L.A., Mitchell, J.R., Shah, K., Swartzwelder, H.S. "College Students Lack Knowledge of Standard Drink Volumes: Implications for Definitions of Risky Drinking Based on Survey Data," *Alcoholism and Clinical Experimental Research* 29(4):631-638, 2005.

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CESAR FAX

June 13, 2005
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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Drug Abuse Warning Network (DAWN) Implements New System; 2003 Data Onward Not Comparable to Previous Years

Since 1972, the Drug Abuse Warning Network (DAWN) has been collecting data on hospital emergency department (ED) visits and drug-related deaths reviewed by medical examiners and coroners across the United States. In response to a two-year evaluation of design alternatives, a new system for DAWN data collection and reporting was implemented in January 2003. The first reports from this new data, describing national estimates of drug-related ED visits and mortality for 2003, were recently released.* Because of the magnitude of the changes made to the DAWN system, data and estimates for 2003 are not comparable to those for previous years. Following is a summary of some of the changes to the DAWN ED surveillance system:

- Data on *any* ED visit related to current or recent drug use are now collected and assigned to one of eight different case types (suicide attempt, seeking detoxification, underage alcohol only, adverse reaction, overmedication, malicious poisoning, accidental ingestion, and all other drug-related visits). Under the old DAWN data collection, only data on drug *abuse* related visits, defined as the use of a drug for the purpose of attempting suicide, dependence, or to achieve psychic effects, were collected.
- Data are now drawn from a retrospective review of ED medical charts for every patient treated, as compared to the old manner in which medical logs and billing codes were scanned for patients who were "likely" DAWN cases. It is estimated that 30% or more of cases were missed through the old process.[1]
- Only drugs related to the ED visit are recorded. Previously any drug use reported by the patient, regardless of its relation to the ED visit, was recorded. In addition, the maximum number of drugs recorded has increased from four to six drugs (plus alcohol).
- Data on the patient's health, expanded disposition information, and whether the specific drug was confirmed by toxicology are now recorded in the new DAWN.
- Data under the new DAWN are now submitted electronically via a system that has built-in edits, provides immediate feedback about errors, and contains intelligent prompts. The new electronic system not only will reduce error but will also provide participating hospitals with real-time access to their own DAWN data.
- A new national sample of hospitals, with oversampling in selected metropolitan areas, is being implemented. The new sample will represent the complete U.S. and the metropolitan boundaries have been updated to those based on the 2000 census. (In old DAWN, metropolitan boundaries were based on the 1980 census and the sample represented only the coterminous U.S.) The transition to the new sample began in 2003 and is ongoing.

*The 2003 DAWN ED estimates are based on data for the third and fourth quarters (July-December) of 2003.

[1]Adapted by CESAR from Ball, J. K. "Update on DAWN," In: *Epidemiologic Trends in Drug Abuse, Volume II, Proceedings of the Community Epidemiology Work Group, December 2003,* 2004.

SOURCE: Adapted by CESAR from Office of Applied Studies, Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network, 2003: Interim National Estimates of Drug-Related Emergency Department Visits*, 2004. Available online at http://dawninfo.samhsa.gov/files/DAWN_ED_Interim2003.pdf.

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CESAR FAX

June 20, 2005
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A Weekly FAX from the Center for Substance Abuse Research

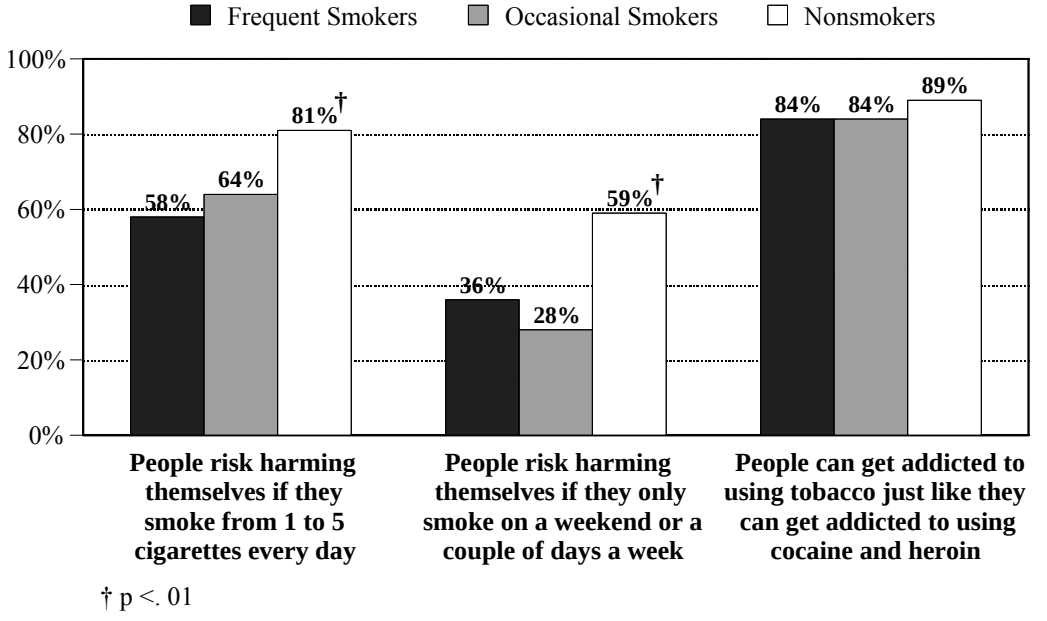
University of Maryland, College Park

College Students Who Smoke Less Likely Than Nonsmokers to Perceive Health Consequences of Smoking

College students who smoke are less likely than non-smokers to perceive short-term risks of smoking, according to a survey of freshmen at two U.S. public colleges.* Regardless of smoking status, all students agreed that people can get addicted to nicotine. However, frequent and occasional smokers were significantly less likely than nonsmokers to believe that there is a risk of harm from smoking 1 to 5 cigarettes a day or from smoking on the weekend or a couple of days a week (see figure below). The authors speculate that "college students may not perceive much harm in smoking, especially because many express the view that they will be able to stop smoking at some future time" (p. 374). They suggest that "[f]or young adult smokers, antitobacco messages need to communicate more effectively the concept that each cigarette smoked is doing them damage" (p. 374).

Perceived Risks of Smoking Among Freshmen College Students,* by Smoking Status, 2001

(N=1,020)



† p <. 01

*The survey was conducted with a convenience sample of 1,020 college students 18 to 24 years old from two (Buffalo, NY, and Atlanta, GA) public four-year arts and sciences colleges.

NOTES: Frequent smokers had smoked cigarettes on 20 or more days out of the past 30 days. Occasional smokers had smoked cigarettes on 1 to 19 of the past 30 days. Nonsmokers had not smoked a cigarette in the past 30 days.

SOURCE: Adapted by CESAR from Murphy-Hoefer R., Alde, S., and Higbee C. "Perceptions About Cigarette Smoking and Risks Among College Students," *Nicotine & Tobacco Research* 6(S3):S371-S374, 2004.

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CESAR FAX

June 27, 2005
Vol. 14, Issue 26

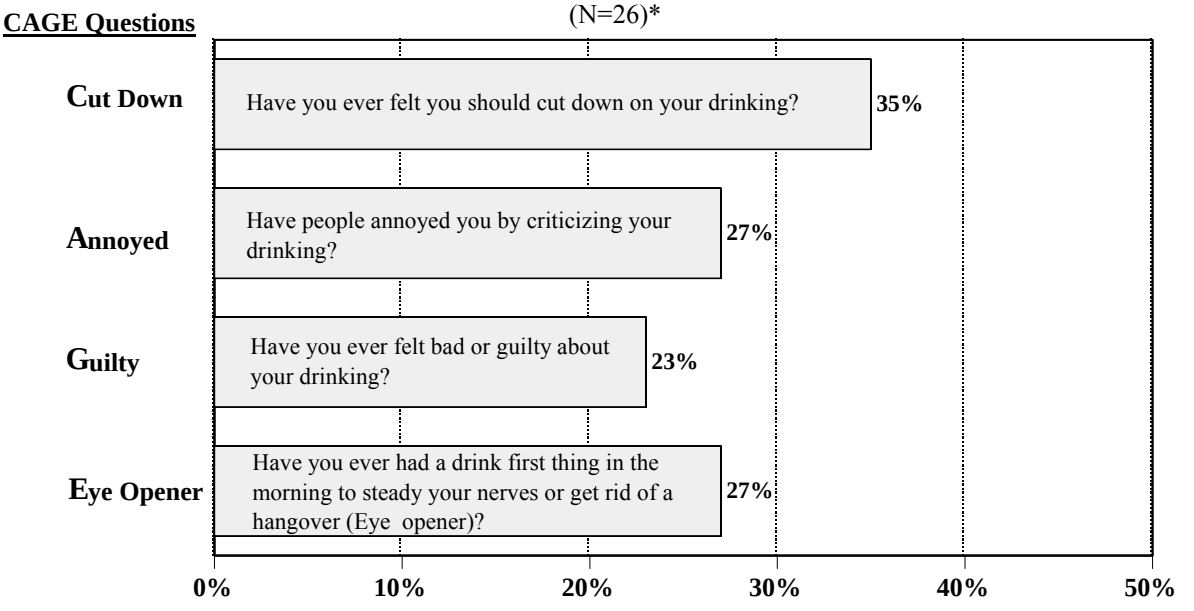
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Widely Used Alcohol Screening Instruments Confusing to Deaf Persons

Deaf persons have difficulty understanding questions on traditional alcohol screening instruments, according to a recent Texas study. Deaf persons recruited from San Antonio and Austin were asked to read the CAGE and the Alcohol Use Disorders Identification Test (AUDIT), two instruments widely used to screen for alcohol problems. Deaf individuals reported difficulty understanding not only individual words and phrases in both instruments, but also entire questions—even after being shown corresponding American Sign Language (ASL) signs for words or phrases within the question. This difficulty occurred, in part, because of reading-level limitations and because certain phrases or words do not exist in ASL. For example, more than one-third did not understand the first CAGE question, "Have you ever felt you should cut down on your drinking?" Similar results were found for the AUDIT instrument (data not shown). The authors suggest that a "new alcohol and other drug screening tool should be created for Deaf populations, taking into account linguistic and cultural considerations" (p. 77).

Percentage of Deaf Participants Who Reported They Did Not Understand CAGE Questions, Even When Given Signs for Words or Phrases



*Participants were recruited using internet announcements, flyers, word of mouth, and referrals from agencies that serve the Deaf. It was difficult to gather a large Deaf sample, because they are 1) a relatively small percent of the population and 2) are reluctant to discuss alcohol and other drug issues with outsiders. *Editor's Note: While we would not normally highlight a study with such a small sample size, we felt that the unique subject matter of this research outweighed the limitations of the small sample size.*

SOURCE: Adapted by CESAR from Alexander T, DiNitto D, Tidblom I. "Screening for Alcohol and Other Drug Use Problems Among the Deaf," *Alcoholism Treatment Quarterly* 23(1):63-78, 2005. For more information, contact Tara Alexander at alext@lake.ollusa.edu

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CESAR FAX

July 4, 2005
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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Anesthesiologists' High Rate of Opiate Abuse and Dependence May Be Related to Passive Exposure in the Operating Room

Occupational exposure to harmful substances is very common but rarely studied among health professionals. In the operating room, second-hand exposure to nitrous oxide was identified in the 1950s and monitors were ultimately installed to reduce exposure. Intravenously administered agents, which were presumed to not enter the operating room environment, were subsequently introduced. However, recent research by Mark Gold, M.D., and colleagues at the McKnight Brain Institute at the University of Florida suggests that the aerosolization of intravenously administered anesthetics (such as propofol) and analgesics (such as fentanyl) may be an unintended source of passive opiate exposure in the operating room.[1,2]

According to Dr. Gold and colleagues, anesthesiologists are significantly overrepresented among Florida physicians with substance use disorders (SUDs). In 2003, 5.6% of licensed Florida physicians were anesthesiologists, yet they represented 23% of physicians who were followed for SUDs.[1,2] Opiate abuse, in particular, is a significant problem among anesthesiologists. For example, 94% of the physicians who abused or were dependent on the synthetic narcotic fentanyl were anesthesiologists or surgeons.[3] While increased access to opiates is one possible explanation for increased opiate abuse among anesthesiologists, other medical specialists with similar access to opiates do not show the rates of abuse and dependence seen in anesthesiologists.[2] An alternative explanation, proposed by Dr. Gold, is that anesthesiologists become sensitized to opiates through repeated second-hand exposure in the operating room.[2,4] Sensitization makes brain pathways become more responsive to a drug of abuse and thus makes opiate experimentation more likely, compelling, and lethal.[1,4] Dr. Gold notes that "sensitization through exposure has explained other clusters of environmental addiction findings; alcoholism among house painters and smoking in offspring of smokers."[5]

To test his hypothesis and to identify potential for exposure, Dr. Gold collaborated with the University of Florida's nanotechnology group to develop mass spectrometry assays to detect the presence of low levels of fentanyl and propofol in the air.[2] Despite the fact that they are administered intravenously, these potent drugs were present not only above the patient's mouth, but throughout the operating room.[1,3,4] Thus, anesthesiologists and other operating room personnel may be at risk for passive opiate exposure, especially during long procedures where high doses are used, such as open heart surgery.[3] Further studies of the air in the intensive care units, emergency rooms, and operating rooms are needed to determine the extent of potential exposure. Whether airborne fentanyl can be measured in the blood of anesthesiologists and change the anesthesiologist's brain during surgery is currently under study.[1,3] The researchers caution that while these data are preliminary, anesthesiologists are wise to limit the potential for second-hand exposure to fentanyl. They should take breaks, change masks frequently, and open and discard fentanyl vials under a hood.[1,3] In addition, a new look is warranted at operating room air handling systems, which do not appear to have kept pace with the evolution of analgesics.

SOURCE: A complete list of sources is available online [http://www.cesar.umd.edu/cesar/cesarfax/vol14/14-27.pdf]. For more information, contact Dr. Gold at msgold@psychiatry.ufl.edu.

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CESAR FAX

July 11, 2005
Vol. 14, Issue 28

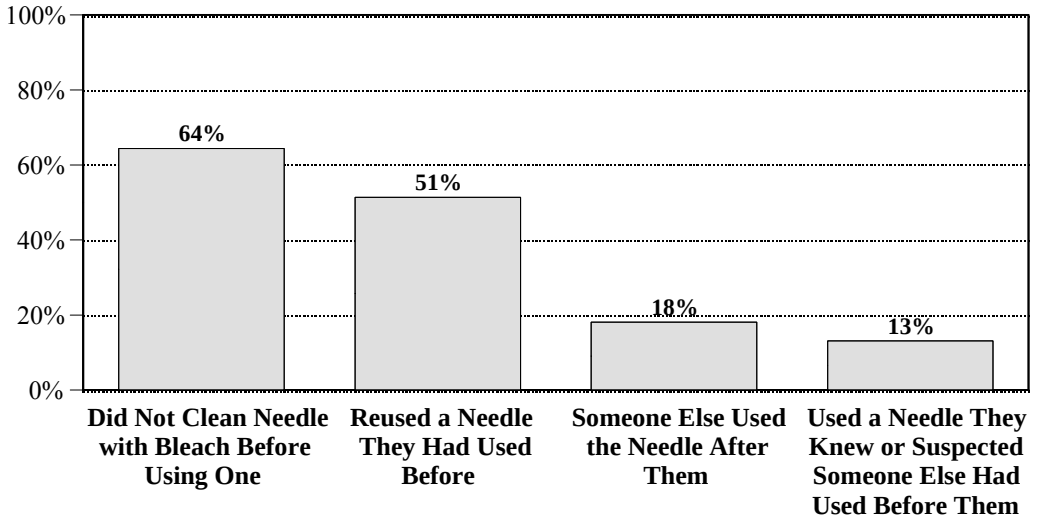
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Risky Needle Practices Among Injection Drug Users in U.S.

An estimated 354,000 U.S. residents aged 12 or older had used a needle to inject heroin, cocaine, methamphetamine, or other stimulants during the past year, according to data from the 2002 and 2003 National Survey on Drug Use and Health. Many of these injection drug users reported engaging in unsafe needle practices the last time they injected drugs. Nearly two-thirds (64%) reported that they did not clean their needle with bleach and one-half (51%) reused a needle they had used before. More than one in ten (13%) reported using a needle they know or suspected someone else had used before them and 18% reported that someone else used their needle after them. Research has shown a strong association between injection drug use and the transmission of blood-borne infections (e.g. HIV, hepatitis B, and hepatitis C), particularly when needles are reused or shared, and injection drug users have high rates of such infections (see *CESAR FAX*, Volume 8, Issue 24).

Percentage of Past Year Injection Drug Users Who Reported Engaging in Risk Behaviors the Last Time They Used a Needle to Inject Drugs, 2002 and 2003



SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, "Injection Drug Use Update: 2002 and 2003," *The NSDUH Report*, April 8, 2005. Available online at http://oas.samhsa.gov/2k5/ivdrug/ivdrug.cfm.

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CESAR FAX

July 18, 2005
Vol. 14, Issue 29

A Weekly FAX from the Center for Substance Abuse Research

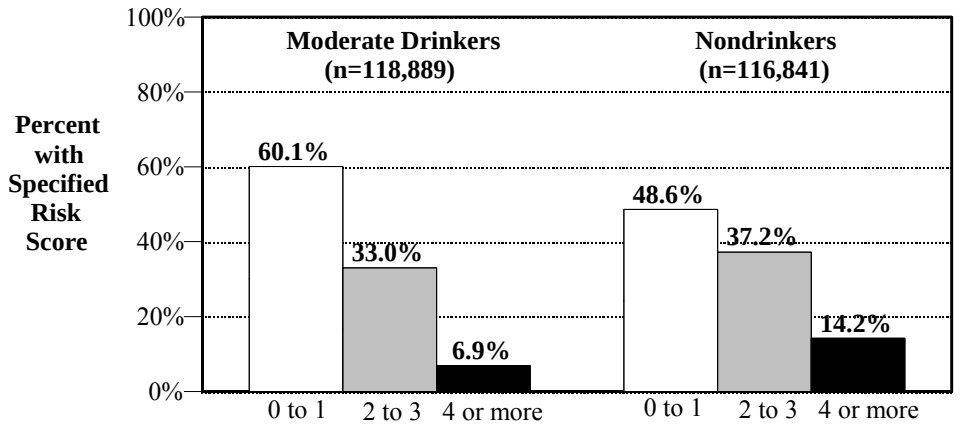
University of Maryland, College Park

Apparent Cardiovascular Benefits of Moderate Drinking May Be Related to Lower Cardiovascular Risk Factors, Not Alcohol Consumption

Prior research has indicated that moderate drinking may have protective effects on cardiovascular health. However, a new analysis of data from the 2003 Behavioral Risk Factor Surveillance System suggests that the reason moderate drinkers have better cardiovascular health than nondrinkers is because they have fewer risk factors for cardiovascular disease (CVD).* Self-reported CVD risk factors, such as current smoking, obesity, and physical inactivity, were used to calculate a CVD risk score.** About sixty percent of moderate drinkers had a CVD risk score of 0 or 1, compared to 48.6% of nondrinkers. The authors conclude that "it appears that moderate drinkers have many social and lifestyle characteristics that favor their survival over non-drinkers, and few (if any) of these differences are likely due to alcohol consumption itself" (p. 370). They suggest that "nonrandomized studies about the health effects of moderate drinking should be interpreted with caution, particularly since excessive alcohol consumption is a leading health hazard in the United States" (p. 369).

Moderate Drinkers Have Lower CVD Risk Score than Nondrinkers

(U.S. Adults, 2003)



*Nondrinkers were defined as those who did not drink alcohol during the past 30 days. Moderate drinkers were defined as those who drank an average of no more than two drinks (male) or one drink (female) per day.

**CVD Risk Score was calculated by summing the following seven risk factors (each factor was worth 1 point): age (≥45 for men; ≥55 for women); smoking; obesity (body mass index ≥30); diabetes; physical inactivity; hypertension; and high cholesterol.

SOURCE: Adapted by CESAR from Naimi TS, Brown DW, Brewer RD, Giles WH, Mensah G, Serdula MK, Mokdad AH, Hungerford DW, Lando J, Naimi S, Stroup DF. "Cardiovascular Risk Factors and Confounders Among Nondrinking and Moderate-Drinking U.S. Adults," *American Journal of Preventive Medicine* 28(4):369-373, 2005. For more information, contact Dr. Timothy Naimi at tbn7@cdc.gov.

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CESAR FAX

July 25, 2005
Vol. 14, Issue 30

A Weekly FAX from the Center for Substance Abuse Research

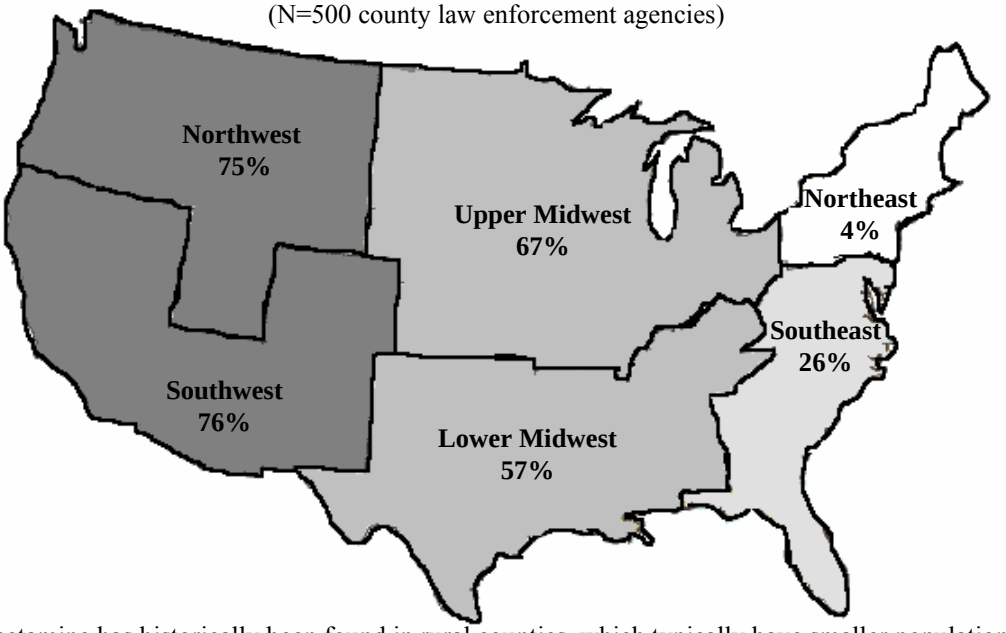
University of Maryland, College Park

Methamphetamine Named Top Problem by Majority of County Law Enforcement Agencies in Western U.S.; Will the East Follow?

More than one-half of 500 county law enforcement agencies in the U.S. report that methamphetamine is their primary drug problem, according to a recent survey conducted by the National Association of Counties.* Three-fourths of law enforcement agencies in the Northwest and Southwest part of the country reported that, based on drug-related arrests in the last year, methamphetamine was the biggest problem in their county. More than one-half of responding agencies in the Upper Midwest (67%) and Lower Midwest (57%) reported the same. In contrast, around one-fourth of agencies in the Southeast and only 4% of those in the Northeast reported methamphetamine as their number one drug problem. While these findings support previous research indicating that the West and Midwest have been hit hardest by methamphetamine use (see *CESAR FAX*, Volume 14, Issue 12), they also suggest that the Eastern U.S. should be vigilant for any increase in methamphetamine-related problems.

Percentage of County Law Enforcement Agencies Reporting That Methamphetamine Is the Biggest Problem in Their County, by Region, 2005

(N=500 county law enforcement agencies)



NOTE: Methamphetamine has historically been found in rural counties, which typically have smaller populations. More than three-fourths (81.6%) of the county law enforcement agencies responding to this survey were from counties with a population of less than 50,000. (In comparison, 70.1% of all counties in the U.S. have a population of less than 50,000.) Thus, the counties reporting a methamphetamine problem may actually represent a relatively small percentage of the U.S. population.

*Surveys were conducted by Research, Inc., of Washington, D.C., with 500 county law enforcement agencies from 45 states (Connecticut, Delaware, Hawaii, Massachusetts, and Rhode Island did not respond to the survey).

SOURCE: Adapted by CESAR from National Association of Counties, *The Meth Epidemic in America: Two Surveys of U.S. Counties*, 2005. Available online at http://www.naco.org.

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CESAR FAX

August 1, 2005
Vol. 14, Issue 31 (Rev.)

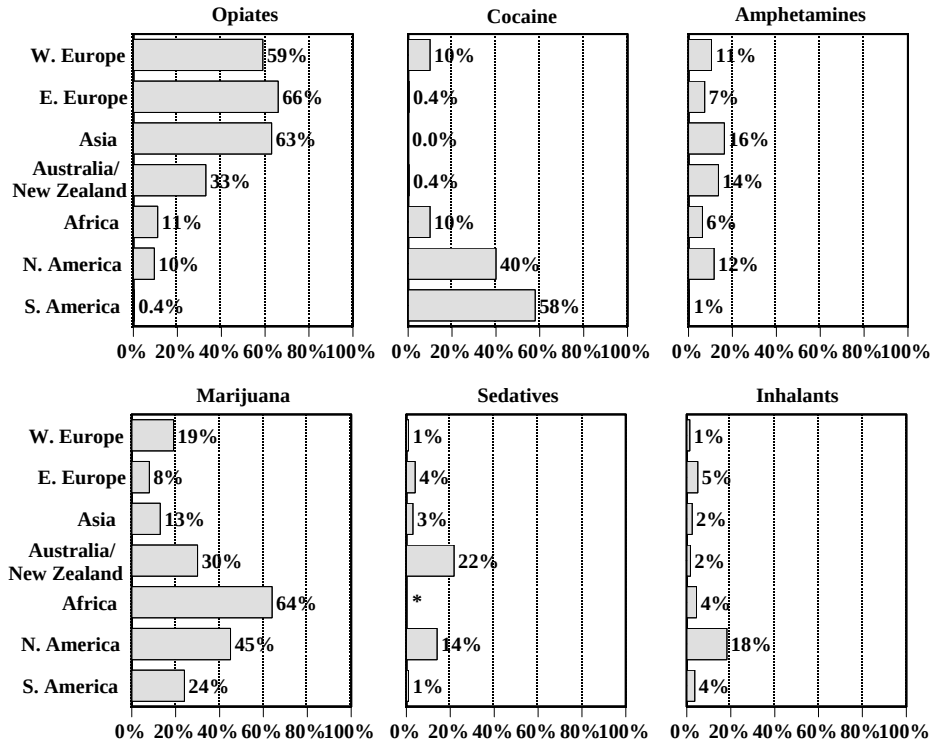
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

UN Report Illustrates Global Differences in Drug Abuse

The primary drug of abuse among treatment clients varies widely across continents, according to the *2005 World Drug Report* from the United Nations. Opiates were most likely to be a problem in European and Asian countries, while cocaine was most likely to be reported as a drug of abuse in North and South America. Marijuana treatment admissions were most common in Africa and North America. Treatment admissions for sedative use were highest in Australia and New Zealand, while North America had the highest percentage of inhalant treatment admissions. The report is available online at http://www.unodc.org/unodc/world_drug_report.html.

Percentage of Treatment Clients Reporting Specified Drugs as Drugs of Abuse, by Region



*Treatment admissions for sedatives were not reported for Africa.

NOTES: Treatment admissions are from 2003 or the latest year available. Treatment definitions differ from country to country. Regional estimates are unweighted averages from individual countries. Persons may be treated for more than one drug. Not all drugs for which treatment was sought are listed.

SOURCE: Adapted by CESAR from United Nations Office on Drugs and Crime, *2005 World Drug Report*, Volume 1: Analysis, 2005.

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CESAR FAX

August 8, 2005
Vol. 14, Issue 32

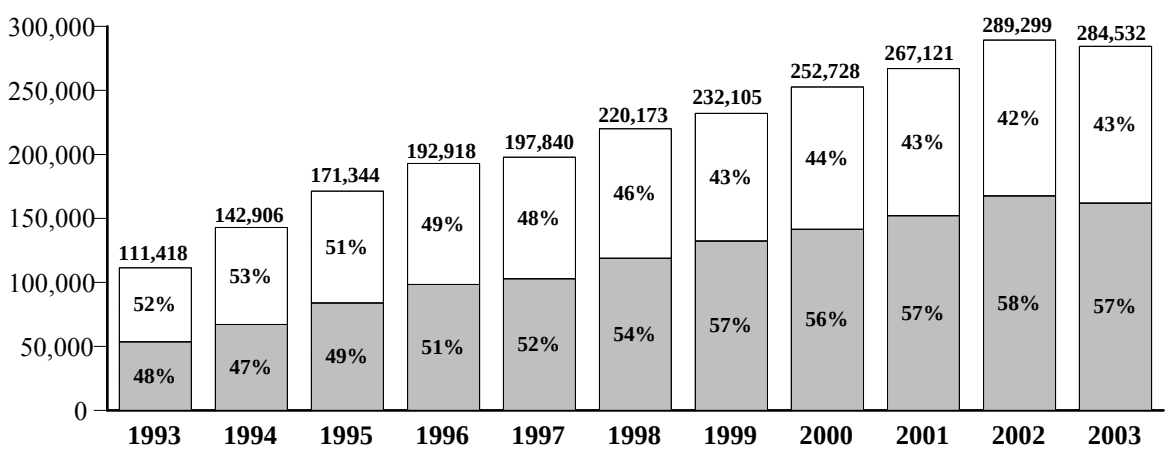
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Increase in National Marijuana Treatment Admissions Driven by Increase in Criminal Justice Referrals

The number of treatment admissions reporting marijuana as a primary substance of abuse more than doubled from 1993 to 2003, according to data from the national Treatment Episode Data Set (TEDS). There were 284,532 treatment admissions for marijuana use in 2003 (comprising 16% of all admissions), compared to 111,418 in 1993 (7% of all admissions). However, this increase was largely driven by an increase in admissions that were referred by the criminal justice system—from 48% in 1993 to 57% in 2003. Thus, the increase in marijuana treatment admissions may reflect changes in law enforcement and sentencing practices as well as actual changes in marijuana use and dependence.

Number of Marijuana Treatment Admissions and Percentage that Were Criminal Justice Referrals, 1993-2003



*The category "Other Referrals" includes referrals from individuals (including self-referrals), substance abuse providers, other health care providers, schools, employers, and other community sources.

NOTE: TEDS provides information on the demographic and substance abuse characteristics of admissions to treatment for abuse of alcohol and drugs in facilities that report to individual State administrative databases.

SOURCES: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), *Treatment Episode Data Set (TEDS) Highlights—2003*, 2005. Available online at http://oas.samhsa.gov/dasis.htm#teds2.

Substance Abuse and Mental Health Data Archive, online analysis of the concatenated 1992-2002 TEDS data set, conducted 8/2/2005. The SAMHDA is available online at http://www.icpsr.umich.edu/SAMHDA.

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CESAR FAX

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Vol. 14, Issue 33

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Leading Doctors, Scientists, and Researchers Request that Media and Policymakers Stop Perpetuating "Meth Baby" Myths

On July 27, 2005, more than 90 leading medical doctors, scientists, psychological researchers, and treatment specialists released an open letter requesting that "policies addressing prenatal exposure to methamphetamines and media coverage of this issue be based on science, not presumption or prejudice." Following are some of the highlights of the letter.

- The terms "ice babies" and "meth babies" lack medical and scientific validity and should not be used.
- "Although research on the medical and developmental effects of prenatal methamphetamine exposure is still in its early stages, our experience with almost 20 years of research on the chemically related drug, cocaine, has not identified a recognizable condition, syndrome or disorder that should be termed 'crack baby' nor found the degree of harm reported in the media and then used to justify numerous punitive legislative proposals."
- Previous research with similar labels applied to children exposed parentally to cocaine have found that these labels "harm the children to which they are applied, lowering expectations for their academic and life achievements, discouraging investigation into other causes for physical and social problems the child might encounter, and leading to policies that ignore factors, including poverty, that may play a much more significant role in their lives."
- There is no such thing as a "meth-addicted baby." Addiction is defined as "compulsive behavior that continues in spite of adverse consequences." Thus, by definition, babies cannot be "addicted" to methamphetamines or anything else.
- While physiologic dependence (not addiction) has been documented among infants exposed in utero to opiates, no such dependence symptoms have been found following prenatal cocaine or methamphetamine exposure.
- Media and policymakers too often "rely on people who lack any scientific experience or expertise for their information about the effects of prenatal exposure to methamphetamine and about the efficacy of treatment."

A copy of the letter, including a listing of the professionals signing the letter, is available online at http://www.jointogether.org/sa/files/pdf/Meth_Letter.pdf. For more information, contact Dr. David C. Lewis at 401-444-1818 or David_Lewis@brown.edu.

SOURCE: Adapted by CESAR from Join Together, "Open Letter," July 27, 2005. Available online (http://www.jointogether.org/sa/files/pdf/Meth_Letter.pdf). Accessed 8/10/05.

Compilation of CESAR Methamphetamine Publications Now Available

A compilation of selected CESAR methamphetamine publications from 1996 to 2005 is available on our website at http://www.cesar.umd.edu. The packet can also be emailed to you by contacting CESAR at cesar@cesar.umd.edu.

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CESAR FAX

August 22, 2005
Vol. 14, Issue 34

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Prescription Stimulants: The "New Caffeine" for Enhancing College Students' Academic Performance?

CESAR staff monitor a variety of indicators of drug use and abuse in Maryland. However, none of these indicators track drug trends among college students. To fill this gap, CESAR staff designed a qualitative survey that would provide information about drug trends in the local student population. A consistent panel of 26 student reporters completes a periodic Student Drug Research (SDR) survey about their perceptions and observations of drug availability, drug trends, and emerging drugs around campus. The first two surveys, conducted in March and April of 2005, focused on the misuse of prescription stimulants, which is believed to be a growing problem among college students. Following are some of the findings from these surveys, which were recently released in a July 2005 *DEWS Investigates* report.

- Adderall®, a prescription stimulant used to treat attention-deficit hyperactivity disorder (ADHD), was thought to be misused more often than other prescription stimulants because it was prescribed more often and was easily accessible around campus. One student reported that "everybody has a friend that is prescribed Adderall at this point." Other reasons cited were that Adderall had a better reputation among students, caused fewer emotional ups and downs, and was believed to work better overall.
- The most common reason cited for misusing prescription stimulants was to enhance academic performance when studying and taking exams. Several reporters noted that prescription stimulant use goes up during finals. According to one student, "Almost any student I talk [to] has used or is using Adderall to help them study." Another student noted that "many questions have been raised on whether or not it's actually cheating and a form of academic dishonesty."
- Using prescription stimulants to study was generally considered less harmful and more socially acceptable than using them to party or mix with alcohol or other drugs. In fact, one student referred to these drugs as the "new caffeine."

The SDR surveys provided extensive details about the misuse of prescription stimulants by college students at one university. These findings, combined with recent national research, suggest that the misuse of prescription stimulants by college students is a topic in need of attention. Student leaders, parents, researchers, and administrators should work together to identify, understand, and discuss the health and social consequences of this misuse, including the occasional use of these drugs to enhance academic performance. Reprints of the *DEWS Investigates* report, "New Student Drug Research (SDR) Survey Examines Prescription Stimulant Misuse Among College Students," are available by contacting CESAR at cesar@cesar.umd.edu. The report may also be downloaded from our website (http://www.cesar.umd.edu).

NOTE: Student reporters perceptions of drug use are not representative of the general student population. The SDR findings are obtained from a panel of students oversampled to include students familiar with drug use.

SOURCE: Maryland Drug Early Warning System (DEWS), Center for Substance Abuse Research (CESAR), "New Student Drug Research (SDR) Survey Examines Prescription Stimulant Misuse Among College Students," *DEWS Investigates*, July 2005. For more information, contact Dr. Eric Wish at ewish@cesar.umd.edu.

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CESAR FAX

August 29, 2005
Vol. 14, Issue 35

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

New CESAR Report on Multiple Drug Use Among Public School Students Finds No Evidence of "Heroin Only" or "Ecstasy Only" Users

In an effort to examine patterns of drug use among Maryland students and investigate ways to identify youth at risk for multiple drug use, CESAR staff analyzed data from the 2002 Maryland Adolescent Survey. A primary finding from the analysis was that students who had used less common drugs at least once in their lifetime—drugs other than alcohol, marijuana, and tobacco—were more likely to have used multiple drugs in their lifetime, the past year, and the past month. For example, the 71% of seniors who had ever used alcohol had used an average of 3.1 drugs (including alcohol) in their lifetime and 1.7 drugs in the past month. However, seniors who had ever used heroin (2% of seniors) had used an average of 9.8 drugs (including heroin) in their lifetime and 7.1 drugs in the past month. In fact, the prevalence of the use of a drug was almost perfectly negatively correlated (r = -.99) with the average number of drugs used in the past month, past year, and lifetime.

Lifetime Use of Drugs and Mean Number of Drugs Used in Lifetime and Past Month, Maryland 12th Grade Students, 2002

	Prevalence	Among Seniors Who Ever Used This Drug, Mean Number of Drugs . . .	
Drug	**Ever Used (%)**	**Ever Used**	**Used in Past Month**
Alcohol	71	3.1	1.7
Marijuana	44	4.2	2.3
Tobacco	41	4.2	2.3
Stimulant	13	6.2	3.5
Hallucinogens	12	7.0	4.3
Designer Drugs	10	7.2	4.2
Narcotics	9	7.5	4.6
Cocaine/Crack	7	8.2	5.2
Barbiturates and/or Tranquilizers	7	8.1	5.0
Inhalants	5	7.8	5.1
Methamphetamine	5	8.9	5.4
Heroin	2	9.8	7.1

These findings suggest that the "heroin only" or "ecstasy only" user is a rarity. Nearly all (99.5%) students who used the less common drugs had also used the common drugs. Parents and teachers should assume that youths found to be using any drug other than alcohol, tobacco, and/or marijuana are at high risk for multiple drug use, and should talk regularly with and monitor these youths for signs of other drug abuse. Treatment that focuses only on the particular drug that brought the youth to attention can miss other drug problems. Therefore, treatment efforts should focus on the entire person and his or her patterns of multiple drug use. Additional findings from this MAS analysis are available in the *DEWS Investigates* report, "Identifying Maryland Public School Students Who Have Tried Multiple Drugs," which is online at http://www.cesar.umd.edu.

SOURCE: Center for Substance Abuse Research, Maryland Drug Early Warning System. "Identifying Maryland Public School Students Who Have Tried Multiple Drugs," *DEWS Investigates*, June 2005. For more information, contact Dr. Eric Wish at ewish@cesar.umd.edu.

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CESAR FAX

September 5, 2005
Vol. 14, Issue 36

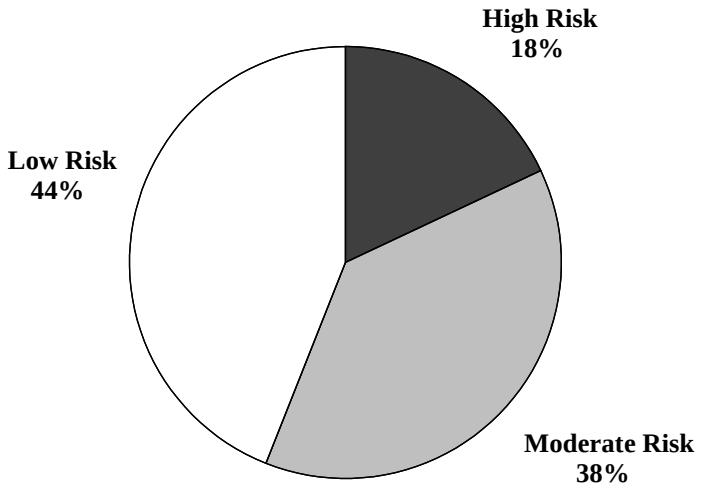
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

More Than Half of U.S. Youths at Moderate or High Risk for Substance Abuse

More than one-half of U.S. youths are at moderate or high risk for substance abuse, according to a recent household telephone survey of 1,000 youths ages 12 to 17. Eight indicators of alcohol, tobacco, and illicit drug use, access, and exposure were used to calculate a substance abuse risk score for each youth.* Eighteen percent of youths were found to be at high risk for substance abuse, 38% were at moderate risk, and 44% were at low risk. The study found that substance abuse risk increased with age, and that youths who frequently watched R-rated movies and those who reported that half or more of their friends were sexually active had higher risk scores. Conversely, youths who attended religious services, received A's and B's, had dinner with their family frequently, and confided in their parents had lower risk scores.

Substance Abuse Risk of U.S. Youths Ages 12 to 17, 2005
(N=1,000)



NOTES: The substance abuse risk scores were calculated from the results of a factor analysis of youths' responses to the following eight questions: 1) How often have you smoked cigarettes during the past 30 days; 2) How many of your friends drink alcoholic beverages?; 3) How often do you get drunk?; 4) How many of your friends use marijuana?; 5) Do you know a friend or classmate who uses acid, cocaine, or heroin?; 6) How long would it take you to buy marijuana?; 7) Have you ever tried marijuana?; and 8) How likely is it that you will try illegal drugs in the future?

SOURCE: Adapted by CESAR from the National Center on Addiction and Substance Abuse at Columbia University, *National Survey of American Attitudes on Substance Abuse X: Teens and Parents*, August 2005. Available online at http://www.casacolumbia.org/Absolutenm/articlefiles/Teen_Survey_Report_2005.pdf.

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CESAR FAX

September 12, 2005
Vol. 14, Issue 37 (Rev.)

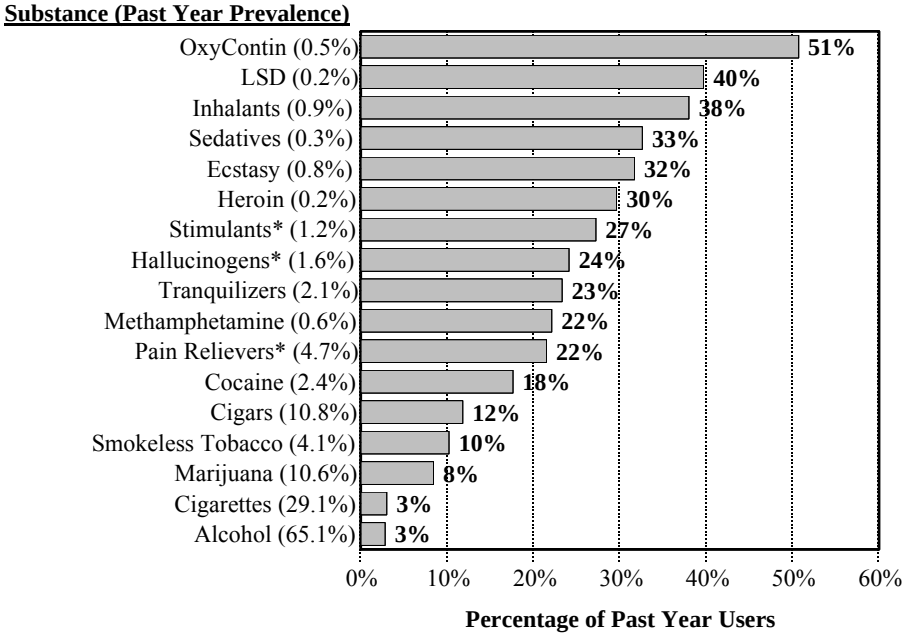
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

More than One-Third of Persons Who Used OxyContin®, LSD, and Inhalants in the Past Year Were First-Time Users

While less than one percent of persons had used OxyContin, LSD, or inhalants in the past year, more than one-third of these users were first-time users, according to data released last week from the 2004 National Survey on Drug Use and Health (NSDUH). More than 25% of persons who used sedatives, ecstasy, heroin, or stimulants in the past year had used the drug for the first time. As would be expected, first-time users comprised a very small percentage of the past year users of the most commonly used drugs, such as alcohol, tobacco, and marijuana. Although the estimated total number of users of many of these drugs is relatively small, a high rate of new use among past year users could precede a rise in use. According to the report, "Measures of initiation are often leading indicators of emerging patterns of substance use. They provide valuable information that can be used in the assessment of the effectiveness of current prevention programs and in determining where prevention efforts need to focus" (p. 45).

Percentage of Past Year Substance Users Who Were First-Time Users, U.S. Household Residents Age 12 or Older, 2004



*Some drugs occur in more than one category. The drug category "hallucinogens" includes LSD and ecstasy; "pain relievers" includes OxyContin; and "stimulants" includes methamphetamine.

NOTE: Beginning with the 2004 NSDUH, estimates for each year of substance use initiation are produced independently based on the data from the survey conducted that year, which should reduce recall bias. Previously, initiation estimates were based on questions about age and month at first use, which were subject to bias due to long recall periods.

SOURCE: Adapted by CESAR from the Substance Abuse and Mental Health Services Administration, *Results from the 2004 National Survey on Drug Use and Health: National Findings*, September 2005. Available online at http://oas.samhsa.gov/nsduh.htm#NSDUHinfo.

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CESAR FAX

September 19, 2005
Vol. 14, Issue 38

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

New CEWG Advance Report Released: Cocaine Most Widely Abused Illicit Stimulant; Methamphetamine Abuse Varies

The Community Epidemiology Work Group (CEWG) is a network of epidemiologists and researchers from 21 U.S. areas that meets twice a year to discuss current and emerging substance abuse problems. The 57th meeting, held in California this past January, focused on stimulant abuse, particularly of methamphetamine and cocaine. Following are highlights from the recently released advance report of the meeting proceedings.

- **Cocaine** continues to be the most widely abused illicit stimulant in CEWG areas. Indicators of cocaine abuse remain high in all CEWG areas except Honolulu and San Diego, where cocaine indicators are low but methamphetamine indicators remain at high levels.
- The extent of **methamphetamine** abuse varies greatly across CEWG areas. Methamphetamine abuse indicators continue to be high in Honolulu, San Diego, San Francisco, and Seattle. "Eastern CEWG areas other than Atlanta continue to report very low indicators of methamphetamine abuse, but some eastern area CEWG representatives reported recent increases in methamphetamine labs instate and, although the numbers remain small, increases were observed in methamphetamine treatment admissions in some CEWG metropolitan and outlying nonmetropolitan areas" (p. 6).
- While **methamphetamine** continues to be more prevalent in rural areas, there are clear indications of the availability and abuse of methamphetamine in some suburban and urban areas as well. In Atlanta, "methamphetamine is an increasing threat in the suburban areas because of the drug's low price and ease of availability; as a consequence, it is replacing some traditional drugs as a less expensive, more potent alternative" (p. 15).
- **Methamphetamine** use among gay males was reported in several CEWG areas, including New York; Philadelphia; Washington, D.C.; and Miami, "raising concern that the combination of methamphetamine use and associated sexual behaviors may increase risk for HIV transmission" (p. 16).

SOURCE: Adapted by CESAR from National Institute on Drug Abuse, Community Epidemiology Work Group, *Epidemiologic Trends in Drug Abuse, Advance Report and Highlights/Executive Summary: Abuse of Stimulants and Other Drugs*, 2005. Available online at http://www.drugabuse.gov/PDF/CEWG/AdvReport_Vol1_105.pdf.

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CESAR FAX

September 26, 2005
Vol. 14, Issue 39

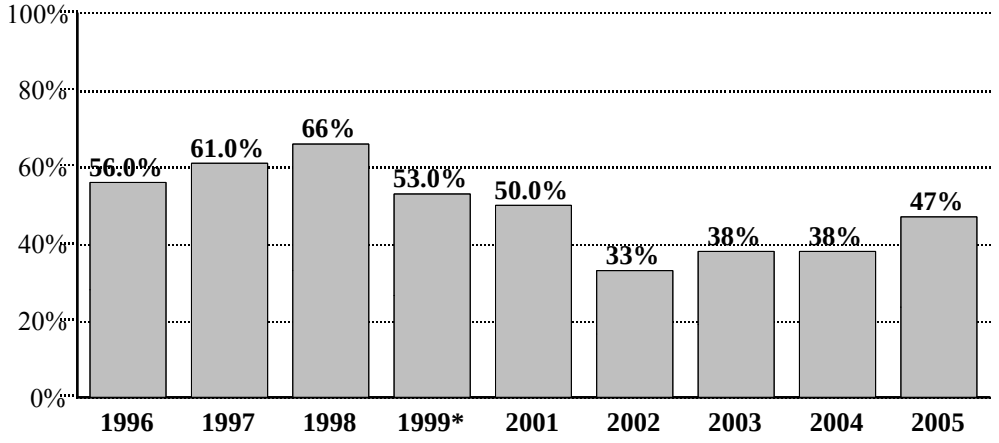
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Percentage of Youths Who Report That Drugs Are Used, Kept, or Sold in Their Schools Increased in Recent Years

The percentage of youths who report that drugs are used, kept, or sold in their schools has increased dramatically in recent years, according to a telephone survey of U.S. youths ages 12 to 17. Nearly one-half (47%) of youths reported that there were drugs in their school in 2005, compared to 33% in 2002. However, these percentages remain well below those of the late 1990s, when between 53% and 66% of youths reported that there were drugs in their schools. The survey also found that youths attending schools where drugs are used, kept, or sold are at a higher risk for substance abuse (see *CESAR FAX*, Volume 14, Issue 36 for more information on the survey's calculation of substance abuse risk).

Percentage of Youths Ages 12 to 17 Reporting That Drugs Are Used, Kept, or Sold in Their Schools, 1996 to 2005



*There was no survey conducted in 2000.

NOTE: In 2005, random household telephone surveys were conducted with 1,000 teens ages 12 to 17 living in the 48 continental states. The margin of error is +/-3.1.

SOURCE: Adapted by CESAR from the National Center on Addiction and Substance Abuse at Columbia University, 1996 to 2005 editions of the *National Survey of American Attitudes on Substance Abuse*. The most recent survey, *National Survey of American Attitudes on Substance Abuse X: Teens and Parents* (August 2005), is available online at http://www.casacolumbia.org/Absolutenm/articlefiles/Teen_Survey_Report_2005.pdf.

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CESAR FAX

October 3, 2005
Vol. 14, Issue 40

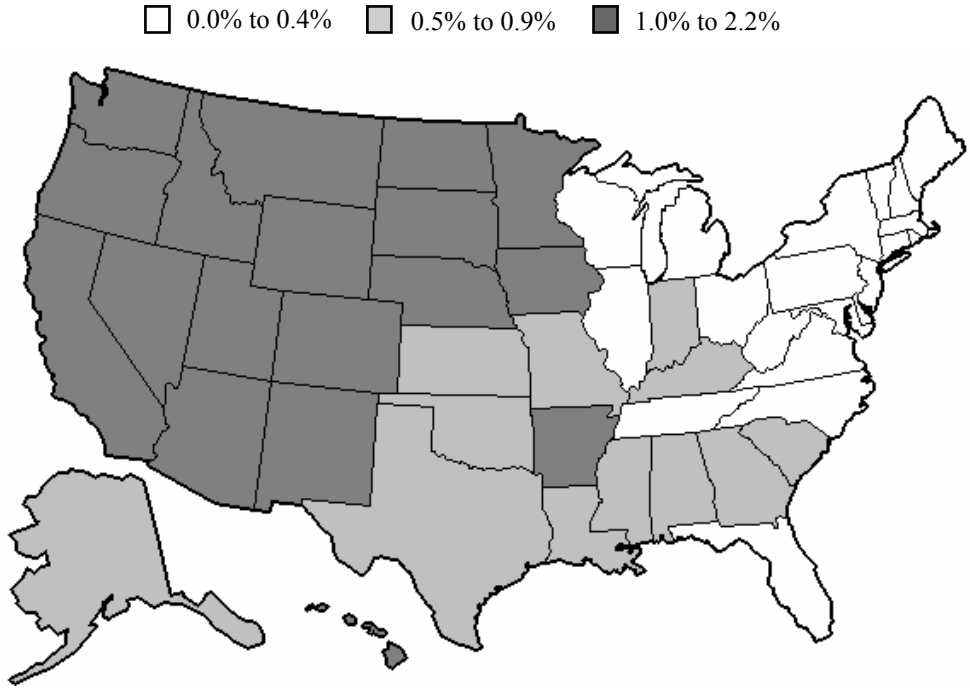
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

New National Household Survey Data Illustrates Geographical Variation in Methamphetamine Use

Methamphetamine use is highest in the western United States and lowest in the Northeast, according to recently released data from the National Survey on Drug Use and Health. Overall, 0.6% of U.S. residents—an estimated 1.4 million persons—reported using methamphetamine in the past year, ranging from 2.2% in Nevada to 0.04% in Connecticut. States with 1% or more of their residents reporting methamphetamine use were predominantly in the western U.S., while states with less than 0.5% of their residents reporting methamphetamine use were clustered in the northeastern part of the nation. These findings support geographical variations found in other indicators of methamphetamine use (see *CESAR FAX*, Volume 14, Issues 12 and 30). It should be noted, however, that the average level of methamphetamine use across the United States (0.6%) remains substantially lower than those of almost all other illicit drugs, including marijuana (10.6%), prescription pain relievers used non-medically (4.7%), cocaine (2.4%), tranquilizers (2.1%), and hallucinogens (1.6%).

Methamphetamine Use in the Past Year Among U.S. Residents Age 12 or Older, 2002-2004



SOURCES: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), "State estimates for use of types of illicit drug in lifetime, past year, & past month for population age 12 and older (annual estimates based on 2002-2004)," 2005. Available online at http://oas.samhsa.gov/2k5States/statePE.doc; and SAMHSA, "Methamphetamine Use, Abuse, and Dependence: 2002, 2003, and 2004," *The NSDUH Report*, September 16, 2005. Available online at http://oas.samhsa.gov/2k5/meth/meth.cfm.

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CESAR FAX

October 10, 2005
Vol. 14, Issue 41

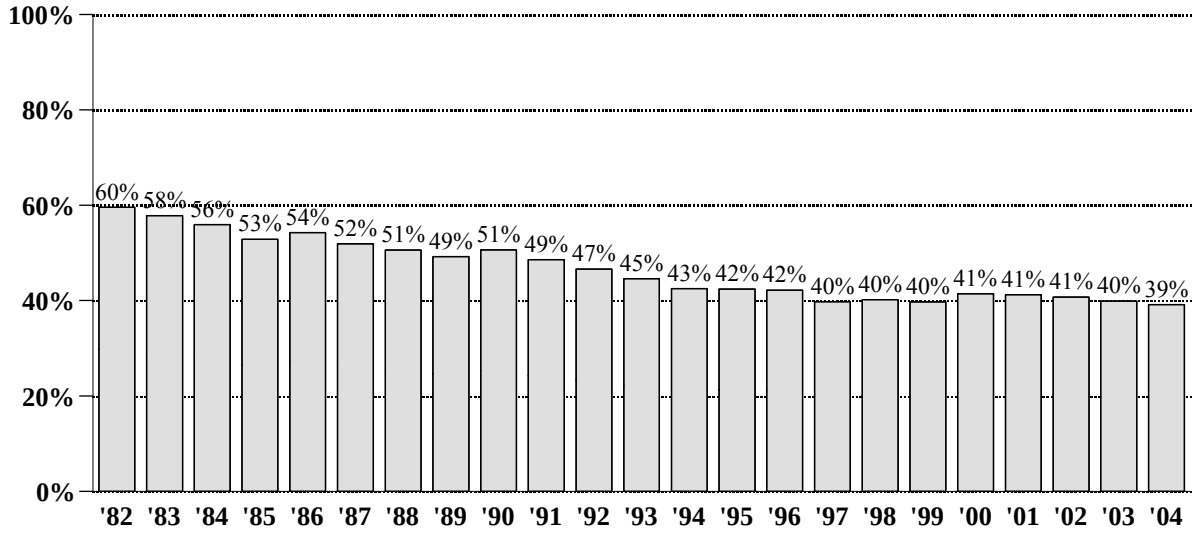
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Alcohol-Related Traffic Fatalities Remain Steady at Around 40%

The percentage of traffic fatalities that are alcohol related remains at around 40%, according to recently released data from the National Highway Transportation Safety Administration's Fatality Analysis Reporting System (FARS). Thirty-nine percent of the 42,636 traffic fatalities that occurred in the United States in 2004 were alcohol related, consistent with percentages from the past 7 years. While this percentage indicates room for improvement, it is markedly lower than rates in past years; between 49% and 60% of all traffic fatalities in the 1980s were alcohol related. Many factors have likely influenced this decline, including the enactment of stricter alcohol-impaired driving legislation. In August, Minnesota became the last state to lower its blood alcohol threshold for impaired driving from .10 to .08, ending two decades of state impaired driving legislation reform.

Percentage of U.S. Vehicular Crash Fatalities That Were Alcohol-Related, 1982-2004



NOTES: FARS is a census of all crashes of motor vehicles traveling on a public roadway in the 50 states, the District of Columbia, and Puerto Rico in which a person died within 30 days of the crash. An accident is considered to be alcohol related if any driver or nonoccupant involved in the crash had a positive blood alcohol level.

SOURCE: Adapted by CESAR from National Highway Traffic Safety Administration, Fatality Analysis Reporting System. Available online at http://www-fars.nhtsa.dot.gov.

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CESAR FAX

October 17, 2005
Vol. 14, Issue 42

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Maryland Attorney General Issues Recommendations for Combating and Preventing Prescription Drug Abuse and Diversion

Prescription drug abuse is a growing problem in Maryland, according to a recently released report from the State of Maryland Office of the Attorney General. The number of adult and juvenile admissions for treatment of prescription drugs has increased in recent years, as has the number of emergency department episodes. In addition, 86% of Maryland state and local law enforcement reported that OxyContin® was being diverted and abused in their jurisdiction in 2004, up from 75% in 2003. Below are the Attorney General's seven recommendations for combating and preventing prescription drug abuse and diversion in Maryland, as described in the report.

- Design and implement an **electronic prescription monitoring program** that reduces the abuse and diversion of prescription drugs and facilitates the identification and treatment of individuals addicted to prescription drugs, while also protecting legitimate prescribing and dispensing as well as assuring patient privacy.
- **Strengthen laws against obtaining prescription drugs with intent to distribute them for non-medical purposes.** Most of these laws currently treat these offenses as misdemeanors.
- Reduce the diversion of prescription drug retail inventory by **enacting legislation to regulate unlicensed pharmacy personnel**, who often may carry out the entire dispensing process within a pharmacy.
- Develop **information and training for pharmacists and physicians** regarding how to detect and prevent doctor shopping and the use of fraudulent prescriptions.
- Launch a **public outreach and education campaign** to make people more aware of the dangers and signs of prescription drug abuse, the growing risk of the internet as a pipeline for pharmaceuticals, and the steps they should take to protect themselves and their children.
- Work closely with the DEA to **increase coordination among federal, state, and local law enforcement agencies** to combat drug diversion.
- **Encourage federal efforts to regulate the online pharmaceutical industry** and take all measures possible to educate people about the dangers of the current unfettered access to controlled dangerous substances and other prescription drugs via the internet.

SOURCE: Adapted by CESAR from State of Maryland Office of the Attorney General, Prescription for Disaster: The Growing Problem of Prescription Drug Abuse in Maryland, 2005. Available online at http://www.oag.state.md.us/Reports/PrescriptionDrugAbuse.pdf.

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CESAR FAX

October 24, 2005
Vol. 14, Issue 43

A Weekly FAX from the Center for Substance Abuse Research

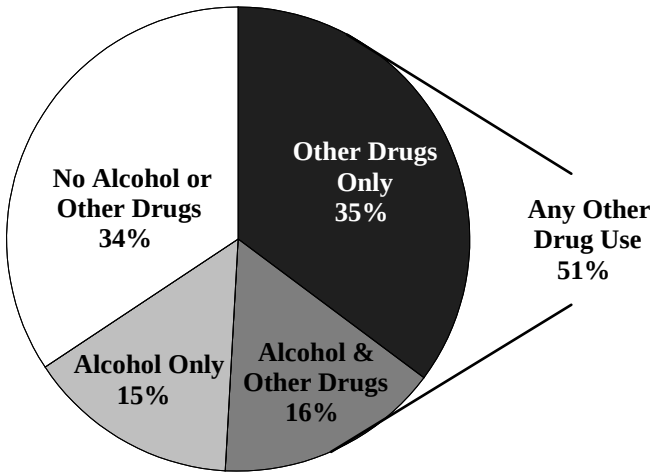
University of Maryland, College Park

About Half of Drivers Admitted to Maryland Shock Trauma Center Test Positive for Drugs Other than Alcohol

Alcohol and other drug use among drivers in motor vehicle crashes is common, according to a study of patients at Maryland's primary adult trauma center. Overall, 66% of 108 drivers motor vehicle crashes admitted to the R. Adams Cowley Shock Trauma Center over a 3 month period tested positive for either alcohol or other drugs. While 31% tested positive for alcohol (alone or in combination with other drugs), about one-half (n=55) tested positive for recent drug use.* The primary drugs found were marijuana (n=29), followed by benzodiazepines (n=12), cocaine (n=11), and opiates (n=11).† The authors recommend that routine drug testing be "incorporated into the standard operating procedure at all trauma centers" because such testing "could provide valuable epidemiological data to document the prevalence of drugged driving and serve as an efficient and timely way to identify substance abusers for treatment intervention" (p. 900).

Blood Alcohol and Urinalysis Drug Results for Motor Vehicle Crash Drivers Admitted to a Maryland Shock Trauma Center

(N=108 drivers)



*Positive urinalysis results indicate recent (i.e., in the past 1-3 days) drug use but do not allow for any interpretation regarding the drivers' level of impairment while driving.

†Individual drug positives sum to more than the total number of drug positives because a driver could test positive for more than one drug.

SOURCE: Adapted by CESAR from Walsh J.M., Flegel R., Atkins R., Cangianelli L.A., Cooper C., Welsh C., Kerns T.J. "Drug and Alcohol Use Among Drivers Admitted to a Level-1 Trauma Center," *Accident Analysis and Prevention* 37(5):894-901, 2005. For more information, contact J. Michael Walsh at jmwalsh@walshgroup.org.

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CESAR FAX

October 31, 2005
Vol. 14, Issue 44

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

BJA Report: Drug Courts May Be an Effective Tool for Communities Facing Methamphetamine Problems

Methamphetamine use is a growing problem in many parts of the United States, overwhelming the resources of not only drug treatment programs but also the criminal justice system.* Drug courts—which were first implemented in the early 1980s to provide treatment for cocaine- and heroin-addicted offenders—are now being used in several states to adjudicate methamphetamine-using offenders, according to a recent report from the Bureau of Justice Assistance (BJA). Drug courts can be effective with this population because they provide increased accountability, supervision, monitoring, and structure. They are also an ideal setting for providing comprehensive, long-term, and evidence-based treatment specific to methamphetamine abuse. For example, drug courts can provide services for methamphetamine addicts that are more intensive and longer in duration than those received by offenders addicted to other drugs. The BJA report, available online at http://www.ncjrs.gov/pdffiles1/bja/209549.pdf, offers the following recommendations for existing drug courts planning to target a methamphetamine-using population.

- Make sure that community supervision strategies include random, unannounced home visits and drug testing, using probation and law enforcement officers who are trained in detecting methamphetamine laboratories and use.
- Increase the frequency of drug court status hearings (e.g., weekly) for the first 90 days of the program to increase the methamphetamine user's accountability.
- Set short-term treatment compliance and abstinence goals and provide positive reinforcements (e.g., public praise, vouchers for goods or services, free dental care) when these goals are achieved.
- Ensure that treatment services are longer, evidence-based, and relevant to the methamphetamine-using population. Offer stimulant abuse-specific strategies and use cognitive-behavioral treatment modalities, including treatment for co-occurring mental health disorders.
- Provide total service coordination and comprehensive case management during treatment. Provide physical health, comprehensive relapse prevention, community reinforcement, and continuing care and aftercare services before discharge. Maintain monthly telephone contact and provide ongoing alumni with support meetings after discharge.

*See CESAR, *The Developing Methamphetamine Problem: Selected Publications,1996-2005*, 2005 (http://www.cesar.umd.edu/cesar/pubs/20050801.pdf) for more information on methamphetamine use and related-consequences.

SOURCE: Adapted by CESAR from Bureau of Justice Assistance, U.S. Department of Justice. *Drug Courts: An Effective Strategy for Communities Facing Methamphetamine*, 2005.

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CESAR FAX

November 7, 2005
Vol. 14, Issue 45

A Weekly FAX from the Center for Substance Abuse Research

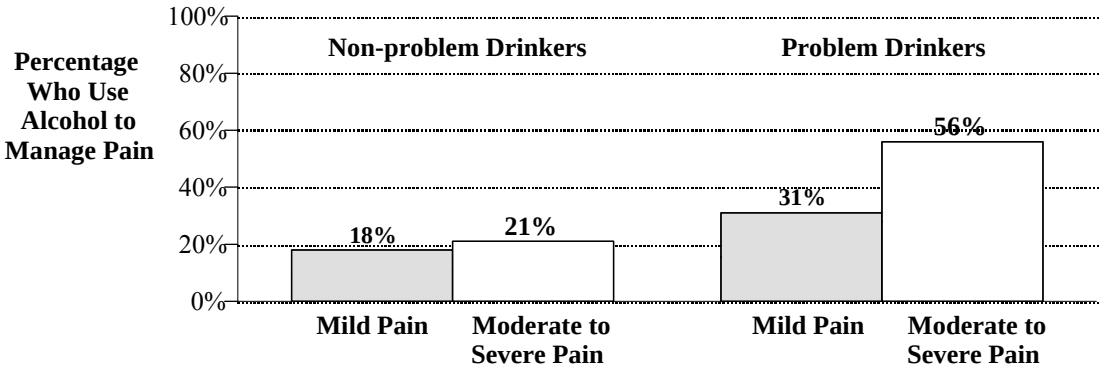
University of Maryland, College Park

Older Adults With Drinking Problems More Likely to Use Alcohol to Manage Physical Pain

Problem drinkers are considerably more likely than persons without drinking problems to manage their physical pain with alcohol, according to results from the first study of pain and alcohol use by older adults ages 55 to 65 years old.* More than one-third (38%) of male and female problem drinkers** reported using alcohol to manage pain in the past month, compared to 15% of male and 13% of female non-problem drinkers. While higher levels of pain were associated with increased use of alcohol for pain management among all drinkers, the effect was more pronounced for problem drinkers. The use of alcohol to treat pain among men who were non-problem drinkers increased only slightly from 18% among those with mild pain to 21% among those with moderate to severe pain. Among problem drinkers, however, the use of alcohol to manage pain increased from 31% among those with mild pain to 56% among those with moderate to severe pain (see figure below). Similar results were found for women. According to the authors, these results "highlight the importance of monitoring the drinking behavior of older patients who present with pain complaints, especially patients who have pre-existing problems with alcohol" (p. 777).

Use of Alcohol to Manage Pain Among Male Non-Problem and Problem Drinkers, Ages 55 to 65 Years**

(N=247)



*The initial sample was drawn from individuals who had out-patient contact with one of two large medical health-care facilities located in one geographic region of the U.S. Data on pain were collected from a subsample of the original study as part of a follow-up survey conducted seven years later. The total N for this study was 401 male and female drinkers.

**Problem drinkers were defined as those individuals who had one or more drinking problems, as assessed with the Drinking Problems Index (DPI). The DPI is a self-report measure of general problems with drinking, adverse consequences resulting from excessive drinking, and alcohol dependence or withdrawal symptoms

SOURCE: Adapted by CESAR from Brennan P.L., Schutte K.K., Moos R.H. "Pain and Use of Alcohol to Manage Pain: Prevalence and 3-Year Outcomes Among Older Problem and Non-Problem Drinkers," *Addiction* 100(6):777-786. For more information, contact Penny Brennan at penny.brennan@med.va.gov.

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CESAR FAX

November 14, 2005
Vol. 14, Issue 46

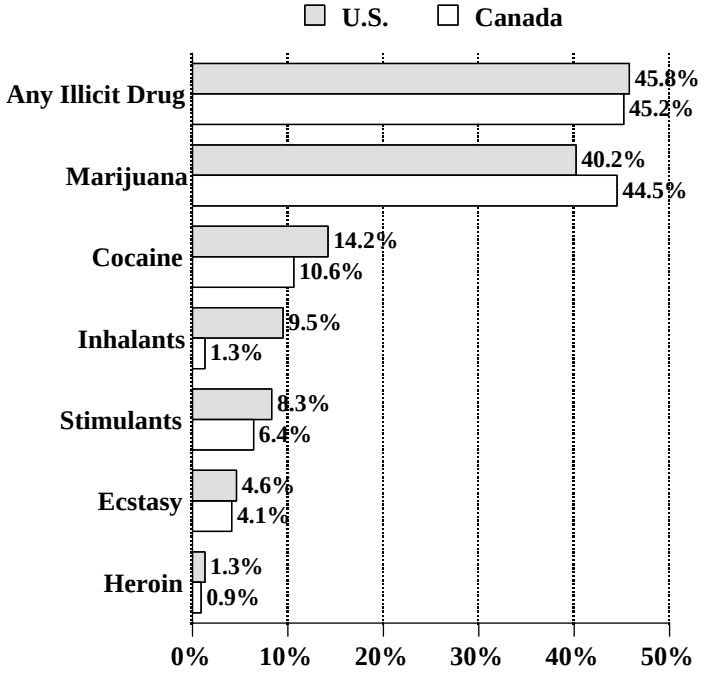
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

U.S. Residents More Likely Than Canadians to Use Inhalants, Cocaine, and Stimulants; Slightly Less Likely to Use Marijuana

While the rates of overall drug use among Americans and Canadians are the same, there are differences in the types of drugs used, according to the results of household surveys conducted in the two countries in 2004.* Overall, around 45% of U.S. and Canadian residents reported ever using an illicit drug. However, U.S. residents were seven times more likely to have ever used inhalants (9.5% vs. 1.3%) and were slightly more likely to report cocaine and stimulant use.** On the other hand, Americans were slightly less likely to have ever used marijuana (40.2% vs. 44.5%).

Percentage of U.S. and Canadian Residents Reporting Lifetime Use of Illicit Drugs, 2004



*The Canadian survey was a telephone survey of household residents ages 15 and older conducted between December 2003 and April 2004. The U.S. survey was a face-to-face survey of household residents ages 12 and older conducted between January and December 2004.

**The differences in the use of inhalants and stimulants may be partially due to a difference in the wording of the survey questions. In addition to general questions about stimulant and inhalant use, the U.S. survey also included questions about the use of specific stimulants and inhalants, which may have elicited more positive responses.

SOURCES: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, *Overview of Findings from the 2004 National Survey on Drug Use and Health*, 2005 (available online at http://oas.samhsa.gov/nsduh.htm#NSDUHinfo); and Canadian Centre on Substance Abuse, *Canadian Addiction Survey (CAS): Prevalence of Use and Related Harms, Detailed Report*, 2005 (available online at http://www.ccsa.ca/NR/rdonlyres/6806130B-C314-4C96-95CC-075D14CD83DE/0/ccsa0040282005.pdf).

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CESAR FAX

November 21, 2005
Vol. 14, Issue 47

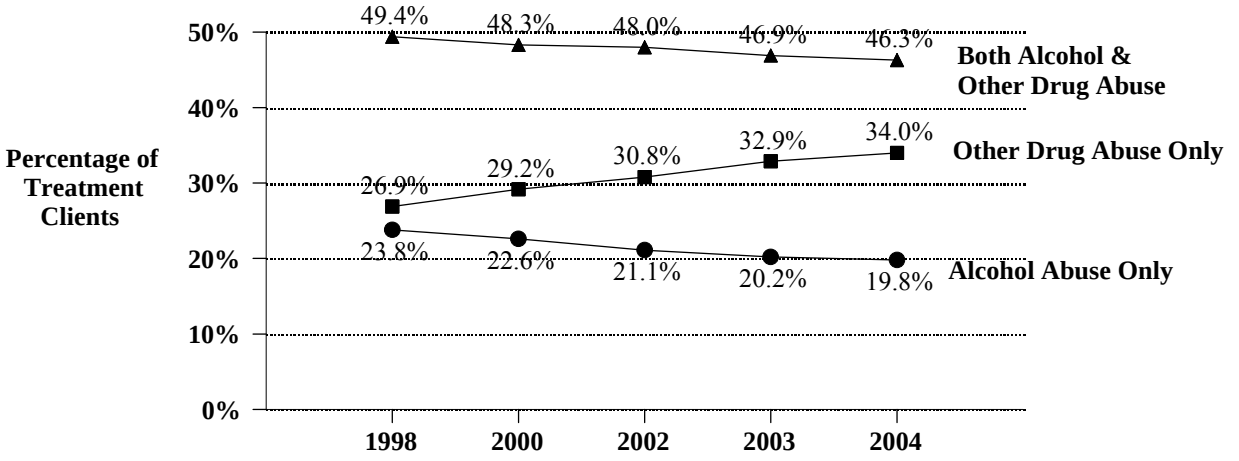
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

More People Being Treated for Drugs Other Than Alcohol

Substance abuse treatment clients are increasingly more likely to be treated for drugs other than alcohol , according to data from the National Survey of Substance Abuse Treatment Services (N-SSATS), an annual survey of all public and private substance abuse treatment facilities in the United States. The percentage of clients in treatment solely for the abuse of drugs other than alcohol increased from 26.9% in 1998 to 34.0% in 2004. At the same time, the percentage of clients in treatment for alcohol abuse only decreased from 23.8% to 19.8%. Declines also occurred for clients being treated for both alcohol and other drug abuse. According to the survey, there were more than one million people receiving treatment at the more than 14,000 substance abuse treatment facilities in 2004.* It is unclear whether these findings reflect actual changes in substance abuse and dependence or are a result of other factors, such as changes in insurance policies or access to treatment.

Type of Substance Abuse Problem Treated Among Clients in U.S. Treatment Facilities, 1998 to 2004



*Clients in treatment were defined as: 1) hospital inpatient and non-hospital residential clients receiving substance abuse services at the facility on March 31, 2004; and 2) outpatient clients who were seen at the facility for a substance abuse treatment or detoxification service at least once during the month of March 2004 and who were still enrolled in treatment as of March 31, 2004.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, *National Survey of Substance Abuse Treatment Services (N-SSATS): 2004*, 2005. Available online at http://oas.samhsa.gov/dasis.htm#nssats2.

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CESAR FAX

November 28, 2005
Vol. 14, Issue 48

A Weekly FAX from the Center for Substance Abuse Research

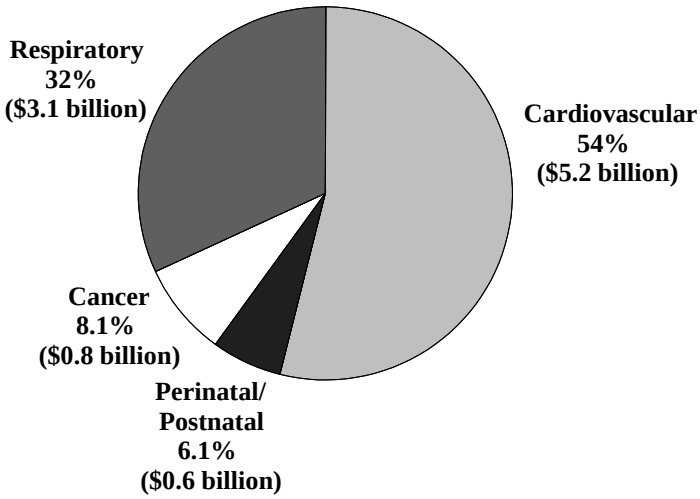
University of Maryland, College Park

Environmental Tobacco Smoke Exposure Costs Nearly $10 Billion per Year

Environmental tobacco smoke (ETS) exposure costs nearly $10 billion per year, according to a recent economic analysis of the costs of excess medical care, mortality, and morbidity related to ETS exposure in the United States. Slightly more than one-half (54%; $5.2 billion) of these costs stem from cardiovascular effects, such as coronary heart disease, while nearly one-third (32%; 3.1 billion) are incurred from respiratory problems, such as asthma and chronic pulmonary disease. The authors note that "while the effects of ETS are subtle in comparison to active smoking, the number of people exposed is so large that the costs are substantial" (p. 2). They also express concern that "young children of smoking mothers continue to be exposed at a higher level than any other group of nonsmokers, and the reductions in exposure for this segment of the population are small" (p. 26).

Estimated Annual Cost of Environmental Tobacco Smoke Exposure in the United States

(Total Cost=an estimated $9.7 billion)



NOTE: ETS is defined as the exposure of a nonsmoker to the combustion products of cigarettes and other tobacco products.

SOURCE: Adapted by CESAR from Behan DF, Eriksen MP, Lin Y. *Economic Effects of Environmental Tobacco Smoke*, Society of Actuaries, 2005. Available online at http://www.soa.org/ccm/content/areas-of-practice/life-insurance/research/economic-effects-of-environmental-tobacco-smoke-SOA.

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CESAR FAX

December 5, 2005
Vol. 14, Issue 49

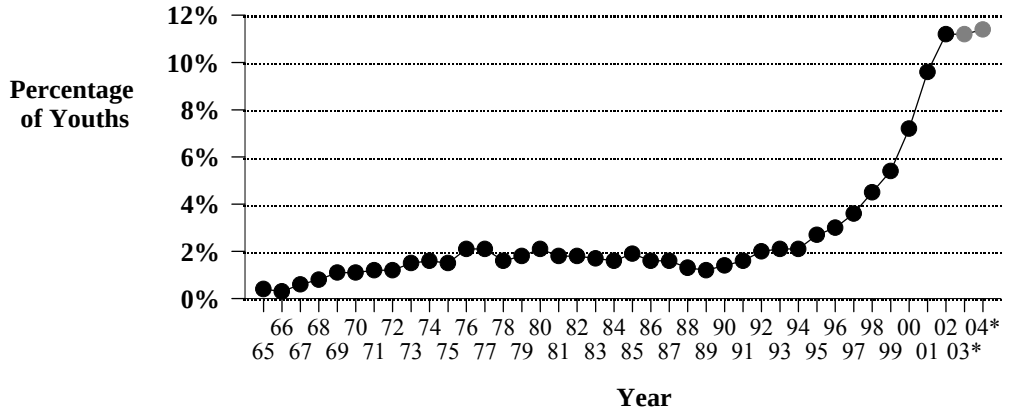
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Use of Other Illicit Substances and Low Family Income Best Predictors of Prescription Pain Reliever Misuse Among U.S. Youths

The misuse† of prescription pain relievers by U.S. youths has increased dramatically during the last decade, according to a recent analysis of data from the National Survey on Drug Use and Health (NSDUH). In 2004, 11.4% of youths ages 12 to 17 reported ever misusing prescription pain relievers such as oxycodone and codeine, compared to 1.2% in 1989 (see figure below). While the magnitude of the current epidemic is unprecedented, the types of youths misusing these drugs are not. According to the authors, the prescription pain reliever misuse "is essentially a problem for traditional high-risk groups of youth" which "strongly contradicts the widely held image of a white-collar, middle-class addict often projected by the media" (p. 50). The best predictor of prescription pain reliever misuse was the use of other illicit substances. In addition, the only statistically significant demographic factor related to a higher risk of such misuse was being a member of a lower-income family. The authors conclude that "current substance abuse prevention strategies that are broadened in their focus to include prescription drugs may be as effective as the more costly creation of new strategies focused specifically on the misuse of prescription drugs" (p. 50).

Percentage of Youths Ages 12 to 17 Reporting Lifetime Misuse† of Prescription Pain Relievers, 1968 to 2004*



†Prescription pain reliever misuse is defined as the use of a prescription pain reliever that was not prescribed for the respondent or that the respondent took only for the experience or feeling it caused.

*Data from 1965 to 2002 are based on self-reported data from the 2002 NSDUH, as presented by the authors. Data for 2003 and 2004 are based on self-reported data from the 2003 and 2004 NSDUH, respectively, as adapted by CESAR.

SOURCES: Adapted by CESAR from Sung H.-E., Richter L., Vaughan R., Johnson P.B., Thom B. "Nonmedical Use of Prescription Opioids Among Teenagers in the United States: Trends and Correlates," *Journal of Adolescent Health* 37(1):44-51, 2005; and Substance Abuse and Mental Health Services Administration, *Overview of Findings from the 2004 National Household Survey on Drug Use and Health*, 2005. For more information, contact Dr. Hung-En Sung at hsung@casacolumbia.org.

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CESAR FAX

December 12, 2005
Vol. 14, Issue 50

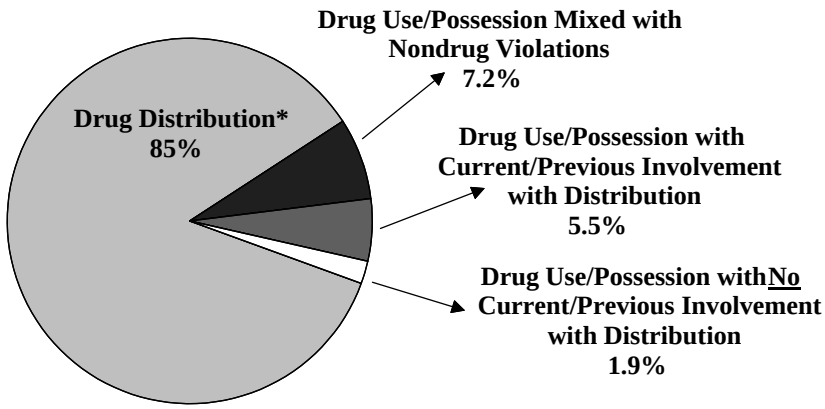
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Very Few Adult Drug Law Violators in Prison Solely for Use or Possession

Most of the adult offenders in prison in 1997 for drug-law violations (85% of 274,324 prisoners) were incarcerated for charges clearly stemming from drug distribution,* according to a recent analysis of data from the *Survey of Inmates in State and Federal Correctional Facilities, 1997*. Nearly half of the remaining 15% who were in prison for a drug use/possession violation had concurrent convictions for nondrug violations. Only 1.9% of drug offenders were incarcerated for drug use/possession without any indication of possible involvement in distribution† or a nondrug violation. Thus, "depending on how strict a definition one preferred, one might argue that anywhere from 5,380 to 41,047 people were in prison in the United States in 1997 solely for their drug use, representing 1.9% to 15% of all drug-law prisoners and 0.5% to 3.6% of all prison inmates" (p. 14).

Reason for Prison Incarceration Among U.S. Adult Drug-Law Violators, 1997
(N=274,324)



*Drug distribution was defined as 1) a current conviction for drug trafficking, possession with intent to distribute, or conspiracy to distribute drugs; 2) a functional drug distribution role in connection with the current drug offense; 3) more than peripheral participation in the distribution activities of an organized drug group in the year before arrest; 4) involvement with drug quantities in excess of 50 retail units; and/or 5) a conviction of drug distribution and then a subsequent conviction of simple drug possession while on parole or probation for the original distribution offense.

†Involvement with distribution included possession convictions that stemmed from a plea bargain to reduced charges, being arrested with types of drugs that they do not report using, and having a prior history of drug trafficking.

NOTE: Percentages do not sum to 100% because some drug-law violators were uncategorizable due to missing or conflicting data.

SOURCE: Adapted by CESAR from Caulkins J.P., Sevigny E.L. "How Many People Does the U.S. Imprison for Drug Use, and Who Are They?" *Contemporary Drug Problems* 32(3):405-428, 2005. For more information, contact Jonathan Caulkins at caulkins@cmu.edu.

CESAR Looking to Hire Principal Investigator-Level Researcher

CESAR is seeking to hire a PI-level researcher with a proven funding track record. If you are interested in working in a supportive and stimulating, university-based team environment, please send a letter of interest and a resume to Dr. Eric Wish at CESAR, 4321 Hartwick Rd, Ste 501, College Park, MD 20740; 301-405-9787 (fax); cesar@cesar.umd.edu.

•• 301-405-9770 (voice) •• 301-403-8342 (fax) •• CESAR@cesar.umd.edu •• www.cesar.umd.edu ••

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CESAR FAX

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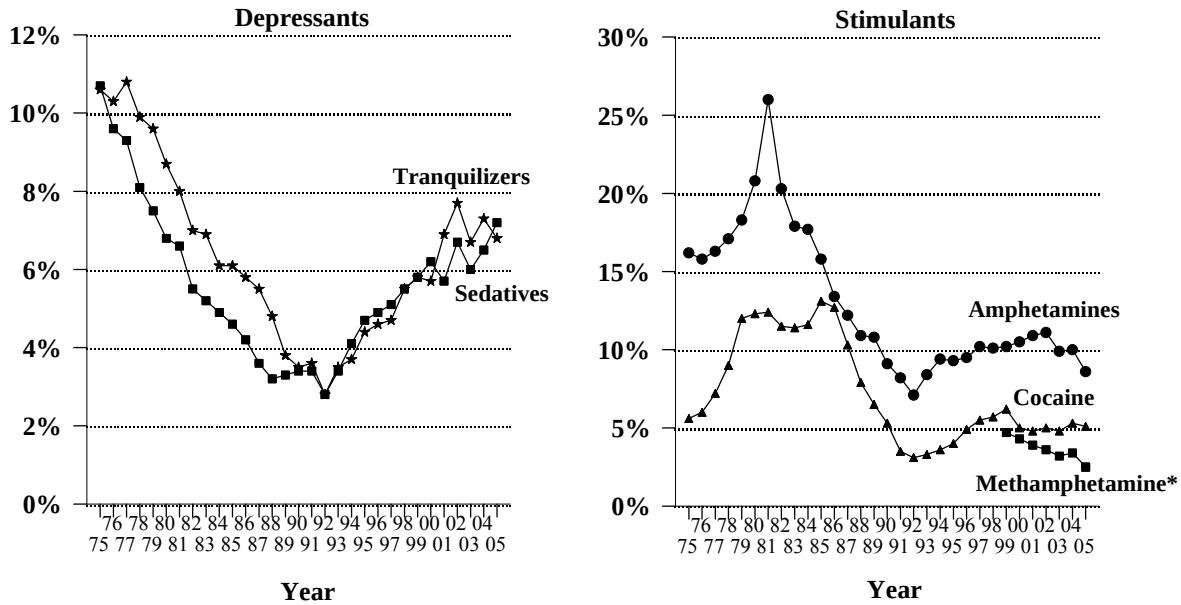
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Use of Depressants Among U.S. 12th Graders Increases While Amphetamine Use Decreases; Meth Use Not Spreading in This Population

The use of depressants among high school seniors in the U.S. continues to increase, according to recently released data from the 2005 Monitoring the Future survey. The percentage of 12th graders reporting past year use of tranquilizers and sedatives—central nervous system depressants—increased from a low of 2.8% in 1992 to around 7% in 2005. During the same time period the use of the stimulants cocaine and amphetamine increased slightly but has stabilized (cocaine) or declined (amphetamines) in recent years. Methamphetamine use has decreased as well, reaching a low of 2.5% in 2005. The authors acknowledge that "the pattern of declining meth use among adolescents seems to be inconsistent with recent press reports of a growing meth epidemic" but note that "if use is spreading, it does not seem to be doing so in this segment of the population" (p. 3).

Percentage of Twelfth Graders Reporting Use of Depressants and Stimulants in the Past Year, 1975 to 2005



*Methamphetamine is also included in amphetamines.

SOURCE: Adapted by CESAR from University of Michigan, "Teen Drug Use Down But Progress Halts Among Youngest Teens," Monitoring the Future press release, December 19, 2005. Available online at http://www.monitoringthefuture.org.

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