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University of Maryland, College Park

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CESAR is pleased to provide this 2006 Annual Volume of the *CESAR FAX*. To assist you in using this volume, the Table of Contents indexes the 2006 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 4,300 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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Volume 15
2006

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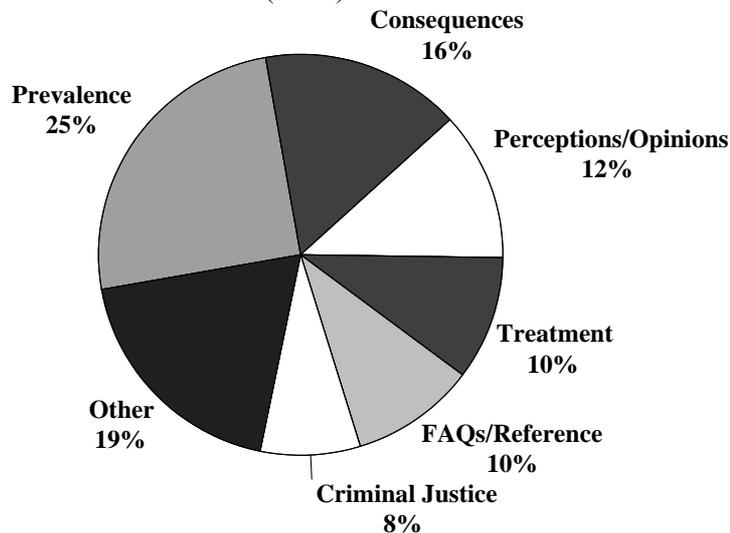
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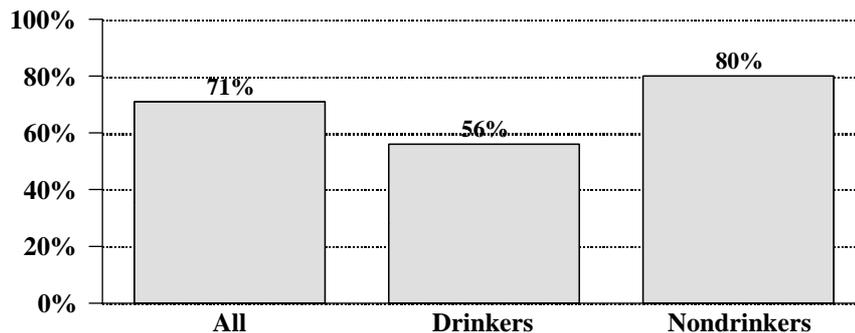
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Majority of Drinkers and Nondrinkers Support an Increase in National Tax on Alcohol

Nearly three-fourths (71%) of U.S. residents support an increase in the national tax on alcohol of five cents per drink, according to the results of a nationally representative telephone survey. While 80% of nondrinkers supported such an increase, 56% of drinkers also did so (see figure below). Furthermore, when asked whether they prefer raising alcohol taxes or cutting social programs as a way of generating revenues to offset the budget deficit, the majority of drinkers (70%) and nondrinkers (90%) preferred raising alcohol taxes (data not shown). In the past 55 years, federal taxes have been raised once for beer and wine and twice for liquor. In addition, “federal taxes on alcoholic beverages have effectively fallen dramatically due to inflation . . . because such taxes are typically assessed not as a percentage of the purchase price, but as a flat dollar amount” (p. 1).

Percentage of U.S. Household Residents Supporting an Increase in the National Tax on Alcohol of Five Cents per Drink, 2005
(N=512 U.S. adults age 18 and older)



NOTES: Survey was conducted by the Global Strategy Group in November, 2005. Margin of error is ± 4.3 percentage points for all respondents, $\pm 6.9\%$ for drinkers, and $\pm 5.5\%$ for nondrinkers.

SOURCE: Adapted by CESAR from Center for Science in the Public Interest, “Alcohol Tax Hikes Prove Popular in New Poll,” Press Release, 12/7/2005. Available online at

CESAR Looking to Hire Principal Investigator-Level Researchers

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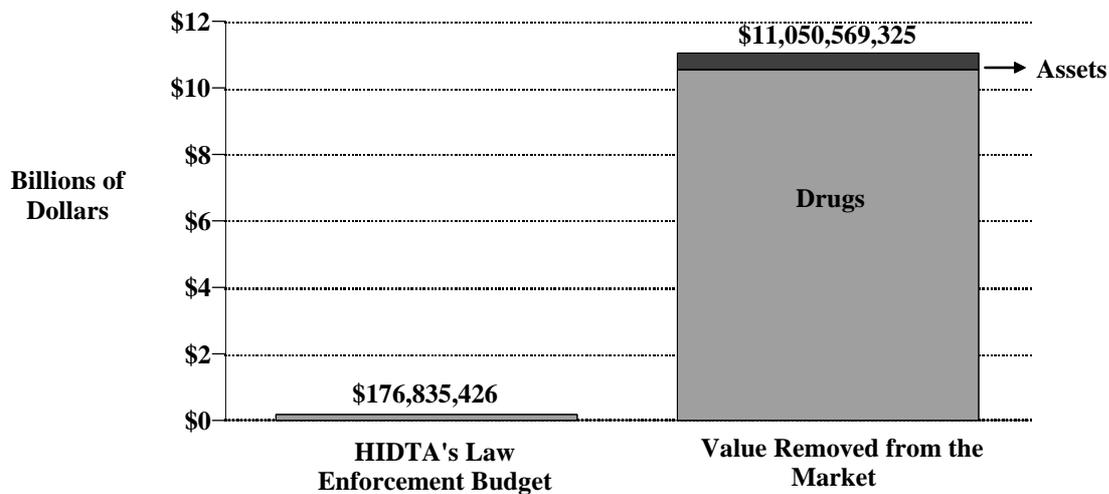
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

*New HIDTA Annual Report:
Every Federal \$1 Spent Yields \$63 in Drug and Asset Seizures*

In 2004, the 28 High Intensity Drug Trafficking Areas (HIDTA) implemented a Performance Management Process (PMP) to measure their performance, identify the outcomes of their efforts, and improve the efficiency and effectiveness of their initiatives. The *National High Intensity Drug Trafficking Area Program 2004 Annual Report* highlights the initial results of the PMP, including two of sixteen performance measures developed—the number of Drug Trafficking Organizations (DTOs) disrupted or dismantled and the return on investment (ROI). In 2004, the HIDTA Program received a law enforcement budget of \$176,835,426. In that same year, HIDTA initiatives disrupted or dismantled 3,538 DTOs and seized more than \$10.5 billion in drugs and nearly \$500 million in assets from DTOs. Thus, every \$1 invested in the HIDTA program yielded an estimated \$63 in drugs and assets removed from the market. A copy of the annual report will be available online at <http://hidtadirectors.org> in the near future.

**HIDTA's Law Enforcement Budget and the
Value of Drugs and Assets Removed From the Market, 2004**



SOURCE: Adapted by CESAR from National HIDTA Directors Association, *National High Intensity Drug Trafficking Area Program 2004 Annual Report*, 2006. For more information, contact Erin Artigiani at CESAR at erin@cesar.umd.edu.

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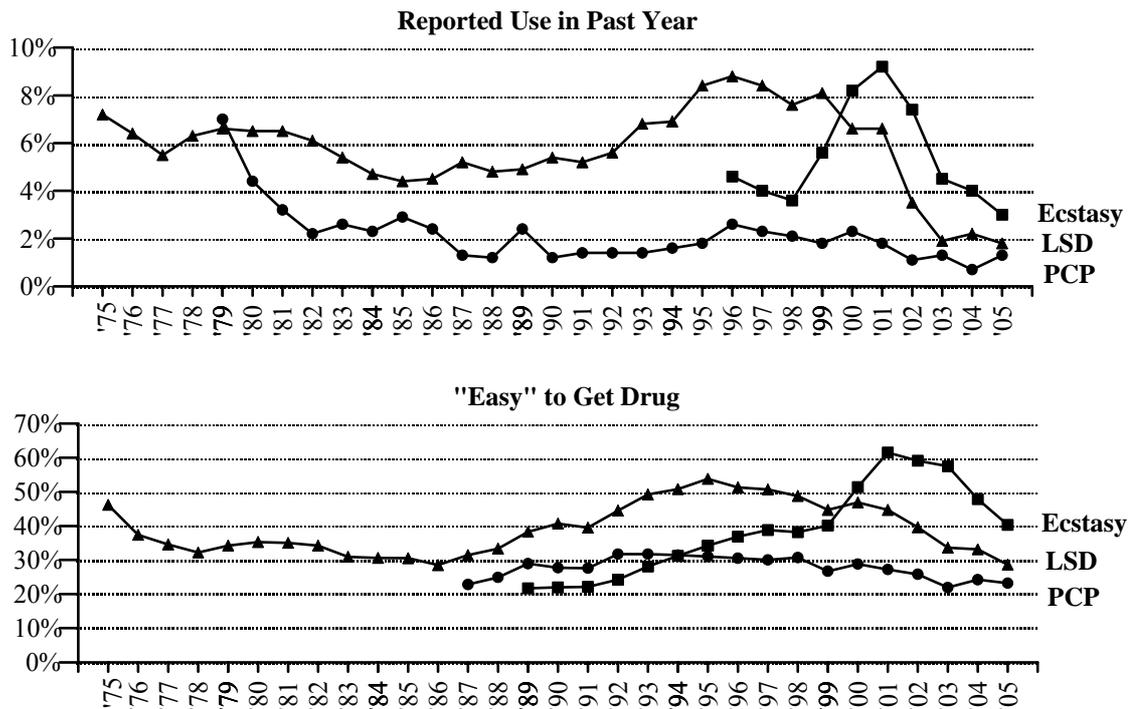
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Hallucinogen Use Among High School Seniors Continues to Decline; Declines Also Found in Perceived Availability

Use of the hallucinogenic drugs ecstasy, LSD, and PCP among 12th graders has declined during the last five years, according to data from the national Monitoring the Future study. At the same time, the percentage of high school seniors who perceive these drugs as “easy” to obtain has also declined (see figures below). Some reasons why the availability of these drugs may be declining include increased ecstasy interdiction efforts, the dismantling of large ecstasy trafficking organizations, and the seizure of a major LSD-producing lab in late 2000.¹ In addition, some speculate that the death of Jerry Garcia in 1995, and the subsequent end of the Grateful Dead band tours, affected the availability and access to LSD.²

Percentage of U.S. 12th Grade Students Reporting Past Year Use and Perceived Availability of Ecstasy, LSD, and PCP, 1975 to 2005



¹National Drug Intelligence Center, *National Drug Threat Assessment 2005*, 2005. Available online at <http://www.usdoj.gov/ndic/topics/ndtas.htm> (accessed 1/27/06).

²Grim, R. Hey, “Who’s Got the Acid?” *Slate*, April 1, 2004. Available online at <http://www.slate.com/id/2098109> (accessed 1/27/06).

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

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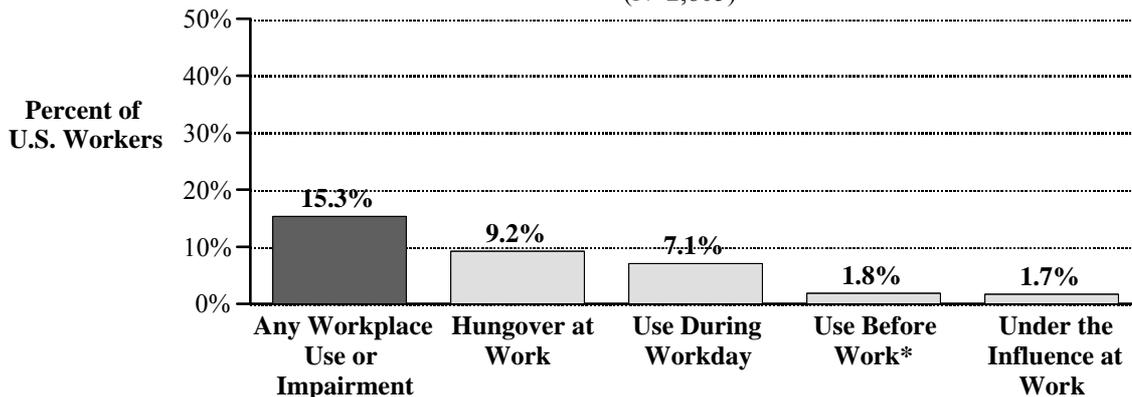
University of Maryland, College Park

15% of U.S. Workers Report Workplace Alcohol Use or Impairment in Past Year

An estimated 19.2 million U.S. workers (15.3%) reported using or being impaired by alcohol at work at least once in the past year, according to recently released data from the National Survey of Workplace Health and Safety. The most common alcohol-related workplace behaviors were being hungover at work (9.2%) and using alcohol during the workday (7.1%), primarily during lunch breaks (see figure below). Despite the relative magnitude of the problem, most workplace alcohol use or impairment occurred infrequently—70% of workers reported using or being impaired by alcohol on a less than monthly basis, 19% reported it on a monthly basis, and 11% reported doing so weekly (data not shown). According to the authors, “the prevalence of alcohol use and impairment in the workplace was sufficiently high to suggest that employers need specific policies directed at alcohol use and impairment at work and employees need to be aware of these policies” (p. 154).

Percentage of U.S. Workers Reporting Using or Being Impaired by Alcohol in the Workplace at Least Once in the Past Year

(N=2,805)



*“Use Before Work” is defined as use within 2 hours of starting a work shift.

NOTE: The National Survey on Workplace Health and Safety was a random digit dialing telephone survey conducted from January 2002 to June 2003 of noninstitutionalized adults (ages 18 to 65) who were employed in the civilian labor force and residing in households in the contiguous United States.

SOURCE: Adapted by CESAR from Frone M.R. “Prevalence and Distribution of Alcohol Use and Impairment in the Workplace: A U.S. National Survey,” *Journal of Studies on Alcohol* 67(1):147-156, 2006. For more information, contact Michael R. Frone at frone@ria.buffalo.edu.

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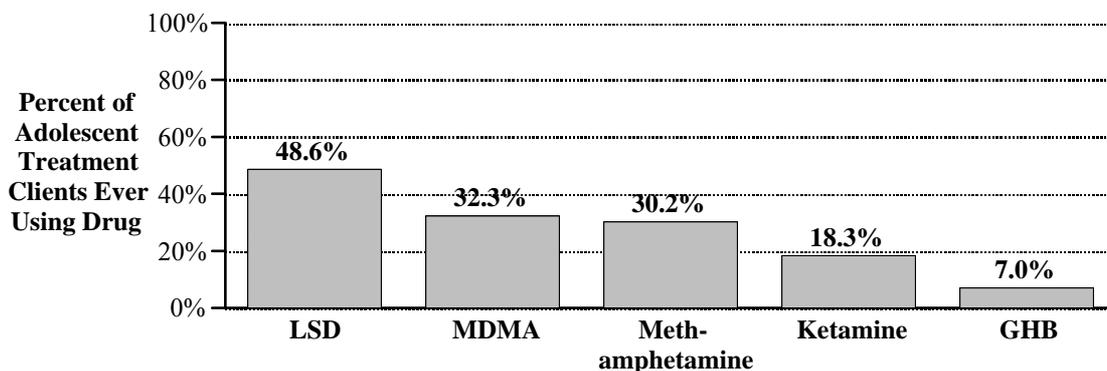
University of Maryland, College Park

Colorado Survey Finds Relatively High Rates of Lifetime Club Drug Use Among Adolescent Treatment Clients

Previous survey research on club drug use has focused almost exclusively on student, household, and rave populations. However, relatively high rates of club drug use have also been found among youths in treatment, according to a recently published Colorado study. Nearly one-half of adolescents in publicly funded substance abuse treatment programs in Colorado reported using LSD at least once in their lifetime and nearly one-third reported using MDMA or methamphetamine (see figure below). The authors note that while high rates of club drug use in a treatment population may not be surprising, they underscore the importance of continued collection of information about club drug use among youths in treatment. Specifically, “state agencies that monitor and plan for adolescent and young adult treatment needs should consider incorporating club drug variables into existing treatment client data collections systems” if they are not already doing so (p. 97).

Percentage of Adolescent (age 17 and younger) Treatment Clients Reporting Lifetime Use of Club Drugs, Colorado, 2001

(n=486)



NOTE: Data presented are from a survey of a convenience sample of adolescents and young adults receiving treatment from 13 publicly funded substance abuse treatment programs in Colorado from May through September 2001.

SOURCE: Adapted by CESAR from Hopfer C., Mendelson B., Van Leeuwen J.M., Kelly S., Hooks, S. “Club Drug Use Among Youths in Treatment for Substance Abuse,” *The American Journal on Addictions* 15(1):94-99, 2006. For more information, contact Dr. Christian Hopfer at christian.hopfer@uchsc.edu.

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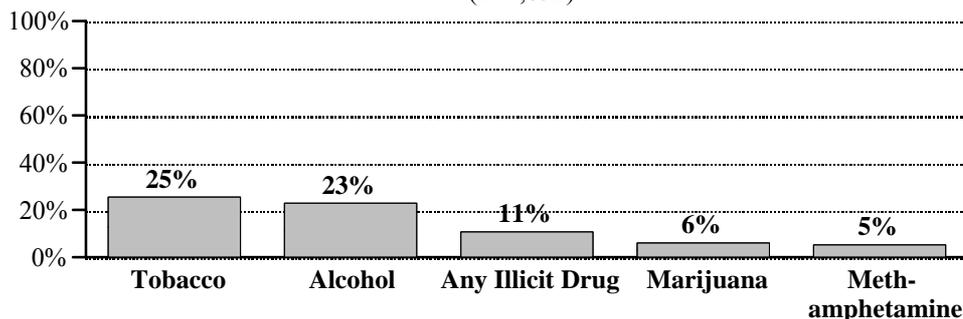
University of Maryland, College Park

Study Finds 5% of Pregnant Women Use Methamphetamine in Methamphetamine-Prevalent Areas of the U.S.

According to the first large-scale study to estimate the prevalence of prenatal substance use in areas of the U.S. known to have methamphetamine problems, 5% of women living in these regions used methamphetamine at least once during their pregnancy. One-fourth of the women in this study used tobacco and 23% used alcohol while pregnant. In addition, 11% used illicit drugs prenatally. The authors note that “the finding that approximately 5% of pregnant women in this study use methamphetamine at some point during their pregnancy highlights the need for educating primary care physicians and obstetric and gynecologic specialty practitioners to be aware of treatment options and community resources to enable access to treatment,” particularly “in regions where methamphetamine is currently a large problem and in other areas where it is an emerging concern” (p. 8).

Percentage of Women Using Substances At Least Once During Pregnancy, Los Angeles, CA; Des Moines, IA; Tulsa, OK; and Honolulu, HI; 2004

(n=1,632)



NOTES: Data presented are from initial results of the Infant Development, Environment, and Lifestyle (IDEAL) study, an ongoing longitudinal multi-site study of prenatal methamphetamine exposure being conducted in Los Angeles, CA; Des Moines, IA; Tulsa, OK; and Honolulu, HI (NIDA Grant R01DA014948; P.I.: Dr. Barry Lester). Staff members at each site were responsible for monitoring hospital delivery logs and attempting to approach every mother who delivered a baby within the last 48 hours. An average of 75% of mothers who recently delivered were approached for consent and screened for eligibility. Substance use was determined by either self-report or meconium testing.

SOURCE: Adapted by CESAR from Arria, A.M.; Derauf, C.; LaGasse, L.L.; Grant, P.; Shah, R.; Smith, L.; Haning, W.; Huestis, M.; Strauss, A.; Della Grotta, S.; Liu, J.; and Lester, B. “Methamphetamine and Other Substance Use During Pregnancy: Preliminary Estimates from the Infant Development, Environment, and Lifestyle (IDEAL) Study,” *Maternal and Child Health Journal* Online First, 1-10, January 5, 2006. For more information, contact Dr. Amelia Arria of CESAR at aarria@cesar.umd.edu.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Proposed FY 2007 Federal Drug Control Budget Increases Funding for Drug Courts; Decreases Funding for Many State and Local Drug Programs

The proposed \$12.7 billion National Drug Control Budget for fiscal year 2007 increases funding for drug courts, student drug testing, and the National Youth Anti-Drug Media Campaign. At the same time, federal support for many state and local drug programs are proposed to be reduced or eliminated. Reasons for these reductions include that the programs have achieved their purpose, are inappropriately focused, are ineffective, and/or may be more appropriately supported through other resources. Following are highlights of some of the changes proposed by the FY2007 drug control budget.

Programs with Increased Funding

- Drug Courts (+\$59.3 million; from \$9.9 to \$69.2 million)
- Safe and Drug-Free Schools and Communities National Programs (+\$21.5 million; from \$144.4 to \$165.9 million)
 - Research-Based Grant Assistance to Local Educational Agencies (+\$52 million; from \$0 to \$52 million)
 - Student Drug Testing (+\$4.6 million; from \$10.4 to \$15 million)
- National Youth Anti-Drug Media Campaign (+\$21 million; from \$99 to \$120 million)
- Methamphetamine Laboratory Cleanup Program (+\$20.4 million; from \$19.7 to \$40.1 million)
- Prescription Drug Monitoring Program (+\$2.5 million; from \$7.4 to \$9.9 million)

Programs with Reduced Funding

- Treatment Programs of Regional & National Significance (-\$23.5 million; from \$398.9 to \$375.4 million)
- High Intensity Drug Trafficking Areas (HIDTA) (-\$17.1 million; from \$224.7 to \$207.6 million)
- Prevention Programs of Regional & National Significance (-\$12.3 million; from \$192.9 to \$180.6 million)
- National Institute on Drug Abuse (-\$5.2 million; from \$1.0 to \$994.8 million)

Programs Eliminated

- Safe and Drug-Free Schools and Communities State Grants (-\$346.5 million) and Alcohol Abuse Reduction Programs (-\$32.4 million)
- Enforcing Underage Drinking Laws (-\$24.7 million)
- Residential Substance Abuse Treatment (-\$9.9 million)
- Drug Enforcement Administration Demand Reduction Program (-\$9.3 million)
- National Alliance of Model State Drug Laws (-\$1.0 million)

There have also been proposed cuts to grant programs that are not a part of the National Drug Control Budget, but that may have an impact on state substance abuse efforts. The \$327.2 million Byrne Justice Assistance Grant Program, which provides funds to state and local governments to prevent and control crime, is slated to be discontinued, as is the Byrne Discretionary Grant Program (\$189.3 million) and the Juvenile Accountability Incentive Block Grant Program (\$49.4 million).

SOURCES: Adapted by CESAR from Executive Office of the President, *National Drug Control Strategy: FY2007 Budget Summary*, 2006 (<http://www.whitehousedrugpolicy.gov/publications/policy/07budget>); and *Executive Office of the President, Budget of the United States Government Fiscal Year 2007, 2006* (<http://www.whitehouse.gov/omb/budget/fy2007>).

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University of Maryland, College Park

Using Urine Specimens from Parolees/Probationers to Create a Statewide Drug Monitoring System

Trends in the drugs detected in urinalysis from offenders have been found to provide advance warning of drug epidemics in the greater community. The recent demise of the national ADAM (Arrestee Drug Abuse Monitoring) program and the Maryland OPUS (Offender Population Urine Screening) program has left Maryland and other states without important tools for forecasting drug epidemics. DEWS staff therefore worked with the Maryland Division of Parole and Probation (DPP) to pilot an innovative program of expanded testing of urine specimens that DPP staff routinely collect from probationers and parolees. DEWS staff over-sampled* drug positive specimens that the DPP Guilford Laboratory† had tested for a panel of five drugs (benzodiazepines, cocaine, marijuana, opiates, and PCP). The study specimens were then sent to an independent, private laboratory who tested them for the presence of more than 30 drugs. Key findings from the pilot study include:

- Almost all (97%) of the probationers/parolees who tested positive for at least one of the drugs in the expanded screen had already tested positive for at least one of the five more common drugs tested for by the DPP. However, the use of some less common drugs, notably buprenorphine, methadone, and oxycodone, would have gone undetected by the DPP's drug screen.
- Sixteen specimens contained oxycodone and 15 specimens contained buprenorphine. About one half of the specimens that contained buprenorphine or oxycodone also contained two or more other drugs, raising the possibility of abuse of these prescription drugs in Maryland.
- Methamphetamine does not appear to be used by this population in the six jurisdictions sampled in Maryland. Only one specimen tested positive for amphetamine and confirmatory testing did not detect methamphetamine.
- The pattern of positive test results for cocaine, PCP, marijuana, and opiates was consistent with the types of drugs for which the general population in the sampled localities sought treatment.
- It was remarkably quick and inexpensive for the researchers to sample 299 specimens and send them to an independent lab to be screened for a wide variety of drugs.

Maryland and other states should consider implementing a program of periodic expanded testing of urine specimens routinely collected from probationers/parolees, not only to ensure that they are routinely testing for the drugs being used by the persons they supervise, but also to provide the state with a tool for rapidly detecting and researching emerging drug problems.

*While about 20% of all specimens screened by DPP tested positive in 2004, 75% of the 299 specimens selected for this study had tested positive in the DPP panel. The number of drugs detected by the expanded testing is therefore higher than would be expected in a random sample of all DPP specimens.

†The Guilford Laboratory is a centralized urinalysis testing facility for 15 DPP collection facilities located in Baltimore City and Baltimore, Howard, Prince George's Charles, and Washington counties.

SOURCE: Maryland Drug Early Warning System (DEWS), CESAR. "Using Urine Specimens from Parolees/Probationers to Create a Statewide Drug Monitoring System," *DEWS Investigates*, February 2006. Available online at <http://www.cesar.umd.edu>. Print copies may be obtained by emailing cesar@cesar.umd.edu. For more information, contact Dr. Eric Wish at ewish@cesar.umd.edu.

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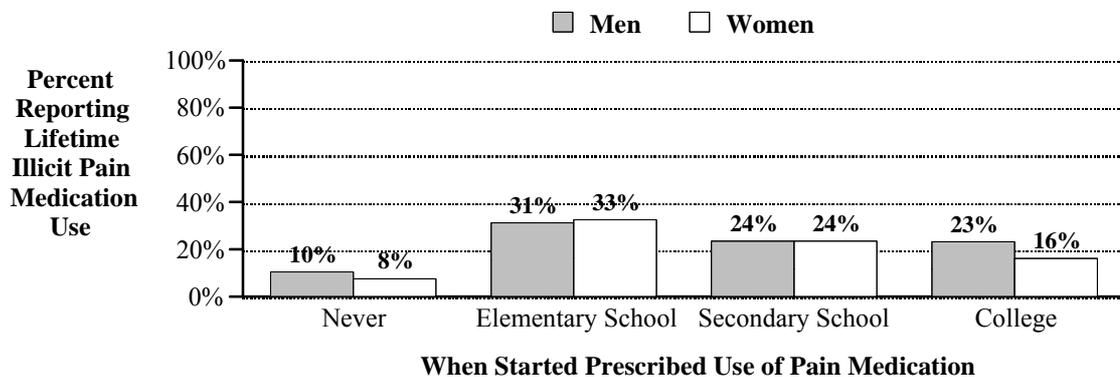
University of Maryland, College Park

College Students Who Were Prescribed Pain Medication in Elementary School Most Likely to Illicitly Use Pain Medications

College students who were previously prescribed pain medications were more likely to report illicit use of such medications, according to a web-based survey of a random sample of undergraduate students attending a Midwestern university. Furthermore, those who reported the earliest initiation of prescribed pain medication had the highest rates of illicit use. Nearly one-third of male and female college students who had been prescribed pain medications in elementary school reported lifetime illicit use of pain medications, compared to 24% of those who had been prescribed them in secondary school and 8% to 10% of students who had never been prescribed pain medications. This relationship remained after controlling for other variables, including race, class year, and living arrangement, and also held for past year illicit use. The authors note that “based on qualitative responses, it was clear that some students used prescription pain medication that was previously prescribed for legitimate medical reasons for later illicit use. However, it is unknown whether this later illicit use represents a form of self-treatment due to the inadequate treatment of pain or the illicit use is for non-medical purposes” (p. 44).

Prevalence of Lifetime Illicit Pain Medication Use Among College Students, by Prescribed Pain Medication Use

(n=8,438 students at a Midwestern university)



SOURCE: Adapted by CESAR from McCabe, S.E.; Teter, C.J.; and Boyd, C.J. “Illicit Use of Prescription Pain Medication Among College Students,” *Drug and Alcohol Dependence* 77(1):37-47, 2005. For more information, contact Sean Esteban McCabe at plius@umich.edu.

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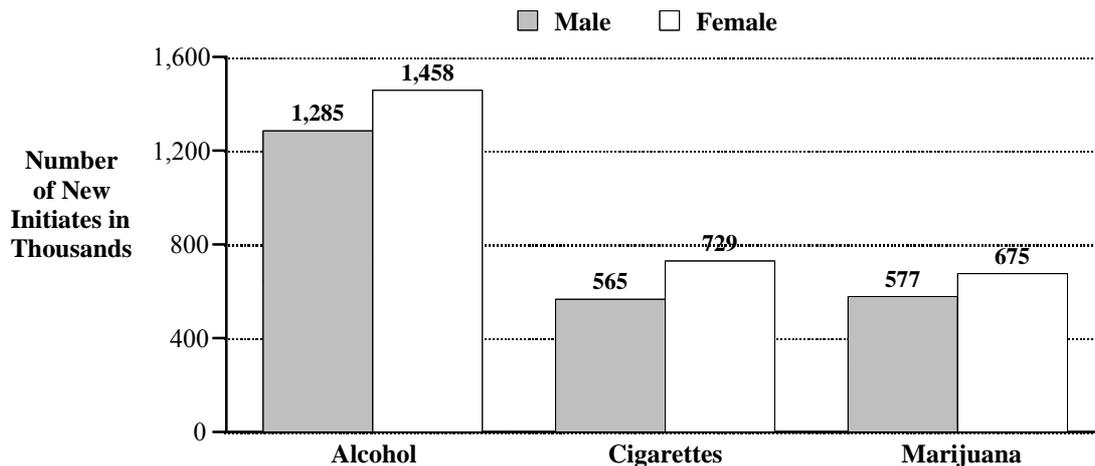
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Female Youths in U.S. More Likely Than Males to Initiate Alcohol, Cigarette, or Marijuana Use in 2004

Girls ages 12 to 17 are more likely than their male counterparts to initiate alcohol, cigarettes, or marijuana use, according to data from the National Survey on Drug Use and Health. In 2004, nearly 1.5 million female youths were estimated to have used alcohol for the first time in the past year, compared to slightly more than 1.2 million male youths. Similar differences were found for cigarette and marijuana initiation. These findings are of concern because rates of substance use among young girls already rival those of young boys. Girls ages 12 to 17 are just as likely as boys to report past month alcohol (18.0% vs. 17.2%), cigarette (12.5% vs. 11.3%), and marijuana (7.1% vs. 8.1%) use.

Estimated Number (in Thousands) of U.S. Youths Ages 12 to 17 Who Used Alcohol, Cigarettes, or Marijuana for the First Time in the Past Year, by Gender, 2004



SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, *2004 National Survey on Drug Use and Health: Detailed Tables*, 2005. Available online at <http://oas.samhsa.gov/NSDUH/2k4nsduh/2k4tabs/toc.htm>.

New Job Announcement:

CESAR Seeking PhD-Level Candidate to Analyze Data on Alcohol Use Among College Students

CESAR is seeking a Research Associate to analyze and publish data from an ongoing, longitudinal prospective survey of alcohol use among college students. A PhD-level candidate with post-doctorate experience in public health and/or epidemiology is preferred. If you are interested in working in a supportive and stimulating, university-based team environment, please send a letter of interest and a resume to Dr. Amelia Arria at CESAR, 4321 Hartwick Rd, Ste 501, College Park, MD 20740; 301-403-8342 (fax); cesar@cesar.umd.edu.

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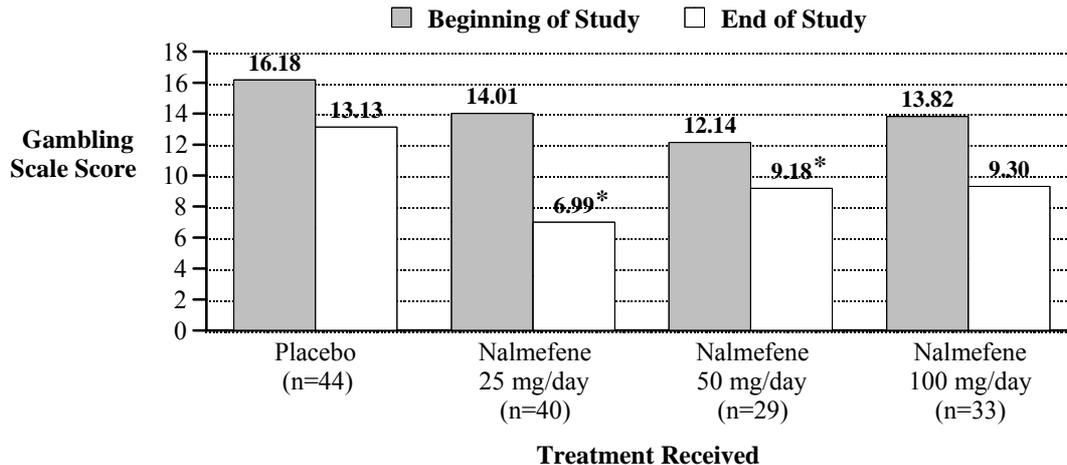
University of Maryland, College Park

Clinical Trial Finds Evidence that Nalmefene Can Treat Pathological Gambling

Nalmefene—a drug traditionally used to treat alcohol dependence—can also reduce the symptoms associated with pathological gambling, according to the results of a multicenter, randomized, double-blind clinical trial. Adults with a primary DSM-IV diagnosis of pathological gambling were recruited through newspaper advertisements and referrals for medication treatment. Eligible subjects were randomly assigned to receive 25 mg/day, 50 mg/day, or 100 mg/day of nalmefene, or a placebo drug. The study found that nalmefene reduced the urge, thought, and behavior symptoms of pathological gambling, as measured by a 10-item scale used to rate gambling symptoms within the last 7 days. At the end of the 16-week study, the 25 mg/day and 50 mg/day groups had gambling outcome scores significantly lower than those of the placebo group while the 100 mg/day group did not. According to the authors, these findings “lend support to the hypothesis that pharmacological manipulation of the opiate system may target core symptoms of pathological gambling” (p. 310).

Change in Gambling Symptoms Among Pathological Gamblers, by Type of Treatment Received

(based on Yale-Brown Obsessive Compulsive Scale Modified for Pathological Gambling Scores)
(N=146)



*Difference between outcome score of group and placebo was statistically significant at $p < 0.02$.

SOURCE: Adapted by CESAR from Grant, J.E.; Potenza, M.N.; Hollander, E.; Cunningham-Williams, R.C.; Nurminen, T.; Smiths, G.; and Kallio, A. “Multicenter Investigation of the Opioid Antagonist Nalmefene in the Treatment of Pathological Gambling,” *American Journal of Psychiatry* 163(2):303-312. For more information, contact Dr. Grant at grant045@umn.edu.

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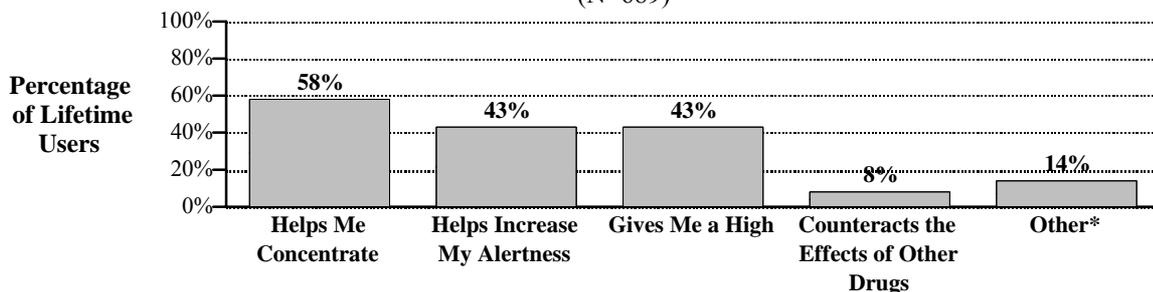
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

College Students Who Use Prescription Stimulants Illicitly Most Likely to Use the Drugs to Concentrate, Increase Alertness, and Get High

Approximately 8% of college undergraduate students report using prescription stimulants that were not prescribed for them at least once in their lifetime, according to a random sample of full-time undergraduate students at the University of Michigan. The most common motive for use was to help with concentration (58%), followed by to increase alertness (43%), and to get high (43%) (see figure below), which is consistent with an ongoing University of Maryland undergraduate study (see *CESAR FAX*, Volume 14, Issue 34). The proportion of users reporting each motive remained the same regardless of gender, having been previously prescribed stimulant medications, or the number of occasions of illicit prescription stimulant use. The study also found that students who reported using the drugs to counteract the effects of other drugs or to get high were more likely to also report past year cocaine and amphetamine use, which “may reflect a more extensive stimulant use profile for those students who use illicit prescription stimulants to counteract the effects of other drugs or to get high” (p. 260).

**Motives for Use Among Lifetime Users of Prescription Stimulants,
University of Michigan Undergraduate Students, 2003**
(N=689)



NOTE: Percentages do not add to 100 because each user could have reported more than one motive (31% reported 2 motives and 17% reported 3 or more motives).

*The most common motives specified under the category “other” were to enhance academic or work performance and curiosity and experimentation.

SOURCE: Adapted by CESAR from Teter, C.J.; McCabe, S.E.; Cranford, J.A.; Boyd, C.J.; and Guthrie, S.K. “Prevalence and Motives for Illicit Use of Prescription Stimulants in an Undergraduate Student Sample,” *Journal of American College Health* 53(6): 253-262, 2005. For more information, contact Christian Teter at c.teter@neu.edu.

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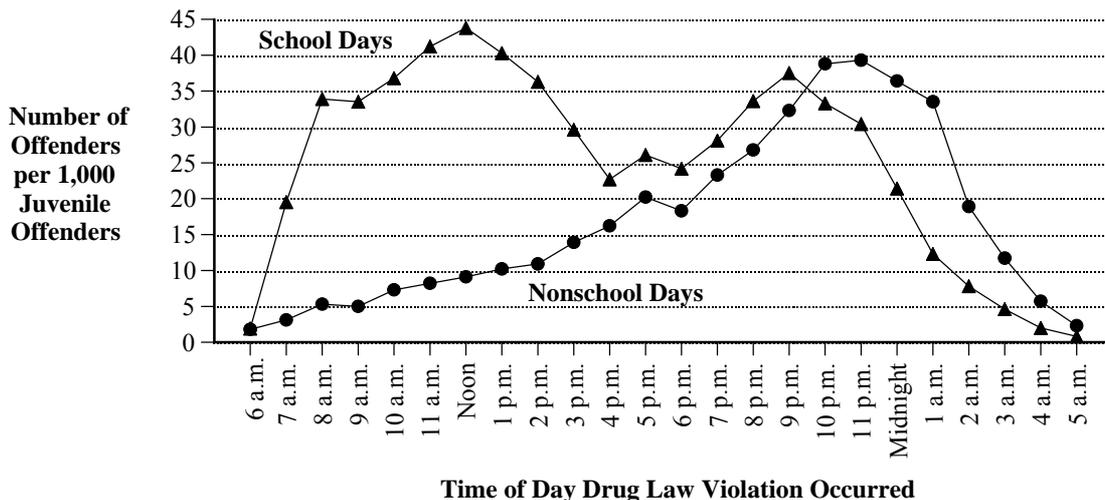
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Youth May Curtail Drug Dealing and Use in the AM on Nonschool Days

The time of day juveniles are most likely to be caught committing drug law violations depends on whether it is a school day, according to a recent analysis of data from the FBI's National Incident-Based Reporting System. Drug law violations by both male (see figure below) and female (data not shown) juveniles are most likely to be reported to law enforcement in the morning and early afternoon hours on school days, with a second, slightly lower peak occurring in the evening between 8 and 10 p.m. In contrast, drug law violations on nonschool days are most likely to be reported to law enforcement only in the late evening hours (between 10 and 11 p.m.). The greater likelihood of drug law violations during the day on school days may be due to 1) increased opportunity to use and sell drugs at school; 2) increased detection and enforcement of such behaviors at school; 3) increased parental supervision of youth during the morning hours of nonschool days; and/or 4) inactivity of youth during the morning hours on nonschool days, such as sleeping late.

Juvenile Male Drug Law Violations Known to Law Enforcement, by Time of Day, 2001
(Rate per 1,000 Juvenile Male Drug Law Violation Offenders)



NOTE: The NIBRS collects information on each crime reported to contributing law enforcement agencies, including the date and time of day the crime occurred. For calendar year 2001, agencies in 20 states and the District of Columbia reported information on the time of day of reported crimes.

SOURCE: Adapted by CESAR from Office of Juvenile Justice and Delinquency Prevention (OJJDP), Juvenile Offenders and Victims: 2006 National Report, 2006. Available online at <http://ojjdp.ncjrs.gov/publications/PubAbstract.asp?pubi=234394>.

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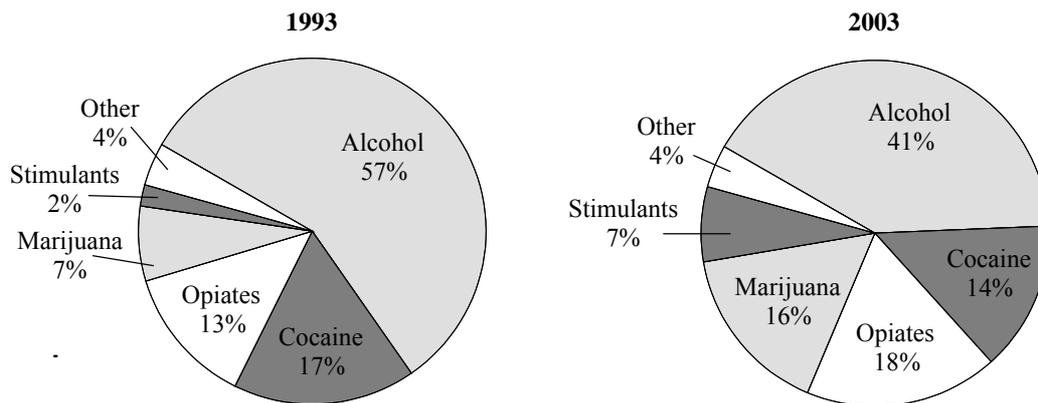
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University of Maryland, College Park

National Treatment Admissions for Primary Alcohol and Cocaine Abuse Decrease While Admissions for Marijuana Double and Stimulants Triple

The percentage of admissions to state-funded substance abuse treatment facilities for primary* alcohol abuse declined from 1993 to 2003, according to data from the national Treatment Episode Data Set (TEDS). While alcohol continues to be the substance most frequently cited as a primary substance of abuse, primary alcohol abuse accounted for less than one-half (41%) of all admission in 2003 (the most recent year for which data are available), down from 57% in 1993. The percentage of admissions for primary cocaine abuse also decreased, from 17% to 14%. At the same time, the percentage of admissions for primary abuse of stimulants (including methamphetamine and prescription stimulants) tripled and marijuana more than doubled while primary opiate admissions also increased (from 13% to 18%).

Primary Substance of Abuse at Admission to U.S. State Licensed or Certified Substance Abuse Treatment Facilities, 1993 and 2003



*Each admission may report a primary, secondary, or tertiary substance of abuse.

NOTE: TEDS is based on admissions not individuals. Therefore, an individual could be admitted to treatment more than once during the course of a calendar year, accounting for more than one admission.

SOURCE: Adapted by CESAR from the Office of Applied Studies, SAMHSA. "Trends in Substance Abuse Treatment Admissions: 1993 and 2003," *The DASIS Report*, 2006. Available online at <http://oas.samhsa.gov/2k6/TXtrends/TXtrends.cfm>.

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University of Maryland, College Park

Evaluation of DWI Screening Instruments Gives Highest Ratings to MacAndrew Alcoholism Scale (MAC) and Alcohol Use Inventory (AUI)

The MacAndrew Alcoholism Scale (MAC) and the Alcohol Use Inventory (AUI) were the best rated instruments for screening driving while intoxicated/impaired (DWI) offenders, according to the first study since 1992 to evaluate the literature on the effectiveness and practicality of DWI screening instruments. Twelve DWI screening instruments* were evaluated on six criteria: 1) prediction of DWI recidivism; 2) assessment of alcohol use disorders (AUDs); 3) ease of administration and cost; 4) scope of the domains covered in the screenings (e.g., other drug use, psychological and behavioral factors); 5) reliability, validity, and an adequate record of DWI-related research; and 6) quality of the interpretation of the results and treatment recommendations. The MAC and the AUI were the only two instruments rated as highly recommended—both had the best predictive values for DWI recidivism and the MAC was also able to determine concurrent AUD. In addition, four instruments were rated as moderately recommended (see table below). Among the concerns the authors note is that the majority of the instruments reviewed failed to address other drug misuse. “Since drugs other than alcohol may impair a substantial proportion of drivers, it is critical that methods for determining drug-use disorders in this population be developed and evaluated” (p. 6).

Instrument	Predicts Recidivism	Identifies AUD	Administration	Testing Domains	Statistics/Research	Interpretation/Recommendations	Recommendation
ASI—Addiction Severity Index				✓			
AUI—Alcohol Use Inventory	✓				✓		★
CAGE—Cut Down, Annoyed, Guilt, and Eye-Opener		✓	✓		✓		
DRI—Driver Risk Inventory		✓		✓		✓	☆
LAI—Life Activities Inventory							
MAC—MacAndrew Alcoholism Scale	✓	✓	✓		✓		★
MACH—Minnesota Assessment of Chemical Health					✓	✓	
MAST—Michigan Alcoholism Screening Test		✓	✓				☆
MF—Mortimer-Filkins		✓	✓		✓		☆
RIASI—RIA Self-Inventory		✓	✓	✓			☆
SALCE/NEEDS—Substance Abuse Life Circumstances Evaluation		✓		✓		✓	
SASSI—Substance Abuse Subtle Screening Inventory							

★ Highly Recommended ☆ Moderately Recommended

*The criteria used to select the instruments were that they were not designed for special populations, had a publication record beyond the original release by the authors, were currently in use by at least one state, and were in their original form (i.e. not created from subsets of items). The authors note that “too little rigorous research exists on screening for drunk-driving offenders” (p. 35)—only 15 articles that investigated the efficacy of the one or more of the instruments met the criteria for inclusion in this study.

SOURCE: Adapted by CESAR from Chang, I.; Gregory, C.; and Lapham, S.C. *Review of Screening Instruments and Procedures for Evaluating DWI Offenders*, AAA Foundation for Traffic Safety, 2002. Available online at <http://www.aaafoundation.org/pdf/DWIScreeningReport.pdf>.

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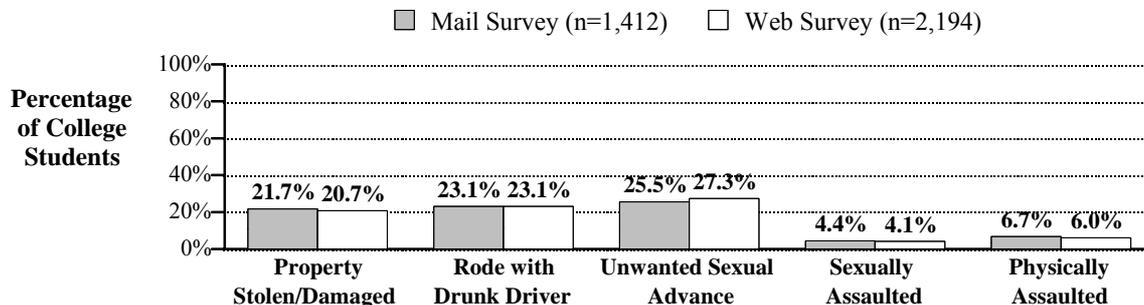
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Web Surveys May Be as Reliable as Mail Surveys in Estimating Secondary Effects of Substance Use in College Populations

Web surveys can effectively collect data on consequences associated with substance use by college students, according to a study of students attending a large Midwestern public university in 2001. A random sample of 7,000 undergraduate students were randomly assigned to participate in either a mail- or Web-based survey that asked about the consequences they had experienced in the past year as a result of other people's drinking or drug use. Both the mail and Web surveys provided nearly identical results (see figure below). In addition, the Web survey had a higher response rate (63%) than the mail survey (40%). A previous analysis of data from this study found similar results for prevalence of drug use among undergraduate students (see *CESAR FAX*, Volume 14, Issue 21). The authors note that since "college students are a unique sector of the U.S. and international populations as they have near-universal use of, and access to, the Internet" (p. 165), Web surveys may not be a feasible alternative to mail surveys in other populations.

Percentage of College Students at a Large Midwestern University Reporting Secondary Consequences of Substance Abuse in the Past Year, By Survey Type



SOURCE: Adapted by CESAR from McCabe, S.E.; Couper, M.P.; Cranford, J.A.; and Boyd, C.J. "Comparison of Web and Mail Surveys for Studying Secondary Consequences Associated with Substance Use: Evidence for Minimal Mode Effects," *Addictive Behaviors* 31(1): 162-168, 2006. For more information, contact Sean Esteban McCabe at plus@umich.edu.

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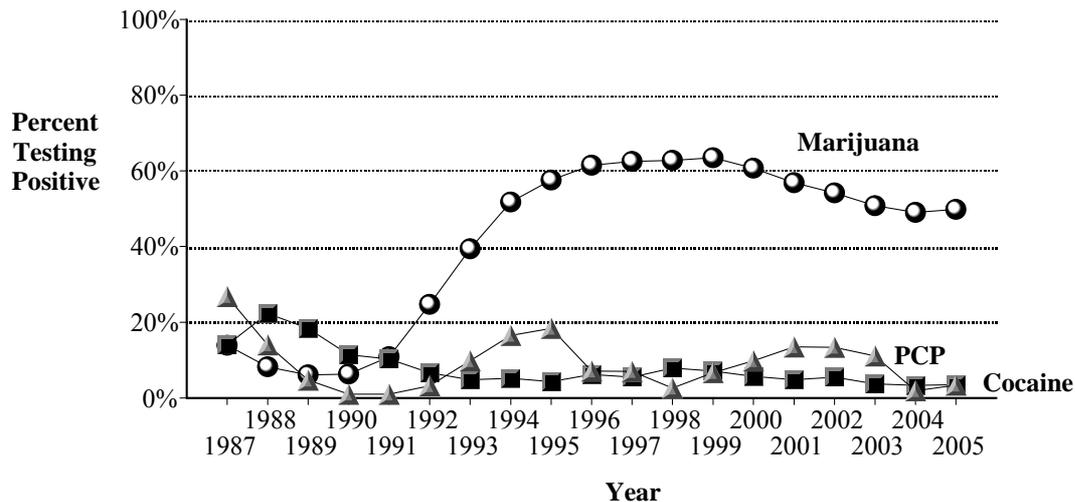
University of Maryland, College Park

Decline in Marijuana Use Among D.C. Juvenile Arrestees May Be Abating

The recent declines in the percentage of Washington, D.C. juvenile arrestees testing positive for marijuana may have subsided, according to data from the D.C. Pretrial Services Agency. While marijuana remains the drug most commonly detected among this population, the percentage of juvenile arrestees testing positive had been declining from a peak of 64% in 1999 to 49% in 2004. In 2005, however, 50% of juvenile arrestees tested positive for marijuana.* The percentage of D.C. juvenile arrestees testing positive for cocaine and PCP also remained relatively stable at low levels between 2004 and 2005. Other national measures of drug use among youth, including the Monitoring the Future survey and the National Survey on Drug Use and Health, have shown similar stabilization of youth drug use in recent years.

Percentage of Washington, D.C., Juvenile Arrestees Testing Positive by Urinalysis for Cocaine, Marijuana, and PCP, 1987-2005

(N ranged from 1,896 in 2002 to 4,449 in 1988)



*The most recent data from the D.C. Pretrial Services Agency shows that marijuana use remained around 50% in the first three months of 2006.

SOURCE: Adapted by CESAR from data from the District of Columbia Pretrial Services Agency. Available online at <http://www.dcpa.gov/foia/foiaERRpsa.cfm>. 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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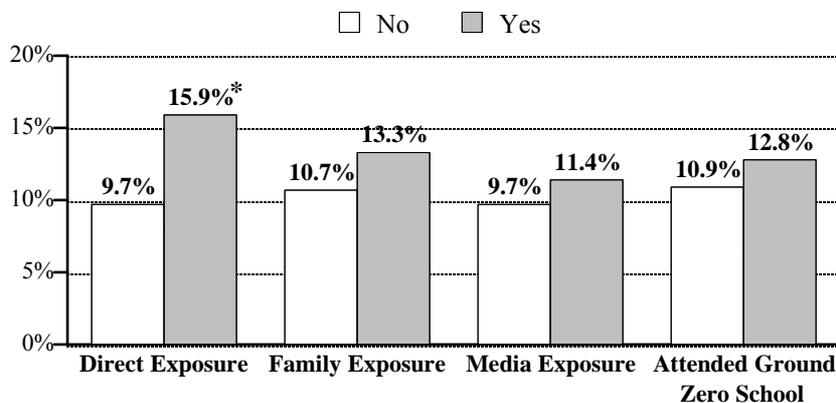
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NYC Public High School Students Directly Exposed to World Trade Center Attack Report Increase in Alcohol Consumption in the Six Months After September 11, 2001

Overall, 11% of New York City public high school students reported increased alcohol use after September 11, 2001, according to the first published study assessing changes in alcohol use among adolescents exposed to the World Trade Center (WTC) attack. Students who reported family or media exposure[†] to the WTC attack or who attended a ground zero school all reported slight, but statistically insignificant, increases in alcohol use compared to those who did not have such exposure. However, students who were directly exposed[‡] to the WTC attack were significantly more likely to report an increase in their alcohol consumption in the six months after September 11, 2001, “which suggests that alcohol was used as a way of coping with the immediate effect of the attack” (p. 805). The authors note that while the study is limited by its retrospective, self-report design and the lack of detailed information on changes in drinking, the findings suggest that “targeted substance-use interventions for youths may be warranted after large-scale disasters” (p. 804).

Percentage of New York City Public High School Students Reporting Increased Alcohol Consumption in the Six Months After September 11th 2001, by Exposure Level (N=2,731)



*Difference is significant at $p = .01$.

[†]Family exposure: Having a family member witnessing but escaping unharmed, injured, or killed in the attack. Media exposure: Having spent “a lot of time” watching television coverage of the attack. Direct exposure: (2 or more of the following) personally witnessed the attack, hurt in the attack, in or near the cloud of dust and smoke, evacuated to safety, or being extremely worried about the safety of a loved one.

SOURCE: Adapted by CESAR from Wu, P.; Duarte, C.S.; Mandell, D.J.; Fan, B.; Liu, X.; Fuller, C.J.; Musa, G.; Cohen, M.; Cohen, P.; and Hoven, C.W. “Exposure to the World Trade Center Attack and the Use of Cigarettes and Alcohol Among New York City Public High-School Students,” *American Journal of Public Health* 96(5):804-807. For more information, contact Dr. Ping Wu at pw11@columbia.edu.

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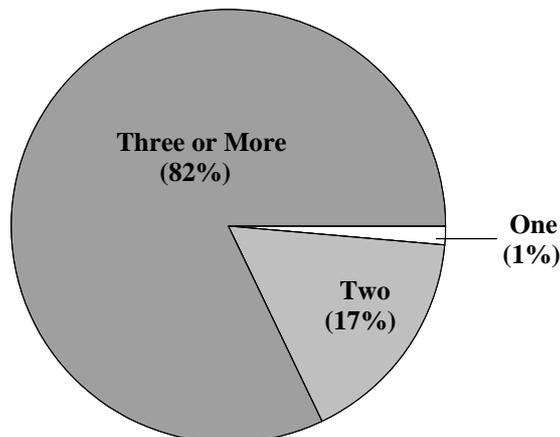
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Majority of U.S. Youths and Young Adults Who Have Used Club Drugs Have Used Three or More Types of Illicit Drugs

The majority of club drug users are multiple drug users, according to a recent analysis of data from the 2002 National Survey on Drug Use and Health. Overall, 20% of youths and young adults ages 16 to 23 reported ever using at least one or more of the club drugs methamphetamine, MDMA, LSD, GHB, ketamine, or flunitrazepam. Nearly one-fifth (17%) of these lifetime club drug users reported using two different types of illicit drugs and 82% reported using three or more different types of drugs in their lifetime.* Users of GHB, ketamine, flunitrazepam, and methamphetamine were most likely to be multi-drug users—between 96% and 100% reported have ever used three or more types of illicit drugs. These findings are consistent with those of a study of multiple drug use among Maryland public high school students (see *CESAR FAX*, Volume 14, Issue 35), which found users of less common drugs were more likely to use multiple drugs.

Number of Types of Illicit Drugs Used by U.S. Club Drug Users Ages 16 to 23, 2002 (unweighted N=3,691)



*Drug types: cocaine, inhalants, marijuana, heroin, hallucinogens, sedatives, tranquilizers, pain relievers, and stimulants.

SOURCE: Adapted by CESAR from Wu, L.-T.; Schlenger, W.E.; and Glavin, D.M. Concurrent Use of Methamphetamine, MDMA, LSD, Ketamine, GHB, and Flunitrazepam Among American Youths, *Drug and Alcohol Dependence*, In Press, 2006. For more information, contact Dr. Li-Tzy Wu at litzylwu@yahoo.com.

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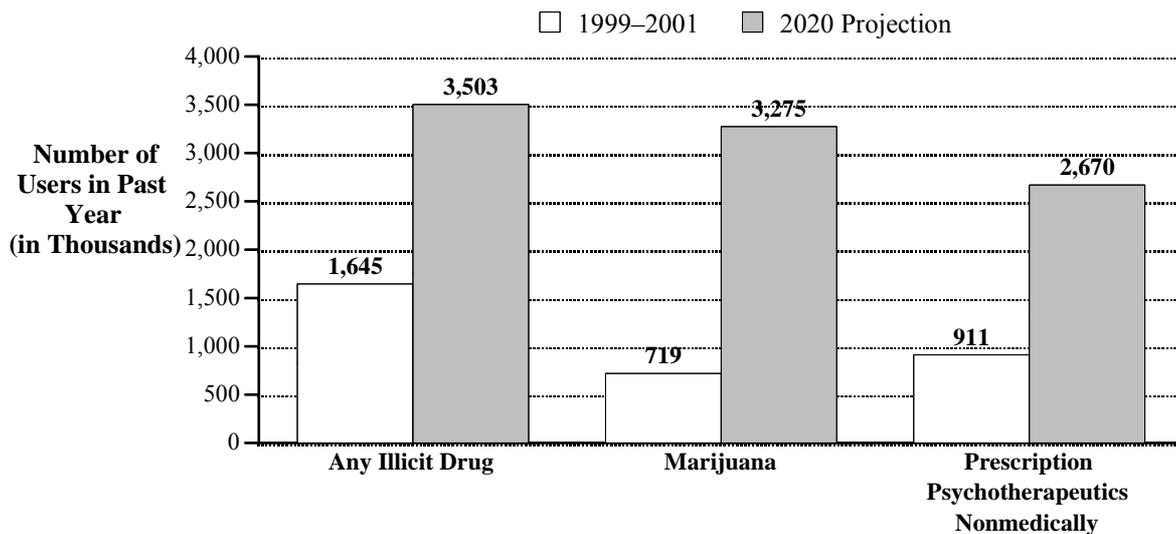
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Aging Baby-Boom Generation May Result in Increased Number of Older Adults Using Drugs

The number of older adults using drugs will increase dramatically as the baby-boom generation ages, according to an analysis of data from the National Survey on Drug Use and Health. The number of adults ages 50 and older using illicit drugs in the past year is projected to increase from 1.6 million in 1999–2001 to 3.5 million in 2020. Even larger increases are projected for past year marijuana use and the nonmedical use of prescription psychotherapeutics (i.e., analgesics, tranquilizers, stimulants, or sedatives; see figure below). The projected increases are due to “an anticipated 52% increase in population in that age group and a projected increase in the rate of past-year use as more persons from younger higher-drug-using cohorts reach the age of 50 years” (p. 262). According to the authors, these findings suggest a “need for improved knowledge of the biomedical and psychosocial effects of nonmedical drug use on aging and elderly individuals” (p. 257).

Number (in Thousands) of Adults Ages 50 and Older Using Any Illicit Drug, Marijuana, or Prescription Psychotherapeutics Nonmedically in the Past Year, 1999–2001 and 2020



SOURCE: Adapted by CESAR from Colliver, J.D.; Compton, W.M.; Gfroerer, J.C.; and Condon, T. “Projecting Drug Use Among Aging Baby Boomers in 2020,” *Annals of Epidemiology* 16(4):257-265, 2006. For more information, contact Dr. Wilson Compton at wcompton@nida.nih.gov.

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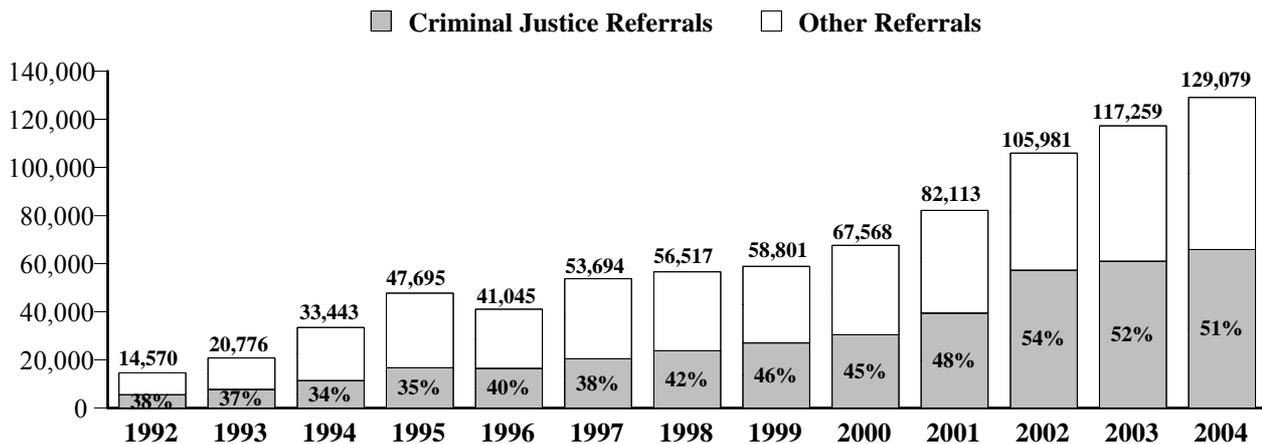
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Dramatic Increase in National Treatment Admissions for Methamphetamine Coincides with Increase in Criminal Justice Referrals

The number of national treatment admissions reporting methamphetamine as the primary substance of abuse increased dramatically from 1992 to 2004, according to data from the Treatment Episode Data Set (TEDS). In 1992, 14,570 treatment admissions reported methamphetamine as the primary substance of abuse (comprising 1% of all admissions), compared to 129,079 in 2004 (7% of all admissions).* At the same time, the proportion of methamphetamine treatment admissions that were referred by the criminal justice system also increased, from 38% to 51%. Referrals from individuals (including self-referrals) decreased over this period (from 34% to 24%) as did those from substance abuse care providers (from 9% to 5%; data not shown). Caution should be used in utilizing treatment admissions data as an indicator of use or dependence since treatment admissions may also be influenced by changes in law enforcement and sentencing practices as well as changes in legislation which divert drug offenders to treatment.

Number of Primary Methamphetamine Treatment Admissions and Percentage that Were Criminal Justice Referrals, 1993 to 2004



*Methamphetamine treatment admissions varied regionally. In 2004, nearly 53% of all treatment admissions reported were from California and Washington, while less than 1% were from 11 Northeastern states (CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, and VT). Methamphetamine numbers do not include states that did not distinguish between amphetamine and methamphetamine (1992 to 2000: AR, CT, OR, TX; 2001 to 2003: AR, OR, TX; 2004: OR, TX).

NOTES: TEDS provides information on the demographic and substance abuse characteristics of admissions to treatment for abuse of alcohol and drugs in facilities that report to individual State administrative databases. The category "Other Referrals" includes referrals from individuals (including self-referrals), substance abuse providers, other health care providers, schools, employers, and other community sources.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Data Archive, online analysis of the concatenated 1992-2002 TEDS data set, conducted 6/2/2006. The SAMHDA is available online at <http://www.icpsr.umich.edu/SAMHDA>.

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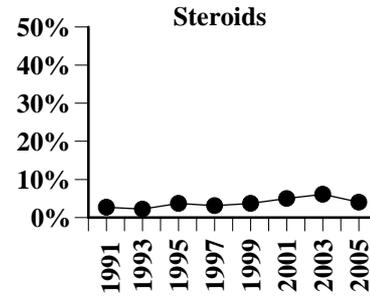
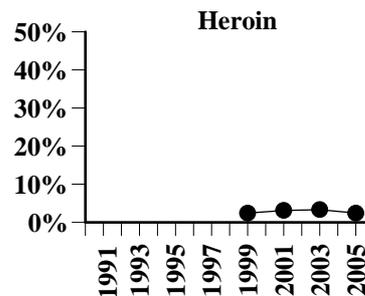
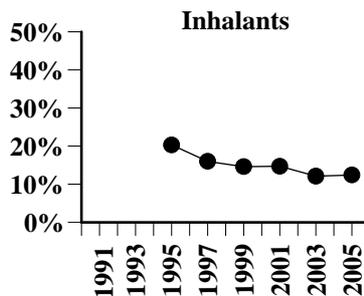
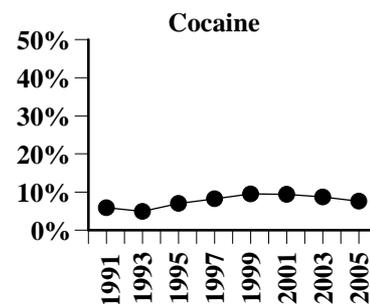
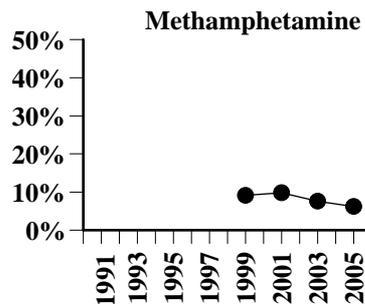
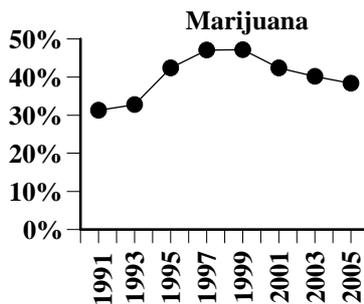
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Illicit Drug Use by U.S. High School Students Declining

The percentage of U.S. high school students reporting lifetime use of many illicit drugs has declined in recent years, according to data from the national Youth Risk Behavior Survey (YRBS). The percentage of students in grades 9 through 12 reporting lifetime use of marijuana has declined from a peak of 47% in 1999 to 38% in 2005. Methamphetamine use has also declined, from 9% when it was first measured in 1999 to 6% in 2005. The first half of this decade has also seen declines in cocaine and inhalant use while steroid use has only recently declined (from 6% in 2003 to 4% in 2005). Heroin use has remained stable at around 3%. These results are consistent with those of other national surveys of youths, such as the Monitoring the Future survey and the National Survey on Drug Use and Health.

Percentage of U.S. High School Students Reporting Lifetime Illicit Drug Use, 1991 to 2005



NOTE: The Youth Risk Behavior Surveillance (YRBS) survey employs a three-stage cluster sample design to produce a nationally representative sample of public and private school students in grades 9 to 12.

SOURCE: Adapted by CESAR from the Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance—United States, 2005," *Morbidity and Mortality Weekly Report* 55 (SS-5), June 9, 2006. Available online at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.

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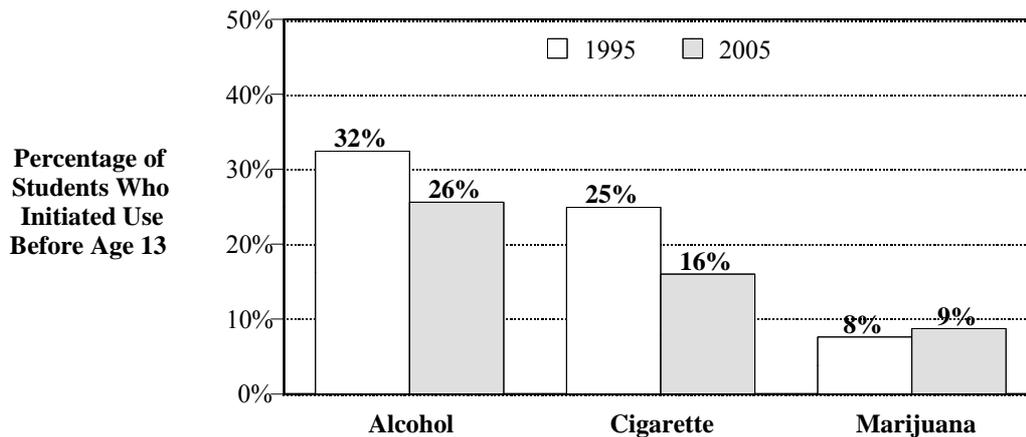
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Despite Declines in Early Initiation Rates, Many U.S. High School Students Still Drink or Smoke Before Age 13

While early initiation rates have declined since 1995, a considerable proportion of U.S. high school students continue to report using alcohol and cigarettes for the first time before age 13. Recently released data from the national Youth Risk Behavior Survey (YRBS) show that 26% of U.S. high school students reported drinking more than a few sips of alcohol and 16% reported smoking a whole cigarette before age 13 in 2005, compared to 32% and 25%, respectively, in 1995. The percentage of students who reported trying marijuana before age 13 has remained stable at 8% to 9%. Previous studies have found a relationship between early drug initiation and drug dependence (see *CESAR FAX*, Volume 13, Issue 45 and Volume 9, Issue 38; available online at www.cesar.umd.edu).

Percentage of U.S. High School Students Who Began Using Alcohol, Cigarettes, or Marijuana Before Age 13, 1995 and 2005



NOTE: The Youth Risk Behavior Surveillance (YRBS) survey employs a three-stage cluster sample design to produce a nationally representative sample of public and private school students in grades 9 to 12.

SOURCE: Adapted by CESAR from the Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance—United States, 2005," *Morbidity and Mortality Weekly Report* 55 (SS-5), June 9, 2006. Available online at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.

CESAR Seeking PhD-Level Candidate to Analyze Data on Alcohol Use Among College Students

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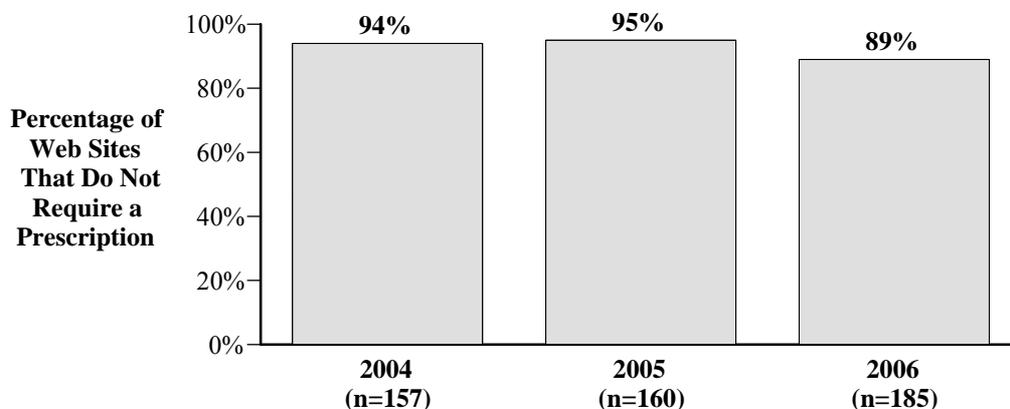
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Prescription Still Not Required: Study Finds Controlled Prescription Drugs Continue to Be Available Online

The majority of web sites selling controlled prescription drugs still do not require prescriptions, according to a study tracking the availability of such drugs on the internet since 2004. One week each year, the number of internet sites dispensing opioid, depressant, and stimulant prescription drugs were documented and dispensing patterns were identified. In 2006, there were 185 internet sites selling such drugs, compared to 160 in 2005 and 157 in 2004. Of the internet sites selling controlled prescription drugs in 2006, 165 (89%) did not require a valid prescription, only slightly less than in previous years. Only 20 sites (11%) required that a prescription be faxed or mailed or that the patient's doctor be contacted for the prescription. There was no evidence of any mechanisms in place to block children from purchasing prescription drugs online. As in past years (see *CESAR FAX*, Volume 13, Issue 17), benzodiazepines such as Xanax[®] and Valium[®] were the drugs most frequently offered on the internet, followed by pain killers (e.g. fentanyl, hydrocodone). Among the author's recommendations are that federal law be clarified to "prohibit sale or purchase of controlled prescription drugs on the Internet without an original copy of a prescription issued by a licensed, DEA-certified physician" (p. 7).

Percentage of Web Sites Selling Controlled Prescription Drugs Without a Prescription, 2004–2006



SOURCE: Adapted by CESAR from National Center on Addiction and Substance Abuse at Columbia University, 'You've Got Drugs!' Prescription Drug Pushers on the Internet: 2006 Update, June 2006. It's available online at <http://www.casacolumbia.org/supportcasa/item.asp?cID=12&PID=147>.

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Internet Provides Prescription Drug Abusers Information on Tampering Methods

Prescription drug abusers often attempt to physically or chemically change a drug to enhance the drug's effects and to increase the speed of onset of effects. The internet is a "prime source of information on drug tampering and offers a broad sweep of information on methods that spans from vague to highly descriptive, inaccurate to accurate, and scattered to organized" (p. S37). A recent review of tampering methods reported on the Internet for selected pharmaceutical products found four main methods of tampering:

- **Altering dosage forms to allow alternate routes of administration.** This is most often achieved by crushing the tablets and then snorting or injecting the drug.
- **Removing the active drug from high-dose formulations, such as patches.** For example, "methods of removal of fentanyl from patches include squeezing the fentanyl gel out of the patch, removal with a syringe, and extraction with various solvents" (p. S34).
- **Separating narcotic drugs (codeine, hydrocodone, oxycodone) from undesirable drugs (aspirin, acetaminophen, ibuprofen) or inactive ingredients.** The techniques most often discussed involve water- or acid-based extraction.
- **Overcoming time-release formulations.** Many prescription drugs use beads or layers to enable time-release of the drugs. Techniques for overcoming these barriers, such as crushing the beads or separating the layers, are frequently discussed on the internet.

Knowledge of tampering practices is not only important for the identification of prescription drug misuse, but also offers developers of these drugs "an opportunity to assess the strengths and limitations of their products in light of how recreational drug users may approach their products" (p. S38). There are numerous ways that prescription medicines can be designed to hinder tampering and thus discourage drug misuse. A pill that is very hard and therefore difficult to crush is less likely to be abused. Making the drug insoluble in water or including wax-based bindings can hinder extraction of the active drug. Wax-based bindings that gum up when heated can also make it difficult to inject drugs. The authors conclude that "the development of successful formulations that inhibit or prevent drug/formulation tampering with drugs of abuse should take into consideration the scope and practice of tampering methods available to recreational drug users on the Internet" (p. S31).

SOURCE: Adapted by CESAR from Cone, E.J. "Ephemeral Profiles of Prescription Drug and Formulation Tampering: Evolving Pseudoscience on the Internet," *Drug and Alcohol Dependence* 83(S1):S31-S39, 2006. For more information, contact Edward Cone at edward.cone@comcast.net.

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Fentanyl Linked to Recent Clusters of Drug Overdoses and Deaths in U.S.

Illicitly manufactured fentanyl combined with heroin (and, to a lesser extent, cocaine) is believed to be the cause of a recent outbreak of overdoses and deaths reported in a number of East Coast and Midwest cities, including Delaware, Illinois, Maryland, Michigan, Missouri, New Jersey, New York, Ohio, Pennsylvania, and Wisconsin. While regional outbreaks of fentanyl/heroin overdoses have occurred before (most recently in the early 1990s in New York, Maryland, and Pennsylvania), the recent overdoses and deaths are of concern because they have occurred in numerous states.

What is fentanyl? Fentanyl is a synthetic opioid that is at least 50 times more potent than morphine or heroin. It is a Schedule II prescription narcotic (sold under the brand names Actiq[®], Duragesic[®], and Sublimaze[®]) that can be legally prescribed to manage pain during surgery and for severe or chronic pain relief. It can also be illicitly produced in clandestine laboratories.

What are the slang names for fentanyl? While slang names may vary from region to region, some of the slang names that have been identified for fentanyl include the bomb, China girl, China white, dance fever, drop dead, Incredible Hulk, infamous, Fat Albert, flat line, friend, goodfella, jackpot, lethal death, lethal injection, murder 8, the omen, snow man, suicide packets, Tango and Cash, TNT, and tsunami. It has been sold as heroin under the brand names Flatline and Capone.

What does it look like? Fentanyl is available with a prescription as a transdermal patch, an oral lozenge, and as an injection. It is manufactured illicitly as powder or tablets.

Where does it come from? While some fentanyl is illicitly produced in the U.S. (from 1990 to 2005 at least 9 clandestine fentanyl labs were seized in the U.S.), Mexico is likely the source of at least some of the fentanyl associated with recent overdoses. In February of 2006, U.S. Customs and Border Protection agents seized 2.6 pounds of 83% pure fentanyl powder in California, just north of the U.S.-Mexico border. More recently, seizures of fentanyl-laced heroin have been reported in New York and New Jersey.

Who uses fentanyl? Fentanyl is typically used by heroin users in specific drug markets. It is often sold as or mixed with heroin and, less often, with cocaine. Users may or may not be aware that they are purchasing and using fentanyl.

What are the effects of fentanyl use? The effects of fentanyl are similar to other opioids, and include euphoria, drowsiness, nausea, confusion, constipation, low blood pressure, sedation, respiratory depression, irregular heart beat, inability to breath, unconsciousness, coma, tolerance, and addiction. Effects may be more pronounced when fentanyl is used in excessive amounts or with heroin or cocaine. Overdose effects occur rapidly, and include sudden death through respiratory arrest, cardiac arrest, severe respiratory depression, cardiovascular collapse, or severe anaphylactic reaction. Suspected overdoses should be treated rapidly with an opiate antagonist, such as naloxone.

Can it be detected by toxicology tests? Routine toxicology screens for opiates will not detect fentanyl. Since the only way of detecting fentanyl in blood or urine is by gas chromatography, many fentanyl overdoses may initially be classified as heroin overdoses.

SOURCES: Adapted by CESAR from Maryland Poison Center, "Fentanyl," *ToxTidbits*, May 2006 (available online at <http://www.mdpoison.com/Site/PDFs/ToxTid/May%202006%20Toxtidbits.pdf>); National Drug Intelligence Center, U.S. Department of Justice, *Fentanyl: Situation Report*, 2006 (available online at <http://www.usdoj.gov/ndic/srs/20469/index.htm>); and Substance Abuse and Mental Health Services Administration, *Fact Sheet: Heroin Fentanyl*, 2006 (available online at http://www.samhsa.gov/news/newsreleases/06%20Fentanyl_heroin.pdf).

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***First National Synthetic Drug Control Strategy
Seeks to Reduce Methamphetamine and Prescription Drug Abuse;
Proposes Ten Point Plan for Helping State and Local Governments***

In June, 2006 the Office of National Drug Control Policy issued its first-ever national *Synthetic Drug Control Strategy*, noting that “the unique nature of illicit markets for synthetic drugs warrants a targeted response” (p. 1). The primary goals of the strategy are to reduce methamphetamine use and prescription drug abuse by 15% by 2008 and to reduce the number of domestic methamphetamine laboratories by 25% by 2008. Recognizing that “state and local partners are crucial in carrying out the Administration’s strategy for the synthetic drug problem” (p. 19), the strategy also offers a ten point plan for helping state and local governments fight synthetic drugs (see below). The *Synthetic Drug Control Strategy* is available online at http://www.whitehousedrugpolicy.gov/publications/synthetic_drg_control_strat/

**National Synthetic Drug Control Strategy Ten-Point Plan
for Helping Communities Fight Synthetic Drugs**

1. Encourage states to include in their comprehensive drug control strategies a plan to address regional methamphetamine and controlled substance prescription drug abuse threats.
2. Identify and share the most effective state-level approaches for reducing methamphetamine production and use, as well as controlled substance prescription drug diversion.
3. Expand Drug Endangered Children programs and training to all 50 states by the end of 2008.
4. Increase availability of treatment and prevention programs by expanding the number of drug courts and random student drug testing programs.
5. Improve data collection related to methamphetamine use and production.
6. Expand prescription drug monitoring programs to all 50 states by the end of 2008.
7. Cosponsor and fund four regional methamphetamine conferences in 2006 to coordinate federal, state, and local action against synthetic drugs.
8. Continue ambitious training programs for law enforcement.
9. Provide funds for laboratory seizure and clean up through the Community Oriented Policing (COPS) program.
10. Provide procedures and standards for laboratory cleanup and improve our national knowledge base as to toxicity.

SOURCE: Adapted by CESAR from Executive Office of the President, *Synthetic Drug Control Strategy: A Focus on Methamphetamine and Prescription Drug Abuse*, 2006.

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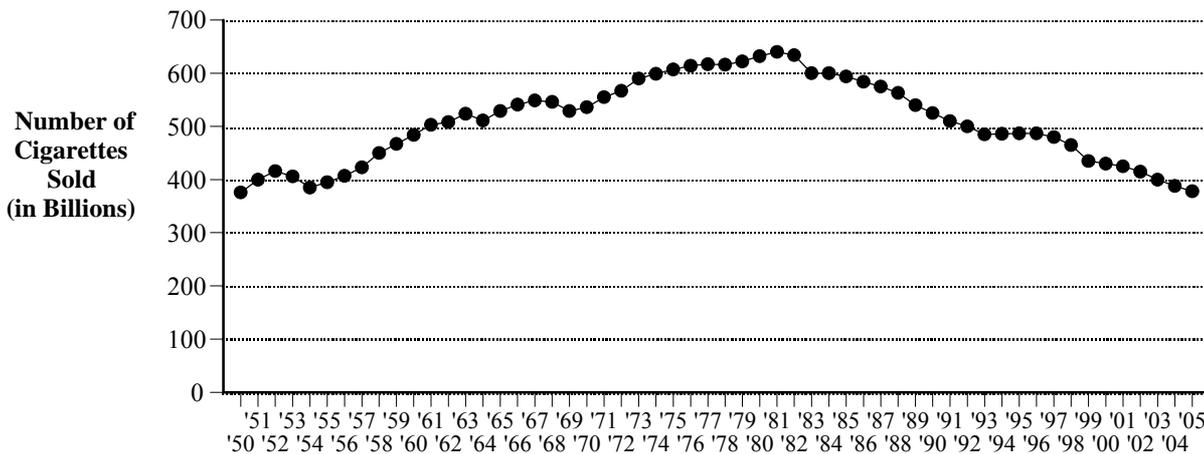
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U.S. Cigarette Sales Reach Lowest Point in More Than 50 Years

Cigarette sales in the United States have reached the lowest point since 1951, according to data compiled by the U.S. Department of Agriculture. The number of cigarettes sold in the U.S. rose steadily from 375 billion in 1950 to a peak of 640 billion in 1981, then declined to 485 billion in 1993. From 1993 to 1997, the number of cigarettes sold plateaued, then began to decrease again in 1998. In 2005, 378 billion cigarettes were sold. Factors influencing this decline include advertising restrictions and increased cigarette prices stemming from the 1998 tobacco Master Settlement Agreement, legislation restricting where people can smoke, and greater knowledge of the health risks associated with smoking.

Number (in Billions) of Cigarettes Sold in the U.S., 1950 to 2005



NOTE: Tobacco sales data used in this report were compiled by the U.S. Department of Agriculture from reports of the Alcohol and Tobacco Tax and Trade Bureau, U.S. Department of Treasury.

SOURCES: Adapted by CESAR from U.S. Department of Agriculture, *Tobacco Yearbook 2005*, 2006 (available online at <http://usda.mannlib.cornell.edu/data-sets/specialty/92015>); and U.S. Department of Agriculture, *Trends in the Cigarette Industry After the Master Settlement Agreement*, 2001 (available online at <http://www.ers.usda.gov/publications/tbs/oct01/tbs250-01/tbs250-01.pdf>).

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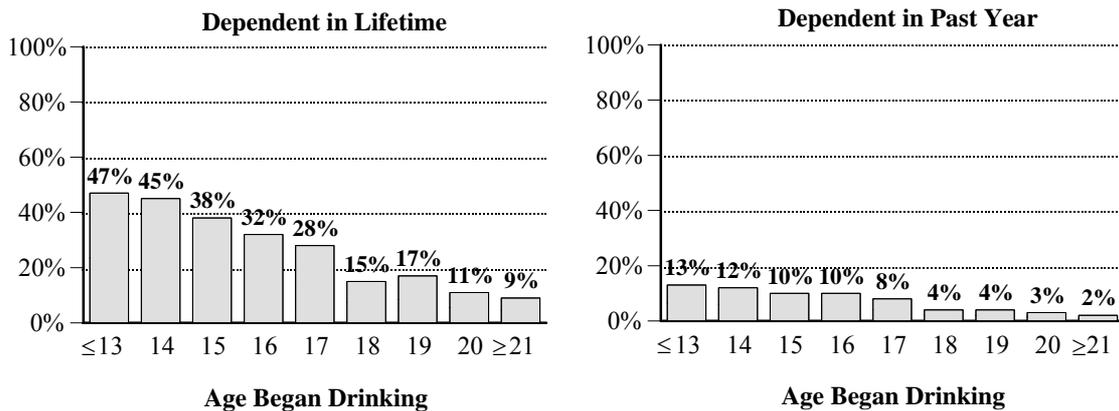
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Early Alcohol Users Five Times More Likely to Be Alcohol Dependent in Lifetime

Early alcohol use increases the likelihood of developing alcohol dependence at a later age, according to an analysis of data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). Nearly one-half (47%) of persons who began drinking before age 14 were alcohol dependent at some point in their lifetime, and 13% were dependent in the past year, compared to 9% and 2%, respectively, of those who began drinking after age 20. Early drinking was also related to higher rates of dependence within 10 years of onset of drinking and dependence before age 25 (data not shown). These findings held after controlling for family history of alcohol and other relevant factors, suggesting that “this relationship may not be solely a by-product of greater risk-taking behavior among early drinkers reflected by tobacco or drug use or predisposing psychological characteristics or disorders” (p. 743).

Percentage of U.S. Adults Aged 18 and Older Dependent on Alcohol, By Age of Drinking Onset



NOTES: The NESARC was a face-to-face survey of a multistage probability sample of 43,093 adults age 18 years and older conducted in 2001–2002. Data in the figure are based on the 26,829 respondents who reported ever drinking alcohol.

SOURCE: Adapted by CESAR from Hingson, R.W., Heeren, T., and Winter, M.R. “Age at Drinking Onset and Alcohol Dependence,” *Archives of Pediatrics and Adolescent Medicine* 160(7):739-746, 2006. Available online at <http://archpedi.ama-assn.org/cgi/reprint/160/7/739>. For more information, contact Dr. Ralph Hingson at rhingson@mail.nih.gov.

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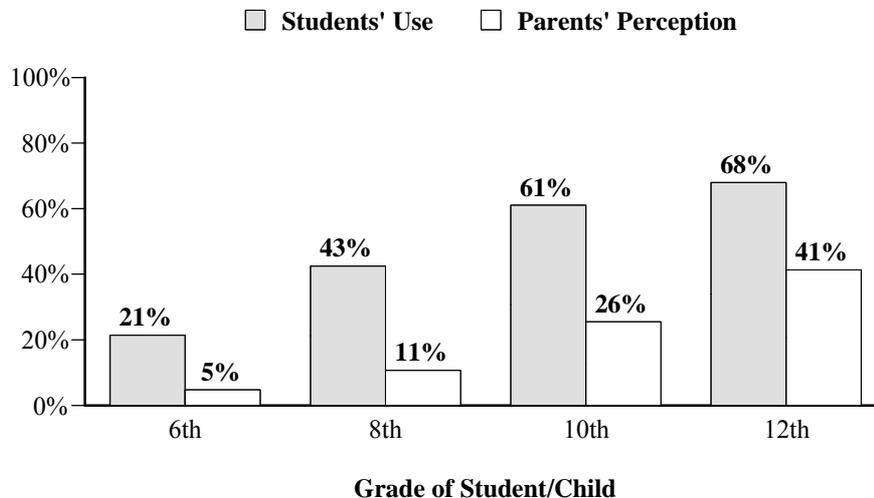
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National Survey Finds Parents Underestimate Alcohol and Illicit Drug Use by Youth

Parents dramatically underestimate alcohol and illicit drug use by youth, according to data from the most recent national Pride surveys of parents and students. One-fifth (21%) of students in 6th grade reported that they had drunk alcohol at least once in the past year. Yet only 5% of parents said that their 6th grade child has tried or is using alcohol. While the gap between students' self-reported use and parents' perceptions of their own children's use narrows with age, parents continue to significantly underestimate alcohol use by youth. More than two-thirds of 12th graders reported past year alcohol use, while only 41% of parents thought that their 12th grade child had used alcohol. Similar results were found for illicit drug use (data not shown). For example, 36% of 12th graders reported using illicit drugs at least once in the past year, while 15% of parents reported that their 12th grade child used drugs. Recent research has shown that early alcohol use increases the likelihood of developing alcohol dependence at a later age (see *CESAR FAX*, Volume 15, Issue 30).

Percentage of Students Reporting Drinking Alcohol at Least Once in the Past Year and Percentage of Parents Reporting that Their Child Had Tried or Is Using Alcohol



SOURCES: Adapted by CESAR from International Survey Associates, *PRIDE Surveys National Summary for Parents, 2004-05, 2006*; and International Survey Associates, *PRIDE Surveys National Summary for Grades 6-12, 2004-05, 2005*. Available online at <http://www.pridesurveys.com/Reports/index.html>.

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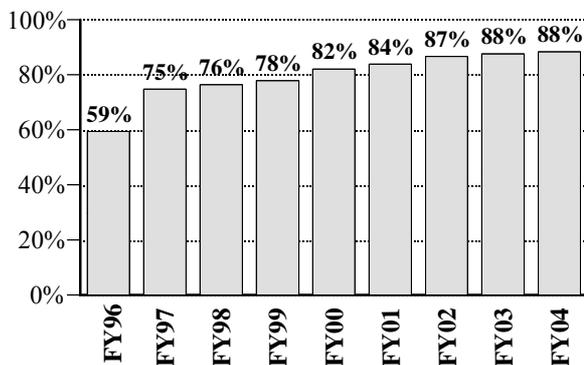
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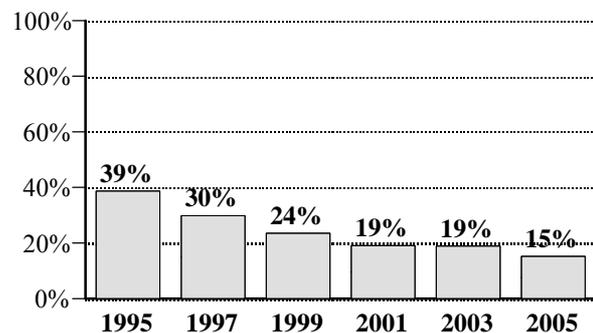
Tobacco Retailers More Likely to Comply with Underage Tobacco Sales Laws; Fewer Underage Smokers Able to Purchase Cigarettes

U.S. states and jurisdictions are required to not only have laws prohibiting the sale of tobacco products to those younger than 18, but also to conduct annual random, unannounced inspections of a valid sample of tobacco retailers accessible to youth to ensure compliance with these laws. The average national compliance rate from these inspections has increased from a baseline of 59% in FY1996 to 88% in FY2004 (the most recent year for which data is available). At the same time, underage smokers are substantially less likely to report being able to purchase cigarettes in stores or gas stations. According to data from the national Youth Risk Behavior Survey (YRBS), the percentage of U.S. high school current smokers who had purchased cigarettes at a store or gas station in the past 30 days decreased from 39% in 1995 to 15% in 2005.

As the Average National Percentage of Tobacco Retailers Passing Inspections Has Increased . . .



The Percentage of High School Smokers Who Purchased Cigarettes at a Store or Gas Station in the Past 30 Days Has Decreased



NOTES: Tobacco retailer inspection years are in Federal Fiscal Years (from 10/1 to 9/30). High school smokers were youth younger than 18 who had smoked cigarettes on one or more of the 30 days prior to the survey.

SOURCES: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), *State Target and Reported Retailer Violation Rates*, undated (available online at <http://prevention.samhsa.gov/tobacco/01synartable.aspx>) and Centers for Disease Control and Prevention (CDC), *Youth Risk Behavior Survey*, 1995 to 2005. (The 2005 YRBS is available online at <http://www.cdc.gov/mmwr/PDF/ss/ss5505.pdf>.)

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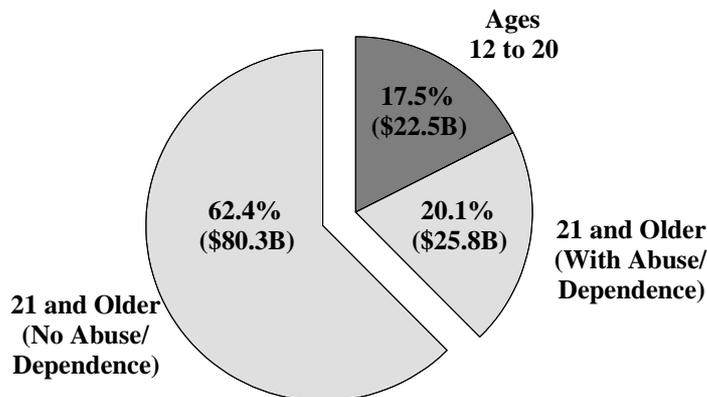
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Alcohol Expenditure Study Concludes That Alcohol Industry Has Compelling Financial Interest in Underage Drinking

“Early initiation of alcohol use provides substantial financial value to the alcohol industry, “ according to an analysis of the quantity and cash value of drinking in the United States. Of the estimated \$128.6 billion spent on alcohol in 2001, \$22.5 billion (17.5%) was attributable to underage drinking. In addition, because underage drinkers are more likely to become adult drinkers with alcohol abuse and dependence (almost all—96.8%—of the adult drinkers with alcohol abuse and dependence began drinking prior to the age of 21 years), early initiation also results in a long-term cash value to the alcohol industry. Slightly more than \$25 billion was linked to alcohol consumed by adult drinkers with alcohol abuse or dependence. The authors conclude that “with at least 37.5% of sales linked to underage drinking and adult abusive and dependent drinking, the alcohol industry has a compelling financial motive to attempt to maintain or increase rates of underage drinking” (p. 477).

U.S. Expenditures on Alcohol Attributable to Drinking by Underage Persons (Ages 12 to 20) and Adults, 2001



NOTE: Abuse and dependence are based on DSM-IV criteria.

SOURCE: Adapted by CESAR from Foster, S.E., Vaughan, R.D., Foster, W.H., and Califano, J., Jr. “Estimate of the Commercial Value of Underage Drinking and Adult Abusive and Dependent Drinking to the Alcohol Industry,” *Archives of Pediatric and Adolescent Medicine* 160(5):473-478, 2006. For more information, contact Susan Foster at sfoster@casacolumbia.org.

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New Surgeon General Report Details Serious Health Hazards Posed by Secondhand Smoke Exposure

More than 126 million children and adults are estimated to be exposed to secondhand smoke each year, according to the recently released Surgeon General's report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*. Secondhand smoke, also known as environmental tobacco smoke, is a combination of the smoke given off by the burning end of tobacco products and the smoke exhaled by smokers. The extent of secondhand smoke exposure varies across the country, with homes and workplaces the predominant locations for exposure. Despite recent substantial decreases, exposure to secondhand smoke remains a serious health hazard. According to the report, scientific evidence support the following major conclusions about the causal relationship between secondhand smoke exposure and health.

- There is no risk-free level of exposure to secondhand smoke.
- Secondhand smoke causes premature death and disease in children and in adults who do not smoke.
- Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma.
- Smoking by parents causes respiratory illnesses and slows lung growth in their children.
- Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system. For example, exposure to secondhand smoke increases the risk of coronary heart disease by 25% to 30%.
- Exposure to secondhand smoke is linked to an increased risk for lung cancer among nonsmokers. For example, nonsmokers living with a smoker have a 20% to 30% increase in the risk of lung cancer from secondhand smoke exposure.

The report also concludes that since “separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke” (p. 9), eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from exposure to secondhand smoke.

SOURCE: Adapted by CESAR from U.S. Department of Health and Human Services, *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, 2006. Available online at http://www.cdc.gov/tobacco/sgr/sgr_2006/index.htm.

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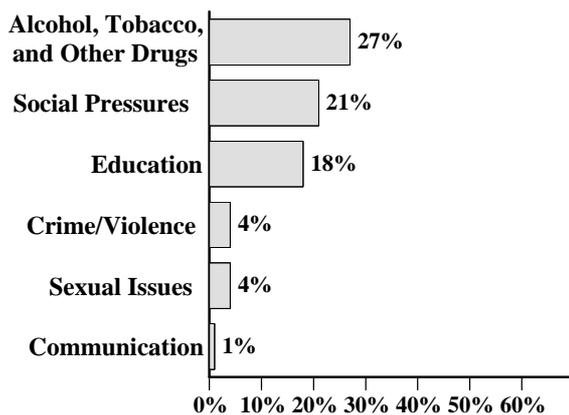
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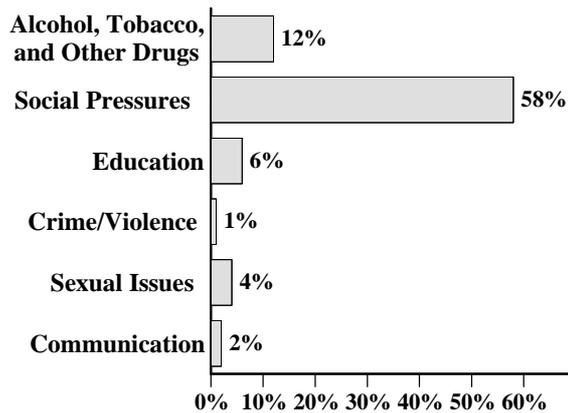
Parents Underestimate Teens' Concerns About Drugs

While drugs are the number one concern for teenagers, parents underestimate how important this issue is to teens, according to data from a national telephone survey conducted earlier this year.* More than one-fourth of youths ages 12 to 17 reported that alcohol, tobacco, and other drugs were the most important problem facing people their age. Yet only 12% of parents of teenagers reported that drugs were the most important problem facing teenagers. In contrast, parents overestimated teens' concerns with social pressures—58% of parents said that social pressures were the number one concern of teens, compared to only 21% of teenagers. Previous research has found that parents also underestimate the level of alcohol and illicit drug use by youth (see *CESAR FAX*, Volume 15, Issue 31).

While More than One-Fourth of Teens Say Drugs Are Their Number One Concern . . .



Only 12% of Parents Perceive Drugs to Be the Number One Concern of Teens



*Teens were asked "What is the most important problem facing people your age—that is, the thing which concerns you the most?" Parents were asked "And from the point of view of teenagers like your own, what do you think is the most important problem someone their age faces?" Both questions were open-ended. Additional responses not included in the above figures include mental wellbeing, moral values, and economics (for teenagers) and gaining independence, acceptance of self, and making good decisions (for parents).

NOTES: Nationally representative, random household surveys were conducted by telephone with 1,297 teenagers (ages 12 to 17) and 562 parents of teenagers between March 9 and April 30, 2006. All of the parents interviewed reside in households in which a parent gave consent for their teen to be interviewed (even though the teen interview may not have been completed).

SOURCE: Adapted by CESAR from the National Center on Addiction and Substance Abuse at Columbia University (CASA), *National Survey of American Attitudes on Substance Abuse XI: Teens and Parents*, August 2006. Available online at <http://www.casacolumbia.org/supportcasa/item.asp?cID=12&PID=148>.

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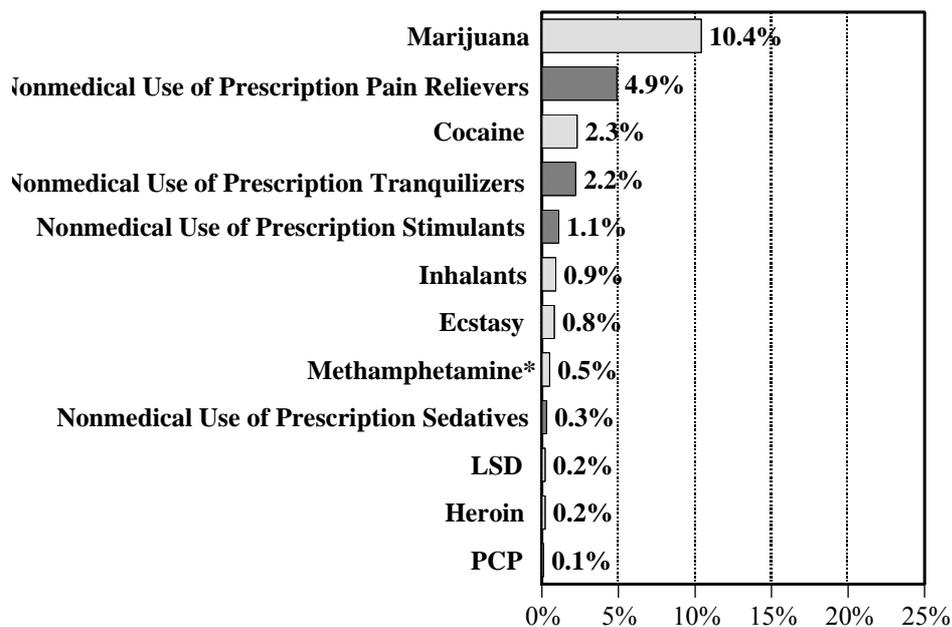
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Nonmedical Use of Prescription Drugs More Prevalent in U.S. than Use of Most Illicit Drugs

U.S. household residents are more likely to report nonmedical use of prescription drugs[†] than the use of almost all illicit drugs, according to recently released data from the 2005 National Survey on Drug Use and Health (NSDUH). One in twenty persons age 12 or older reported using prescription pain relievers nonmedically in the past year—more than any illicit drug with the exception of marijuana. Furthermore, the nonmedical use of prescription tranquilizers (2.2%) and stimulants (1.1%) was outranked by only marijuana and cocaine. All other illicit drugs, including ecstasy, heroin, and PCP, were used by less than 1% of U.S. household residents.

Percentage of U.S. Household Residents (Age 12 or Older) Reporting Past Year Drug Use, 2005



[†]Nonmedical use refers to using a prescription pain reliever, tranquilizer, stimulant, or sedative without a personal prescription or only for the experience or feeling it causes.

*Methamphetamine is also included in the drug category stimulants.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), *Results from the 2005 National Household Survey on Drug Use and Health: National Findings, 2006*. Available online at <http://www.oas.samhsa.gov/nsduh/2k5nsduh/2k5Results.pdf>.

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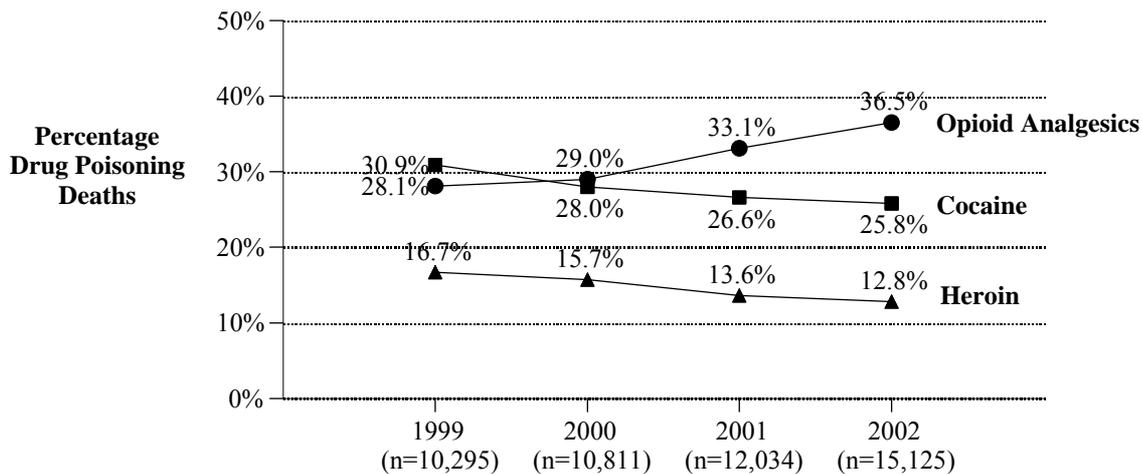
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Opioid Analgesics Most Common Cause of Unintentional Fatal Drug Poisoning in the U.S.

Opioid analgesics, such as hydrocodone, oxycodone, and methadone, are more likely than cocaine or heroin to be the cause of unintentional drug poisoning deaths[†] in the U.S., according to a recent analysis of mortality data conducted by the National Center for Injury Prevention and Control. The percentage of unintentional drug poisoning deaths involving opioid analgesics has been increasing since 1999*, while those involving cocaine and heroin have been steadily decreasing (see figure below). In 2002, more than one-third of the deaths examined in this study involved opioid analgesics, compared to 25.8% involving cocaine and 12.8% involving heroin. A breakdown of the opioid analgesic poisoning deaths for that year shows that more than half (54%) involved drugs such as codeine, oxycodone, hydrocodone, and morphine while nearly one-third (32%) involved methadone. Relatively few (13%) involved the opioids fentanyl and meperidine (data not shown).

Percentage of U.S. Unintentional Drug Poisoning Deaths[†] from Opioid Analgesics, Cocaine, and Heroin, 1999 to 2002*



[†]For this study, unintentional drug poisoning deaths are those due to licit or illicit drug use, excluding alcohol, tobacco, and sedatives/psychotropic drugs. The drugs included in this analysis represented 92% of all unintentional drug poisoning deaths in 2002.

*Analysis was limited to 1999 to 2002 because prior to 1999 heroin and opioid analgesics were not distinguished.

SOURCE: Adapted by CESAR from Paulozzi, L.J., Budnitz, D.S., and Xi, Y. "Increasing Deaths from Opioid Analgesics in the United States," *Pharmacoepidemiology and Drug Safety* 15(9):618-627, 2006. For more information, contact Dr. Paulozzi at lbp4@cdc.gov.

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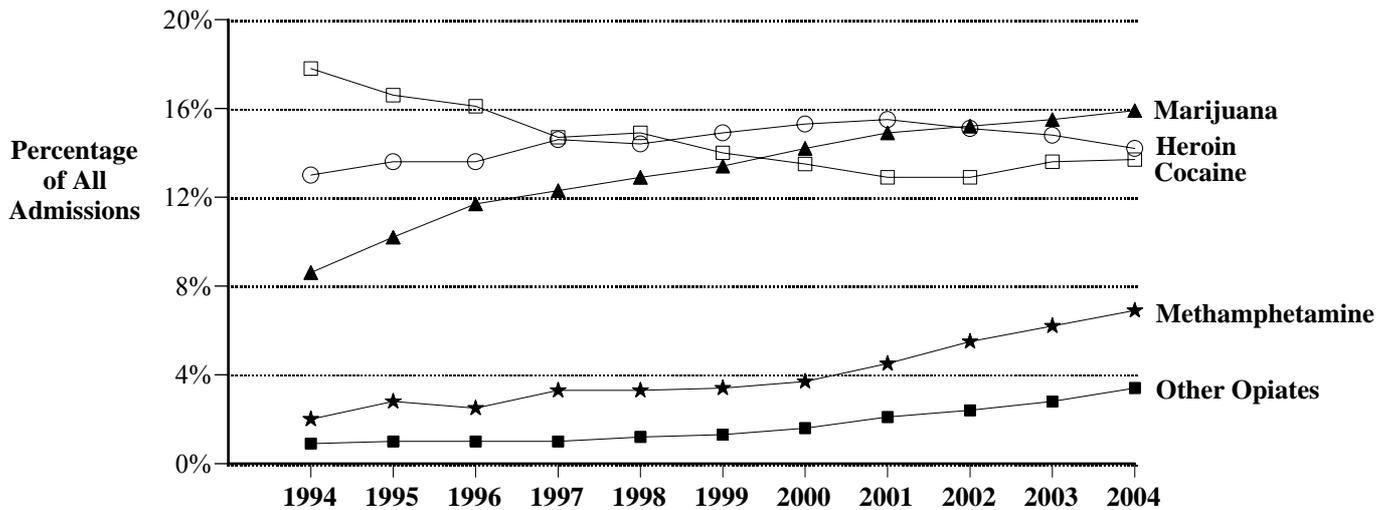
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National Treatment Admissions for Primary Abuse of Marijuana, Methamphetamine, and Other Opiates Continue to Increase; Heroin Decreases

The percentage of marijuana-, methamphetamine- and other opiates-related admissions to state-funded substance abuse treatment facilities have continued to increase in recent years, according to data from the national Treatment Episode Data Set (TEDS). The percentage of treatment admissions citing marijuana as a primary substance of abuse has increased steadily over the past few years, reaching a high of 15.9% in 2004 (the most recent year for which data are available). Admissions for the primary abuse of methamphetamine and opiates other than heroin have also increased. Since 2000, treatment admissions for other opiates have doubled (from 1.6% to 3.4% in 2004) while those for methamphetamine have nearly doubled (from 3.7% to 6.9%). Heroin-related treatment admissions have declined in recent years, while admissions for primary abuse of cocaine have remained relatively steady.

Primary Substance of Abuse at Admission to U.S. State Licensed or Certified Substance Abuse Treatment Facilities, 1994 to 2004



*The category “Other Opiates” is composed primarily of oxycodone and nonprescription methadone, but also include other opiates and synthetics such as codeine and hydrocodone.

SOURCE: Adapted by CESAR from the Office of Applied Studies, SAMHSA, *Treatment Episode Dataset (TEDS) 1994-2004, National Admissions to Substance Abuse Treatment Services*, 2006. Available online at <http://www.dasis.samhsa.gov/teds04/tedsad2k4web.pdf>.

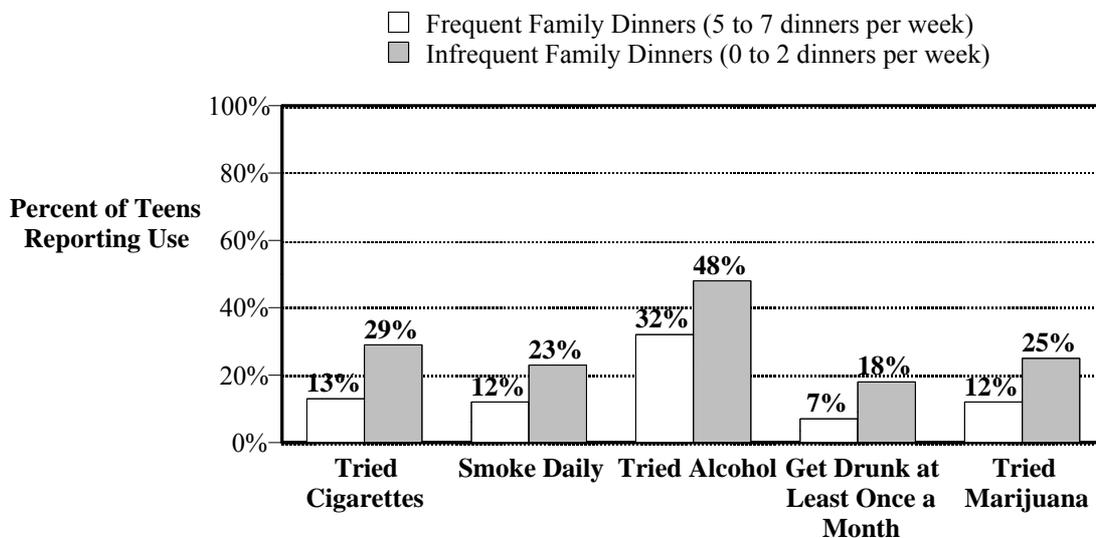
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Teens Who Frequently Have Family Dinners Less Likely to Drink, Smoke, or Use Drugs

The more often teens have dinners with their families, the less likely they are to use alcohol, tobacco, or other drugs, according to a recent national telephone survey of teens. For example, 32% of teens who have dinner with their family five or more times a week report that they have tried alcohol and 7% report that they get drunk at least once a month, compared to 48% and 18%, respectively, of teens who have less than three family dinners a week (see figure below). This relationship can be largely explained by the fact that parents who frequently eat with their children are very involved in their kids' lives. According to the survey, parents who have frequent family dinners are more likely to say they know the parents of their teen's closest friends, know the names of their teen's teachers, believe they have a good relationship with their teen. Overall, 58% of teens report having dinner with their family at least five times a week. The top three reasons given for not having more frequent dinners were that parents work late, being too busy, and having conflicting schedules.

Percentage of U.S. Teens (Ages 12 to 17) Reporting Alcohol, Tobacco, and Marijuana Use, by Frequency of Family Dinners, 2006
(N=1,297)



SOURCE: Adapted by CESAR from the National Center on Addiction and Substance Abuse at Columbia University (CASA), *The Importance of Family Dinners III*, September 2006. Available online at <http://www.casacolumbia.org/supportcasa/item.asp?cID=12&PID=150>.

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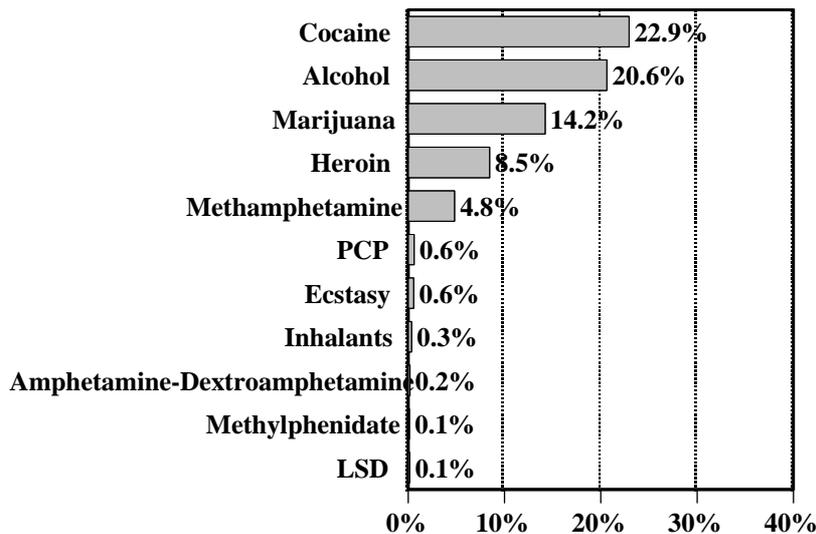
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Majority of ED Visits for Drug Misuse and Abuse Involve Cocaine, Alcohol, and/or Marijuana; Very Few Involve ADHD Stimulant Medications

More than half (63%) of the nearly 2 million drug-related emergency department (ED) visits in 2004 were related to drug misuse and abuse*, according to the most recent data from the Drug Abuse Warning Network (DAWN). The drug most frequently mentioned in these visits was cocaine (22.9%), followed by alcohol (20.6%) and marijuana (14.2%). Heroin was reported in 8.5% of drug misuse and abuse ED visits while methamphetamine was reported in slightly less than 5% of such visits. Other drugs, including the attention-deficit/hyperactivity disorder (ADHD) drugs amphetamine-dextroamphetamine (e.g., Adderal®) and methylphenidate (e.g., Ritalin®, Concerta®), were involved in less than 1% of all emergency department visits for drug misuse and abuse.

Percentage of Drug Misuse and Abuse ED Visits Involving Selected Substances of Abuse*, 2004 (N=1,254,078)



*Drug misuse and abuse is defined as the following case types: 1) overmedication (non-medical use, overuse, and misuse of prescription and OTC medications that are not documented as drug abuse in the medical chart); 2) malicious poisoning (including drug-facilitated sexual assault); and 3) other (all drug-related ED visits that could not be assigned to any of the other seven types; by design, most cases of documented drug abuse will fall into this category).

SOURCES: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (OAS), *Drug Abuse Warning Network, 2004: National Estimates of Drug-Related Emergency Department Visits*, 2006 (available online at <https://dawninfo.samhsa.gov/pubs/edpubs/>); and SAMHSA, OAS, "Emergency Department Visits Involving ADHD Stimulant Medications," *The New DAWN Report*, Issue 29, 2006 (available online at <https://dawninfo.samhsa.gov/pubs/shortreports/>).

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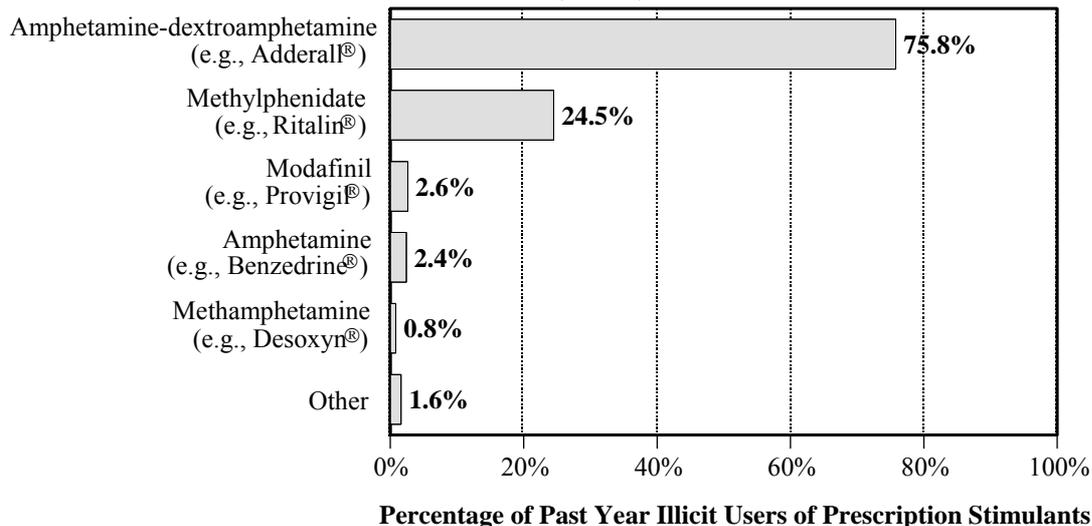
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College Students Who Illicitly Use Prescription Stimulants Favor Adderall®

College students who misuse prescription stimulants are three times more likely to report using amphetamine-dextroamphetamine (e.g., Adderall®) than methylphenidate (e.g., Ritalin®), according to a survey of undergraduate students at a large midwestern university.* Of the 5.9% of undergraduates who reported using prescription stimulants not prescribed for them at least once in the past year, three-fourths reported taking amphetamine-dextroamphetamine while one-fourth reported methylphenidate use. Previous research has found that college students believe Adderall is preferred over other stimulant medications because it is easily accessible, causes fewer emotional ups and downs, and is believed to work better overall (see *CESAR FAX*, Volume 14, Issue 34). The authors suggest that “studies that rely solely on methylphenidate as an indicator for illicit use of prescription stimulants may underestimate the prevalence of this form of drug abuse” (p. 1509).

Specific Prescription Stimulants Used Illicitly by College Students Who Reported Illicit Use of Any Prescription Stimulants in the Past Year

(N=269)



*The web-based survey was conducted with a random sample of 4,580 full-time undergraduate students at a large mid-western university in January and February of 2005.

NOTE: The survey also found that while the majority of students reported taking the stimulants orally (95.3%), more than one-third (38.1%) reported snorting, and 5.6% reported smoking the drugs.

SOURCE: Adapted by CESAR from Teter, C.J.; McCabe, S.E.; LaGrange, K.; Cranford, J.A.; and Boyd, C.J., “Illicit Use of Specific Prescription Stimulants Among College Students: Prevalence, Motives, and Routes of Administration,” *Pharmacotherapy* 26(10):1501-1510, 2006.

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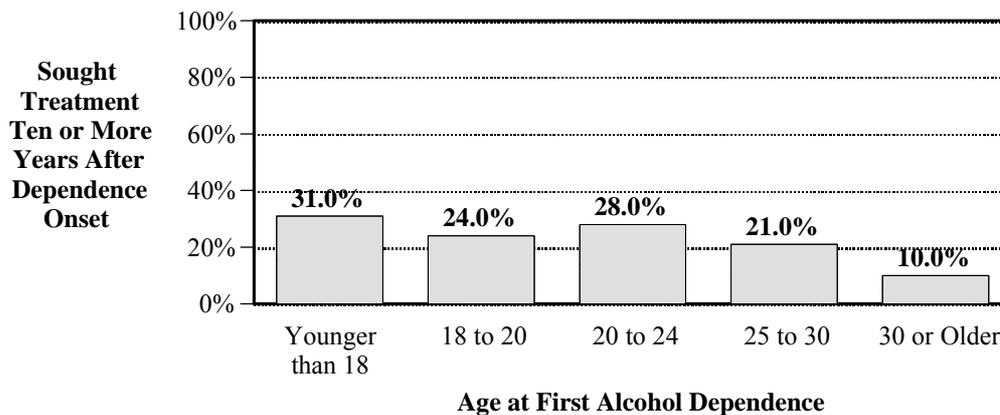
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Adults with Earlier Onset of Alcohol Dependence More Likely to Wait to Seek Treatment

One-fourth of adults who were ever alcohol dependent sought help or treatment for a reason related to their drinking at some point in their life, according to a recent analysis of data from the National Epidemiologic Study of Alcohol Related Conditions (NESARC). Among those who sought help, those with earlier onset of alcohol dependence took longer to do so. Thirty-one percent of persons who became dependent before age 18 waited 10 years or more after the onset of dependence to seek help or treatment, compared to 10% of those who became dependent at age 30 or older (see figure below). Yet adults first dependent at an earlier age were significantly more likely to have had multiple dependence episodes, episodes exceeding one year, and more dependence symptoms (data not shown). The authors conclude that “adolescents need to be screened and counseled about alcohol, and treatment services should be reinforced by programs and policies to delay age of first alcohol dependence” (p. e755).

Percentage of Alcohol-Dependent Persons Who Waited Ten Years or More After Dependence Onset to Seek Help or Treatment for a Reason Related to Their Drinking, by Age at First Alcohol Dependence



NOTES: The NESARC consisted of face-to-face interviews with a multistage probability sample of 43,093 adults conducted in 2001 and 2002. This analysis focused on 4,778 persons diagnosed as alcohol dependent ever in their lives using DSM-IV criteria. Of persons ever dependent, 15% were diagnosed before age 18, 32% from ages 18 to 20, 22% from ages 21 to 24, 11% from ages 25 to 29 and 21% at age 30 or older.

SOURCE: Adapted by CESAR from Hingson, R.W.; Heeren, T.; and Winter, M.R. “Age of Alcohol-Dependence Onset: Associations with Severity of Dependence and Seeking Treatment,” *Pediatrics* 118(3):e755-e763, 2006. Available online at <http://pediatrics.aappublications.org/cgi/content/full/118/3/e755>.

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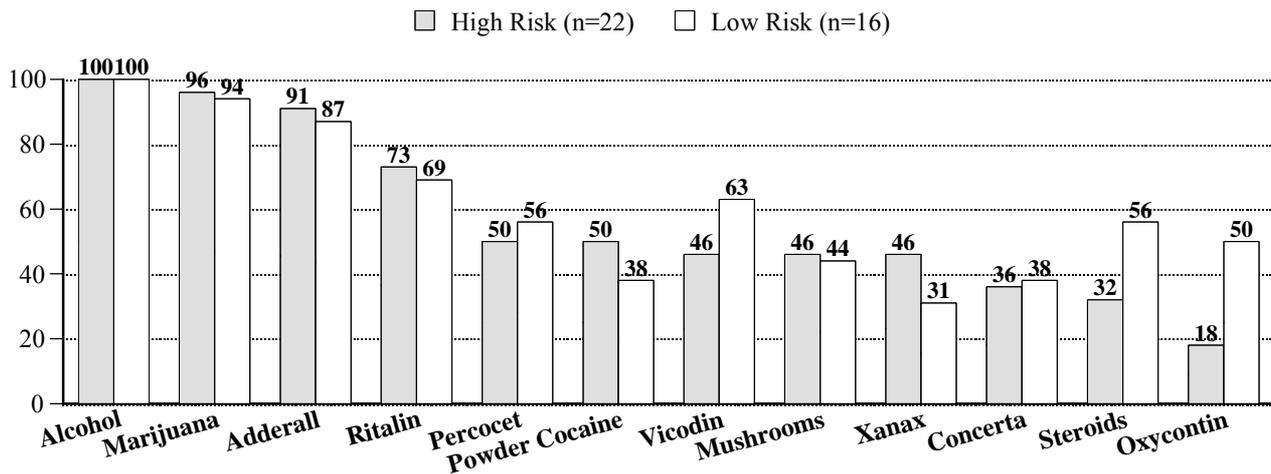
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Alcohol, Marijuana, Adderall, and Ritalin Perceived to Be Most Easily Available Drugs Misused Among Undergraduates

After alcohol and marijuana, the prescription stimulants Adderall® and Ritalin® are perceived to be the most easily available drugs misused at a large public mid-Atlantic university, according to a qualitative survey of a consistent panel of undergraduate students. Nearly all high risk* (91%) and low risk* (87%) student reporters (SRs) surveyed thought that Adderall was easy to obtain and more than two-thirds of each thought that Ritalin was easy to obtain (see figure below). Respondents believed that students use prescription stimulants non-medically instead of coffee or energy drinks because prescription stimulants are “more effective, last longer, [and have] less calories” (p. 2). According to the authors, these results suggest “that the perceptions of widespread availability and use of prescription drugs on campus found in our earlier surveys of high risk SRs are probably applicable to a wider student population” (p. 2).

Percentage of High Risk and Low Risk Undergraduate Student Reporters (SRs) Indicating Drug to Be Very Easy or Easy to Obtain, Fall 2005



NOTE: Student reporters perceptions of drug use are not representative of the general student population. The SDR findings are obtained from a panel of students oversampled to include students very familiar with drug use and those with limited or no exposure to drug use.

*High risk students were those who reported drug use or knowledge about drug use. Low risk students were those who reported limited or no drug use.

SOURCE: Maryland Drug Early Warning System (DEWS), Center for Substance Abuse Research (CESAR), “Perceptions of Prescription Stimulant Misuse Among College Students at High and Low Risk of Drug Use,” *DEWS Investigates*, October 2006. Available online at <http://www.cesar.umd.edu/cesar/pubs/20061001.pdf>. For more information, contact Dr. Eric Wish at ewish@cesar.umd.edu.

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***Evaluation Provides Credible Evidence that National Youth
Anti-Drug Media Campaign Was Not Effective in Reducing Youth Drug Use***

An evaluation of the National Youth Anti-Drug Media Campaign provides credible evidence that the campaign was not effective in reducing youth drug use, according to a report by the U.S. Government Accountability Office (GAO). Between 1998 and 2004 Congress appropriated more than \$1.2 billion to the Office of National Drug Control Policy (ONDCP) for the National Youth Anti-Drug Media Campaign, a project that aimed to prevent and reduce youth drug use (primarily marijuana and inhalants). In 2005, Westat, Inc., completed an ONDCP-funded evaluation of the campaign. At the mandate of the Senate Appropriations Committee, a team of GAO social scientists reviewed and assessed Westat's evaluation, applying generally accepted social science research standards. Following are some of the conclusions from the GAO report:

- While the ONDCP does not believe that the Westat evaluation reflects the campaign's effectiveness, the GAO concludes that the Westat study used "generally accepted and appropriate sampling and analytic techniques" and established "reliable and sufficiently powerful measures of campaign exposure" (p. 22).
- Youth and parents' recall of campaign advertisements increased over time and their impressions of the advertisements were favorable.
- There was no evidence that exposure to the campaign affected initiation or cessation of marijuana use, either during the entire period of the campaign or during the period from 2002 to 2004 when the campaign was redirected and focused on marijuana use.
- The campaign generally had no effect on the anti-drug attitudes and beliefs of youth who did not use marijuana. However, greater exposure to the anti-drug ads was associated with increases in the belief that their peers used marijuana regularly.
- Parental exposure was associated with changes in beliefs about discussing drug use with their children and the extent to which they had these conversations, but did not lead to increased monitoring of youth.

The GAO recommends that "Congress should consider limiting appropriations for the National Youth Anti-Drug Media Campaign . . . until ONDCP is able to provide credible evidence of the effectiveness of exposure to the campaign on youth drug use outcomes or provide other credible options for a media campaign approach" (p. 7). A full copy of the GAO report, including responses from ONDCP, is available online (<http://www.gao.gov/cgi-bin/ordtab.pl?Item0=GAO-06-818>).

NOTE: In late 2005, ONDCP launched a newly designed campaign. The impact of this campaign is not known and should be independently evaluated.

SOURCE: Adapted by CESAR from United States Government Accountability Office (GAO), "ONDCP Media Campaign: Contractor's National Evaluation Did Not Find That Youth Anti-Drug Media Campaign Was Effective in Reducing Youth Drug Use," Report to the Subcommittee on Transportation, Treasury, the Judiciary, Housing and Urban Development, and Related Agencies, Committee on Appropriations, U.S. Senate, August 2006.

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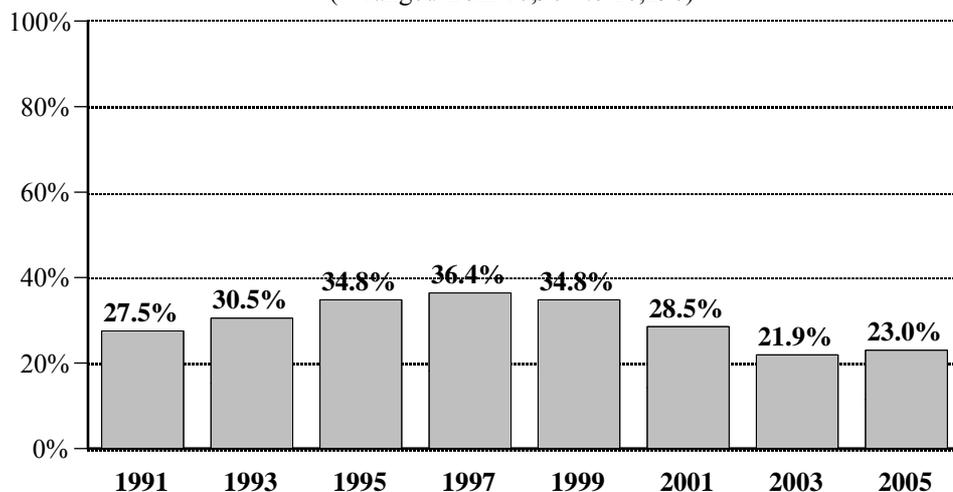
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*After Several Years of Decline,
Smoking Rates Among High School Students May Have Stalled*

“[T]he national decline in youth smoking observed during 1997–2003 might have stalled,” according to a recent CDC analysis of data from the national Youth Risk Behavior Survey (p. 725). While the prevalence of current cigarette use declined significantly from 36.4% in 1997 to 21.9% in 2003, there was no statistically significant difference in use from 2003 to 2005, which is consistent with trends observed in other national school-based surveys. According to the authors, factors that may have contributed to this lack of a continued decline include smaller annual increases in the prices of cigarettes, less youth exposure to and/or funding for smoking-prevention campaigns and programs, and substantial increases in spending by the tobacco industry on advertising and promotion. The authors note that “[t]he national health objective for 2010 of reducing current cigarette smoking among high school students to $\leq 16\%$. . . can be achieved only if the annual rate of decline observed during 1997–2003 resumes” (p. 726).

**Percentage of U.S. High School Students (Grades 9 to 12)
Who Reported Current Cigarette Use, 1991 to 2005**

(N ranged from 10,904 to 16,296)



NOTE: The national Youth Risk Behavior Survey uses independent, three-stage cluster samples to obtain cross-sectional data representative of public and private school students in grades 9 to 12 in all 50 states and the District of Columbia. The survey is an anonymous, self-administered questionnaire.

SOURCE: Adapted by CESAR from Centers for Disease Control and Prevention (CDC), “Cigarette Use Among High School Students—United States, 1991-2005,” *Morbidity and Mortality Monthly Report* 55(26)724-726, 2006. Available online at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5526a2.htm>.

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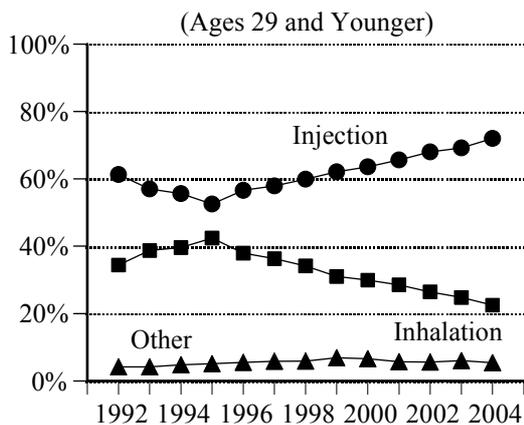
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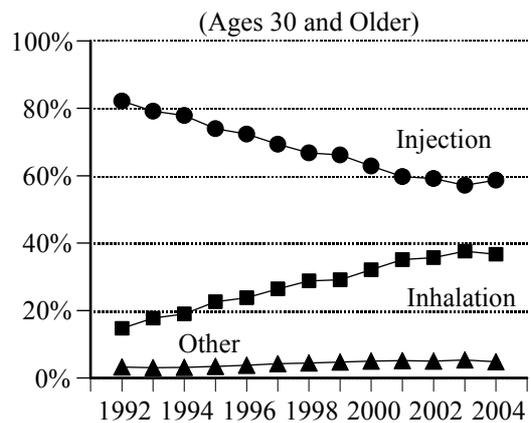
Injection Drug Use Up Among Younger Heroin Treatment Clients; Down Among Older Clients

Injection is increasingly becoming the prevalent route of administration among younger heroin users admitted to treatment, according to data from the national Treatment Episode Data Set (TEDS). Since 1995, the percentage of primary heroin treatment admissions ages 29 and younger who reported injection as their usual route of administration has increased steadily, from 53% to 72% in 2004. At the same time, the percentage of older heroin treatment admissions (age 30 and older) who reported injection as their usual route of administration has decreased from 82% in 1992 to 59% in 2004. One possible explanation for this trend is that younger heroin users perceive less social stigma and/or risk of contracting HIV/AIDS associated with injecting drug use than do their older counterparts.

While Younger Heroin Treatment Clients Are Increasingly More Likely to Inject the Drug ...



Older Heroin Treatment Clients Are Increasingly More Likely to Inhale



NOTES: TEDS includes facilities that are licensed or certified by the State substance abuse agency to provide substance abuse treatment. Data are of admissions and not individual clients. The category "Other" includes smoking, oral, and other routes of administration.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Data Archive, online analysis of the concatenated 1992-2004 TEDS data set, conducted 11/15/2006. The SAMHDA is available online at <http://www.icpsr.umich.edu/SAMHDA>.

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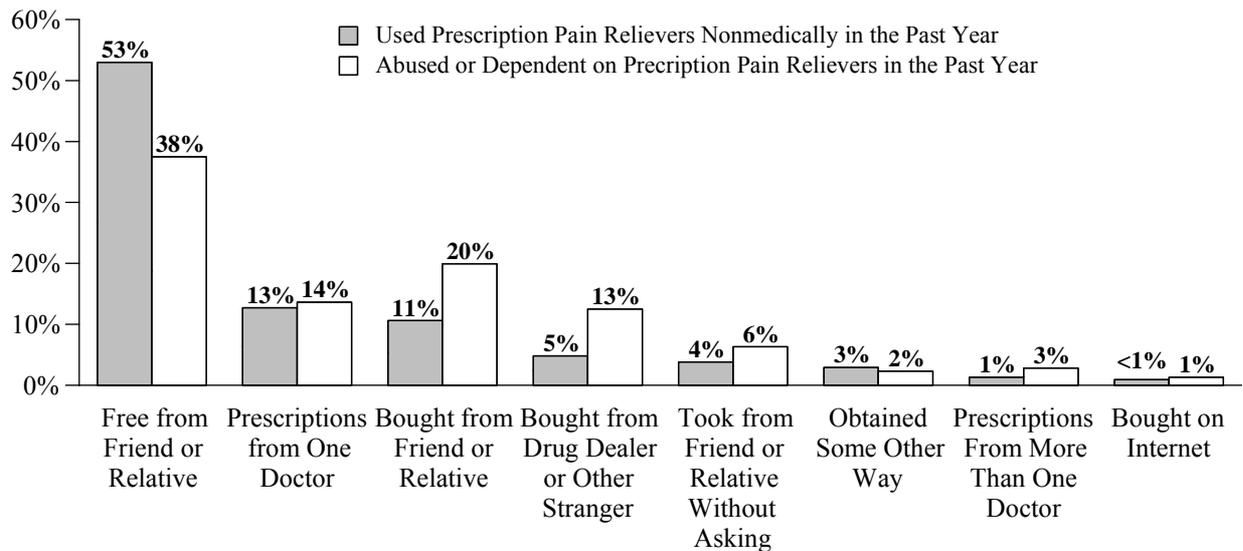
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Majority of Young Adults Who Use Prescription Pain Relievers Nonmedically Obtain the Drugs Free from a Friend or Relative; Few Obtain Over Internet

In 2005, more than 4 million adults ages 18 to 24 reported using prescription pain relievers nonmedically in the past year, according to data from the National Survey on Drug Use and Health (NSDUH). More than one-half (53%) of these young adults obtained the pain relievers free-of-charge from a friend or relative. The other most commonly mentioned methods were obtaining them from prescriptions from one doctor (13%) and buying them from a friend or relative (11%). Users who also met the criteria for prescription pain reliever abuse or dependence were less likely to report obtaining the drugs free from a friend or relative (38%) but were more likely to report buying the drug either from a friend or relative (20%) or a drug dealer (13%). This report is available online at <http://www.oas.samhsa.gov/2k6/getPain/getPain.cfm>.

Reported Method of Obtaining Prescription Pain Relievers Among Adults Ages 18 to 25, All Users vs. Those Who Abused or Were Dependent, 2005



NOTE: The response options “Wrote a fake prescription” and “Stole them from a health facility” were reported by less than one percent of both those who used and those who abused or were dependent on prescription pain relievers in the past year and are not shown in the figure above.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), “How Young Adults Obtain Prescription Pain Relievers for Nonmedical Use,” *The NSDUH Report*, Issue 39, 2006.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

***2006 Drug Czar Conference:
A Reflection on Three and a Half Decades of National Drug Policy***

By Robert DuPont, Institute for Behavior and Health

On June 17th, 2006, the 35th anniversary of President Nixon's appointment of the first White House Drug Czar, CESAR and the non-profit Institute for Behavior and Health sponsored a Drug Czar Conference at the University of Maryland. The one-day meeting of academics and policy experts featured seven* of the eleven men who have served as heads of the White House drug abuse prevention office, each of whom were given time to describe the major events of their appointment and their current thinking about the nation's drug policy. The panels of Czars were creatively moderated, promoting lively discussions within the 50-person group. While it is not possible to fully summarize the wide ranging and varied contributions made by the former Czars and others at the meeting, following are some major themes that emerged. The unedited proceedings of the full day are available on DVD (see box below for ordering information).

- All of the speakers appeared to support a policy of balancing a law enforcement approach to drug abuse (supply reduction) with a commitment to treatment, prevention, and research (demand reduction). There was an active interest in finding ways to make both sides of the policy equation work better together.
- There was no enthusiasm at the meeting for legalizing drugs as a policy option despite the incessant media attention to this "alternative" drug abuse prevention policy option.
- There was a general sense that the national policies that have been pursued during the past 35 years have succeeded in containing illegal drug use to levels far lower than those of alcohol and tobacco use, despite the biological attractiveness of many of these drugs.
- However, there was no self-satisfied sense that the nation had "won" the war on drugs. None of the speakers were entirely happy with all the national drug policies during this extended period of time, and many speakers offered suggestions for ways to improve national drug abuse prevention policies.

The level of civility and mutual respect at the meeting was striking given the often inflamed attitudes that drug policy can evoke. Many new ideas were proposed to improve on what was generally seen as a strong beginning in dealing with the modern drug abuse epidemic, which everyone at the meeting assumed would be an enduring and significant part of the national health and safety agendas for decades to come.

*Drug Czars in attendance: Peter Bourne, Lee Brown, Lee I. Dogoloff, Robert L. DuPont, Jerome H. Jaffe, Donald Ian MacDonald, and Barry R. McCaffrey. Moderators/Panelists: John Ball, Peter Bensinger, David Courtwright, Mark Kleiman, David Musto, Sally Satel, J. Michael Walsh, and Eric D. Wish.

Drug Czar Meeting DVD Now Available

The unedited 6 DVD set of the 2006 Drug Czar meeting is now available for \$95, including shipping. Please email cesar@cesar.umd.edu or visit CESAR's website (www.cesar.umd.edu) for ordering information.

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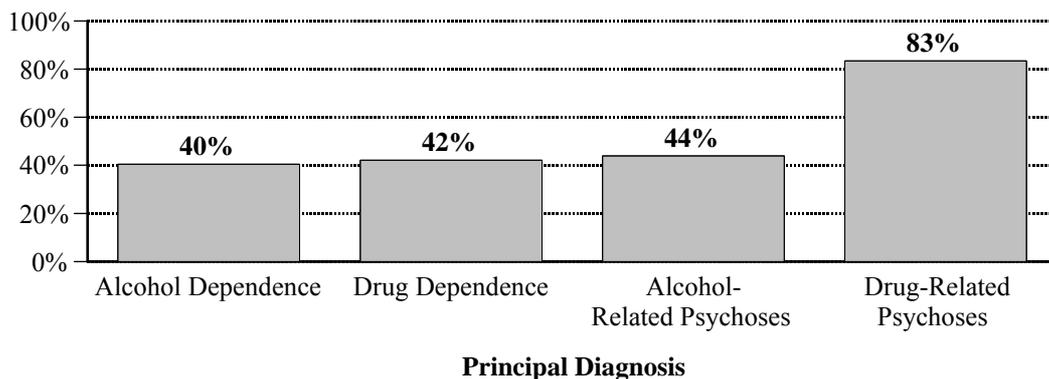
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Forty Percent or More of Youths Admitted to U.S. Hospitals for Alcohol or Drug Dependence Do Not Receive Treatment During Their Stay

Forty percent or more of the youths ages 20 or younger admitted to U.S. hospitals for substance dependence or related psychoses in 2000 had no documentation of receiving alcohol or drug treatment during their stay, according to an analysis of data from the Agency for Healthcare Research and Quality. Some of these substance abuse admissions were transferred to other facilities which may have provided substance abuse treatment.* It is also possible that patients received brief interventions during their stay. However, the authors assert that “even given these possibilities . . . there appears to be opportunity for improvement in treatment,” especially since “[o]ther adolescent patients with chronic disorders subject to bouts of acute hospitalization, for example diabetes, receive intensive disease education and interventions during their inpatient admissions.” They note that the low rates treatment may be due to “a lack of access to capable therapists with adolescent expertise” as “severe shortages of specialty-certified and trained providers are reality in most of the U.S.”

Percentage of Youth Admissions to U.S. Acute Care Hospitals for Substance Abuse Who Did Not Receive Alcohol and/or Drug Treatment During Their Stay, 2000



*Admissions transferred to another facility: alcohol dependence (6.5%); drug dependence (7.1%); alcohol-related psychoses (12.9%); drug-related psychoses (9.1%).

NOTE: Data are from the Healthcare Cost and Utilization Project Kids Inpatient Database (HCUP-Kid) which provides information on pediatric discharges from short-term general and specialty hospitals. Principal diagnosis is based on ICD-9-CM principal diagnosis codes of 291, 292, 303, and 304.

SOURCE: Adapted by CESAR from Chisolm, D.J. and Kelleher, K.J., “Admission to Acute Care Hospitals for Adolescent Substance Abuse: A National Descriptive Analysis,” *Substance Abuse Treatment, Prevention, and Policy* 1(17), 2006. Available online at <http://www.substanceabusepolicy.com/content/1/1/17>.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

CESAR's Website Offers Valuable Information and Resources on Substance Abuse Issues

Substance abuse statistics, drug summaries, research reports—they are all available on Cesar's web site, www.cesar.umd.edu. In addition to state and local statistics and drug summaries, many of Cesar's own research publications, including the CESAR FAX, are available for viewing and downloading. Listed below is a brief description of some of the available resources on Cesar's website.

- Find information on current CESAR research projects, such as the College Life Study and the Maternal Opioid Treatment Human Experimental Research (MOTHER) project, on the **Research** page.
- Read summaries of the history, methods of use, and effects for more than 25 drugs on our **Drug Information** page.
- Go to our **Publications** page to search our database for drug profiles, *DEWS Investigates*, and other CESAR publications. The database is searchable by year, author, topic, population, drug, and/or data source.
- On our *CESAR FAX* page you can search our archives—by year, topic, drug, and/or population—for a specific issue or subscribe to this weekly, one-page publication.
- Find the latest county and state-level statistical indicators of the nature and extent of substance abuse on our **Drug Use in Maryland** page.
- Visit our **Library** page to view clips of educational videos on heroin and ecstasy. Ordering information for these videos, as well as for the unedited 6 DVD set of the *2006 Drug Czar Conference*, is also available on this page.
- Link to other research, policy, treatment, prevention, and criminal justice websites from our **Links** page.

CESAR Wishes You a Very Happy Holiday Season!

This is the final issue of the *CESAR FAX* for 2006. The *CESAR FAX* will resume with Volume 16, Issue 1, on January 8, 2007. Thank you for your support during the past year!

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