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

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CESAR is pleased to provide this 2007 Annual Volume of the *CESAR FAX*. To assist you in using this volume, the Table of Contents indexes the 2007 issues by title and subject area.

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Since the first fax transmission to 150 recipients on February 17, 1992, the *CESAR FAX* audience has grown tremendously. The *CESAR FAX* transitioned from fax to email as its primary dissemination method in 2004, and is now being sent to more than 4,700 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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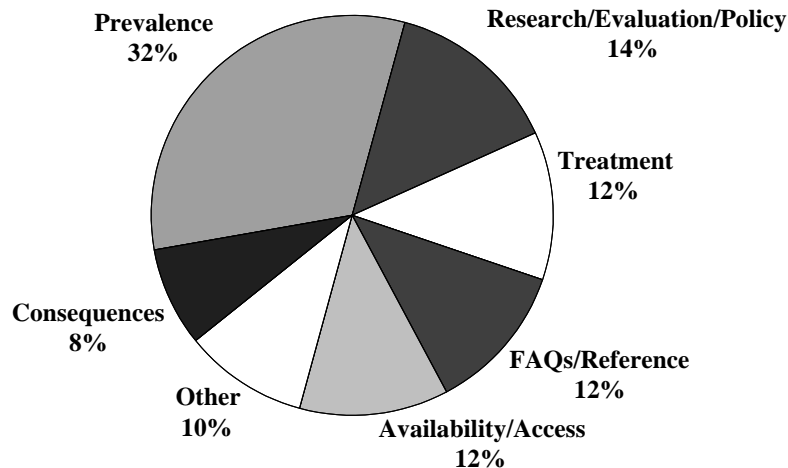
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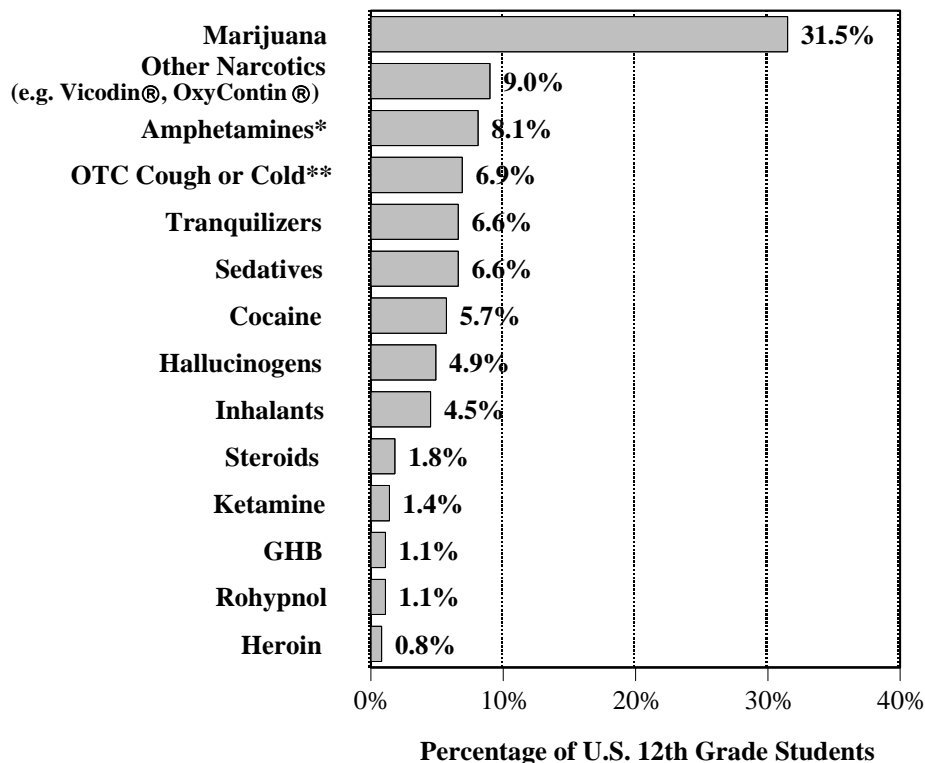
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University of Maryland, College Park

Nonmedical Use of Narcotic Drugs Such as Vicodin® and OxyContin® More Prevalent Among U.S. High School Seniors Than Any Illicitly Used Drug Except Marijuana

While marijuana continues to be the most prevalent illicit drug used among U.S. high school seniors, the nonmedical use of narcotic drugs is the second most prevalent drug used among this population, according to data from the national 2006 Monitoring the Future study. Nearly one in ten twelfth grade students reported using prescription-type narcotic drugs, such as Vicodin® (9.7%) and OxyContin® (4.3%), in the past year without a doctor's order. Other drugs used by more than 5% of 12th graders include amphetamines* (8.1%), over-the-counter cough or cold medicines** (6.9%), tranquilizers (6.6%), sedatives (6.6%), and cocaine (5.7%). The nonmedical use of prescription pain relievers is also the second most prevalent illicitly used drug among the U.S. household population ages 12 and older (see *CESAR FAX*, Volume 15, Issue 36).

Percentage of U.S. 12th Grade Students Reporting Past Year Use of Drugs (Other Than Alcohol and Tobacco), 2006



*Amphetamines include Ritalin® (4.4%) and methamphetamine (2.5%). **Used for the explicit purpose of getting high.

SOURCE: Adapted by CESAR from University of Michigan, "Teen Drug Use Continues Down in 2006, Particularly Among Older Teens; But Use of Prescription-Type Drugs Remains High," Monitoring the Future press release, December 21, 2006. Available online at <http://www.monitoringthefuture.org>.

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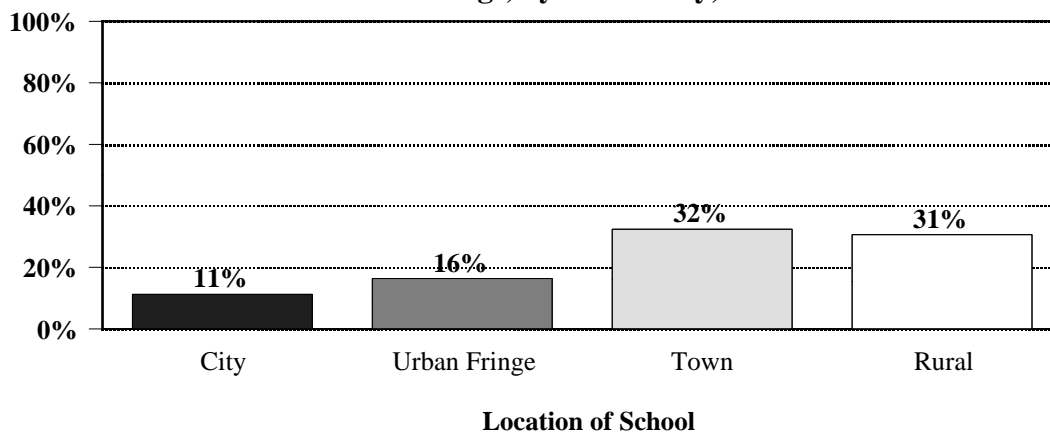
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Rural Schools More Likely to Use Random Dog Sniffs to Check for Drugs

Public elementary, middle, and high schools in rural areas of the United States are more likely to use drug-sniffing dogs than those in urban areas, according to the 2006 *Indicators of School Crime and Safety* report. Nearly one-third of public schools in rural areas (31%) and towns (32%) utilized random dog sniffs to check for drugs in the 2003–2004 school year (the most recent year for which data are available), compared to 11% of schools in mid-sized and large cities and 16% of schools in the fringes of these urban areas. The use of drug-sniffing dogs was the only safety and security measure asked about in the survey that schools in rural areas were significantly more likely than those in urban areas to employ.

Percentage of U.S. Public Schools Using Random Dog Sniffs to Check for Drugs, by Urbanicity,* 2003–2004



NOTES: Data are from the 2004 School Survey on Crime and Safety (SSOCS), a nationally representative sample of approximately 2,800 regular public elementary, middle, and secondary schools. Either school principals or the person most knowledgeable about discipline issues at school completed the SSOCS questionnaire.

*Urbanicity definitions are taken from the U.S. Census Bureau's Common Core of Data. City includes large and mid-sized cities, town includes large and small towns, and rural includes rural outside a MSA and inside a MSA. (See <http://nces.ed.gov/surveys/RuralEd/definitions.asp> for more information).

SOURCE: Adapted by CESAR from Bureau of Justice Statistics (BJS), U.S. Department of Justice and National Center for Education Statistics (NCES), U.S. Department of Education, *Indicators of School Crime and Safety: 2006*, December 2006. Available online at www.ojp.usdoj.gov/bjs/abstract/iscs06.htm.

Historic Drug Czar Conference DVD Now Available!

On June 17th, 2006, CESAR and the Institute for Behavior and Health sponsored a Drug Czar Conference at the University of Maryland. The one-day meeting featured seven of the eleven men who have served as heads of the White House drug abuse prevention office. An unedited 6 DVD set of this historic meeting is now available for \$95, including shipping. Ordering information is available online at <http://www.cesar.umd.edu>.

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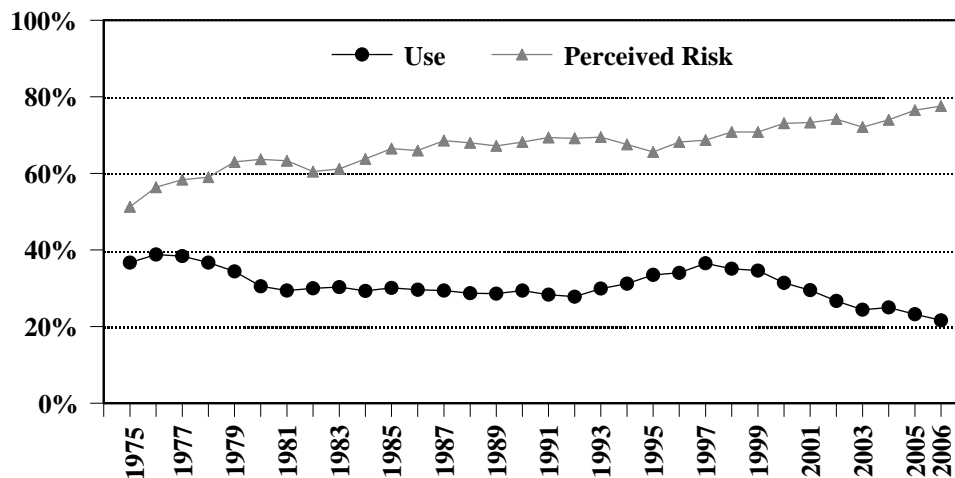
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University of Maryland, College Park

Cigarette Use Reaches New Low Among High School Seniors; Perceived Risk of Smoking at All Time High

The prevalence of cigarette use among U.S. public high school seniors has reached the lowest point ever recorded, according to the most recent data from the national Monitoring the Future survey. Slightly more than one-fifth (21.6%) of 12th graders reported smoking cigarettes in the past thirty days, down from peaks of 36.5% in 1997 and 38.8% in 1976. At the same time, the percentage of students who perceived a “great risk” of harm from smoking one or more packs of cigarettes per day reached an all-time high of 77.6% in 2006. Previous research has found that increases in perceived risk of using a drug are related to decreases in the use of the drug (see *CESAR FAX*, Volume 12, Issue 5 and Volume 7, Issue 26).

Percentage of U.S. 12th Graders Reporting Cigarette Use in the Past Thirty Days and Perceived Risk of Smoking One or More Packs Per Day,* 1975 to 2006



*Perceived risk: The percentage reporting that people run a “great risk” in “harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day.”

SOURCE: Adapted by CESAR from University of Michigan, “Decline in Daily Smoking by Younger Teens Has Ended,” Monitoring the Future press release, December 21, 2006. Available online at <http://www.monitoringthefuture.org>.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

***Diverted Pharmaceutical Drugs Widely Available Across U.S.;
Decreases Seen in States with Prescription Monitoring Programs***

The availability of diverted pharmaceutical narcotic, depressant, and stimulant drugs is high and increasing across most parts of the United States, according to the *2007 National Drug Threat Assessment*, issued by the National Drug Intelligence Center (NDIC). More than three-fourths (78.8%) of state and local law enforcement agencies report high or moderate availability of diverted pharmaceuticals in their area. Following are specific findings from the report, based on analysis of the most recently available law enforcement, intelligence, and public health data.

- The internet is an increasingly prevalent source of diverted pharmaceutical drugs and such drugs are often obtained through internet pharmacies without proof of prescription, consultation, or doctor's examination.
- While the diversion of pharmaceuticals is widespread, the availability of such drugs has been reduced in some areas. These reductions are most evident in states that have implemented Prescription Monitoring Programs (PMPs),* particularly Kentucky, Michigan, Nevada, Ohio, and Utah.
- "Many pharmaceutical drug abusers are substituting illegal drugs, especially in areas where pharmaceutical drug diversion has been reduced" (p. 20). Law enforcement and public health reports from California, Florida, Michigan, Ohio, and Wisconsin indicate that some opiate abusers who began abusing OxyContin® have switched to using heroin.
- The increased use of Radio Frequency Identification (RFID) tags** attached to or placed within pharmaceutical packaging can decrease diversion, as well as identify vulnerable areas in the supply chain and aid law enforcement investigations.

*Prescription Drug Monitoring Programs (PMPs) are systems that collect controlled substance prescription data in a centralized database in order to detect trends in diversion and abuse. As of June 2006, 32 states had legislation requiring PMPs and 16 states were proposing, preparing, or considering such legislation.

** RFID tags enable companies to continuously track, trace, and authenticate the chain of custody for pharmaceuticals, including individual prescription bottles. The FDA has recommended widespread use of RFID in the pharmaceutical supply chain, utilizing a phased-in approach in which placing RFID tags on products most vulnerable to counterfeiting and diversion is the first step.

SOURCE: Adapted by CESAR from National Drug Intelligence Center (NDIC), *National Drug Threat Assessment, 2007*, 2006. Available online at <http://www.usdoj.gov/ndic/pubs21/21137/index.htm>.

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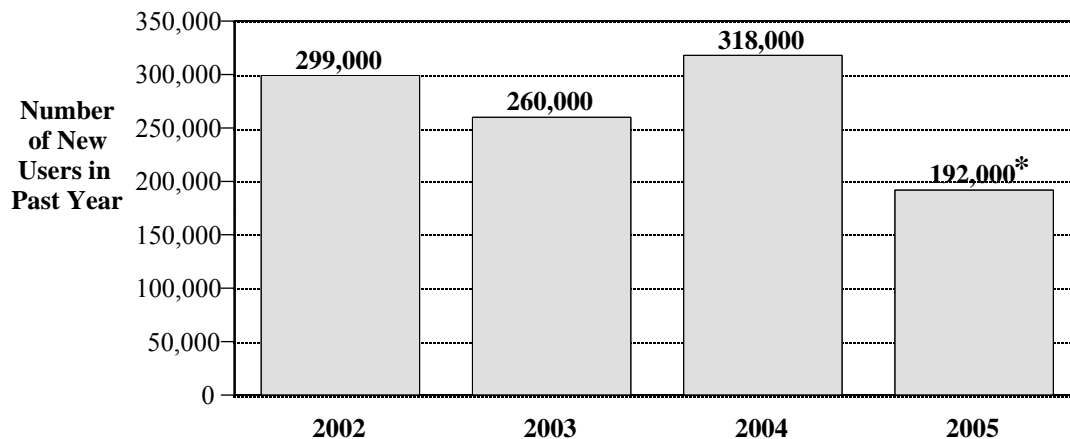
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University of Maryland, College Park

Number of New Methamphetamine Users Drops

The number of U.S. household residents age 12 or older who used methamphetamine for the first time in the past year decreased significantly from 2004 to 2005, according to data from the most recent National Survey on Drug Use and Health. The number of recent methamphetamine initiates remained relatively stable from 2002 and 2004, but decreased from 318,000 to 192,000 from 2004 to 2005. At the same time, the percentage of persons using methamphetamine in the past year has also decreased, from 0.7% in 2002 to 0.5% in 2005 (data not shown). Since “measures of initiation are often leading indicators of emerging patterns of substance use” (p. 45), it is possible that there will be a further decline in the prevalence of methamphetamine use when 2006 survey data are released later this year.

Number of New Methamphetamine Users Age 12 or Older in Past Year, 2005



*The difference between the 2004 and 2005 estimates is statistically significant at the $p \leq 0.01$ level.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), “Methamphetamine Use,” *The NSDUH Report*, January 26, 2007. Available online at <http://www.oas.samhsa.gov/2k6/meth/meth.cfm>.

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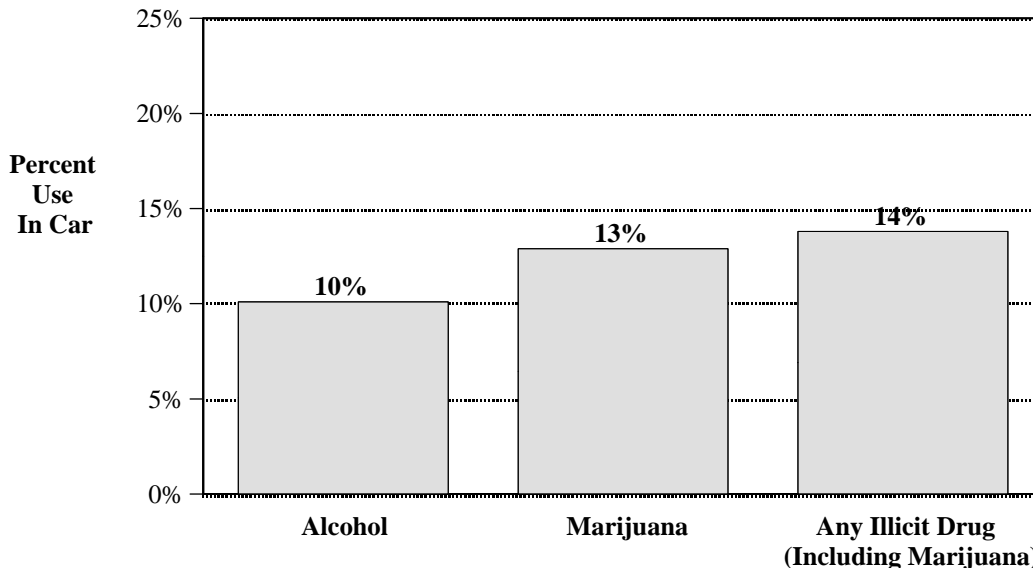
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High School Seniors More Likely to Use Illicit Drugs Than Alcohol in Cars

High school seniors are more likely to use illicit drugs than alcohol in a car, according to findings from the 2006 national Pride Survey. Ten percent of 12th graders reported that the usual place they drink alcohol is in a car, while 13% said they usually use marijuana and 14% said they use illicit drugs in a car. Similar results were found for 10th and 11th grade students, while 9th graders were about equally likely to use alcohol or illicit drugs in a car (data not shown). While the survey question did not ask if the student was driving, the findings suggest that “illicit drugs may be more prevalent than alcohol in teenage impaired driving.”

Percentage of U.S. 12th Grade Students Reporting They Usually Use Alcohol, Marijuana, or Any Illicit Drug in a Car, 2006



SOURCE: Adapted by CESAR from International Survey Associates, “Teen Drug Use in Cars,” *PRIDE Newsletter*, January 16, 2007. Available online at <http://www.pridesurveys.com/newsletters/archive/011007.htm>.

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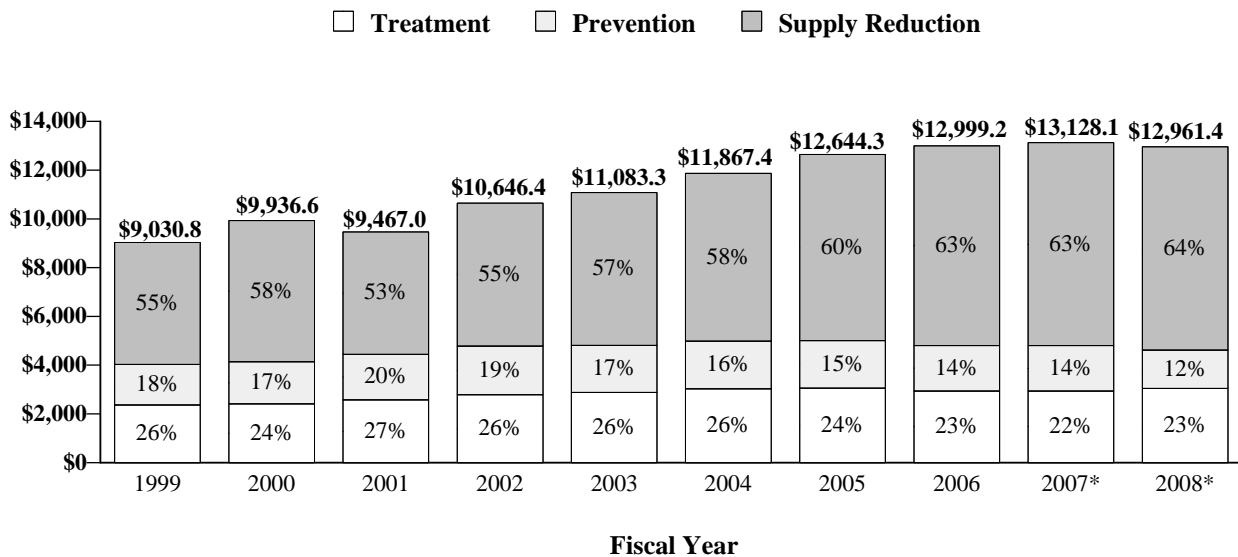
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***FY2008 Federal Drug Control Budget Released;
Prevention Gets Smallest Percentage in Past Decade***

Nearly two-thirds (64%) of the FY2008 national drug control budget is allocated to supply reduction, including domestic law enforcement (28%), interdiction (25%), and international (11%) efforts, according to the *National Drug Control Strategy FY2008 Budget Summary* released earlier this month by the Office of National Drug Control Policy (ONDCP). The remaining portion of the requested \$12.9 billion budget is allocated to treatment and prevention, areas typically defined as demand reduction. Of note is the reduction in funding for substance abuse prevention to 12% of the total budget—the lowest level in the past decade. Overall, “the FY 2008 budget trend goes against well-established principles of effective drug control policy, including the need for a comprehensive balanced approach between interdiction, law enforcement, overseas programs, and prevention and treatment programming” (Carnevale Associates, p. 1).

National Drug Control Budget (in millions), FY1999 to FY2008*



*FY2007 budget is estimated; FY2008 budget is the requested amount, which may differ from the amount actually enacted.

NOTE: Percentages do not sum to 100 due to rounding.

SOURCES: Adapted by CESAR from Carnevale Associates, “FY ’08 Drug Budget: Prevention Funding Continues to Decline,” *Policy Brief*, February 2007 (available online at http://www.carnevaleassociates.com/Federal_Drug_Budget_FY08.pdf); and

Office of National Drug Control Policy (ONDCP), *National Drug Control Strategy FY2008 Budget Summary*, 2007; *National Drug Control Strategy FY2007 Budget Summary*, 2006; and *National Drug Control Strategy FY2006 Budget Summary*, 2005 (available online at <http://www.whitehousedrugpolicy.org/policy/budget.html>).

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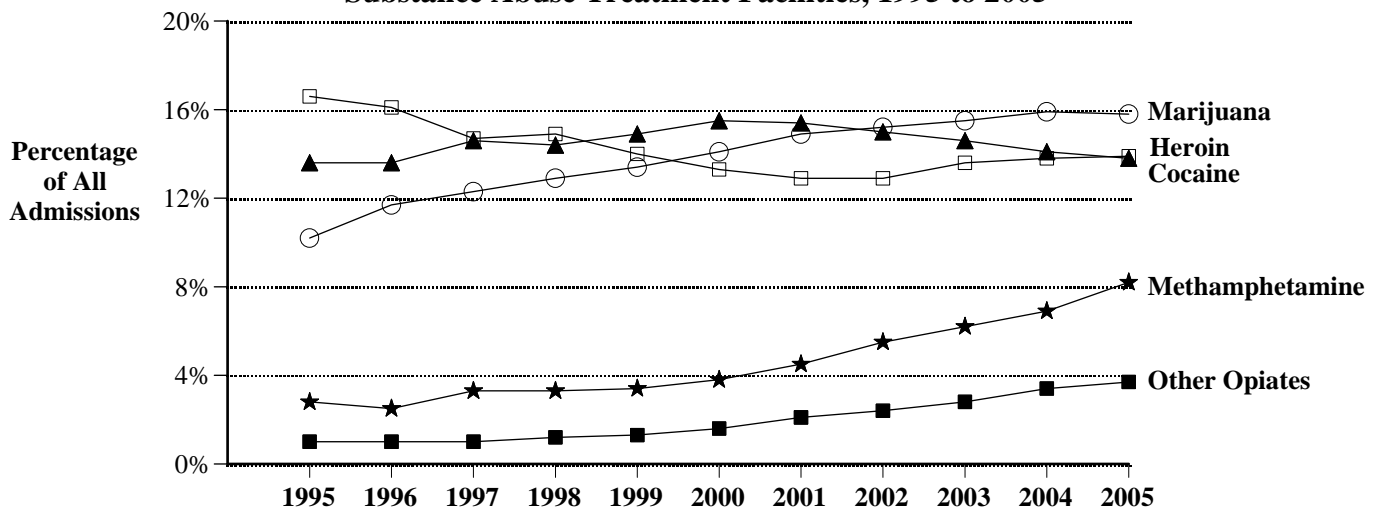
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National Treatment Admissions for Primary Abuse of Heroin Decrease; Other Opiates and Methamphetamine Continue to Increase

The percentage of admissions to state-funded substance abuse treatment facilities citing heroin as a primary substance of abuse decreased from a recent peak of 15.5% in 2000 to 13.8% in 2005, according to data from the national Treatment Episode Data Set (TEDS). In contrast, admissions for the primary abuse of opiates other than heroin, such as oxycodone and nonprescription methadone, have more than tripled during the past decade, reaching a high of 3.7% in 2005. Methamphetamine-related admissions have also increased (from 2.8% in 1995 to 8.2% in 2005). However, national household survey data show that the number of new methamphetamine users decreased significantly from 2004 to 2005, suggesting that rates of methamphetamine are declining (data not shown; see *CESAR FAX*, Volume 16, Issue 6).

Primary Substance of Abuse at Admission to U.S. State Licensed or Certified Substance Abuse Treatment Facilities, 1995 to 2005



SOURCE: Adapted by CESAR from the Office of Applied Studies, SAMHSA, *Treatment Episode Dataset (TEDS) Highlights—2005, National Admissions to Substance Abuse Treatment Services, 2007*. Available online at <http://www.oas.samhsa.gov/dasis.htm#teds2>.

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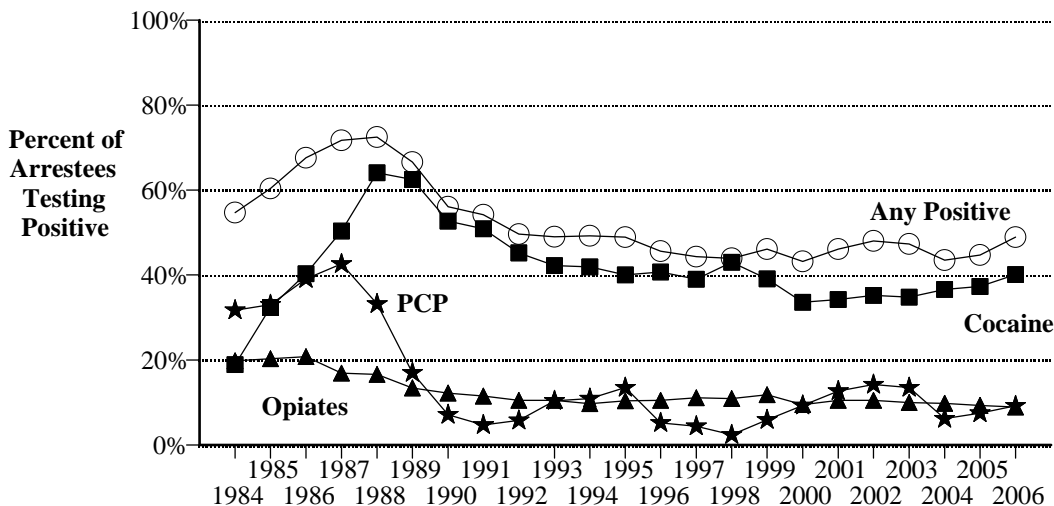
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Cocaine Positive Rates Among D.C. Adult Arrestees Return to Levels Last Seen in Late 1990s

Cocaine continues to be the drug that adult arrestees in the District of Columbia test positive for most often, and positive rates have been gradually increasing in recent years. According to data from the D.C. Pretrial Services Agency, the percentage of arrestees testing positive for cocaine has returned to levels last seen in the late 1990s, increasing from a recent low of 34% in 2000 to 40% in 2006. Despite these slight increases, cocaine-positive rates remain far below the peak of 64% reached in 1988. After a period of decline from 2002 to 2004, PCP-positive rates increased slightly from 6% in 2004 to 9% in 2006. The percentage of adult arrestees testing positive for opiates has remained relatively constant at around 10% since 1990. These data, as well as those for juvenile arrestees, are available online at the D.C. Pretrial Services website (<http://www.dcpsa.gov/foia/foiaERRpsa.htm>).

Percentage of Washington, D.C., Adult Arrestees Testing Positive, by Drug, 1984 to 2006*

(N ranged from 10,990 to 23,271 tests)



*Data are not shown for amphetamines. The D.C. Pretrial Services Agency stopped reporting on amphetamines in 1995 and recently resumed reporting results for this class of drugs in August 2006.

SOURCE: Adapted by CESAR from data from the District of Columbia Pretrial Services Agency. For more information, contact Jerome Robinson, Director of Forensic Research at the D.C. Pretrial Services Agency at jerome.robinson@csosa.gov.

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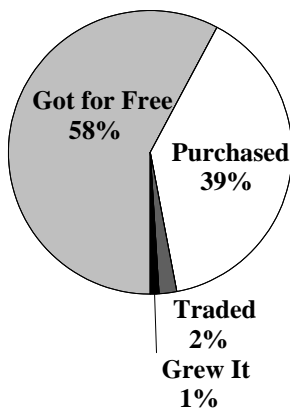
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Marijuana Distribution Relies Primarily on Generosity of Friends and Family

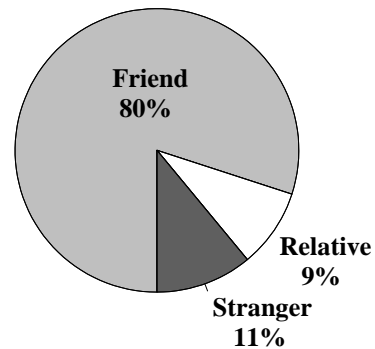
Marijuana distribution relies primarily on informal dealing through social networks, according to an analysis of data from a national household survey.* More than one-half (58%) of household residents who had used marijuana in the past year reported that they most recently obtained their marijuana for free, compared to 39% who reported purchasing it. Nearly all (89%) marijuana users reported getting their most recent acquisitions from a friend or relative (see figures below). And unlike users of more expensive drugs such as cocaine and heroin, the majority of people who used marijuana in the past year (58%) gave away or shared some of their most recent acquisition (data not shown).

How and From Whom Marijuana Was Most Recently Acquired by Past Year Marijuana Users, U.S. Household Residents, 2001

Method of Acquiring Marijuana



Source of Marijuana Acquisition



*Data was taken from the 2001 National Household Survey on Drug Abuse (since renamed the National Survey on Drug Use and Health) marijuana market survey questions.

SOURCE: Adapted by CESAR from Caulkins, J.P. and Pacula, R.L., "Marijuana Markets: Inferences From Reports by the Household Population," *Journal of Drug Issues*, 36(1): 173-200, 2006. For more information, contact Dr. Jonathan P. Caulkins at caulkins@andrew.cmu.edu.

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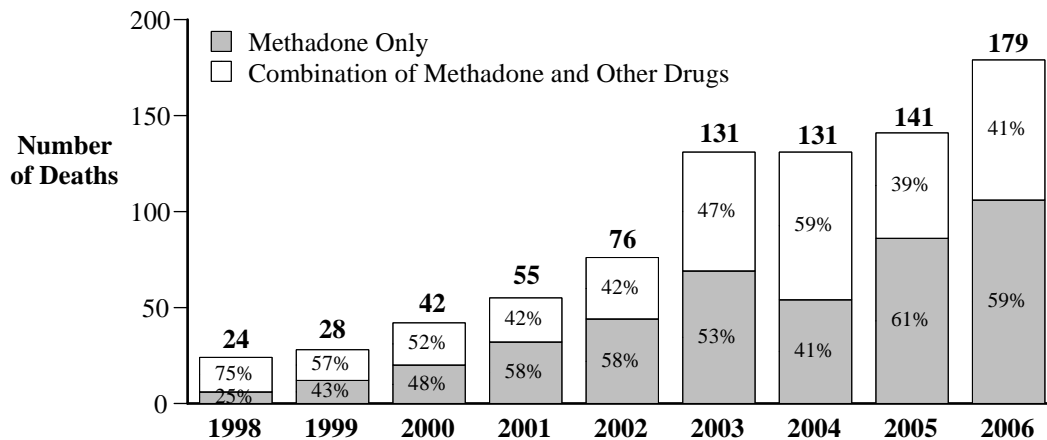
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University of Maryland, College Park

Number of Maryland Deaths Caused by Methadone Intoxication Continues to Increase; Majority Are Due to Methadone Only

The number of deaths in Maryland caused by methadone intoxication increased more than 25% from 2005 to 2006, according to data from the Office of the Chief Medical Examiner (OCME).^{*} After nearly doubling between 2002 and 2003, the number of Maryland deaths due to a lethal dose of methadone recently increased again, from 141 deaths in 2005 to 179 deaths in 2006. The majority (59%) of the 2006 methadone deaths were due to a lethal dose of methadone only; 41% were due to methadone combined with other drugs. For more information on methadone deaths in Maryland, see *DEWS Investigates: A Pilot Study to Enhance the Understanding of Methadone Intoxication Deaths in Maryland* (available online at <http://www.cesar.umd.edu/cesar/pubs/20040501.pdf>) and *DEWS Investigates: What Is Behind the Rise in Methadone Deaths in Maryland?* (available online at <http://www.cesar.umd.edu/cesar/pubs/20050702.pdf>).

Number of Maryland Methadone Intoxication Deaths, 1998 to 2006**



*The OCME investigates human deaths caused by violence, suicide, or casualty; sudden death in an apparently healthy individual; and deaths that involve any suspicious or unusual manner.

**A methadone intoxication death is a death directly resulting from the ingestion of toxic amounts of methadone, alone or in combination with alcohol or other drugs, regardless of the manner of death (e.g. suicide, accident, undetermined).

SOURCE: Adapted by CESAR from data provided by the Maryland Office of the Chief Medical Examiner, March 2007. For more information, contact Erin Artigiani at erin@cesar.umd.edu.

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University of Maryland, College Park

*New Report Makes Recommendations on How to
“Take the ‘High’ Out of Higher Education”*

Only one-fifth of administrators at U.S. colleges and universities believe that the school bears primary responsibility to prevent alcohol abuse and drug use among their students, according to a recent report from the National Center on Addiction and Substance Abuse at Columbia University. The two most frequently mentioned barriers to implementing more effective substance use prevention policies and programs were that student substance use is seen as a normal rite of passage (37.8%) and limited financial resources/funding (34.3%). The report concludes that “institutions of higher education have an obligation to take on the problem of student drinking, smoking and other drug use and abuse...” (p. 2) and makes several recommendations:

Change the Prevailing Climate. Set clear substance use/abuse policies and enforce them in consistent and predictable ways. Target additional prevention services to times of high-risk substance use (e.g., freshman year, weekends, athletic events, spring break). Hold Friday morning and afternoon classes and exams. Currently, only 21.3% of administrators say they hold classes and exams on Friday or Saturday mornings.

Engage and Change Attitudes of Students and Their Parents. Educate students and their parents about school substance use policies as well as the signs and symptoms of substance abuse. Engage students through evidence-based peer education strategies. Report all substance use infractions of students under age 21 to parents or legal guardian.

Address the Needs of High-Risk Students. Identify high-risk students (e.g., Greeks, freshmen, athletes, high school users) and target science-based services to them. Routinely screen all students for substance abuse problems and provide appropriate services.

Monitor Progress and Improve Results. Monitor rates of student substance use and related mental health problems and adjust prevention and intervention efforts accordingly. Scientifically evaluate the effectiveness of services, modifying those that do not seem to be working.

A discussion of all the recommendations made can be found in the full report (available online at <http://www.casacolumbia.org>).

NOTE: Data were taken from a nationally representative online survey of 224 college administrators conducted in late 2005 through early 2006.

SOURCE: Adapted by CESAR from The National Center on Addiction and Substance Abuse at Columbia University, *Wasting the Best and the Brightest: Substance Abuse at America’s Colleges and Universities*, March 2007.

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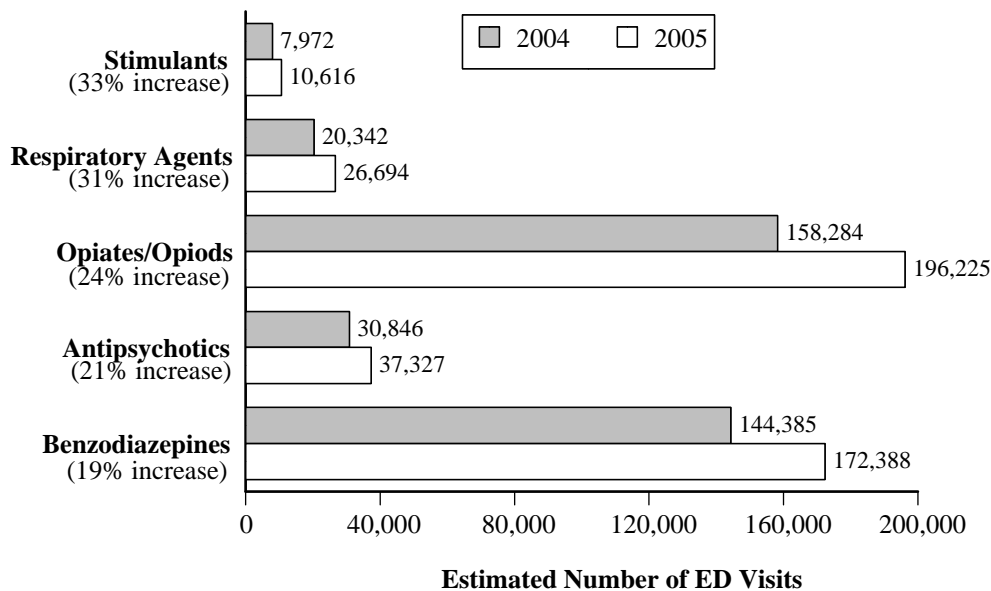
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University of Maryland, College Park

Number of U.S. Emergency Department Visits Involving Nonmedical Use of Pharmaceuticals Increases from 2004 to 2005

An estimated 598,542 U.S. emergency department (ED) visits in 2005 involved the nonmedical use of prescription or over-the-counter pharmaceuticals or dietary supplements, an increase of 21% more than 2004 estimates. According to recently released data from the Drug Abuse Warning Network (DAWN), the greatest increase occurred for visits involving stimulant drugs (33% increase), followed by respiratory agents such as antihistamines and decongestants (31% increase), and opioids (24% increase). The only other pharmaceutical drugs that showed statistically significant increases in ED-involved visits between 2004 and 2005 were antipsychotics and benzodiazepines. The report notes that “it is not possible to know, based on the documentation available in ED medical records, the extent to which the source of these drugs is a legitimate prescription, as opposed to other sources” (p. 9).

U.S. ED Visits Involving the Nonmedical Use of Pharmaceuticals That Showed Statistically Significant Increases Between 2004 and 2005



SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (OAS), *Drug Abuse Warning Network 2005: National Estimates of Drug-Related Emergency Department Visits*, 2007. Available online at <https://dawninfo.samhsa.gov>.

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Research-Based Guide Presents Principles of Drug Abuse Treatment for Criminal Justice Populations

“Treatment offers the best alternative for interrupting the drug abuse/criminal justice cycle for offenders with drug abuse problems,” according to a research-based guide to treating drug abuse among criminal justice populations (p. 13). The National Institute on Drug Abuse (NIDA) guide describes 13 research-based treatment principles that are of particular relevance to the criminal justice community and to treatment professionals working with drug abusing offenders (see below). A copy of the full report, which includes a detailed discussion of all 13 treatment principles, as well as answers to frequently asked questions about drug abuse treatment for those involved with the criminal justice system, is available online (http://www.drugabuse.gov/podat_cj).

Principles of Drug Abuse Treatment for Criminal Justice Populations

- Drug addiction is a brain disease that affects behavior.
- Recovery from drug addiction requires effective treatment, followed by management of the problem over time.
- Treatment must last long enough to produce stable behavioral changes.
- Assessment is the first step in treatment.
- Tailoring services to fit the needs of the individual is an important part of effective drug abuse treatment for criminal justice populations.
- Drug use during treatment should be carefully monitored.
- Treatment should target factors that are associated with criminal behavior.
- Criminal justice supervision should incorporate treatment planning for drug abusing offenders, and treatment providers should be aware of correctional supervision requirements.
- Continuity of care is essential for drug abusers re-entering the community.
- A balance of rewards and sanctions encourages prosocial behavior and treatment participation.
- Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach.
- Medications are an important part of treatment for many drug abusing offenders.
- Treatment planning for drug abusing offenders who are living in or re-entering the community should include strategies to prevent and treat serious, chronic medical conditions, such as HIV/AIDS, hepatitis B and C, and tuberculosis.

SOURCE: Adapted by CESAR from the National Institute on Drug Abuse (NIDA), *Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide*, 2006.

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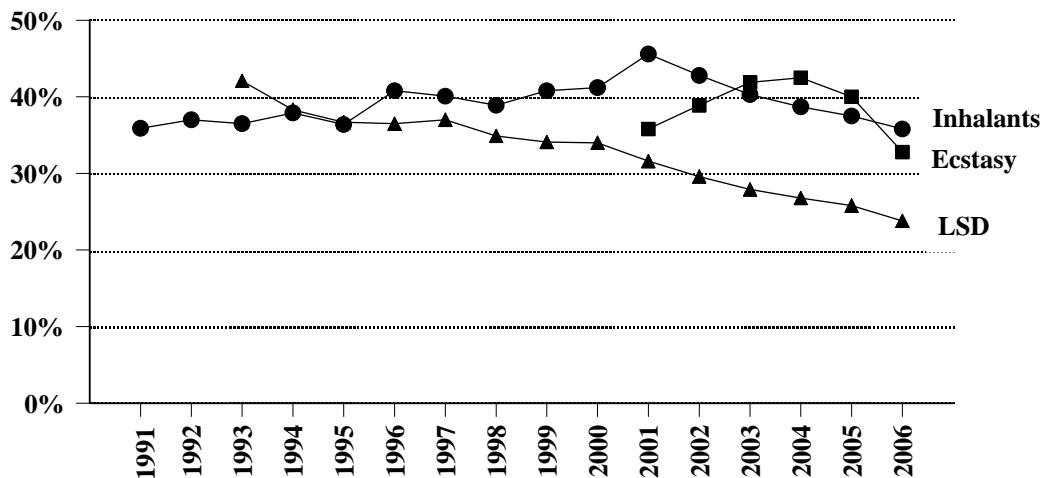
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Eighth Graders' Perceived Harmfulness of Ecstasy, LSD, and Inhalant Use Continues to Decrease; Suggests "Vulnerability to Resurgence of Use"

Decreases in the perceived harmfulness of using a drug are often leading indicators of future increases in actual use of that drug (see *CESAR FAX* Volume 16, Issue 4). Thus, it is disconcerting that data from the 2006 national Monitoring the Future survey show that the percentage of eighth grade students perceiving a "great risk" of harm in using ecstasy, LSD, or inhalants once or twice continues to decline. The percentage of students who perceived a great risk of harm from using ecstasy decreased from 43% in 2004 to 33% in 2006, while the perceived harmfulness of LSD use has been declining since 1997, reaching a low of 24% in 2006. Inhalant use began to decrease about five years ago, from a high of 46% in 2001 to 36% in 2006. The study authors suggest that these trends may reflect "generational forgetting" of the dangers of these drugs, "leaving the newer cohorts vulnerable to a resurgence of use" (p. 7).

Percentage of U.S. 8th Graders Perceiving a "Great Risk" in Using Inhalants, LSD, or Ecstasy Once or Twice, 1991 to 2006



*Perceived risk: The percentage reporting that people run a "great risk" in harming themselves (physically or in other ways) if they try a drug once or twice.

NOTE: Data on the perceived risk of LSD use began being collected in 1993; that of ecstasy use in 2001.

SOURCE: Adapted by CESAR from National Institute on Drug Abuse (NIDA), *Monitoring the Future: National Results on Adolescent Drug Use, Overview of Key Findings 2006*, 2007. Available online at <http://www.monitoringthefuture.org/pubs/monographs/overview2006.pdf>.

Historic Drug Czar Conference DVD Now Available at a Reduced Price of \$75

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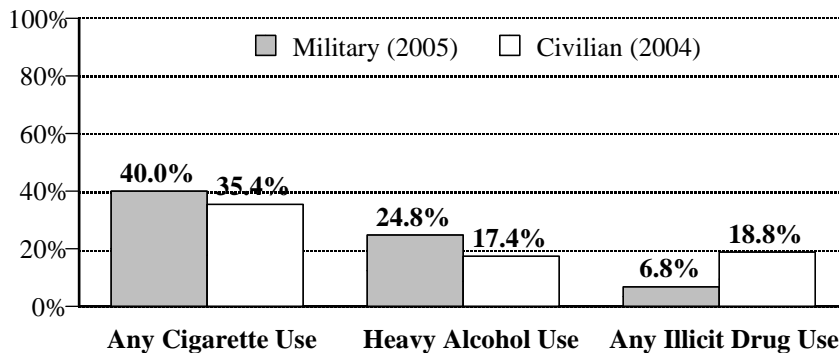
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Young Adults in the Military Report Lower Rates of Illicit Drug Use Than Civilians; Higher Rates of Cigarette and Heavy Alcohol Use

Young adults in the military report substantially different patterns of substance use than their civilian counterparts, according to the most recent data from the Survey of Health Related Behaviors Among Active Duty Military Personnel. One-fourth of military young adults reported heavy alcohol use,* compared to 17.4% of civilians. And 40% of military personnel reported smoking cigarettes in the past month, compared to 35.4% of civilians. In contrast, the percentage of military personnel ages 18 to 25 reporting any illicit drug use** in the past 30 days was less than one-half of that of civilians (6.8% vs. 18.8%), suggesting that the “military environment discourages illicit drug use quite successfully” (p. 111). It is also possible, however, that military personnel are less likely to report illegal drug use in a survey.

Percentage of Military Personnel and Civilian Young Adults (Ages 18 to 25) Reporting Past Month Cigarette, Heavy Alcohol,* and Illicit Drug** Use



All differences are statistically significant at the 95% confidence level.

NOTES: Military data are from the 2005 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel. Civilian data are from the 2004 National Household Survey on Drug Use and Health (the most recent data available at the time) and were standardized to the military data by sex, age, education, race/ethnicity, and marital status.

*Heavy alcohol use: having five or more drinks on the same occasion at least once a week in the past 30 days.

**Illicit drug use: nonmedical use of marijuana/hashish, cocaine, hallucinogens/PCP/LSD, amphetamines/stimulants, tranquilizers or other depressants, barbiturates/sedatives, heroin or other opiates, analgesics or other narcotics, inhalants, anabolic steroids, and sexual enhancers.

SOURCE: Adapted by CESAR from Department of Defense (DoD), *2005 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel*, 2006. Available online at http://www.ha.osd.mil/special_reports/2005_Health_Behaviors_Survey_1-07.pdf.

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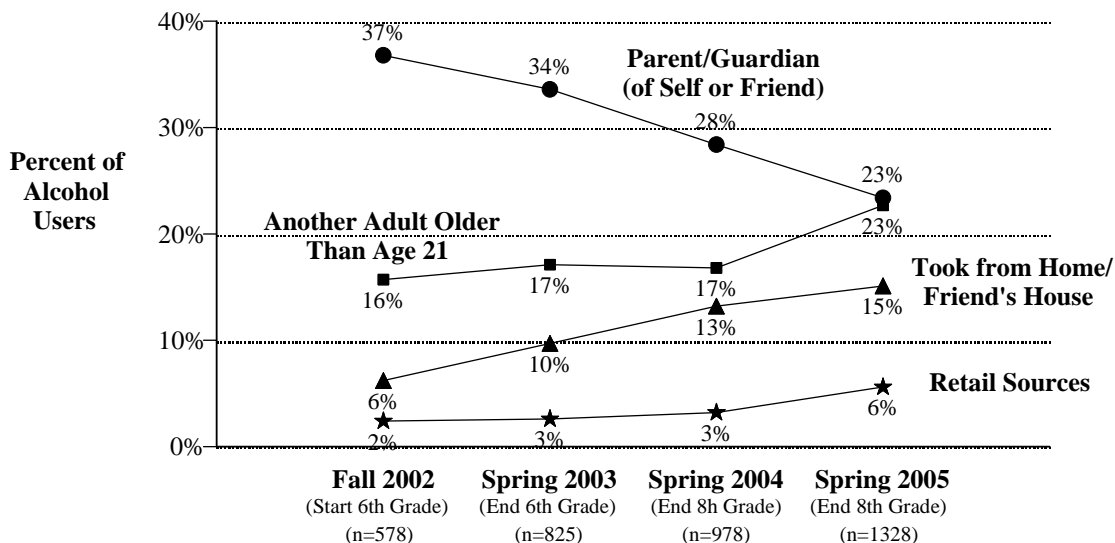
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University of Maryland, College Park

Chicago Study Finds Parents Are Primary Source of Alcohol for Middle School Youth, Other Sources Become More Prevalent by 8th Grade

Parents or guardians are a predominant source of alcohol for young teens, according to a longitudinal study that followed Chicago public school students from 6th to 8th grade. More than one-third of alcohol-using youths entering 6th grade reported that they were given alcohol by parents or guardians the last time they drank alcohol, while 16% reported receiving it from another adult older than age 21. Very few reported obtaining alcohol from home (6%) or retail sources, such as a grocery or liquor store (2%). While decreasing over time, parents or guardians continued to remain the most common source of alcohol until the end of 8th grade, when youths who used alcohol were as likely to report that another adult older than age 21 was their most recent source as they were to report parents or guardians (23%). The authors suggest that “parents who provide their children with alcohol on special occasions or religious events may want to consider all the subsequent effects” and that “parental education about the need to eliminate, lock up and/or monitor alcohol in the home may be necessary” (p. 5). Studies have found that early initiation of alcohol use is associated with an increased risk of alcohol abuse and dependence at a later age (see *CESAR FAX*, Volume 13, Issue 45).

Reported Sources of Alcohol Among Chicago Public School Alcohol Users as They Move From 6th to 8th Grade, 2002-2005



NOTES: Data are from 58 schools in Chicago that participated in all 4 data collection points of Project Northland Chicago (PNC), a group-randomized trial for the prevention of adolescent alcohol use. Alcohol use is defined as having a bottle or can of beer, a bottle or can of malt liquor, a glass of wine or wine cooler, or a flavored alcohol drink at least once in the past 12 months. The sample size increased over time because past year alcohol use increased with age.

SOURCE: Adapted by CESAR from Hearst, M.O., Fulkerson, J.A., Maldonado-Molina, M.M., Perry, C.L., and Komro, K.A. “Who Needs Liquor Stores When Parents Will Do? The Importance of Social Sources of Alcohol Among Young Urban Teens,” *Preventive Medicine* doi:10.1016/j.ypmed.2007.02.018, 2007. For more information, contact Mary Hearst at onei0085@umn.edu.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Surgeon General Issues Call to Action on Underage Drinking

“Adolescent alcohol use is not an acceptable rite of passage but a serious threat to adolescent development and health . . .”

--Acting Surgeon General Kenneth P. Moritsugu, M.D., M.P.H.

Underage consumption of alcohol is a widespread and persistent public health and safety problem, according to the recently released Surgeon General’s report on underage drinking. This science-based document summarizes the latest research on underage drinking, making particular note of the emerging body of research on the negative effects of underage alcohol use on adolescent brain development. The authors conclude that “the latest research demonstrates a compelling need to address alcohol use early, continuously, and in the context of human development using a systematic approach that spans childhood through adolescence into adulthood” (p. vii). Thus, six national goals are presented, designed to reduce the number of current underage drinkers and prevent children from beginning to drink (see below). A copy of the report, which includes the rationale, challenges associated with achieving, and specific strategies for realizing each goal, is available online (<http://www.surgeongeneral.gov/topics/underagedrinking/calltoaction.pdf>).

Six Goals of the Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking

- GOAL 1** Foster changes in American society that facilitate healthy adolescent development and that help prevent and reduce underage drinking.
- GOAL 2** Engage parents and other caregivers, schools, communities, all levels of government, all social systems that interface with youth, and youth themselves in a coordinated national effort to prevent and reduce underage drinking and its consequences.
- GOAL 3** Promote an understanding of underage alcohol consumption in the context of human development and maturation that takes into account individual adolescent characteristics as well as environmental, ethnic, cultural, and gender differences.
- GOAL 4** Conduct additional research on adolescent alcohol use and its relationship to development.
- GOAL 5** Work to improve public health surveillance on underage drinking and on population-based risk factors for this behavior.
- GOAL 6** Work to ensure that policies at all levels are consistent with the national goal of preventing and reducing underage alcohol consumption.

SOURCE: Adapted by CESAR from U.S. Department of Health and Human Services, *The Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking*, 2007.

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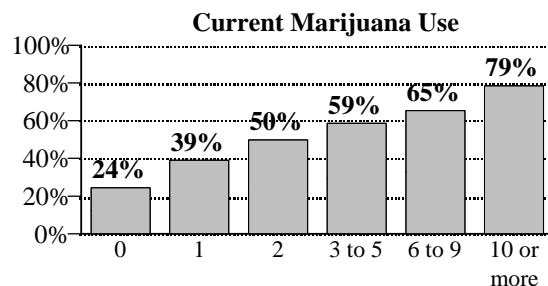
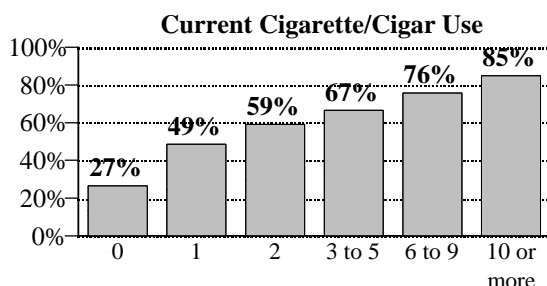
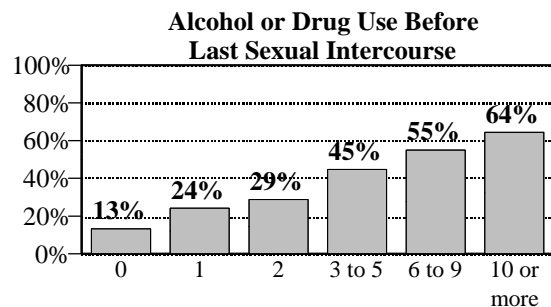
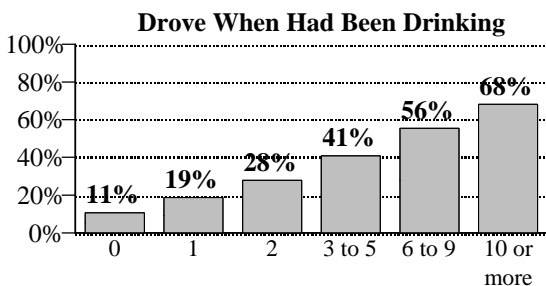
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Nearly Two-Thirds of High School Students Who Use Alcohol Binge Drink; Frequent Binge Drinkers Six Times More Likely to Drink and Drive

Binge drinking among high school students is associated with many health risk behaviors, according to recent analysis of data from the National Youth Risk Behavior Study (YRBS). Forty-five percent of U.S. high school students reported drinking in the past month, and nearly two-thirds of these drinkers (64%) reported binge drinking, defined as consuming five or more drinks in a row during the past month. Binge drinking was associated with a variety of health risk behaviors that increased with the number of binge-drinking days. For example, drinkers who reported binge drinking on ten or more days were six times more likely to report drinking and driving than those who did not binge drink (68% vs. 11%; see figure below). The recently released Surgeon General's report on underage drinking includes many recommendations for preventing and reducing underage drinking (see *CESAR FAX*, Volume 16, Issue 19).

Prevalence of Health Risk Behaviors Among U.S. High School Students Who Drink Alcohol, by Number of Binge-Drinking Days, 2003



NOTE: The National Youth Risk Behavior Survey (YRBS) is a school-based survey, representative of all public and private high school students in grades 9 through 12 in all 50 states and the District of Columbia.

SOURCE: Adapted by CESAR from Miller, J.W., Naimi, T.S., Brewer, R.D., and Jones, S.E. "Binge Drinking and Associated Health Risk Behaviors Among High School Students," *Pediatrics* 119:76-85, 2007. For more information, contact Dr. Robert Brewer at robert.brewer@cdc.hhs.gov.

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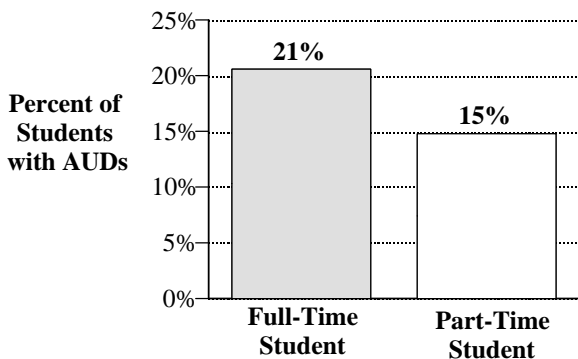
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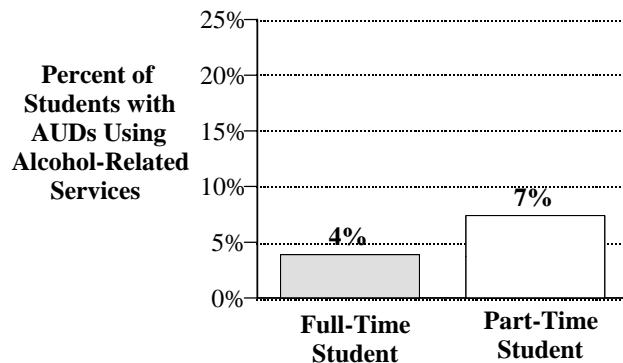
Few College Students with Alcohol Use Disorders Utilize Alcohol-Related Treatment Services

Few college students with alcohol use disorders (AUDs) utilize alcohol treatment services, according to an analysis of data from the National Survey on Drug Use and Health. One-fifth (21%) of full-time and 15% of part-time college students met the criteria for either alcohol abuse or dependence in the past year. However, relatively few college students with AUDs reported that they had used alcohol-related treatment or counseling services in the past year (see figure below). One reason for not receiving treatment may be a lack of perceived need for services—only 2% of full-time and less than 1% of part-time college students who had an AUD but who did not receive any alcohol services in the past year reported that they felt they needed alcohol-related services during this period (data not shown). Other reasons cited by the students included financial barriers and that they did not know where to get treatment. The authors suggest that “increased availability of and access to community- and college-based alcohol-screening programs may be an effective way to identify individuals with harmful alcohol use behaviors, to offer alcohol-related education, and to refer them to appropriate treatment service programs” (p. 199).

While 15% to 21% of College Students Met the Criteria for Alcohol Use Disorders . . .



Fewer Than 10% of Students with AUDs Utilized Alcohol-Related Treatment and Counseling Services



NOTE: Data are from a sample of 11,337 college-age young adults (ages 18 to 22) who participated in the 2002 National Survey on Drug Use and Health.

SOURCE: Adapted by CESAR from Wu, L.-T., Pilowsky, D.J., Schlenger, W.E., and Hasin, D. “Alcohol Use Disorders and the Use of Treatment Services Among College-Age Young Adults,” *Psychiatric Services* 58(2):192-200, 2007.

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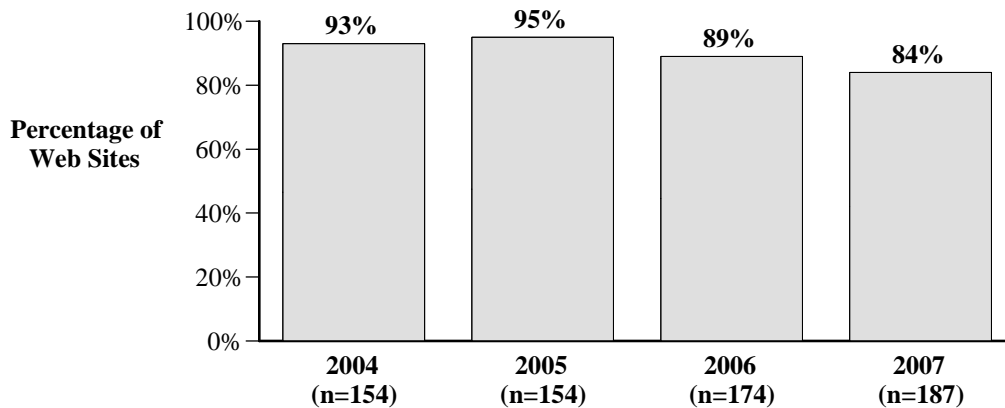
University of Maryland, College Park

Majority of Websites Selling Controlled Prescription Drugs Still Do Not Require a Prescription

Controlled prescription drugs continue to be widely available on the internet without a prescription, according to a study of the dispensing requirements of internet sites selling opioid, depressant, and stimulant prescription drugs. Of the 187 internet sites selling such drugs during a one-week period in 2007, 84% did not require a valid prescription, slightly less than in previous years. (see figure below). There were no conditions to purchasing the controlled drugs at one-third of the sites not requiring a prescription, while slightly more than half (53%) required an “online consultation” in lieu of a prescription, where the “consumer fills out an online questionnaire that is reportedly evaluated by a physician affiliated with the online pharmacy” (p. 6). Only 30 sites (16%) required that a prescription be faxed or mailed or that the patient’s doctor be contacted for the prescription. In addition, none of the websites identified utilized mechanisms to deny children the ability to purchase controlled prescription drugs. The authors note that “this easy availability has enormous implications for public health, particularly the health of our children, since research has documented the tight connection between availability of drugs to young people and substance abuse and addiction” (p. 8).

Percentage of Web Sites Selling Prescription Drugs Without Requiring a Prescription

(During a One Week Period, 2004 to 2007)



NOTES: Web sites selling controlled prescription drugs were identified using internet searches and spam email advertisements. The number of web sites represent the sites that could be identified in a similar one-week period of time each year, not the total number of sites advertising or selling controlled prescription drugs online. The number of sites and percentages not requiring a prescription are slightly different from those reported in previous surveys because “adjustments were made in classification of data from previous years to assure consistency of reporting.”

SOURCE: Adapted by CESAR from the National Center on Addiction and Substance Abuse at Columbia University (CASA), “*You’ve Got Drugs!*” IV: *Prescription Drug Pushers on the Internet*, May 2007. Available online at <http://www.casacolumbia.org/supportcasa/item.asp?cID=12&PID=157>.

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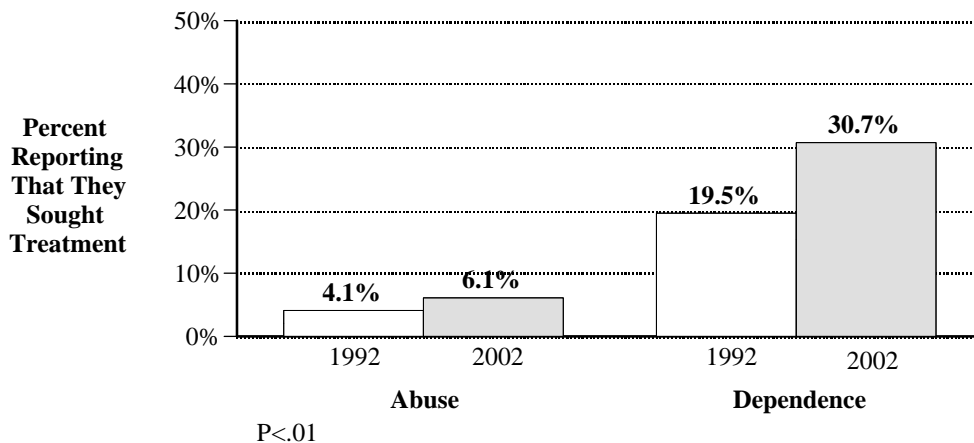
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While Drug Treatment-Seeking Has Increased Among U.S. Residents, More Than Two-Thirds Still Do Not Seek Help

The percentage of U.S. residents seeking help for their drug use disorders increased from 1992 to 2002, according to a recent analysis of data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). In 2002 (the most recent year for which data are available), 6.1% of U.S. residents who met the criteria for substance abuse reported that they had sought treatment or help* for their disorder, compared to 4.1% in 1992.** An even greater increase was found for those meeting the criteria for substance dependence—30.7% reported seeking treatment in 2002, compared to 19.5% a decade earlier. The authors note that while these are statistically significant increases, “treatment rates for drug use disorders . . . are substantially lower than corresponding treatment rates of other major psychiatric disorders” (p. 573). Among their suggestions are to focus future research on the “development of instruments to screen, identify, and refer probable abuse and dependence in primary care settings” and to “computerize assessment and referral processes” (p. 573).

Percentage of U.S. Residents with Drug Abuse or Dependence in the Past Year Reporting That They Sought Treatment,* 1992 and 2002**



*Respondents were asked about substance treatment- or help-seeking behaviors in the following settings: self-help groups; family/social services; drug detoxification; inpatient ward of a hospital; outpatient clinic; rehabilitation unit; methadone program; emergency department; halfway house; crisis center; employee assistance program; private physician; psychiatrist, psychologist, or social worker; and counseling with a member of the clergy.

**Data from 1992 are taken from the National Longitudinal Alcohol Epidemiologic Survey (NLAES).

SOURCE: Adapted by CESAR from Compton, W.M.; Thomas, Y.F., Stinson, F.S., and Grant, B.F. “Prevalence, Correlates, Disability, and Comorbidity to DSM-IV Drug Abuse and Dependence in the United States,” *Archives of General Psychiatry* 64(5):566-576.

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Substance Abuse and Mental Health Care Environment “Toxic” for Persons in Recovery and Those Working in the Field

“The environments in which behavioral health care is both given and received are toxic for persons in recovery, family members, and the workforce,” according to a recent report commissioned by the Substance Abuse and Mental Health Services Administration (SAMHSA). The report examined the current status of the substance abuse and mental health—also known as behavioral health—workforce and found “overwhelming evidence that the behavioral health workforce is not equipped in skills or in numbers to respond adequately to the changing needs of the American population” (p. 1). Among the weakness contributing to the current “toxic” environment:

- **A Critical Workforce Shortage.** Difficulty in recruiting and retaining mental health and substance abuse staff was observed, especially those trained to meet the needs of the young and the elderly. For example, “nationwide, only 700 practicing psychologists view older adults as their principal population of focus, well short of the estimated 5,000 to 7,500 geropsychologists necessary to meet current needs” (p. 64). The shortage is particularly acute in rural areas. More than one-half (55%) of U.S. counties have no practicing psychiatrists, psychologists, or social workers, and all of these counties are rural.
- **A Narrow Focus on Urban White Adults.** Prevention, intervention, and treatment strategies are primarily developed by, tested with, and provided by Caucasian, non-Hispanic adults residing in urban areas. Thus, “the unique needs of the country’s rapidly growing ethnically and racially diverse populations . . . receive sparse attention, with parallels in a behavioral health workforce that lacks cultural and linguistic diversity and cultural competence” (p. 68).
- **Dissatisfaction Among Persons in Recovery.** Many persons receiving care described a workforce with “negative attitudes toward the very persons they are to serve” (p. 65). In addition, there was the feeling that “the emphasis on compassionate and caring therapeutic relationships has been significantly eroded in behavioral health care” (p. 65).
- **Inadequate and Irrelevant Training.** Employers of behavioral health care workers report that “recent graduates of professional training programs are unprepared for the realities of practice in real-world settings, or worse, have to unlearn an array of attitudes, assumptions, and practices developed during graduate training that hinder their ability to function” (p. 66). It is also felt that current professional education fails to provide “substantive training in evidence-based practices” (p. 66).

To address these weakness, seven strategic goals with specific actions were developed and are discussed in length in the report (available online at <http://www.samhsa.gov/workforce/annapolis/workforceactionplan.pdf>). The report concludes that “the workforce remains the most essential ingredient for success in the development of resilience and for ensuring positive outcomes for people in recovery and their families” (p. 25).

SOURCE: Adapted by CESAR from The Annapolis Coalition on the Behavioral Health Workforce, *An Action Plan for Behavioral Health Workforce Development*, 2007. Available online at http://www.annapoliscoalition.org/national_strategic_planning.php.

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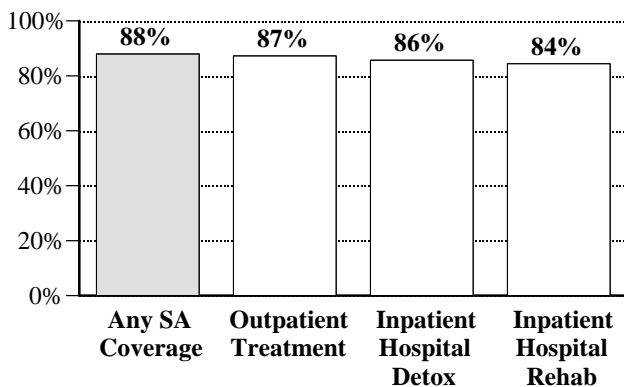
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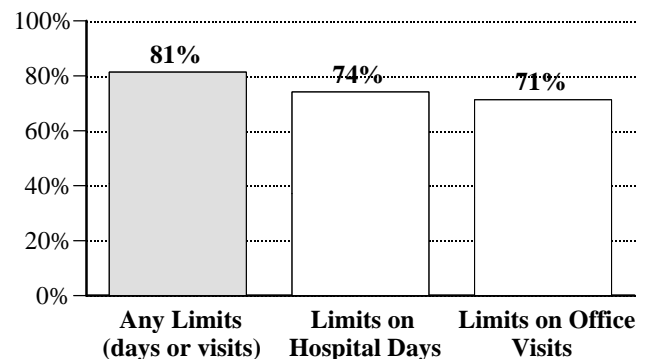
Majority of Insured Workers with Substance Abuse Treatment Benefits Belong to Plans That Limit the Amount of Care Allowed, A Practice “Virtually Unknown in Medical Care”

The majority (88%) of workers with job-based health insurance had some coverage for substance abuse (SA) treatment in 2006, according to a survey of public and private U.S. employers. The most common forms of SA treatment covered were outpatient treatment (87%), inpatient hospital detoxification (86%), and inpatient hospital rehabilitation (84%). However, most (81%) of these employees with coverage for SA benefits belonged to plans that limited the number of hospital days and/or office visits allowed for SA treatment (see figures below). The average number of hospital days permitted was 34 per year and 87 per lifetime while the average number of office visits allowed was 34 per year and 68 per lifetime (data not shown). Noting that “such limits in visits and days are virtually unknown in medical care” (p. w478), the authors conclude that “the SA benefit design encourages short stays through caps and other limits, which in some cases may result in inadequate treatment” (p. w481).

While the Majority of Insured Workers Have Substance Abuse (SA) Treatment Benefits . . .



Most Plans Limit the Number of Hospital Days or Office Visits Allowed



NOTES: Data are from a special supplement to the 2006 Kaiser/HRET Employer Health Benefits Survey. Analysis of this data was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

SOURCE: Adapted by CESAR from Gabel, J.R.; Whitmore, H.; Pickreign, J.D.; Levit, K.R.; Coffey, R.M.; and Vandivort-Warren, R. “Substance Abuse Benefits: Still Limited After All These Years,” *Health Affairs* 26(4):w474-w482, 2007. Published online 7 June 2007. For more information, contact Jon Gabel at Gabel-Jon@norc.org.

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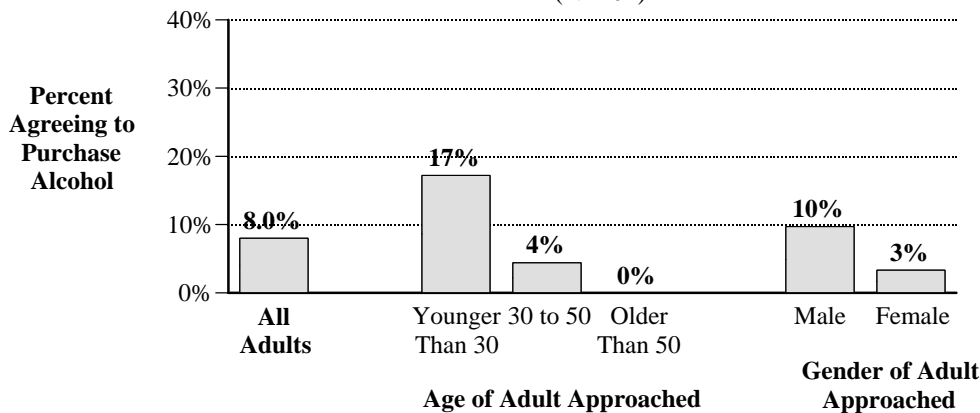
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Young Males Most Likely to Buy Alcohol for Persons Who Appear to Be Underage

Young males are more likely than other adults to buy alcohol for persons who appear to be underage, according to a study of the ability to obtain alcohol by “shoulder tapping.” Pseudo-underage individuals (persons who appeared to be under 21 but were in fact age 21 or older) approached adults outside liquor and convenience stores in 19 Midwestern communities and asked them to buy a six-pack of beer for them (i.e., shoulder tapping). While less than one-tenth (8%) of the 102 adults approached agreed to purchase alcohol for the requestor, adults who appeared to be younger than age 30 were more likely to provide alcohol, as were males (see figure below). In a second wave of shoulder tapping attempts targeting only casually dressed, young males, 19% of the approached men agreed to buy alcohol for the requestors. In addition, the young males were 2.7 times more likely to actually return with beer (data not shown). The authors conclude that while “youth are not likely to easily obtain alcohol through shoulder tapping from a general population of adults entering alcohol establishments, they will be more likely to obtain alcohol through this method if they direct their requests toward younger male adults” (p. 1222). Thus, communities should “direct their educational and enforcement shoulder tap campaigns toward younger males rather than the general adult population” (p. 1220).

Percent of Adults Agreeing to Purchase Alcohol for Persons Who Appear to Be Underage, by Age and Gender

(N=102)



NOTES: During the first wave of this study, requesters approached the first unaccompanied adult who approached the store entrance. During the second wave, requesters approached the first male who appeared to be between 21 and 30 years old, was dressed casually, and approached the store alone. Each time the requestor said, “I don’t have my ID on me and I think this store checks for age identification. Could you get a six-pack of beer for me?” If asked their age, requesters stated their real age (i.e., age 21 or older).

SOURCE: Adapted by CESAR from Toomey, T.L., Fabian, L.E.A., Erickson, D.J., and Lenk, K.M. “Propensity for Obtaining Alcohol Through Shoulder Tapping,” *Alcoholism: Clinical and Experimental Research* 31(7):1218-1223, 2007. For more information, contact Traci Toomey at toomey@epi.umn.edu.

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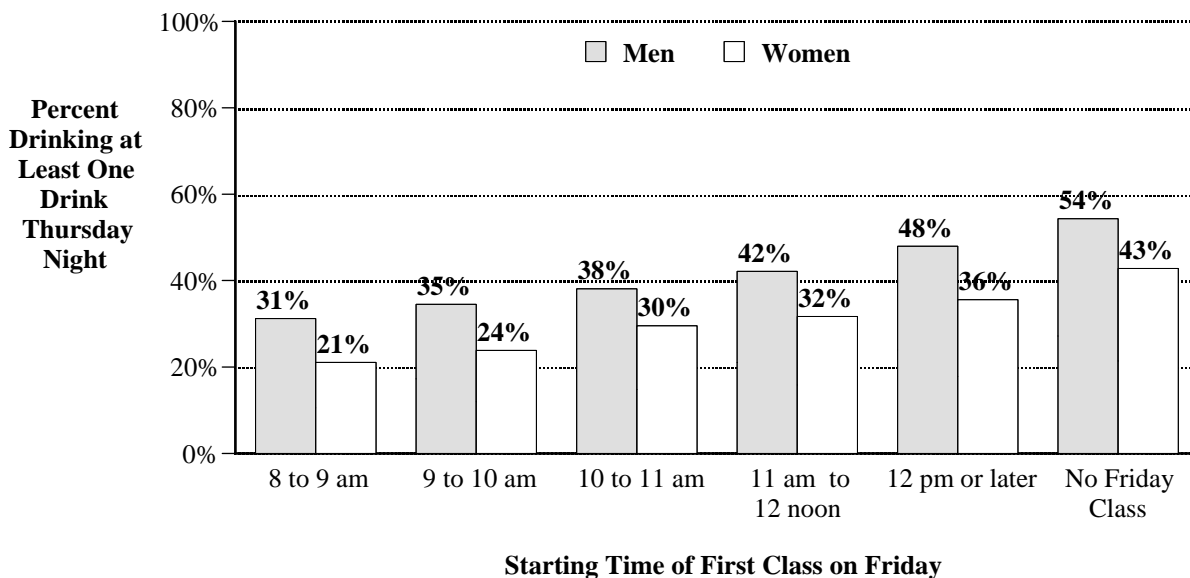
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University of Maryland, College Park

College Students More Likely to Drink on Thursday Nights If They Have Late Classes on Friday

Holding classes on Fridays, especially before 10 am, may reduce excessive drinking on Thursday nights by college students, according to a study of undergraduate students at a large Midwestern university. Students reported higher rates of drinking on Thursday night when their Friday classes started at later times, or when they did not have Friday classes at all. For example, 31% of male students with a Friday class starting between 8 and 9 am reported having at least one drink on Thursday night, compared to 48% of those with a class starting at 12 pm or later and 54% with no Friday classes (see figure below). Similar results were found for binge drinking on Thursday night (data not shown). The effect of Friday class scheduled held even after controlling for factors associated with drinking, such as precollege heavy drinking, involvement in Greek activities, and number of attempted credit hours. The authors conclude that “early Friday classes represent a cost-effective way to reduce alcohol consumption on campus, and controlled evaluations of altering the class schedule should be undertaken” (p. 1206).

Thursday Night Drinking Among College Students, by Starting Time of First Class on Friday
(N=3,341 first-time undergraduate students at a large Midwestern public university who had drunk in the past three months)



SOURCE: Adapted by CESAR from Wood, Phillip K., Sher, Kenneth J., and Rutledge, Patricia C. “College Student Alcohol Consumption, Day of the Week, and Class Schedule,” *Alcoholism: Clinical and Experimental Research* 31(7):1195-1207, 2007. For more information, contact Phillip Wood at woodph@missouri.edu.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

How Prevalent Is Crystal Methamphetamine Use Among Young Adults?

A recent report analyzing data from the National Longitudinal Study of Adolescent Health (Add Health) suggests that crystal methamphetamine use by young adults is “considerable higher” than previous surveys have indicated. The table below describes the methodology used to obtain estimates of crystal methamphetamine use by three surveys conducted around the same time: Add Health, Monitoring the Future (MTF), and the National Survey on Drug Use and Health (NSDUH). The methodological differences between the three surveys may help explain why estimates of crystal methamphetamine use differ. The question remains which estimate policymakers should use.

Comparison of Three Surveys Reporting the Prevalence of Crystal Methamphetamine Use Among Young Adults

	Add Health	MTF	NSDUH	Comments
Crystal Meth Estimate (Past Year Use)	2.8%	1.4%	1.7% (all meth use)	NSDUH does not differentiate between meth and crystal meth.
Survey Question	"In the past year, have you used crystal meth?"	"On how many occasions (if any) have you smoked (or inhaled the fumes of) crystal meth ("ice") during the last 12 months?"	"How long has it been since you last used methamphetamine, Desoxyn, or Methedrine?"	Add Health asks about a variety of sensitive behaviors (other than drug use) which may disinhibit reporting of substance use. NSDUH asks about meth in the context of prescription drugs, which may lead to underreporting.
When Conducted	August 2001–April 2002	Spring of 2002	January–December 2001	
Sample Size	14,108	1,767	22,658	Larger sample sizes provide more robust estimates.
Ages Surveyed	18–26	19–28	18–25	
Description of Survey Sample	Longitudinal study of nationally representative sample of persons who were in 7th–12th grades in 1994–95. Original respondents were re-interviewed 1, 2, and 6 years later.	Follow-up survey of representative sample of persons who participated in the MTF survey when they were in 12 th grade (not necessarily the same individuals each year).	Nationally representative sample of residents of households, noninstitutional group living quarters, and civilians living on military bases.	MTF excludes high school drop outs, who may be at higher risk for substance use. Add Health re-interviewed the same respondents several times. The resulting rapport may have increased their willingness to report substance use.
How Administered	Computer-assisted self-interviews (CASI) conducted in home.	Paper survey mailed to home.	Computer-assisted self-interviews (CASI) conducted in home.	CASI are associated with greater reporting of substance use.
Recall Assistance	Calendar.	None.	Calendar.	Calendar may increase the ability to recall past behaviors.

SOURCES: A full list of sources is available on the online version of this issue (www.cesar.umd.edu/cesar/cesarfax/vol16/16-28.pdf).

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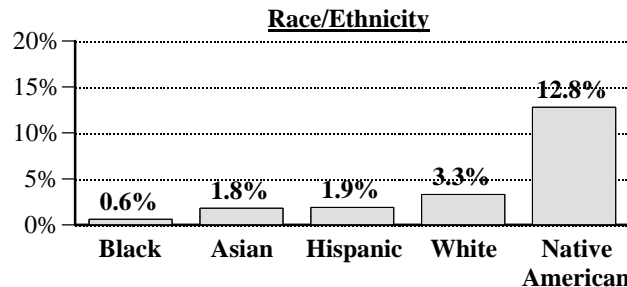
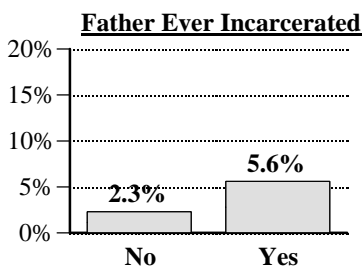
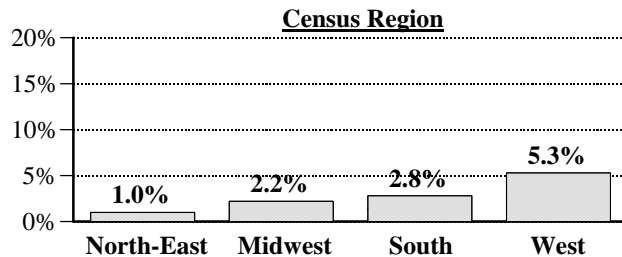
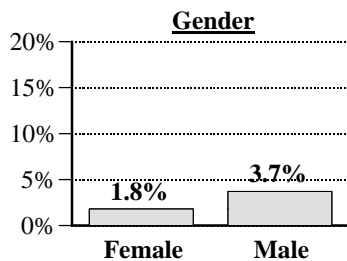
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Among Young Adults, Native American and White Males in South and West Most Likely to Use Crystal Methamphetamine

In 2001–2002, 2.8% of young adults reported using crystal methamphetamine in the past year, according to data from the National Longitudinal Study of Adolescent Health (Add Health). While this rate is relatively low compared to the use of other drugs, it is higher than that reported by previous surveys (see *CESAR FAX*, Volume 16, Issue 28). The study also found that among young adults ages 18 to 26, men and persons living in the southern and western regions of the U.S. were more likely to use crystal methamphetamine. Other significant predictors of crystal methamphetamine use were being of Native American or white race and having an incarcerated father (see figures below).^{*} Among women, crystal methamphetamine use was found to be significantly associated with drug selling, low condom use, and regretting a sexual situation due to alcohol or drug use (data not shown). The authors suggest the future research focus on the high prevalence rates among Native Americans, the effect of a father's incarceration on methamphetamine and other drug use, and the relationship between methamphetamine use and criminal and sexual activity among women.

Percentage of U.S. Residents Ages 18 to 26 Reporting Past Year Crystal Methamphetamine Use, 2001–2002



^{*}These differences were statistically significant after controlling for socio-demographic characteristics; cigarette, alcohol, cocaine, and I.V. drug use; and novelty seeking.

SOURCE: Adapted by CESAR from Iritani, B.J.; Hallfors, D.D.; and Bauer, D.J. "Crystal Methamphetamine Use Among Young Adults in the USA," *Addiction* 102(7): 1102-1113, 2007. For more information, contact Bonita J. Iritani at iritani@pire.org.

Baltimore City Substance Abuse Authority (BSAS) Seeks Chief of Program Operations

Duties of this full-time position include planning & overseeing the implementation & monitoring of service programs aimed at reducing substance abuse. A Master's degree and 10 years experience in program management & substance abuse treatment required. Please send cover letter & resume to Arnold L. Ross, BSAS, One N. Charles St., Ste 1600, Baltimore, MD 21201.

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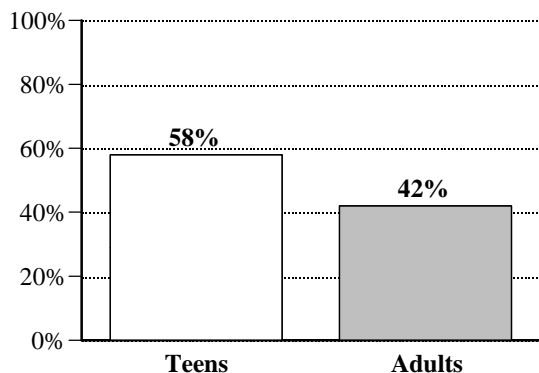
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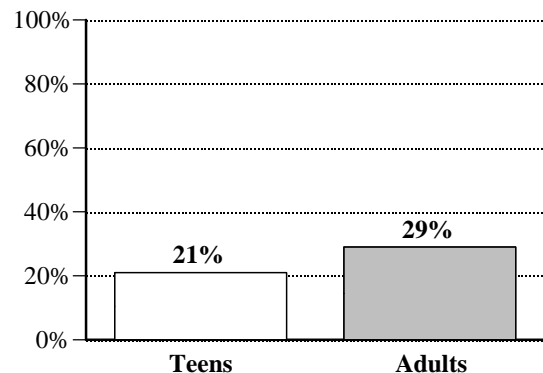
Majority of Youths and Adults Unaware of Chemicals in Cigarettes

The majority of Americans are not aware of the chemicals found in cigarettes and cigarette smoke, according to a national telephone survey. More than half of youths (58%) and adults (57%) reported that they knew a lot or a fair amount about the chemicals found in cigarettes and cigarette smoke. However, when asked to name a specific chemical (other than tar and nicotine) found in cigarettes and cigarette smoke, only 21% of youths and 29% of adults were able to do so (see figure below). Even when read a list of chemicals, few youths or adults said that they knew that they were found in cigarettes or cigarette smoke. For example, only 8% of youths and 6% of adults knew that polonium 210 (a radioactive element) was found in cigarette smoke. There are more than 4,000 chemicals in cigarette smoke, including at least 69 that cause cancer.

While Many Youths and Adults Report Being Knowledgeable About the Chemicals Found in Cigarettes and Cigarette Smoke . . .



. . . Few Can Name a Chemical (Other Than Tar and Nicotine) Found in Cigarettes and Cigarette Smoke



NOTES: The national telephone survey was conducted from March 7–11, 2007, with 510 youths (ages 12 to 17) and 1,1012 adults by the International Communications Research. The margin of error for youths is ± 4.3 and for adults is ± 3.1 .

SOURCE: Adapted by CESAR from Campaign for Tobacco-Free Kids, *Nationwide Survey of Teens and Adults*, March 2007. Available online at <http://tobaccofreekids.org/pdf/2007poll.pdf>.

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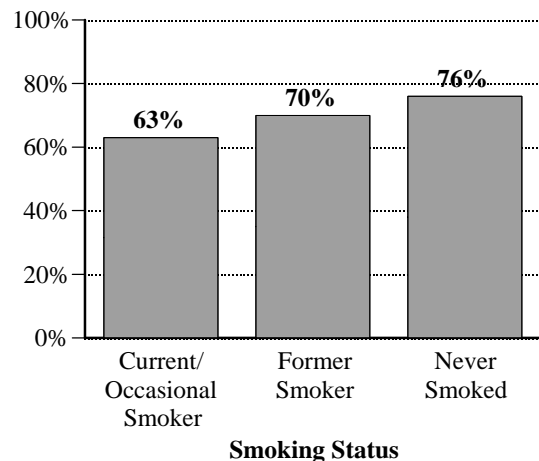
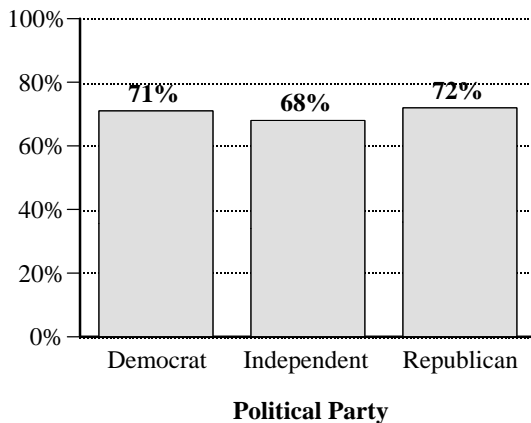
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Poll Finds Wide-Reaching Support for Bill Granting FDA Authority Over Tobacco Products

The majority of U.S. voters support the regulation of tobacco products by the Food and Drug Administration (FDA), according to a recent nationwide telephone survey. Overall, 70% of voters said they would favor Congress' passing a bill that would give the FDA the authority to "regulate tobacco products, including restrictions on sales and marketing to children." Support for the legislation was bipartisan, as well as being strong among both smokers and nonsmokers (see figures below), across age and gender, among those living in cities, suburbs, and rural areas, and in all regions of the country (data not shown). Identical bills are currently before both the House and the Senate (S. 625/H.R. 1108) that would grant the FDA the authority to regulate tobacco products, including requiring detailed disclosure of ingredients and harmful smoke compounds. A recent survey found that less than one-third of adults were able to name even one chemical found in cigarettes or cigarette smoke (see *CESAR FAX*, Volume 16, Issue 30).

Percentage of U.S. Voters Reporting They Favor Congress' Passing a Bill Giving the FDA Authority to Regulate Tobacco Products, by Political Party and Smoking Status



NOTES: The national telephone survey was conducted from May 31 to June 4, 2007, with 800 likely voters using a random-digit dialing probability sample of all telephone households in the country. The margin of error is $\pm 3.5\%$ and is larger for subgroups.

SOURCE: Adapted by CESAR from The Mellman Group & Public Opinion Strategies, *FDA Regulation of Tobacco Products*, June 27, 2007. Available online at <http://tobaccofreekids.org/fdapoll/>.

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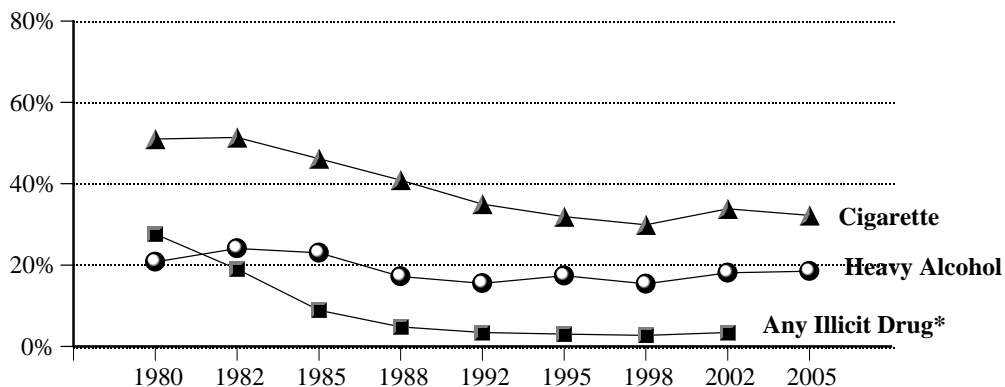
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Cigarette and Illicit Drug Use Among Military Personnel Decreases Over 25 Year Period; Heavy Alcohol Use Remains Relatively Unchanged

Cigarette smoking and illicit drug use among military personnel has declined significantly, according to a recent analysis of 25 years of data from the Department of Defense Health Related Behavior Survey. The percentage of military personnel reporting cigarette smoking in the past 30 days decreased from 51% when the survey began in 1980 to 32% in 2005, while those reporting illicit drug use decreased from 28% in 1980 to 3.4% in 2002.* Despite initial decreases in heavy alcohol use from 1982 to 1992, rates increased slightly in later years, returning to a level similar to that reported in 1980. One explanation for the recent increases in heavy alcohol use is that “changes in recruitment goals are tapping a population with higher rates of pre-existing heavy drinking and smoking, such as non-college graduates” (p. 1099).

**Percentage of Military Personnel Reporting Past Month
Cigarette, Heavy Alcohol, and Illicit Drug Use, 1980 to 2005**
(n ranged from 12,756 to 21,936)



*Because of wording changes, the 2005 data on illicit drug use are not comparable with data from prior surveys years.

SOURCE: Adapted by CESAR from Bray, R.M. and Hourani, L.L. “Substance Use Trends Among Active Duty Military Personnel: Findings from the United States Department of Defense Health Related Behavior Surveys, 1980–2005,” *Addiction* 102(7):1092-1101, 2007. For more information, contact Robert Bray at rmb@rti.org.

University of Maryland at College Park Seeks Health Services Faculty Member for Newly Developing Program in Health Services Administration

Responsibilities include developing a health services/health policy research program, obtaining outside funding to support this program, developing and teaching graduate courses, advising graduate students, and supervising graduate research projects.

More information is available online at <http://www.personnel.umd.edu/jobposting/cgi-bin/empFAC.idc#106033>.

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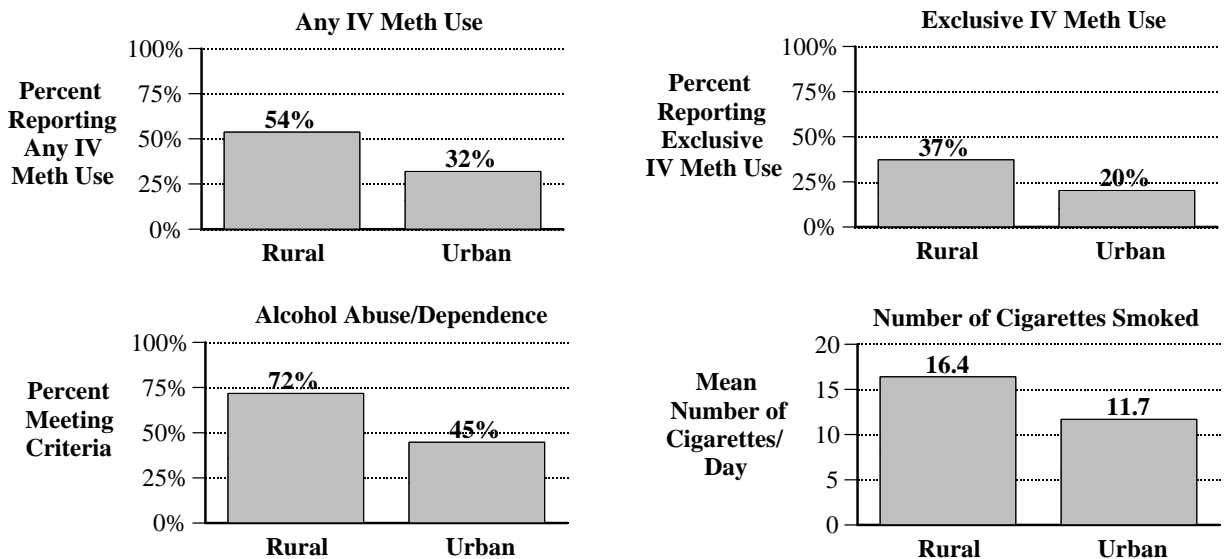
University of Maryland, College Park

Rural Methamphetamine Users May Be at Higher Risk for Health Complications

Rural methamphetamine users living in the Midwest may be at higher risk than urban users for medical complications related to their methamphetamine use, according to a recent study of adult methamphetamine users receiving services at five Midwestern drug treatment centers. Rural methamphetamine users were significantly more likely to report ever using the drug intravenously (54% vs. 32%) as well as exclusive intravenous use of methamphetamine (i.e., they never used the drug any other way) (37% vs. 20%). In addition, rural methamphetamine users were more likely to meet the criteria for alcohol abuse or dependence and to smoke a greater number of cigarettes per day than urban users. The authors suggest that, “the infectious complications associated with injection drug use and the medical risks associated with greater cigarette use and alcoholism may contribute to a higher frequency of infectious diseases, chronic lung disease, and alcohol-related liver disease in rural than urban methamphetamine users” (p. 83).

Intravenous (IV) Methamphetamine Use, Alcohol Abuse/Dependence, and Mean Number of Cigarettes Smoked per Day by Midwestern Adult Methamphetamine Users, 2004-2005

(n=78 rural and 94 urban participants)



SOURCE: Adapted by CESAR from Grant, K.M., Kelley, S.S., Agrawal, S., Meza, J.L., Meyer, J.R., Romberger, D.J. “Methamphetamine Use in Rural Midwesterners,” *The American Journal on Addictions* 16(2):79-84, 2007.

University of Maryland at College Park Seeks Health Services Faculty Member for Newly Developing Program in Health Services Administration

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University of Maryland, College Park

New CEWG Report Released: Cocaine/Crack Abuse Stable at High Levels or Increasing; Methamphetamine Abuse Continues to Be Low in East

For the past 30 years, NIDA's Community Epidemiology Work Group (CEWG) has served as a national drug abuse surveillance system. Comprised of a network of epidemiologists and researchers from 22 geographically dispersed areas of the nation, the CEWG meets twice a year to share qualitative and quantitative information on current and emerging drug abuse patterns and trends. Following are highlights from the recently released report on the proceedings of the 61st meeting, held this past January.

- **Marijuana** continues to be the most widely available and abused drug across CEWG areas, with abuse indicators remaining stable at high levels in 15 CEWG areas and increasing in 5 areas.
- **Cocaine/crack** abuse indicators remained stable at high levels in 16 CEWG areas, stable at low levels in 3 areas, and increased in 3 areas (Honolulu, Maine, and New Mexico).
- **Methamphetamine** abuse indicators remained stable at low levels in 10 CEWG areas in the east and stable at higher levels in 2 areas in the west (Los Angeles and San Francisco). Increases in methamphetamine abuse indicators occurred in 5 areas (New Mexico, Phoenix, San Diego, Seattle, and Texas). There were reports of "changing demographics in methamphetamine-abusing populations in 13 CEWG areas, with reports in some areas of increases of abuse among youth, women, and Hispanics" (p. 43).
- **Heroin** abuse indicators were stable or mixed at high levels in 5 CEWG areas (Baltimore, Boston, Detroit, Los Angeles, and New York City) and at low levels in 10 CEWG areas. While 2 CEWG areas (Chicago and New Mexico) reported increases in abuse indicators, five areas (Atlanta, Denver, Philadelphia, St. Louis, and San Francisco) reported decreases in heroin abuse indicators. For example, "in the first half of 2006, heroin was reported as a primary drug for about 9 percent of Denver treatment admissions (excluding alcohol), down from 22 percent in 2003" (p. 24).
- **Hydrocodone** and **oxycodone** continue to be the most widely abused other opiates in many CEWG areas. For example, in Atlanta, "multiple abuse indicators show that hydrocodone is the most commonly abused narcotic analgesic . . . , followed by oxycodone" (p. 34). Indicators of the abuse of **fentanyl** continued to increase in 5 CEWG areas. Nine CEWG areas reported deaths involving **methadone**. In Maine, "methadone has caused more deaths than any other drug (38 percent of the drug deaths in 2005)" (p. 33).

SOURCE: Adapted by CESAR from National Institute on Drug Abuse, *Community Epidemiology Work Group, Epidemiologic Trends in Drug Abuse, Proceedings of the Community Epidemiology Work Group: Highlights and Executive Summary*, January 2007. Available online at http://www.drugabuse.gov/PDF/CEWG/Vol1_107.pdf.

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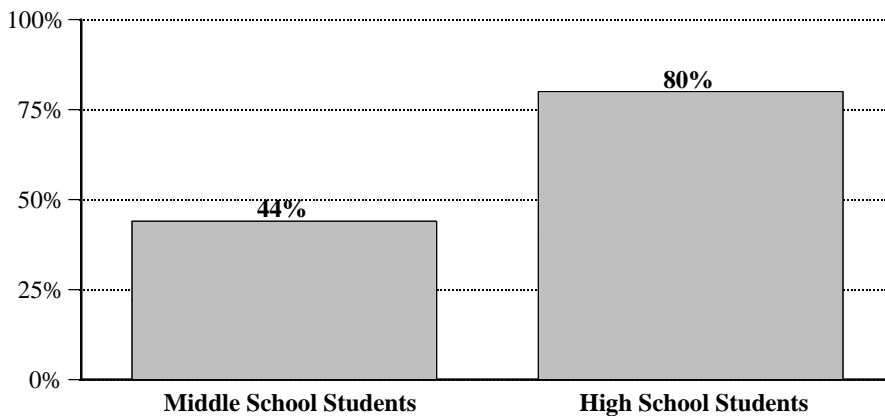
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University of Maryland, College Park

***80% of High School and 44% of Middle School Students Report
Drugs Are Used, Kept, or Sold at Their School***

The majority of high school students report that they have personally witnessed drug-related activity at their school, according to a recent survey conducted by the National Center on Addiction and Substance Abuse at Columbia University (CASA). Eighty percent of high school students and 44% of middle school students reported that they personally had witnessed one or more of the following on the grounds of their school: 1) illegal drugs used; 2) illegal drugs sold; 3) illegal drugs in the possession of students (either on them or in their lockers); 4) students high on drugs; 5) students who were drunk (see figure below). Furthermore, 31% of high school students and 9% of middle school students reported seeing such conduct at least once a week (data not shown). The authors suggest that “until we rid our children’s middle and high schools of drugs, we will never be able to achieve the improvements in academic achievements (and test scores) considered essential to maintain our global competitiveness” (p. iii).

**Percentage of Middle and High School Students Reporting That They Had Witnessed
One or More Drug-Related Activities on School Grounds, 2007**



NOTE: Telephone interviews with 1,063 youths were conducted between April 2 and May 13, 2007, with a random sample of U.S. households who had a youth 12- to 17-years old living in the household.

SOURCE: Adapted by CESAR from the National Center on Addiction and Substance Abuse at Columbia University, *National Survey of American Attitudes on Substance Abuse XII: Teens and Parents*, August 2007. Available online at <http://www.casacolumbia.org/supportcasa/item.asp?CID=12&PID=160>.

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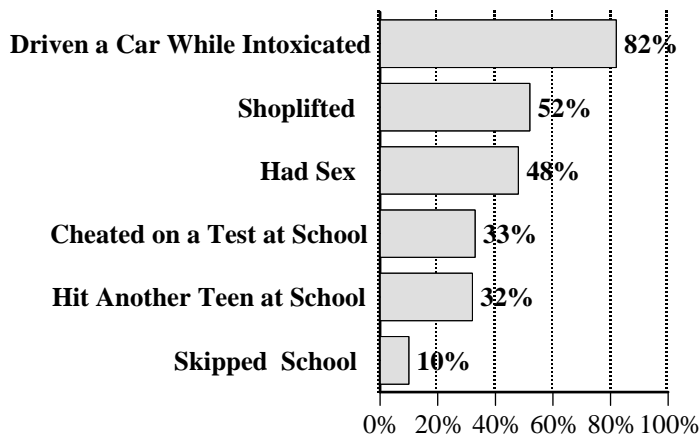
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Parents More Worried About Their Teen Driving Drunk, Shoplifting, or Having Sex Than Using Marijuana

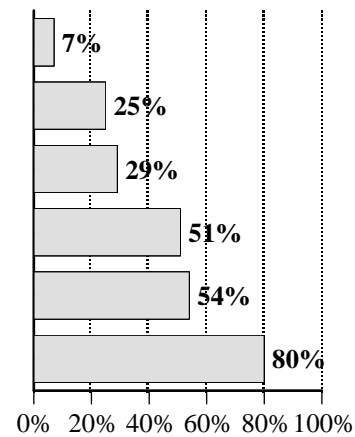
Many parents report that they are more worried about their teenage son or daughter driving a car while intoxicated, shoplifting, or having sex than about their using marijuana, according to a recent national telephone survey of parents of youths ages 12 to 17. More than 80% of the parents reported that it would bother them more if they found out their teen had driven a car while intoxicated than if their teen used marijuana. Around one-half of the parents reported that their teen having sex or shoplifting would bother them more than their marijuana use. Behaviors that parents found less worrisome than smoking marijuana were skipping school, cheating on a test, or hitting another teen.

Percentage of Parents of Teens Ages 12 to 17 Reporting Which Would Bother Them the Most:

Finding Out Their Teen Had ...



... Or That Their Teen Had Smoked Marijuana



NOTE: Telephone interviews with 550 parents of youths were conducted between April 27 and May 13, 2007, with a random sample of U.S. households who had a youth 12- to 17-years old living in the household.

SOURCE: Adapted by CESAR from the National Center on Addiction and Substance Abuse at Columbia University, *National Survey of American Attitudes on Substance Abuse XII: Teens and Parents*, August 2007. Available online at <http://www.casacolumbia.org/supportcasa/item.asp?CID=12&PID=160>.

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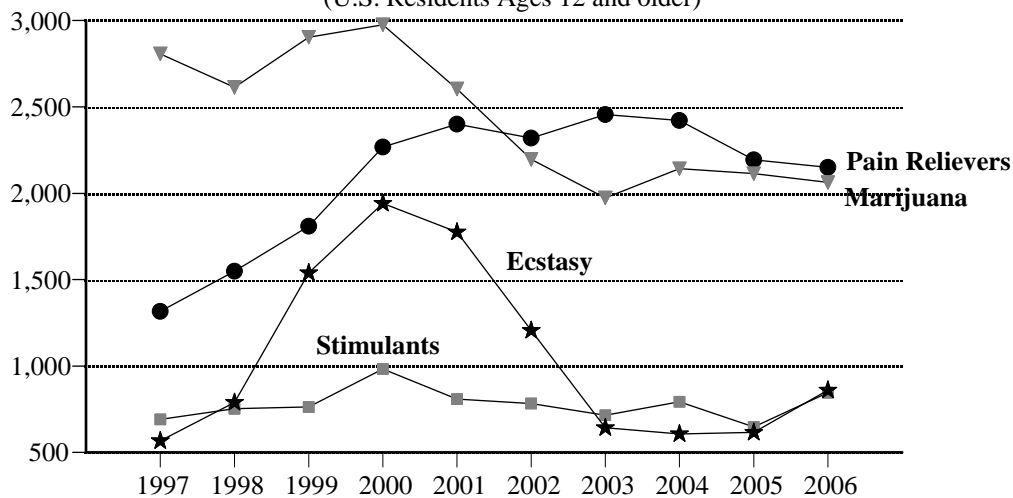
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First Time Users of Pain Relievers Continue to Surpass All Other Drugs; Number of New Ecstasy and Stimulant Users Increases

More than 2.1 million persons ages 12 or older used prescription-type pain relievers* for the first time in 2006, according to recently released data from the National Survey on Drug Use and Health (NSDUH). While the number of new users of pain relievers has been decreasing since 2003, it continues to be the drug category with the largest number of new initiates since surpassing marijuana in 2002. The number of first-time marijuana users has declined significantly, from nearly 3.0 million in 2000 to slightly more than 2.0 million in 2006. Other recent changes in the initiation of illicit drugs include increases in the number of first time ecstasy users (from 615,000 in 2005 to 860,000 in 2006) and in the number of first-time nonmedical users of prescription-type stimulants* (from 647,000 to 845,000). Previous research has found that changes in initiation levels “are often leading indicators of emerging patterns of substance use” (p. 49).

Estimated Number (in thousands) of New Users of Pain Relievers, Marijuana, Ecstasy, and Stimulants per Year, 1997-2006

(U.S. Residents Ages 12 and older)



*Use of pain relievers and stimulants refers to the nonmedical use of prescription-type pain relievers and stimulants and does not include over-the-counter drugs.

NOTE: Estimates from 1997 to 2001 were produced using data from the 2002-2004 NSDUH and are based on initiation during that year. Estimates from 2002 to 2006 refer to initiation in the 12 months prior to the survey, and are produced independently based on the data from the survey conducted that year.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, *Results from the 2006 National Survey on Drug Use and Health: National Findings, 2007*. Available online at <http://www.oas.samhsa.gov/p0000016.htm#2k6>.

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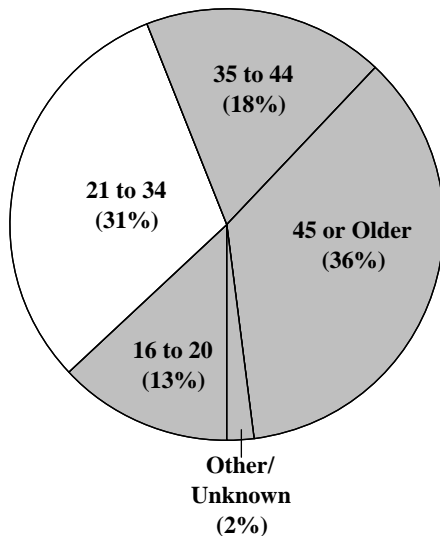
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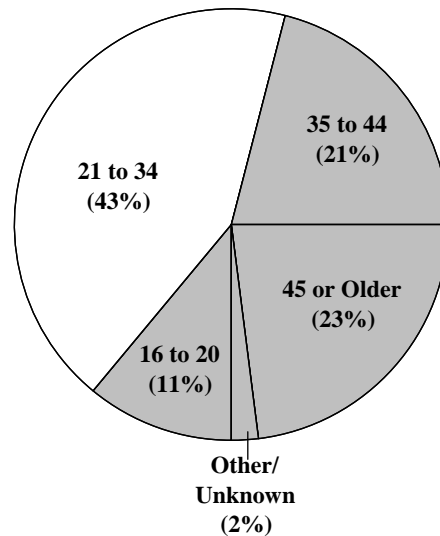
Drivers Ages 21 to 34 Disproportionately Involved in Drunk-Driving Fatal Crashes

Drivers ages 21 to 34 comprise a disproportionate share of fatal motor vehicle crashes in which at least one of the drivers was legally intoxicated (had a BAC of .08 or greater), according to data from the National Highway Traffic Safety Administration (NHTSA). Although drivers ages 21 to 34 were involved in 31% of all fatal crashes in 2006, they were involved in 43% of all fatal crashes in which at least one driver was intoxicated. On the other hand, drivers ages 45 or older were involved in 36% of all fatal crashes, but just 23% of drunk-driving fatal crashes (see figure below). These findings suggest that prevention efforts may be most effective if they focus on educating young adult drivers about the dangers of driving while intoxicated.

While Drivers Ages 21 to 34 Were Involved in 31% of the Fatal Crashes in 2006 . . .



. . . They Accounted for 43% of the Drunk-Driving Fatal Crashes



SOURCE: Adapted by CESAR from the National Highway Traffic Safety Administration (NHTSA), "2006 Traffic Safety Annual Assessment—Alcohol-Related Fatalities," *Traffic Safety Facts Research Note*, August 2007. Available online at <http://www-nrd.nhtsa.dot.gov/Pubs/810821.pdf>.

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University of Maryland, College Park

Report Concludes Schools Should Not Be Primary Provider of Drug Prevention Education

“Schools should not be relied on as the primary element in the country’s efforts to prevent the early initiation and consequences of alcohol and drug use” (p. 1), according to the recent report, *Prevention Education in America’s Schools*. In April 2006 an online survey was conducted with more than 3,500 teachers, school administrators, and other educators from 48 states and the District of Columbia. The survey found that while 37 states require schools to provide drug prevention education as part of their curriculum, “teachers don’t have the time, training or other resources needed to do the job effectively, regardless of what the state-mandated standards say” (p. 1). Based on the survey results, an education advisory committee developed five recommendations on how to more effectively reduce and prevent drug and alcohol use among youth (see description below). A full copy of the report, which includes specific actions for elementary, middle, and high school levels, is available online at <http://www.jointogether.org/keyissues/education/download.html>.

School-Based Recommendations for Preventing Alcohol and Drug Use Among Youth

- Schools should not be relied on or act as the principal provider of general prevention education. Rather, they should be part of a comprehensive community prevention strategy that includes parents and other resources.
- School systems should carefully reevaluate money and time spent on outside programs and speakers and unfocused printed materials because they are likely to have no lasting impact on what students know about alcohol and drugs or on their drinking or drug taking behavior.
- Schools and communities should pursue opportunities to expand the use of prevention programs and curricula that have been shown by research to be effective in reducing alcohol and drug problems in all extracurricular and after school activities.
- Teachers should have easy access to materials that use prevention methods that have been shown by research to be effective and are organized for presentation within the time constraints that actually exist in most schools.
- When teachers and administrators have drug and alcohol prevention education as an explicit part of their job, their performance should be included in their formal evaluation.

NOTE: Survey results were based on a convenience sample of kindergarten through 12th grade educators who were invited to participate in an online survey through Join Together, Safe and Drug-Free Schools, the National Education Association, and the New York State Teachers Union.

SOURCE: Adapted by CESAR from Join Together, *Prevention Education in America’s Schools: Findings and Recommendations from a Survey of Educators*, 2007.

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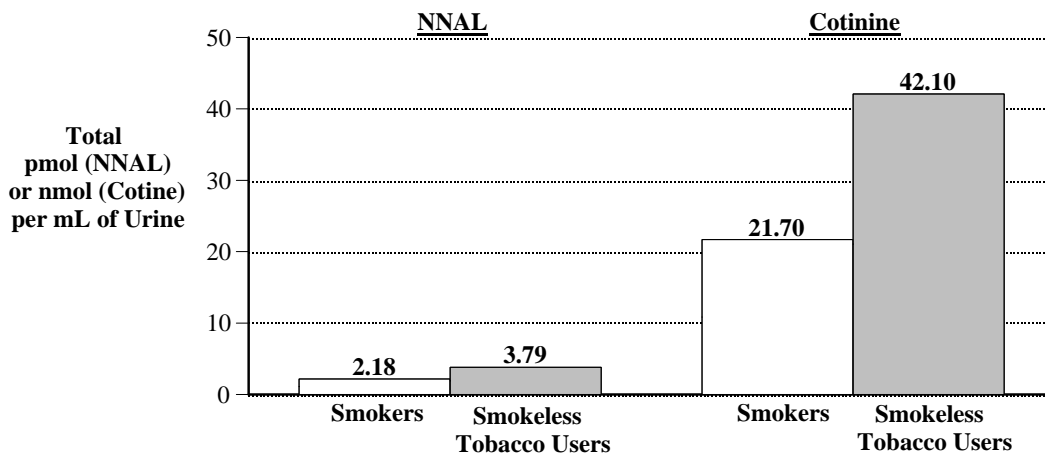
University of Maryland, College Park

Smokeless Tobacco Use Not a Safe Substitute for Smoking

Smokeless tobacco use is often considered to be less toxic and carcinogenic than cigarette smoking. However, a recent study of persons seeking treatment for tobacco dependence found that smokeless tobacco users were exposed to higher levels of the carcinogen NNK than smokers. Smokeless tobacco users had 3.79 pmol per milliliter of urine of NNAL (a measure of NNK exposure), compared to 2.18 for cigarette smokers. In addition, smokeless tobacco users had higher levels of cotinine, a biomarker of nicotine exposure, which may be because “smokeless tobacco users strive to achieve similar nicotine levels as do cigarette smokers in order to satisfy their craving” (p. 1571). While the authors acknowledge that “cigarette smoke contains, in addition to NNK, multiple carcinogenic combustion products which are not present, or present in only low amounts, in smokeless tobacco,” they emphasize that “the data presented here show that smokeless tobacco use is far from safe” (p. 1571) and thus is not an acceptable substitute for cigarette smoking.

Total NNAL and Cotinine Levels (per mL of urine) of Smokers and Smokeless Tobacco Users Seeking Treatment for Tobacco Dependence

(n=420 smokers and 182 smokeless tobacco users)



NOTES: NNK stands for 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone. NNAL is a measure of NNK levels and its glucuronides and is a biomarker of NNK exposure. A pmol is one trillionth of a mole.

SOURCE: Adapted by CESAR from Hecht, S.S., Carmella, S.G., Murphy, S.E., Riley, W.T., Le, C., Luo, X., Mooney, M., and Hatsukami, D.K. “Similar Exposure to a Tobacco-Specific Carcinogen in Smokeless Tobacco Users and Cigarette Smokers,” *Cancer Epidemiology Biomarkers and Prevention* 16(8):1657-1572, 2007.

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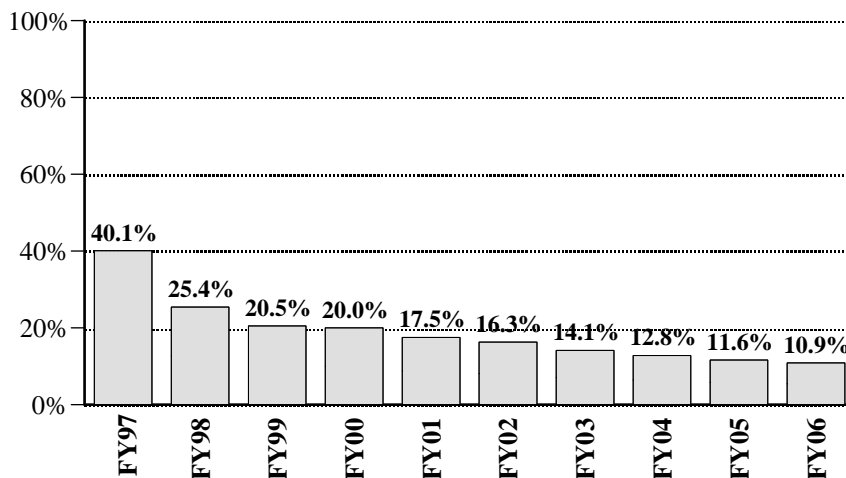
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University of Maryland, College Park

Random Compliance Checks Find Tobacco Sales to Minors Have Reached an All-Time Low

“States have made significant progress in enforcing youth tobacco access laws and in reducing the percentage of retailers who sell tobacco products to minors,” according to SAMHSA’s recently released report, *FFY2006 Annual Synar Reports: Youth Tobacco Sales*. The Synar Amendment requires states to have laws prohibiting the sale of tobacco products to those younger than 18 and to conduct annual random, unannounced inspections of a valid sample of tobacco retailers to ensure compliance with these laws. The average national retailer violation rate (RVR) from these inspections has decreased steadily over the past 10 years, from 40.1% in FY97 to a low of 10.9% in FY06 (see figure below). Furthermore, FY06 is the first year that all States and the District of Columbia were in compliance with all Synar regulatory requirements and met the federally established RVR target of 20% or less. Individual State RVRs ranged from 2.2% in Arkansas to 19.2% in Kansas. The report notes that States with low RVRs generally have tobacco access control programs that are “well coordinated and include an array of strategies, such as targeted merchant and community education, media advocacy, and use of community coalitions to mobilize community support for restricting youth access to tobacco” (p. 7).

National Weighted Average Tobacco Retailer Violation Rate (RVR), FY97 to FY06



NOTES: Tobacco retailer inspection years are in Federal Fiscal Years (from 10/1 to 9/30). National retailer violation rates (RVRs) were calculated by weighting each State’s reported RVR by that State’s population.

SOURCE: Adapted by CESAR from SAMHSA, *FFY 2006 Annual Synar Reports: Youth Tobacco Sales*, 2007. Available online at <http://download.ncadi.samhsa.gov/Prevline/pdfs/sma07-4300.pdf>.

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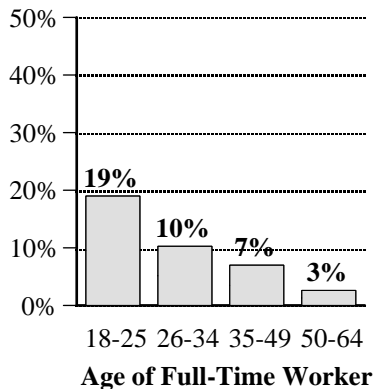
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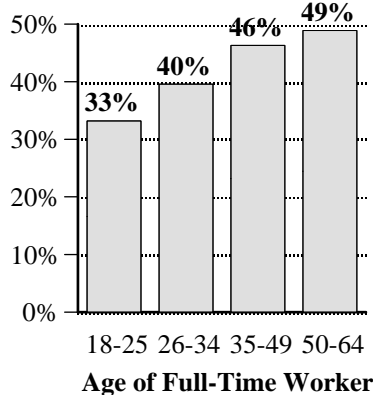
Young Adult Workers Have Highest Rate of Illicit Drug Use; Least Access to Workplace Drug Education and Employee Assistance Programs

Young adults workers are more likely to use illicit drugs than older workers, according to a recent report from the Substance Abuse and Mental Health Services Administration. Nearly one-fifth of full-time workers ages 18 to 25 reported using illicit drugs in the past month, compared to 10% or fewer of workers ages 26 to 64. At the same time, these youngest workers are least likely to have access to drug and alcohol education, prevention, and treatment resources in their workplace. One-third of workers ages 18 to 25 reported that their employer offered educational information about drug and alcohol use, compared to 40% to 49% of older workers. And 40% of young adults reported that they had access to an employee assistance program, compared to 56% or more of older workers. Employers of young adults should take into consideration the higher rate of drug and alcohol use among this population when planning their workplace substance abuse programs.

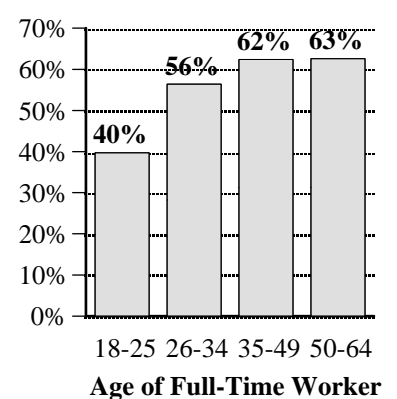
While Younger Workers Are Most Likely to Have Used Illicit Drugs in the Past Month . . .



. . . They Are Least Likely to Report Workplace Access to Educational Information About Alcohol or Drug Use. . .



. . . Or Access to an Alcohol/Drug Employee Assistance Program



Note: Data are annual averages based on 2002 to 2004 National Survey on Drug Use and Health (NSDUH) findings.

SOURCE: Adapted by CESAR from the Substance Abuse and Mental Health Services Administration, *Worker Substance Use and Workplace Policies and Programs*, 2007. Available online at <http://www.oas.samhsa.gov/work2k7/toc.cfm>.

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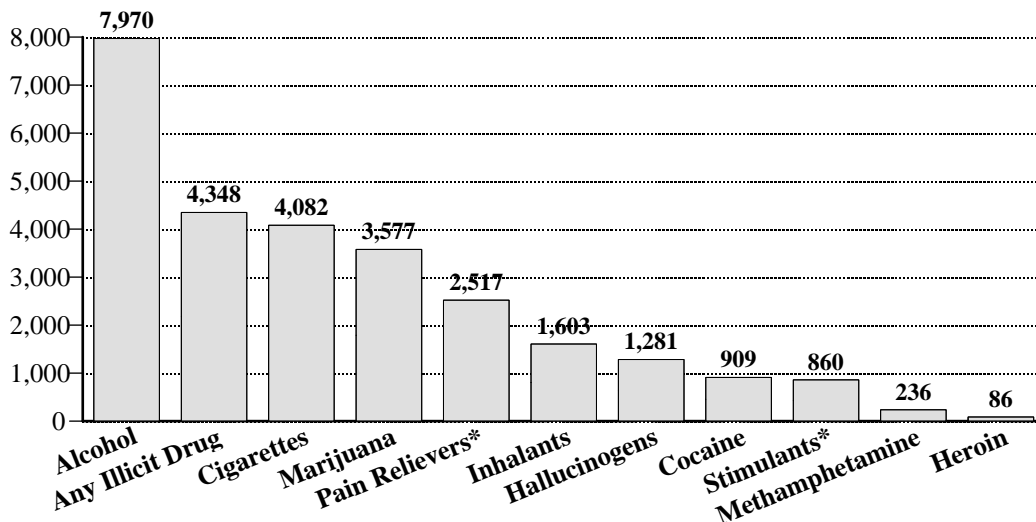
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*Nearly 8,000 Youths Drink Alcohol for the First Time on an Average Day;
More Than 4,000 Use Illicit Drugs for the First Time*

Thousands of youths use alcohol, tobacco, and other drugs for the first time each day in the United States, according to a recent analysis of data from the 2006 National Survey on Drug Use and Health (NSDUH). On an average day in the past year, 7,970 youths ages 12 to 17 drank alcohol for the first time and 4,082 smoked cigarettes. More than 4,300 youths per day used at least one kind of illicit drug for the first time, primarily marijuana (3,577 new initiates on an average day) and used pain relievers used nonmedically (2,517 new initiates). The substances with the lowest number of initiates on an average day were methamphetamine (236) and heroin (86). A copy of the report, which also describes average daily substance use prevalence and treatment admissions by youth, is available online at <http://www.oas.samhsa.gov/2k7/youthFacts/youth.cfm>.

**Number of U.S. Youths Ages 12 to 17 Who Used Substances
for the First Time on an Average Day, 2006**



*Nonmedical use of pain relievers and stimulants.

NOTE: The number of youths who use a substance for the first time on an average day was calculated by summing the weighted counts of respondents ages 12 to 17 who initiated substance use in the past year and dividing by 365.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, Office of Applied Studies, "A Day in the Life of American Adolescents: Substance Use Facts," *The OAS Report*, October 18, 2007.

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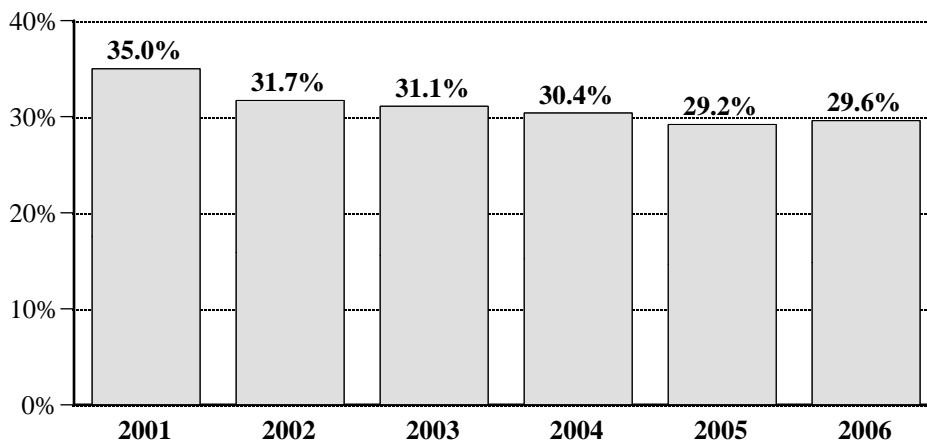
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Nearly One-Third of U.S. High School Seniors Report Driving While Impaired or Riding with An Impaired Driver

“Impaired driving by youth remains a problem that needs serious attention despite some progress in recent years,” according to a recent analysis of data from the 2001 to 2006 Monitoring the Future surveys. In 2006, 30% of high school seniors reported that in the two weeks prior to the survey they had driven after heavy drinking (five or more drinks in a row) or after using marijuana or other drugs, or rode in a car whose driver had done the same. While this is a decline from the 35% reported in 2001, most of the decline occurred between 2001 and 2003, with little change occurring in more recent years. In each year, students were more likely to report driving after marijuana use than driving after heavy drinking (13.1% vs. 9.5% in 2006; data not shown). While driving after marijuana use is often considered to be less dangerous than driving after heavy drinking, the study found that seniors who reported driving after marijuana use (but not after heavy drinking) reported having been in a traffic accident in the past 12 months as often as those who reported driving after heavy drinking (38% and 39%, respectively).

Percentage of U.S. High School Seniors Reporting Driving After Heavy Drinking and/or Illicit Drug Use or Riding in a Vehicle After Such Use by the Driver, 2001 to 2006



SOURCE: Adapted by CESAR from O'Malley, P.M. and Johnston, L. D. Drugs and Driving by American High School Seniors, 2001-2006, *Journal of Studies on Alcohol and Drugs* 68(6):834-842.

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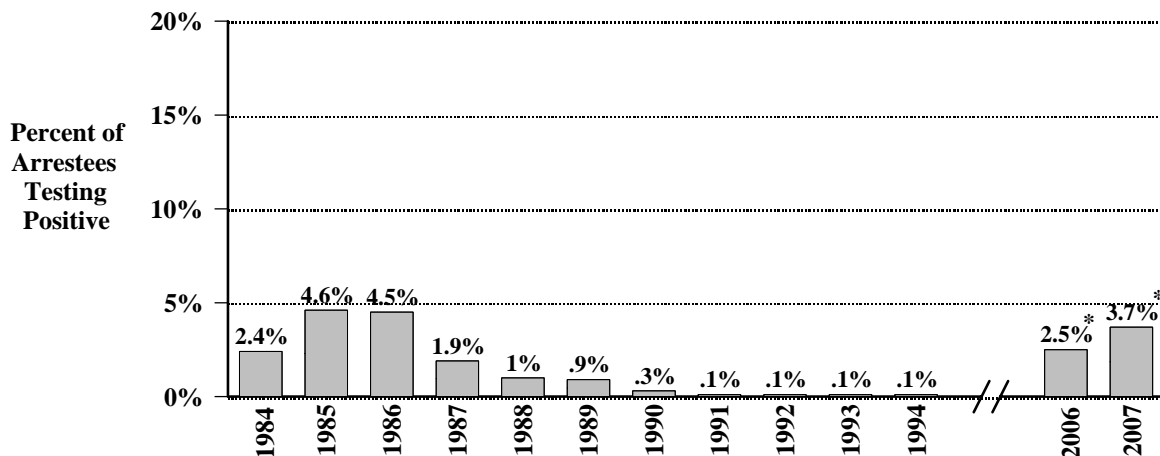
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Amphetamine Positive Rates Among D.C. Adult Arrestees Increasing; Approaching Rates Last Seen in the Mid-80s

The percentage of adult arrestees in the District of Columbia testing positive for amphetamines is increasing, according to data from the D. C. Pretrial Services Agency (DCPSA). In the mid-1980s, the percentage of arrestees testing positive for amphetamines peaked at around 4.5%, then decreased for a few years, finally leveling off at 0.1%. Confirmations for the positive rates in the late 80s and early 90s indicated that the specific amphetamines being identified were over-the-counter medications. The consistently low rate of amphetamine positives led the DCPSA to curtail amphetamine testing for more than 10 years (from 1995 to 2005). During this time, DCPSA periodically screened for amphetamines to monitor use in the arrestee population. The DCPSA resumed consistent amphetamine screening in early 2006, based on higher positive rates found in the 2006 periodic amphetamine screening. From April to December 2006, 2.5% of arrestees tested positive for amphetamines, and this rate increased to 3.7% during the first nine months of 2007. In contrast to the over-the-counter amphetamines found in earlier years, the amphetamine positives in 2006 were specifically identified as ecstasy (85%) and methamphetamine (15%). Preliminary analysis indicate a similar distribution of the 2007 amphetamine positives.

Percentage of Washington, D.C., Adult Arrestees Testing Positive for Amphetamines, 1984 to 1994 and 2006 to 2007*



NOTE: Amphetamines comprise a very small percentage of the positive test results among D.C. adult arrestees, who are more likely to test positive for cocaine (see *CESAR FAX*, Volume 16, Issue 10).

*Data for 2006 are from April to December; for 2007 from January to September.

SOURCES: Adapted by CESAR from data from the District of Columbia Pretrial Services Agency (available online at <http://www.dcpsa.gov/foia/foiaERRpsa.htm>) and personal communication with Jerome Robinson, Director of Forensic Research, DCPSA, November 2007. For more information, contact Jerome Robinson at jerome.robinson@csosa.gov.

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CESAR Launches Maryland Community Services Locator (MDCSL) Beta Website

Service providers and the general public now have an easy-to-use tool to locate criminal justice and social service programs and resources within Maryland—the Maryland Community Services Locator (MDCSL). The interactive MDCSL website (<http://www.mdcsl.org>) allows users to quickly find detailed resource listings, including maps and directions to program sites, for a variety of community services. The current beta MDCSL website includes listings of 1) substance abuse treatment services; 2) Alcoholics Anonymous and Narcotics Anonymous referral centers; 3) buprenorphine providers; and 4) housing services (such as drop-in centers and shelters), all of which can be searched by proximity to a given address.

In the future, the MDCSL's program service listings will be expanded to include other community services, including:

- abuse/domestic violence services (e.g., shelters, counseling)
- after school programs
- child care services
- victims' services
- health/mental health services (e.g., hospitals, clinics, health departments, counseling)
- parole/probation offices
- education/job readiness programs

In addition, the search criteria will be expanded to include such options as locating programs by population served (e.g., female only, youth, homeless, developmentally disabled) or that have specific program characteristics, such as on-site child care, public transportation accessibility, or bilingual services.

While the goal in creating this site is to help Maryland residents and service providers easily access local programs and resources, an additional benefit is that it can serve as a model for other states interested in implementing a similar service. To that end, we invite feedback not only from potential users of the site from Maryland, but also questions and feedback from interested persons in other states. Additionally, if your state has developed a similar website, we are interested in receiving information on those sites and lessons learned during development and implementation. Please send your inquiries and comments to mdcsl@cesar.umd.edu.

NOTES: The MDCSL was developed by CESAR with funding from the Maryland Governor's Office of Crime Control & Prevention. This website is a beta version and is currently under development.

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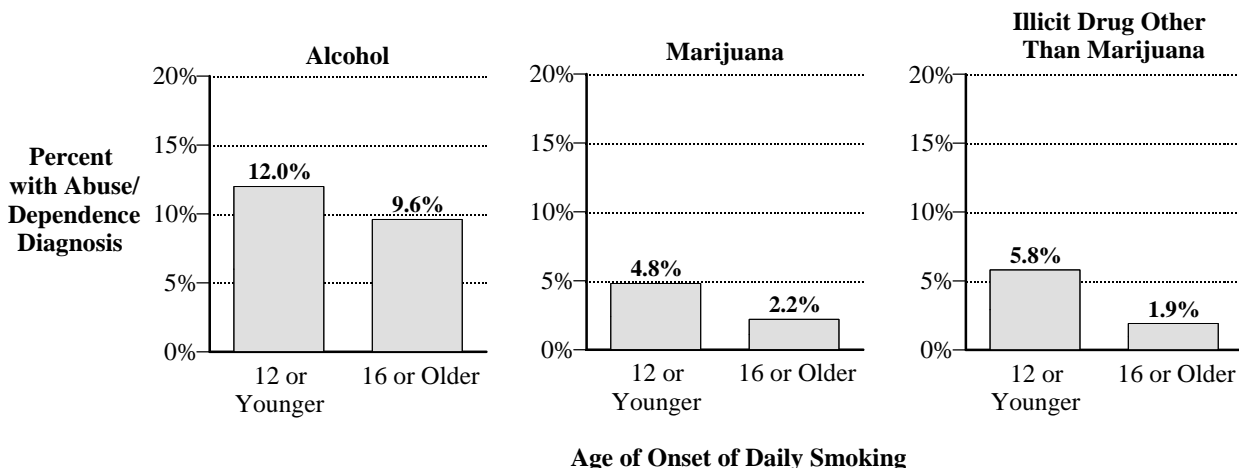
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University of Maryland, College Park

Smoking by Age 12 Related to Alcohol and Drug Abuse/Dependence

Youths who begin smoking at age 12 or younger are more likely to meet the criteria for past year alcohol and drug abuse or dependence, according to a recent analysis of data from the National Household Survey on Drug Use and Health (NSDUH). Twelve percent of youths who initiated daily smoking at age 12 or younger met the diagnostic criteria for past year alcohol abuse or dependence, compared to 9.6% of those who began smoking at age 16 or older. The difference was more pronounced for illicit drug use. Youths who began smoking at age 12 or younger were more than twice as likely to meet the criteria for marijuana abuse or dependence (4.8% vs. 2.2%) and three times as likely to meet the criteria for abuse or dependence on an illicit drug other than marijuana (5.8% vs. 1.9%). The study also found that teens who start smoking early are more likely to report symptoms of mental illness, such as hopelessness, depression, and worthlessness (data now shown). According to the authors, “nicotine is hazardous to the adolescent brain, affecting it differently than an adult brain and increasing a young person’s vulnerability to the effects of smoking. The relationship between early smoking and later use of other addictive substances or mental illness may be the result of critical changes in the brain that can be caused by exposure to nicotine” (p. ii).

Percentage of U.S. Youth Ages 12 to 17 with a Past Year Diagnosis of Abuse or Dependence on Alcohol or Illicit Drugs, by Age of Onset of Daily Smoking



SOURCE: Adapted by CESAR from the National Center on Addiction and Substance Abuse at Columbia University, *Tobacco: The Smoking Gun*, October 2007. Available online at <http://www.casacolumbia.org>.

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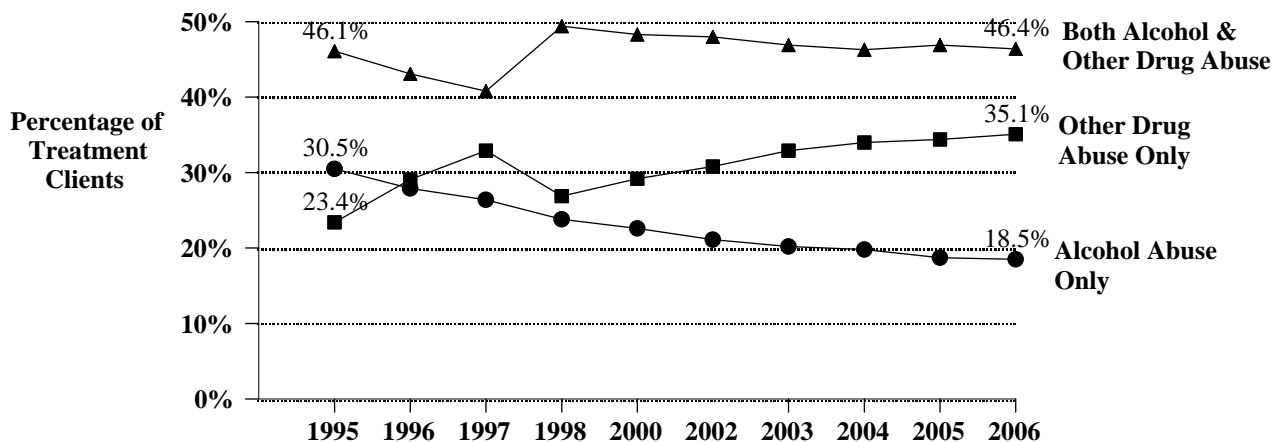
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Treatment Clients Less Likely to Be Receiving Care Solely for Alcohol Abuse

Substance abuse treatment clients are increasingly less likely to be treated solely for alcohol abuse, according to recently released data from 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 alcohol decreased from 30.5% in 1995 (the first year data was collected) to 18.5% in 2006 (the most recent year for which data are available). At the same time, the percentage of clients in treatment for other drug abuse increased from 23.4% to 35.1%. The proportion of clients being treated for both alcohol and other drug abuse remained relatively stable at around 46%. While these findings may reflect actual changes in substance abuse and dependence, it is also possible that they 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, 1995 to 2006



NOTES: More than 13,000 eligible substance abuse treatment facilities participated in the 2006 survey. Clients in treatment were defined as: 1) hospital inpatient and non-hospital residential clients receiving substance abuse services at the facility on March 31, 2006; 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 2006 and who were still enrolled in treatment as of March 31, 2006.

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>.

Find Listings and Directions to Maryland Treatment and Other Community Resources

The interactive MDCSL website (www.mdcs.org) allows users to quickly find detailed resource listings for a variety of Maryland community resources, including substance abuse treatment and housing services. As this website is a beta version that is currently under development, we welcome your comments and suggestions (mdcs@cesar.umd.edu).

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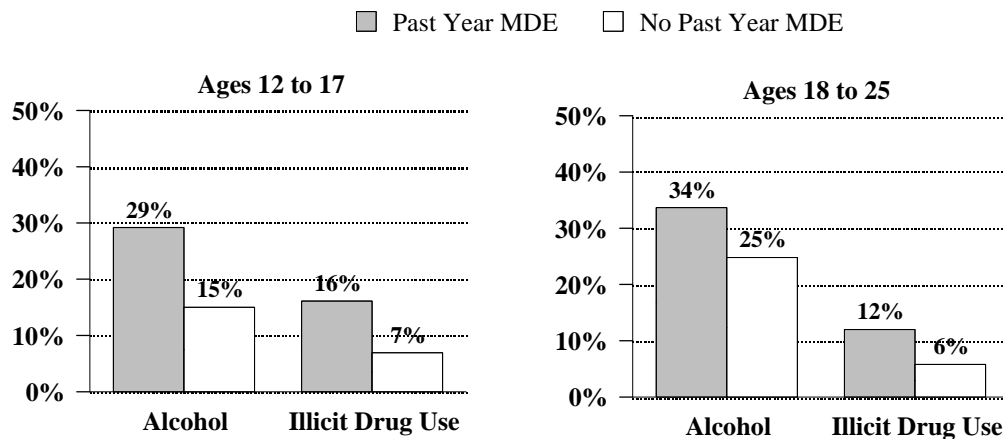
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University of Maryland, College Park

Youths and Young Adults Experiencing a Major Depressive Episode in the Past Year More Likely to Initiate Alcohol and Other Drug Use

Youths and young adults who experienced a major depressive episode (MDE) in the past year are more likely to have also used alcohol or illicit drugs for the first time in the past year, according to a recent analysis of data from the National Survey on Drug Use and Health (NSDUH). Among youths ages 12 to 17 who had not previously used alcohol, those who had experienced a past year MDE were nearly twice as likely to have used alcohol for the first time in the past year as those who did not experience a MDE (29% vs. 14%). Likewise, youths who experienced a MDE in the past year were more than twice as likely to initiate illicit drug use (16% vs. 7%). A similar relationship was found for young adults (see figure below). Health care and social service providers should consider the increased risk of recent alcohol and illicit drug initiation when providing services to persons with MDEs.

Percentage of 12 to 17 and 18 to 25 Year-Olds Reporting Past Year Alcohol or Illicit Drug Use Initiation, by Past Year Major Depressive Disorder (MDE)



NOTES: A major depressive episode is defined using DSM-IV diagnostic criteria, which specifies a period of 2 weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image. Data for 12 to 17 year olds are from the 2005 NSDUH. Data for 18 to 25 year olds are combined data from the 2005 and 2006 NSDUH.

SOURCES: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), "Depression and the Initiation of Alcohol and Other Drug Use among Youths Aged 12 to 17," *The NSDUH Report*, May 3, 2007 (<http://www.oas.samhsa.gov/2k7/newUsers/depression.cfm>); and SAMHSA, "Depression and the Initiation of Cigarette, Alcohol, and Other Drug Use among Young Adults," *The NSDUH Report*, November 15, 2007 (<http://www.oas.samhsa.gov/2k7/newUserDepression/newUserDepression.cfm>).

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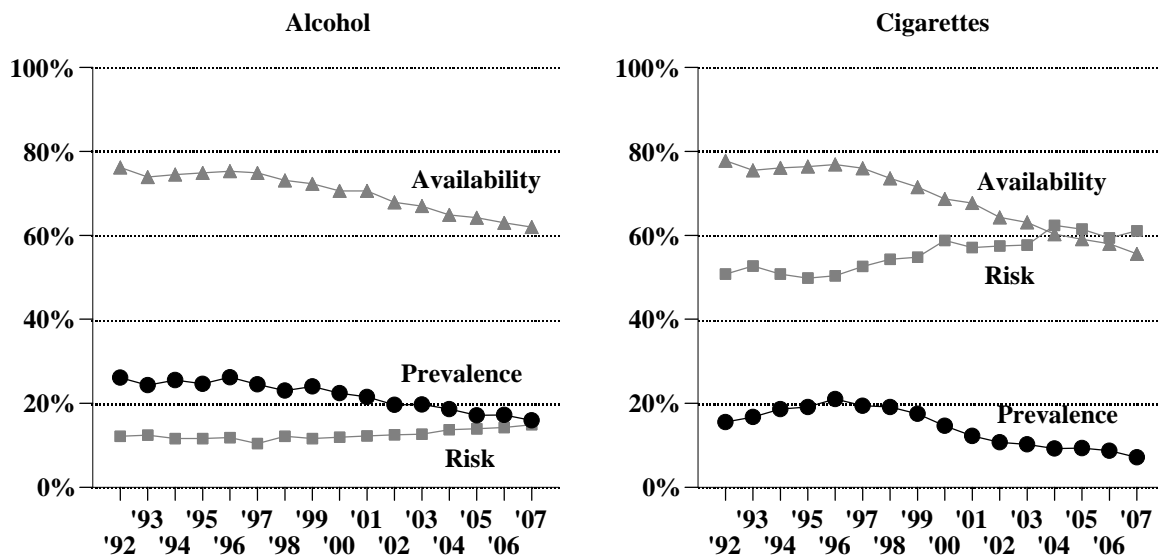
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Alcohol and Cigarette Use Continues to Decline Among U.S. 8th Graders

Alcohol and cigarette use by U.S. 8th grade students continues to decline, according to recently released data from the 2007 Monitoring the Future survey. In 2007, 16% of 8th graders reported drinking alcohol in the past month, a 38% decrease from the peak prevalence of 26% in 1996. The percentage of 8th graders reporting smoking in the past month has decreased even more, from a peak of 21% in 1996 to 7% in 2007. Both decreases coincide with increases in perceived risk and decreases in perceived availability (see figure below). The authors note that the decreases in smoking are particularly encouraging because they “should eventually translate into many fewer illnesses and premature deaths for this generation of young people.”

Percentage of U.S. 8th Graders Reporting Alcohol and Cigarette Use in the Past Thirty Days, Perceived Availability, and Perceived Risk, 1992 to 2007



NOTES: Availability is defined as the percentage reporting that they could get alcohol or cigarettes “fairly easily” or “very easily.” Risk is defined as the percentage reporting that people run a “great risk” in “harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day” or “if they try one or two drinks of an alcoholic beverage.”

SOURCES: Adapted by CESAR from University of Michigan, “Teen Smoking Resumes Decline,” Monitoring the Future press release, December 11, 2007; and University of Michigan, “Overall, Illicit Drug Use by American Teens Continues Gradual Decline in 2007,” Monitoring the Future press release, December 11, 2007. Available online at <http://www.monitoringthefuture.org>.

CESAR Wishes You a Very Happy Holiday Season!

This is the final issue of the *CESAR FAX* for 2007. The *CESAR FAX* will resume with Volume 17, Issue 1 on January 7th, 2008. Thank you for your support during the past year!

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