

# CESAR *FAX*

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

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## *CESAR FAX* Annual Volume

### Volume 5 1996

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## **ACKNOWLEDGMENTS**

CESAR is pleased to provide this 1996 Annual Volume of the CESAR FAX. To assist you in using this volume, the Table of Contents groups the 1996 faxes by subject area as well as by issue title.

Since the first transmission to 150 recipients on February 17, 1992, the CESAR FAX has grown to over 2,600 recipients worldwide. In order to distribute the fax more efficiently to the continually growing number of recipients, CESAR applied for (and received in November 1996) a grant from the Abell Foundation to purchase equipment that enables us to disseminate the fax directly from our office. CESAR is grateful to the Abell Foundation for its support.

The CESAR FAX is maintained by Wanda Lauer, with the assistance of CESAR's editor, Jean Shirhall. Other CESAR staff provide valuable assistance in the selection of CESAR FAX topics by their continuous monitoring of crime and drug abuse issues and data sources. With the ongoing support of the Governor's Office of Crime Control & Prevention, the CESAR FAX continues to provide timely and relevant crime and drug abuse information in an easy-to-read format.

Dr. Eric D. Wish  
Director

# CESAR FAX

## Volume 5

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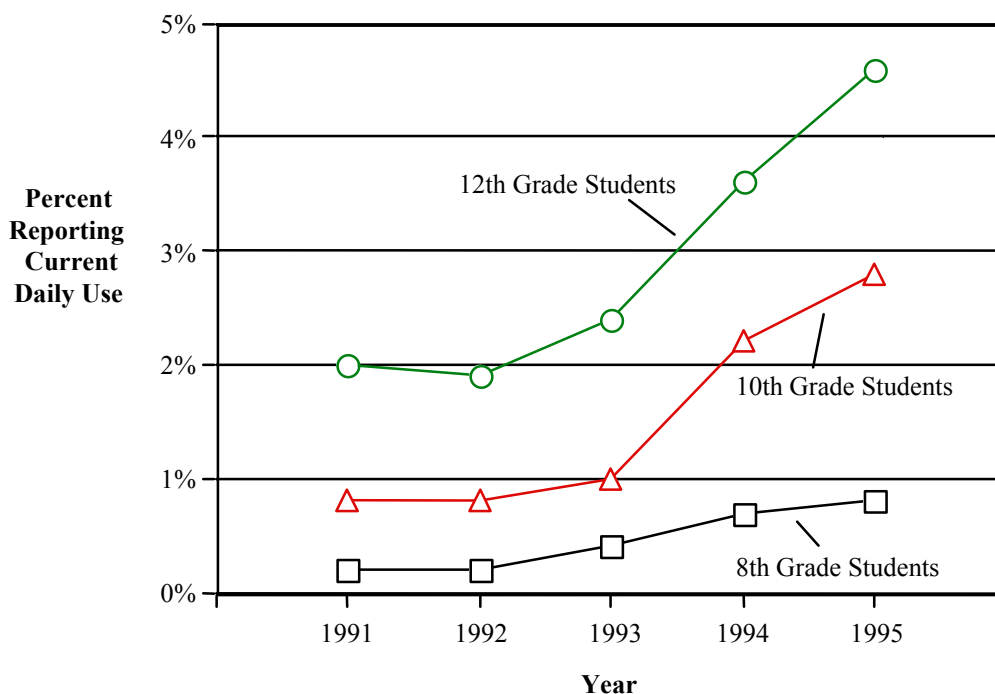
**A Weekly FAX from the Center for Substance Abuse Research**

University of Maryland at College Park

## *Nearly One in Twenty U.S. High School Seniors Uses Marijuana Daily*

Recently released data from the 1995 Monitoring the Future Study show that marijuana use continues to increase among 8th, 10th, and 12th grade students. Lifetime, annual, and 30-day use of marijuana has been increasing among students in all three grades since 1992. Of particular concern, however, is the steady rise in current daily marijuana use— among 10th and 12th grade students. In 1995, nearly 1 in 20 twelfth grade students (4.6%) and 1 in 35 tenth grade students (2.8%) used marijuana daily. Daily use of marijuana among eighth grade students was considerably less (.8%).

**Percentage of U.S. 8th, 10th, and 12th Grade Students Reporting Current Daily Use of Marijuana, 1991 - 1995**



\* Current daily marijuana use is defined as the use of marijuana on 20 or more occasions in the past 30 days.

SOURCE: Adapted by CESAR from data from the 1995 Monitoring the Future Study, National Institute on Drug Abuse, released December 11, 1995.

### **ABSTRACTS OF EVALUATION ARTICLES NOW AVAILABLE ON CESAR BOARD**

The National Evaluation Data and Technical Assistance Center (NEDTAC) is an evaluation resource funded by the Center for Substance Abuse Treatment (CSAT). Over 200 pages of abstracts from the NEDTAC data base of evaluation-related materials is available on CESAR's electronic bulletin board, under the NEDTAC Conference, via:

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park

***National Pulse Check Quarterly Reports Reveal a  
Change in Traditional Cocaine and Heroin Drug Markets***

Data from the Summer 1995 and the Fall 1995 *Pulse Check* reports show that cocaine use has stabilized or declined across the nation and heroin use has increased, especially among young and middle-income adults. While cocaine use remains a serious problem in many areas, attitudes toward the drug may be changing. Ethnographers in Florida and Delaware indicate that cocaine use is "not as popular among adolescents and young adults as it once was"; it "is not seen as fashionable" (Fall 1995, p. 8). On the other hand, ethnographers in many areas report increased heroin use among teens and young adults, particularly middle-class suburbanites. Teens interviewed in Chicago say they "prefer heroin over cocaine because they perceive it to be a drug which makes the user 'calm, not crazy'" (Fall 1995, p. 5).

The declining demand for cocaine, coupled with the increasing demand for heroin, has apparently affected the drug markets. Traditionally, heroin and cocaine are sold by separate distributors, often in different areas of a city. However, an increasing number of sources, including the District of Columbia and Philadelphia, are reporting "double-breasted" dealing or "one plus one" sales, in which cocaine and heroin are sold by the same person (Fall 1995, pp. 6-7). In some areas where cocaine is seen as "going out of style", this may represent a transitional market trend in which dealers are "switching the product line and offering both drugs during the transition" (Summer 1995, p. 9). In New York and Atlanta, ethnographers report that some former crack sellers have switched over completely to heroin sales (Summer 1995, p. 7).

This deviation from the traditional single drug market has already had noticeable effects on heroin quality. Individuals who have not previously dealt heroin may not know enough about the drug to cut and package it properly. In New York, users report that inexperienced dealers often cut the heroin inconsistently; heroin from the same dealer may range in purity from 2% to 30%. In addition, it has also been reported that new heroin dealers may adulterate the heroin with "crazy stuff" not typically used to dilute heroin (Summer 1995, p. 7). These practices could result in an increased number of heroin overdoses or "increased numbers of heroin users appearing at emergency rooms for problems related to the substance with which heroin is mixed" (Fall 1995, p. 6). Increases in the number of heroin-related emergency room visits in the Baltimore Metro area have already been reported (see CESAR FAX, Volume 4, Issue 48).

Pulse Check uses quarterly conversations with police, ethnographers and epidemiologists working in the drug field, and providers of drug treatment services across the country to develop an up-to-date picture of what is going on in the world of illegal drug use. To receive a complimentary copy of the Summer 1995 or the Fall 1995 report, please contact the Office of National Drug Control Policy's Drugs and Crime Clearinghouse at 800-666-3332.

SOURCE: Adapted by CESAR from data from the Office of National Drug Control Policy (ONDCP), *Pulse Check: National Trends in Drug Abuse*, Summer 1995 and Fall 1995.

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University of Maryland at College Park

***First Use of Inhalants, Cigarettes, and Beer/Wine Begins Before Age 15,  
Liquor and Marijuana After Age 15***

Data from the most recent Maryland Adolescent Survey show that over one-half of Maryland high school seniors who had ever used inhalants, cigarettes, or beer/wine did so before age 15. Use of inhalants (such as paint thinners, aerosols, and gasoline) began at a particularly early age-63% reported first use by age 12. Use of liquor and marijuana came later, mostly at ages 15 and 16. These findings illustrate the need for youth-oriented prevention programs that are both age and substance specific.

**Percentage of Maryland High School Senior Users\*  
Who First Tried the Substance Before Age 15**

Use of	Percentage
Inhalants	99.8%
Cigarettes	64.5
Beer/Wine	55.1
Liquor	44.4
Marijuana	30.2

\*Those who ever tried the substance.

SOURCE: Adapted by CESAR from data from the 1994 Maryland Adolescent Survey (MAS), Maryland State Department of Education (MSDE). For more information, contact Lu Morrisey of MSDE at 410-767-0301.

**TREATMENT EVALUATION ABSTRACTS AVAILABLE ON CESAR BOARD**

The National Evaluation Data and Technical Assistance Center (NEDTAC) is an evaluation resource funded by the Center for Substance Abuse Treatment (CSAT). Over 200 pages of abstracts from the NEDTAC data base of evaluation-related materials are available on CESAR's electronic bulletin board, under the NEDTAC Conference, via:

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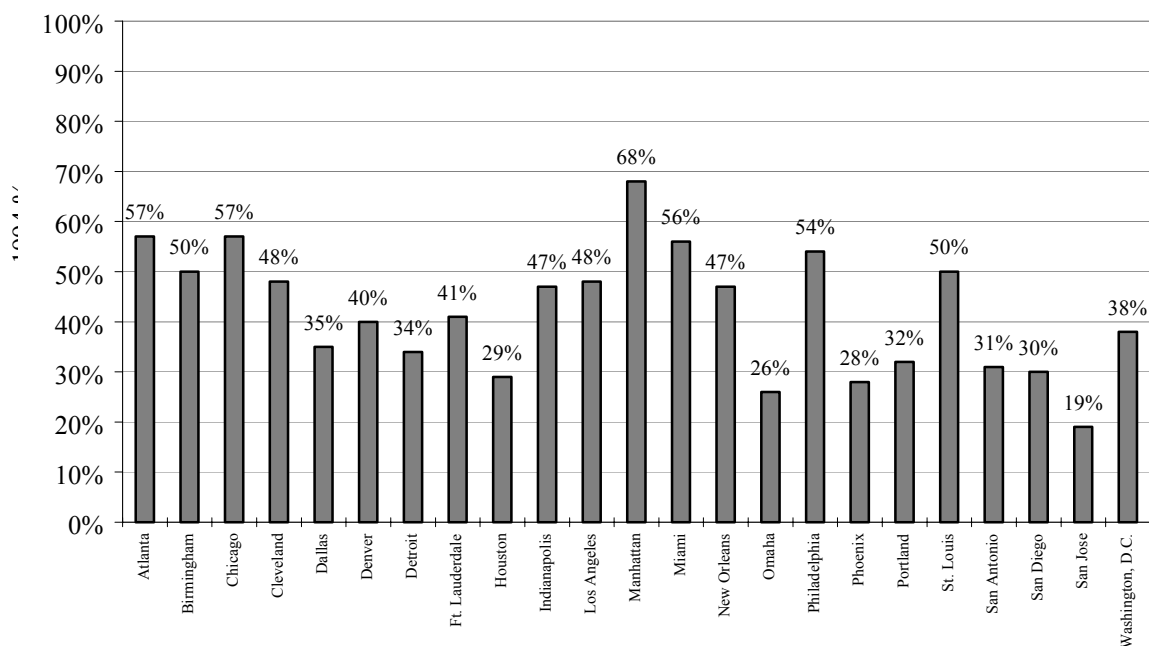
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## *1994 DUF Annual Results Show Cocaine Use Continues Among Male Adult Arrestees*

Recently released findings from the Drug Use Forecasting (DUF) program for 1994 show that despite slight decreases, cocaine remains one of the most commonly used drugs among adult male arrestees. The percentage of males testing positive for cocaine in 1994 ranged from 19% (in San Jose) to 68% (in Manhattan). Cocaine-positive rates for females ranged from 18% (in San Diego) to 80% (in Manhattan).— While use of cocaine has declined substantially in the surveyed household and student populations, similar declines have not been found among arrestees.

**Percentage of Adult Male Booked Arrestees  
Testing Positive for Cocaine, by DUF Site, 1994  
(Total N=20,015)\***



\*Only 21 sites tested females in 1994. The female sample size at each site ranged from 68 to 542 (total N=7,839).

\*The sample size at each site ranged from 229 to 1,067.

SOURCE: Adapted by CESAR from data from "Drug Use Forecasting: 1994 Annual Report on Adult and Juvenile Arrestees", National Institute of Justice. To receive a copy of this report, please contact the National Criminal Justice Reference Service (NCJRS) at 800-851-3420 or 301-251-5500.

◆◆◆ERRATUM◆◆◆

Last week's issue of the CESAR FAX (Issue 3) incorrectly listed the "percentage of Maryland 12th grade users who first tried inhalants before age 15" as 99.8%. The correct percentage is 43.9%. The percentage of Maryland 8th grade users who first tried inhalants before age 15 was 99.8%. We apologize for the error.

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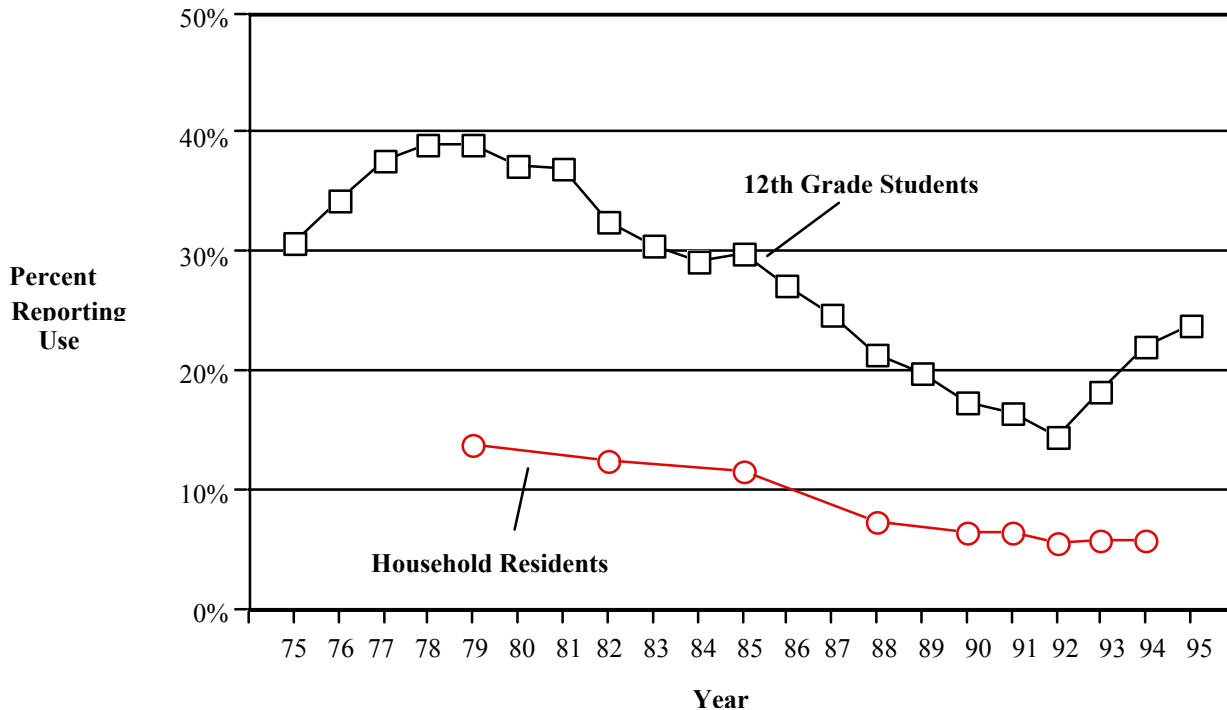
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## *Household and Student Surveys Show Drug Use Down from Peaks Reached in the 70s*

While the recent resurgence of drug use (primarily marijuana) among youths is cause for concern, the figure below shows that current drug use among household and student populations remains far below peak levels reached in the 1970s. These statistics suggest an overall decline in the use of drugs among the general population that is often overlooked in discussions of the persistent use among the more deviant and criminal segments of the population.

**Percentage of Household Residents and 12th Grade Students Reporting Use of Any Drug During the Past Month, 1975-1995, United States**



SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Household Survey on Drug Abuse and the National Institute on Drug Abuse, Monitoring the Future Study.

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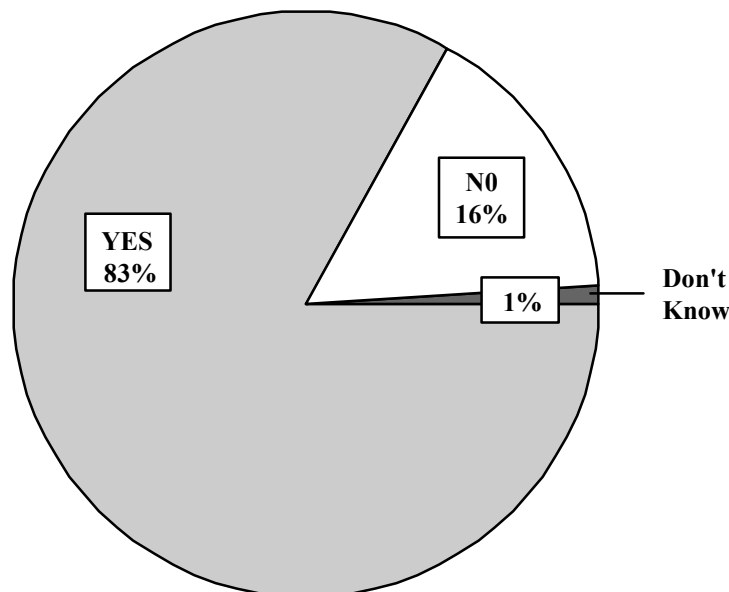
University of Maryland at College Park

**Reducing Underage Smoking:**

**83% of Marylanders Support Requiring ID to Buy Cigarettes from Vending Machines**

A recent Maryland household telephone survey conducted for CESAR found that a large proportion of Maryland residents believe that identification should be required to buy cigarettes from a vending machine in order to reduce underage smoking. Lately, state and national attention has been focused on controlling access to cigarettes by minors. All states prohibit the sale of cigarettes to minors, and in 34 states, including Maryland, it is illegal for underage youth to possess cigarettes. A large impediment to enforcing these laws is unmonitored cigarette vending machines, which provide underage youth easy access to cigarettes.

**In Order to Reduce Underage Smoking,  
Should People Be Required to Show an I.D.  
Prior to Buying Cigarettes from a Vending Machine?  
(N=1,002)**



SOURCES: "Minors Find Few Problems Buying Cigarettes," The Washington Post, January 2, 1996, pp. A1, A10, and statewide household telephone poll of adults 18 and older, conducted for CESAR by the University of Maryland Survey Research Center, College Park. For more information, contact Maggie Hsu of CESAR at 301-403-8329.

**\*\*\*ERRATUM\*\*\***

The 1994 UMCP Student Drug Survey report (October 1995) contained errors in three tables. Tables 9, 15, and C1 have been corrected. Please contact CESAR if you would like a copy of the revised tables. We apologize for the error and the inconvenience.

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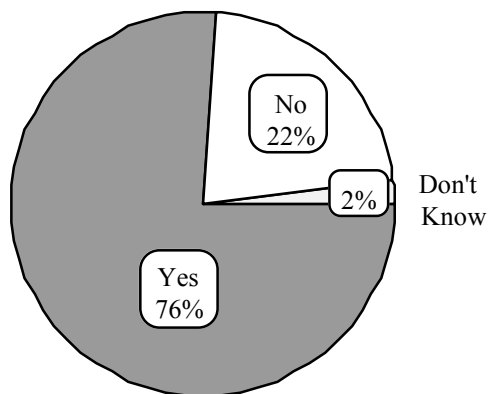
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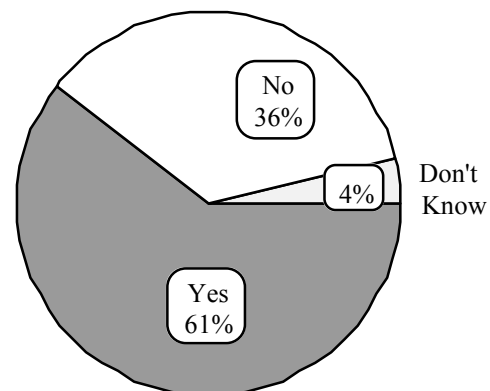
## *Majority of Marylanders Support Requiring Random Drug Testing of All High School Students*

In June 1995, the United States Supreme Court upheld an Oregon school district's policy of random drug testing for student athletes. Recently, a telephone opinion survey co-sponsored by CESAR found that 76% of Maryland household residents support requiring random drug testing of high school athletes. Moreover, 61% support requiring random drug testing of all high school students.

**Should All High School ATHLETES  
Be Required to Participate in  
Random Drug Testing?**  
(N=1,002)



**Should All High School STUDENTS  
Be Required to Participate in  
Random Drug Testing?**  
(N=1,002)



NOTE: Percentages may not add to 100 due to rounding.

SOURCE: Fall 1995 statewide household telephone poll of adults 18 and older, conducted for CESAR by the University of Maryland Survey Research Center, College Park. For more information, contact Maggie Hsu of CESAR at 301-403-8329.

### **CESAR Speaker Series: "Drugs, Race, and Sentencing Guidelines"**

CESAR and the UMCP Department of Criminology and Criminal Justice are co-hosting a lecture by Dr. Hubert Locke on "Drugs, Race, and Sentencing Guidelines." Dr. Locke is the Chair of the Sentencing Guidelines Commission of the State of Washington. The lecture will be held on March 11, 1996 at 7:00 pm at UMCP's LeFrak Hall, Room 225. For more information, contact CESAR at 301-403-8329.

CESAR FAX is supported by a grant from the Governor's Office of Crime Control & Prevention.

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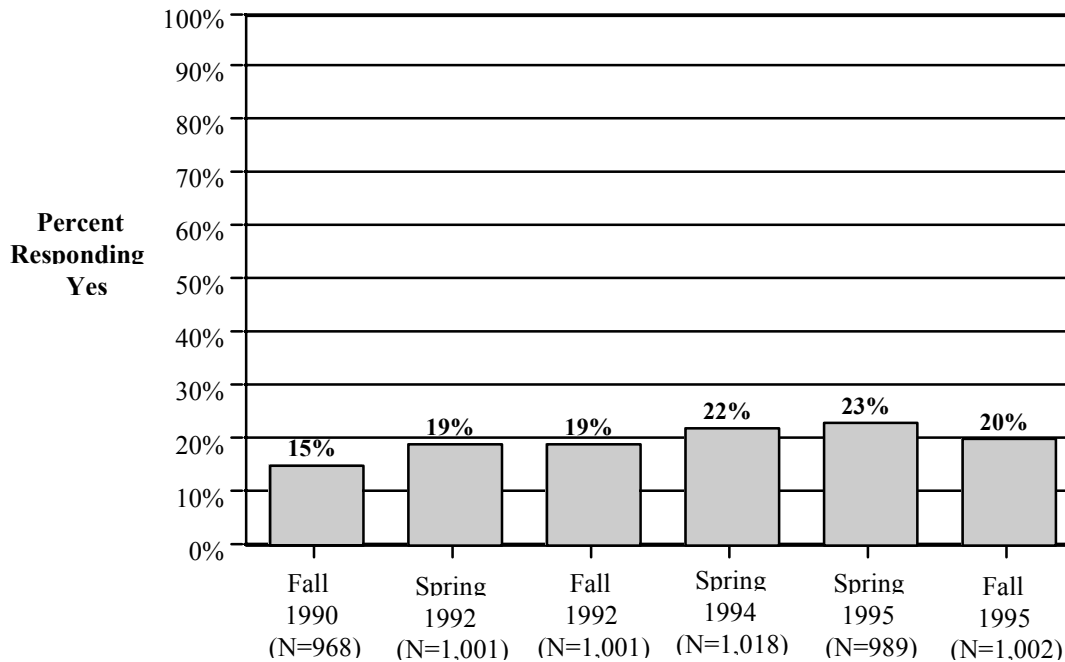
University of Maryland at College Park

***Poll Shows Percentage of Marylanders Who Support  
 Marijuana Decriminalization Stable Since 1992***

As part of a household telephone opinion poll, CESAR has been asking Marylanders their opinions on substance abuse related topics, including marijuana decriminalization. The percentage of Marylanders who believe adults should be able to possess small amounts of marijuana for personal use, without legal penalty, has remained at about 20% since 1992.

**Percent Responding Yes to the Question:**

**Do You Think Adults 21 and Older Should Be Able to Possess  
 Small Amounts of Marijuana For Their Personal Use Without Legal Penalty?\***



\*The Fall 1992, Spring 1994, and Spring 1995 polls allowed for an additional response category, "It Depends." Two percent selected this answer in 1992, 2.5% in 1994, and 1.9% in 1995.

SOURCE: Fall 1995 statewide household telephone poll of adults 18 and older, conducted for CESAR by the University of Maryland Survey Research Center, College Park. For more information, contact Maggie Hsu of CESAR at 301-403-8329.

**CESAR Sneaker Series: "Drugs, Race, and Sentencing Guidelines"**  
 Co-hosted by CESAR and the UMCP Department of Criminology and Criminal Justice

Hubert Locke, Chair  
 Washington State Sentencing Guidelines Commission  
 March 11 1996 7:00 pm  
 UMCP's LeFrak Hall, Room 225

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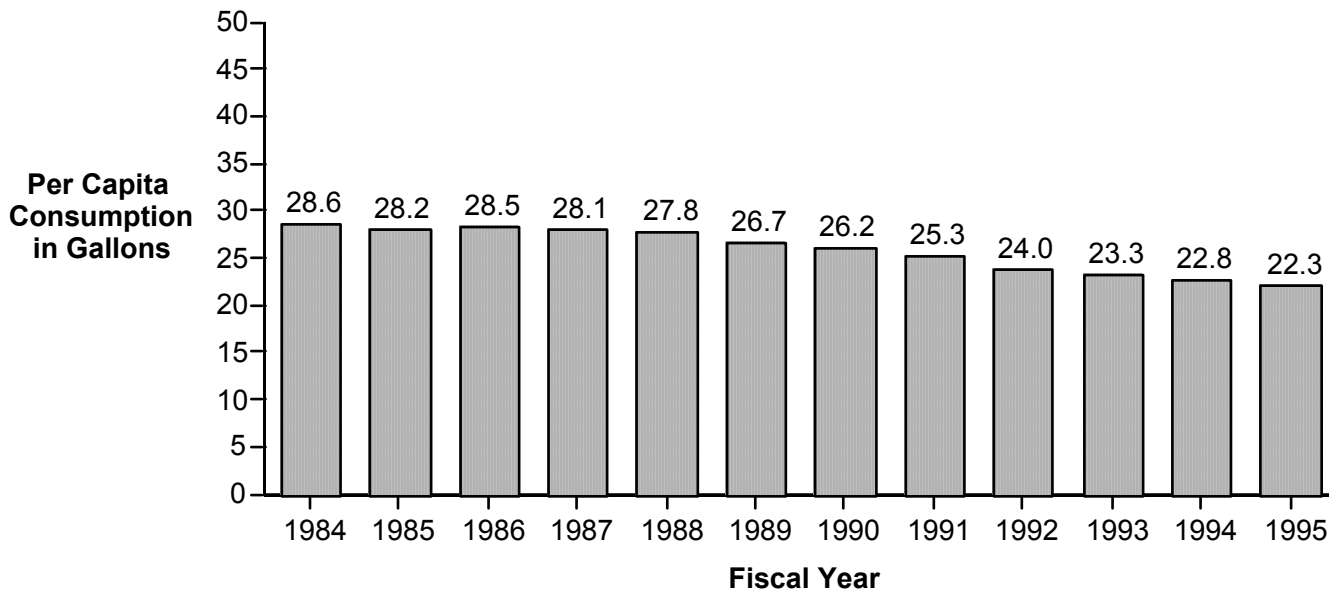
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## *Consumption of Alcoholic Beverages in Maryland Continues to Decline*

Maryland's Alcohol and Tobacco Tax Annual Report for fiscal year 1995 shows that the total per capita consumption of alcoholic beverages has decreased by 22% since 1984. The per capita consumption of beer and wine has decreased by about 20% while consumption of distilled spirits has decreased by 37%. Maryland per capita consumption is calculated using the entire state population--including nondrinkers and all age groups. Thus, the actual per capita consumption rate in Maryland may be higher among those who drink.

### **Maryland Per Capita Consumption, in Gallons, of Distilled Spirits, Wine and Beer, FY 1984 - 1995\***



\*In Maryland, distilled spirits are any beverage, other than beer and wine, containing .05 percent or more of alcohol by volume. Per capita consumption is based on deliveries to retail licensees in the various subdivisions by holders of Maryland wholesalers' licenses and Maryland Department of Health total population estimates for each year. On average, 85% of alcohol sales in Maryland is of beer, 8% of wine, and 7% of distilled spirits.

SOURCE: Adapted by CESAR from Comptroller of the Treasury, Alcohol and Tobacco Tax Unit, State of Maryland Alcohol and Tobacco Tax Annual Report, Tax Year 1995.

### **CESAR Speaker Series: "Drugs, Race, and Sentencing Guidelines"** Co-hosted by CESAR and the UMCP Department of Criminology and Criminal Justice

Hubert Locke, Chair

Washington State Sentencing Guidelines Commission

March 11, 1996 7:00 pm

UMCP's LeFrak Hall, Room 225. Open to the Public

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## *CESAR Completes First Statewide Pulse Check Pilot Study*

CESAR recently completed a pilot study of the Maryland Pulse Check, the first state-level qualitative drug use monitoring project modeled after the Office of National Drug Control Policy's National Pulse Check program. The goal of the Maryland Pulse Check is to obtain qualitative data from interviews with a variety of professionals working on the front lines of the drug problem in Maryland and to provide that information in a timely manner to state and local policymakers, program administrators, and community activists. To determine the feasibility of conducting a Pulse Check project on a state level, CESAR compiled lists of contacts and then conducted preliminary telephone interviews to recruit potential participants. This past fall, CESAR pilot tested the project in two Maryland localities--Allegany County and Baltimore City. Among the findings were the following:

- "Use of inhalants has raised considerable concern among local law enforcement agencies, school administrators, and treatment specialists [in Allegany County]. Of primary concern has been the increasing number of students in the junior and senior high schools who are experimenting by 'huffing' such substances as 'white-out,' gold spray paint, computer cleaner, and nitrous oxide" (p. 7).
- In Allegany County, "recent concern . . . has been raised over the increasing number of adolescents who have been diagnosed with attention deficit disorder (ADD). Such diagnoses have led to an increase in the amount of Ritalin (methylphenidate) that is prescribed throughout the county. School and law enforcement officials have subsequently noticed an increase in the drug's availability on the black market, for adult and adolescent use" (p. 8).
- In Baltimore City, "treatment, prevention, and ER sources report high rates of polydrug use among their clients. Cocaine and heroin combinations are common. . . . Many also use heroin and cocaine with alcohol" (p. 9).
- "Several treatment and prevention contacts [in Baltimore City] report an increase in Clonidine (an antihypertensive) use among methadone clients during the past three years. Clonidine is said to magnify or intensify the effect of methadone" (p. 12).

The authors concluded from the pilot study that the Maryland Pulse Check is a unique method of collecting information on emerging community drug trends that have not yet registered in the quantitative indicators. CESAR is currently exploring options for funding a future statewide Maryland Pulse Check study.

SOURCE: Heather L. Pfeifer, Margaret Hsu, and Eric D. Wish, *Using Qualitative Research to Examine Emerging Drug Trends: The Maryland Pulse Check Project Pilot Study*, February 1996. Presented at the March 1996 meeting of the American Criminal Justice Society. For more information, contact Heather Pfeifer of CESAR at 301-403-8329.

### **RESULTS OF MARYLAND PULSE CHECK PILOT STUDY NOW AVAILABLE**

To receive a complimentary copy of "Using Qualitative Research to Examine Emerging Drug Trends: The Maryland Pulse Check Project Pilot Study" contact CESAR by phone (301-403-8329), fax (301-403-8342), or e-mail ([cesar@cesar.umd.edu](mailto:cesar@cesar.umd.edu)).

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***Teens Believe Drugs, Lack of Parental Involvement, and Peer Pressure  
Are to Blame for Youth Violence***

A recent national study surveyed public, private, and parochial school students, grades 7 through 12, about their views on violence and crime. When asked what factors deserve a lot of blame for the prevalence of youth violence, 61% cited drugs and more than half cited a lack of parental involvement (53%) and peer pressure (52%). The influence of music and television on violence--an argument given much attention lately--was largely dismissed by teenagers.

**Percentage of U.S. Teenagers Who Think Each Factor  
Deserves a Lot of Blame for Youth Violence  
(N=2,023)**

<b>Factor</b>	<b>Percentage</b>
Drugs	61%
Lack of parental involvement in teenagers' lives	53
Peer pressure	52
A lack of values	36
The criminal justice system	29
Not having enough money to live on	24
Young people's unhappiness about their futures	20
The music young people listen to	17
Television	16
Boredom	15

NOTE: This national poll was conducted by Louis Harris & Associates on behalf of the National Teens, Crime, and the Community Program, a program of the National Institute for Citizen Education in the Law and the National Crime Prevention Council.

SOURCE: Adapted by CESAR from National Institute for Citizen Education in the Law and National Crime Prevention Council, *Between Hope and Fear: Teens Speak Out on Crime and the Community*, December 1995. For more information please contact Ms. Katya Goldberg of the National Institute for Citizen Education in the Law at 202-546-6644, extension 226.

**WHAT DO MARYLANDERS THINK ABOUT SUBSTANCE ABUSE?**

The views of Marylanders on such topics as the extent of drug use in Maryland and needle exchange programs are presented in "What Marylanders Think About Drugs: Results from the Spring 1995 Maryland Household Opinion Poll." To receive a complimentary copy, contact CESAR by phone (301-403-8329), fax (301-403-8342), or e-mail (cesar@cesar.umd.edu).

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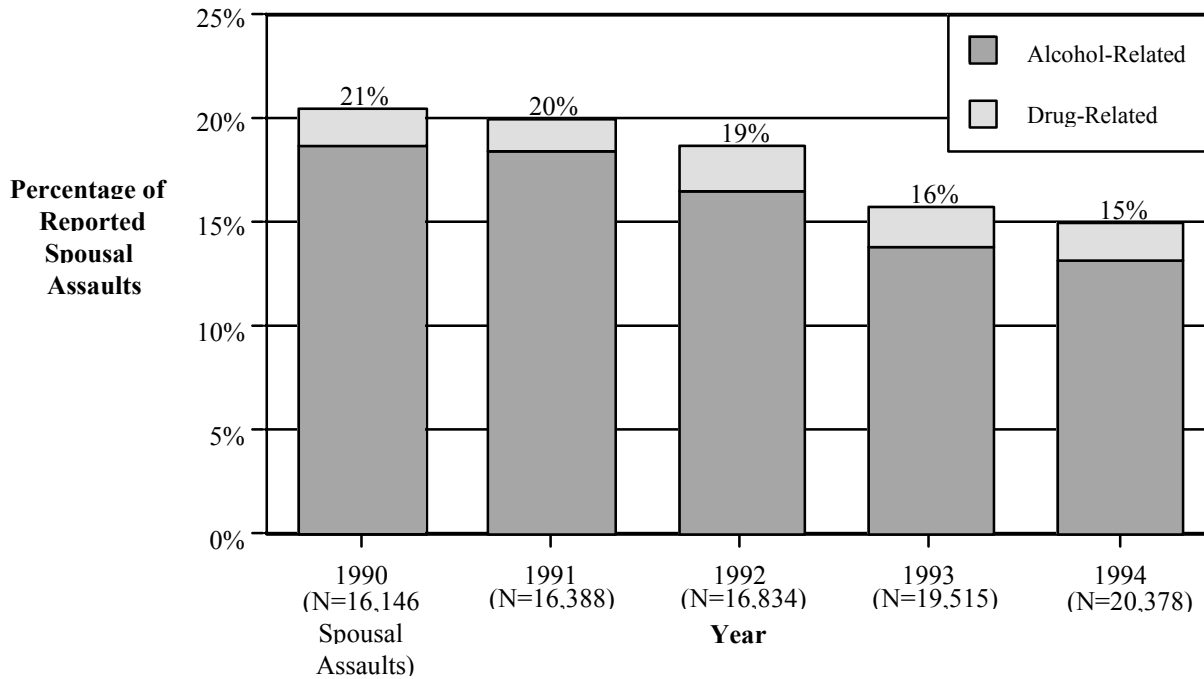
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## *Alcohol- and Drug- Related Spousal Assaults Declining in Maryland*

The Maryland State Police maintain information on complaints of domestic assaults, including whether the assault involved drug or alcohol use by either partner. Over the past 5 years, the percentage of reported spousal assaults that were alcohol or drug related has decreased from 21% to 15%. As with other indicators of substance use, it is difficult to determine whether this change reflects an actual decrease in alcohol- and drug-related spousal assaults or other factors, such as police and/or prosecutorial discretion or shifts in enforcement policies.

**Alcohol- and Drug-Related Spousal Assaults  
 Reported to Maryland State Police, 1990-1994**



SOURCE: Adapted by CESAR from data from the 1994 Maryland State Police Uniform Crime Report.

**RESULTS OF MARYLAND PULSE CHECK PILOT STUDY NOW AVAILABLE**

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## *Drug Strategies Releases "Keeping Score 1996"*

*Keeping Score 1996* examines the effectiveness of federal drug policy by looking at a variety of statistics and reports that reflect the extent and effects of drug abuse across the nation. The report concentrates on four major areas: drug use and drug addiction, drugs and crime, drugs and the workplace, and drug abuse and health. In addition, the report summarizes programs in each of these areas that have been proven to work. Some of the key findings follow:

- One in five Federal prison inmates is a low-level drug offender with no history of violence, and one in five of all drug offenders in state prisons has no previous criminal history.
- Less than 10% of Federal inmates who are addicted to drugs have treatment available to them, despite the fact that "research over the past decade confirms that intensive prison treatment programs can reduce recidivism by half after release" (p. 11).
- Alcohol and drug abuse is associated with family violence. "Three-fourths of men charged with domestic battery in a 1992 study reported by the National Research Council tested positive for alcohol, while half tested positive for illegal drugs" (p. 13).
- Drug treatment improves work performance--employees receiving drug treatment had lower rates of absenteeism, incomplete work, and mistakes at work.
- The number of national drug-related emergency room visits increased by 38% and the number of drug-related deaths increased by 33% from 1990 to 1994.
- "Providing treatment to all addicts in the United States would save more than \$150 billion in social costs over the next 15 years . . . while requiring just \$21 billion in treatment costs" (p. 23).

The study concludes that the "Federal drug budget . . . should support cost-effective approaches to the nation's drug problems," investing in "innovation as well as . . . apply[ing] what we have already learned about what works" (p. 29). To receive a full copy of the report, please fax a request, along with your name and mailing address, to Drug Strategies at 202-663-6110.

SOURCE: Adapted by CESAR from Drug Strategies, *Keeping Score 1996*, Washington, D.C., 1996.

### **KEEPING SCORE 1996 NOW AVAILABLE ON CESAR BOARD**

The Drug Strategies' reports "Keeping Score 1995" and "Keeping Score 1996" can be viewed or downloaded from CESAR's electronic bulletin board, under the Drugs Conference, via:

- Modem: 301-403-8343 or 1-800-84-CESAR (toll-free for Maryland callers only)
- World Wide Web: <http://www.bsos.umd.edu/cesar/cesar.html>
- Internet gopher: [inform.umd.edu](http://inform.umd.edu) (select Educational Resources, Colleges, BSOS, Departments, CESAR)

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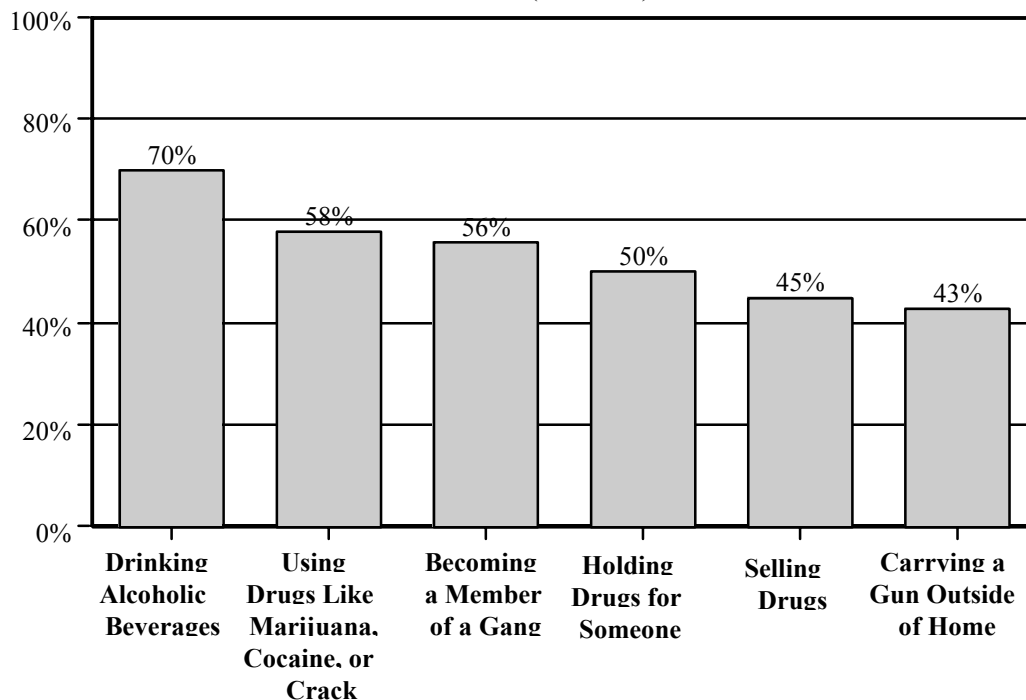
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### *Peer Pressure Influences Teen Involvement with Drugs, Gangs, and Guns*

According to the results of a recent national survey of students in grades 7 through 12, teens believe that peer pressure has a considerable influence on their involvement with drugs, gangs, and guns. A majority of students reported that pressure from friends would influence them to drink, use drugs, or become a member of a gang. A slightly lower percentage reported that peer pressure would influence them to hold drugs for someone, sell drugs, or carry a gun. These findings suggest the need for programs that teach teenagers how to handle peer pressure.

#### **Percentage of U.S. Teenagers Who Think Peer Pressure Would Have an Influence on Selected Activities**

(N=2,023)



NOTE: This national poll was conducted by Louis Harris & Associates on behalf of the National Teens, Crime, and the Community Program, a program of the National Institute for Citizen Education in the Law and the National Crime Prevention Council.

SOURCE: Adapted by CESAR from National Institute for Citizen Education in the Law and National Crime Prevention Council, *Between Hope and Fear: Teens Speak Out on Crime and the Community*, December 1995. For more information please contact Ms. Katya Goldberg of the National Institute for Citizen Education in the Law at 202-546-6644, extension 226.

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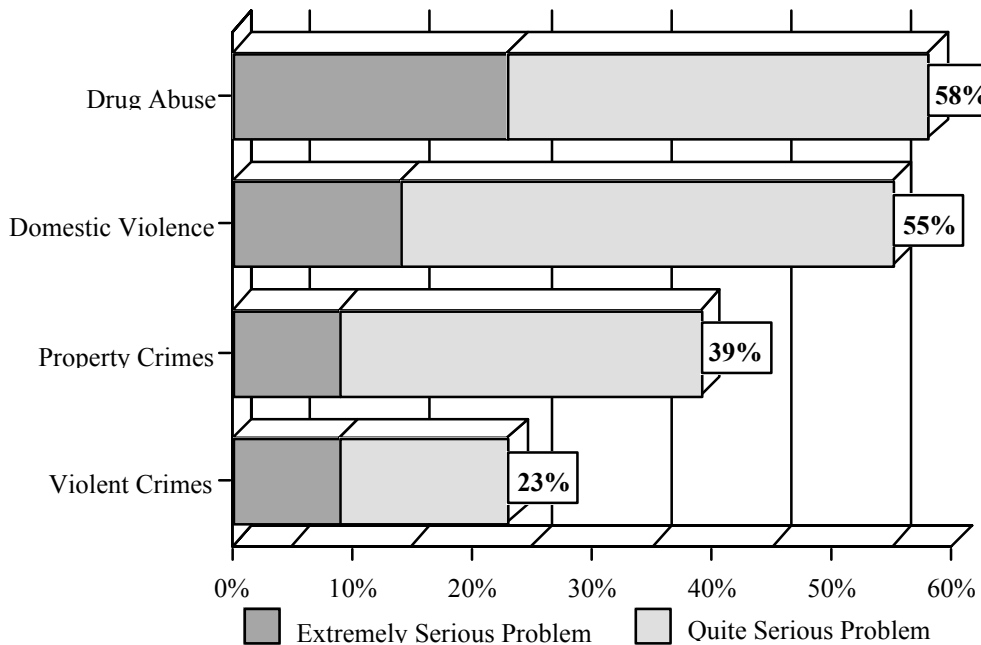
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University of Maryland at College Park

***Police Chiefs Cite Drug Abuse as Most Serious Problem Facing Their Community--  
 Ahead of Violent and Property Crimes***

According to the results of a recent national survey, the majority of police chiefs across the nation (58%) consider drug abuse to be a more serious problem in their communities than domestic violence, property crimes, or violent crimes. Further, 82% of police chiefs in large cities (with a population in excess of 100,000) cited drug abuse as an extremely or quite serious problem. The telephone survey, commissioned by the Police Foundation and Drug Strategies, was conducted by Peter D. Hart Research Associates in February and March 1996. To obtain a copy of the survey results, "Drugs and Crime Across America: Police Chiefs Speak Out", please fax a request, along with your name and address, to Drug Strategies at 202-663-6110.

**Percentage of U.S. Police Chiefs Who Believe the Problem Is  
 Extremely or Quite Serious for Their Community**  
 (N=318)



NOTE: This national poll was conducted by Peter D. Hart Research Associates on behalf of the Police Foundation and Drug Strategies. Telephone interviews were conducted with 318 chiefs of police from the end of February through the first week of March 1996.

SOURCE: Adapted by CESAR from Drug Strategies and the Police Foundation, *Drugs and Crime Across America: Police Chiefs Speak Out*, April 1996.

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## ***Poll Shows That Parents Seriously Underestimate Availability and Use of Drugs Among Their Children***

According to the results of a national survey, 34% of parents of teens thought their child had been offered drugs, while over one-half (52%) of the teens reported being offered drugs. This disparity is even greater for youth--7% of parents thought their preteen had ever been offered drugs, while 23% of the youths said they actually had. Parents' perceptions of their children's drug use is not much better. While parents of preteens had fairly accurate perceptions of their children's experimentation with marijuana and cocaine, they underestimated their children's use of inhalants. Parents of teenagers seriously underestimated their children's use of all three of these substances. According to the authors, "parents need to understand the true vulnerability of their kids to drug experimentation today, and to educate themselves about drug use so that they can have greater confidence in listening to, talking with, and educating their children" (p. 12).

### **Drug Availability and Use Among U.S. Students, Grades 4-12, Parents' Perceptions Versus Students' Self-Reports, 1995\***

<u>Student's Experiences</u>	<u>Preteens (Grades 4-6)</u>		<u>Teenagers (Grades 7-12)</u>	
	<u>Parents' Perceptions</u>	<u>Youth Reported</u>	<u>Parents' Perceptions</u>	<u>Teens Reported</u>
Anyone ever tried to sell or give drugs to student	<b>7%</b>	<b>23%</b>	<b>34%</b>	<b>52%</b>
Student tried marijuana at least once	<b>1</b>	<b>2</b>	<b>14</b>	<b>38</b>
Student tried cocaine/crack at least once	<b>1</b>	<b>1</b>	<b>3</b>	<b>8</b>
Student tried inhalants at least once	<b>1</b>	<b>6</b>	<b>3</b>	<b>23</b>

\*This national survey was conducted by Audits & Surveys Worldwide, Inc. on behalf of the Partnership for a Drug-Free America. Self-administered questionnaires were given to a randomly selected sample of 2,424 youth (grades 4-6), 6,096 teenagers (grades 7-12) and 822 parents (adults aged 18 and older who were parents of children under 19). The survey was conducted in May and June of 1995. For more information, contact Steve Dnistrian of the Partnership at 212-973-3504.

SOURCE: Adapted by CESAR from Partnership for a Drug-Free America, *1995 Partnership Attitude Tracking Study*, February 1996.

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## *Pending Legislation, H.R. 1271, Will Deal a Crippling Blow to the War on Drugs and Crime*

On April 18 the Senate Governmental Affairs Committee approved H.R. 1271, the "Family Privacy Protection Act." The House passed the bill by a vote of 418 to 7. The bill, which is part of the Contract with America, states that those seeking the participation of minors in a federally funded survey or questionnaire on sensitive issues (e.g., illegal and antisocial behavior, sexual behavior or attitudes, religious beliefs, privileged relationships) must obtain the **prior written consent** of a parent or guardian.

If this bill is passed by the full Senate as is, federally funded activities such as the following will be made impractical or extremely costly:

- Monitoring the Future, a national survey of drug, alcohol, and tobacco use among students in grades 8 through 12 that has been conducted since 1976.
- The National Survey of High School Students Regarding Firearms Ownership and Use.
- The Youth Risk Behavior Survey, conducted by the Centers for Disease Control and Prevention.
- Studies of the links between drug use, violence, and crime among youth detained by the juvenile justice system, including the national Drug Use Forecasting (DUF) Program.
- School- and community-based assessments of the need for programs aimed at preventing gang activity, violence, and alcohol/drug abuse and evaluations of the effectiveness of such programs (e.g., D.A.R.E.).

The above types of studies, all of which are already conducted in compliance with stringent federal regulations for the protection of research participants, will be virtually impossible to conduct if researchers or school administrators must first contact and obtain the written permission of a large number of parents or guardians.

At a time when the country is determined to stop illegal drug use and violence among youth, it would be self-defeating for Congress--in the name of protecting families--to impede the collection of the very information that is needed to develop and evaluate programs that address drug use and crime among the nation's youth.

### **H.R. 1271 AVAILABLE ON CESAR'S HOME PAGE**

A conv of H R 1271 is available on CESAR's World Wide Web home page under the Legislation Conference of the CESAR BOARD. A conv of the bill is also available from CESAR.

<http://www.bsos.umd.edu/cesar/cesar.html>

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## *Study Shows Personal Crime Costs \$450 Billion Annually*

A recently released research report provides estimates of the costs and consequences of personal crime in America. The estimates are produced using tangible losses, such as medical expenses and property loss, as well as intangible losses--pain, suffering, and lost quality of life. The study estimates that personal crimes cost an estimated \$450 billion annually, the majority (\$426 billion) lost to violent crimes. Rape causes the highest annual victim costs, followed by assault, murder, drunk driving, and child abuse. A copy of the report may be ordered from the National Criminal Justice Reference Service at 800-851-3420 or 301-251-5500.

### **Estimated Annual Losses Due to Personal Crime, in Billions, 1987-1990\***

Type of Crime	Annual Losses in Billions
Rape and Sexual Assault	\$127
Assault or Attempt	93
Murder	71
Drunk Driving (including fatalities)	61
Child Abuse (including sexual assault)	56
Robbery or Attempt	11
Larceny or Attempt	9
Burglary or Attempt	9
Motor Vehicle Theft or Attempt	7
Arson (including fatalities)	7
<b>Total</b>	<b>\$450</b>

\*Annual losses estimated in 1993 dollars. Total does not equal the sum of the types of crimes due to rounding.

SOURCE: Adapted by CESAR from data from Ted R. Miller, Mark A. Cohen, and Brian Wiersema, *Victim Costs and Consequences: A New Look*, National Institute of Justice Research Report, February 1996. For more information, contact Ted Miller at 301-731-9891, extension 103.

#### **CESAR FAX ISSUES NOW AVAILABLE ON CESAR BOARD**

Current issues of the CESAR FAX--including graphics--are now available on CESAR's electronic bulletin board, the CESAR BOARD. The issues can be printed directly from the web or downloaded and viewed from a graphics program if accessing the Board via a modem.

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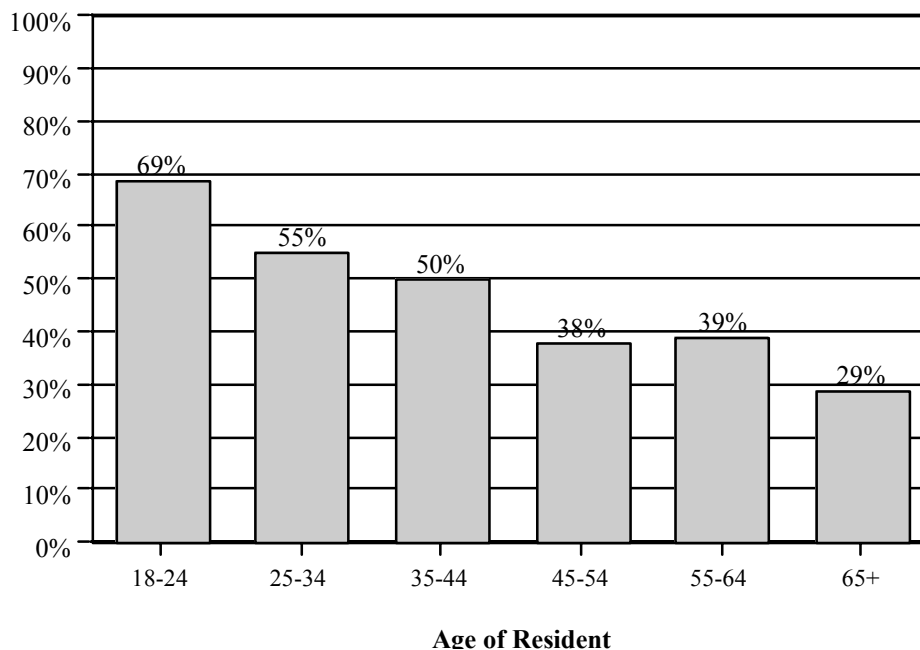
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## *Drug Addiction Strikes Close to Home Among Maryland Youth*

A national poll conducted in 1995 reported that 49% of Americans knew someone addicted to illegal drugs (see CESAR FAX Volume 4, Issue 15). A recent household telephone survey conducted in Maryland found similar results--47% reported that they personally knew a relative, close friend, neighbor, or co-worker addicted to an illegal drug. However, this overall figure masks the startling impact of addiction on youth. Over two-thirds (69%) of Marylanders age 18 to 24 knew someone addicted to illegal drugs.

### **Percentage of Maryland Household Residents Reporting That They Personally Know Someone Who has Ever Been Addicted to an Illegal Drug, by Age, Fall 1995 (N=1,001)**



SOURCE: Statewide household telephone poll of adults 18 and older, conducted for CESAR by the University of Maryland Survey Research Center, College Park. For more information, contact Maggie Hsu at 301-403-8329.

#### **CDC ANNOUNCES NEW HIV/AIDS TREATMENT INFORMATION SERVICE**

The Centers for Disease Control and Prevention (CDC) now offers a new HIV/AIDS Treatment Information Service for people living with HIV disease, their families and friends, and health care providers. Write P.O. Box 6303, Rockville, MD 20849-6303 or call 1-800-HIV-0440.

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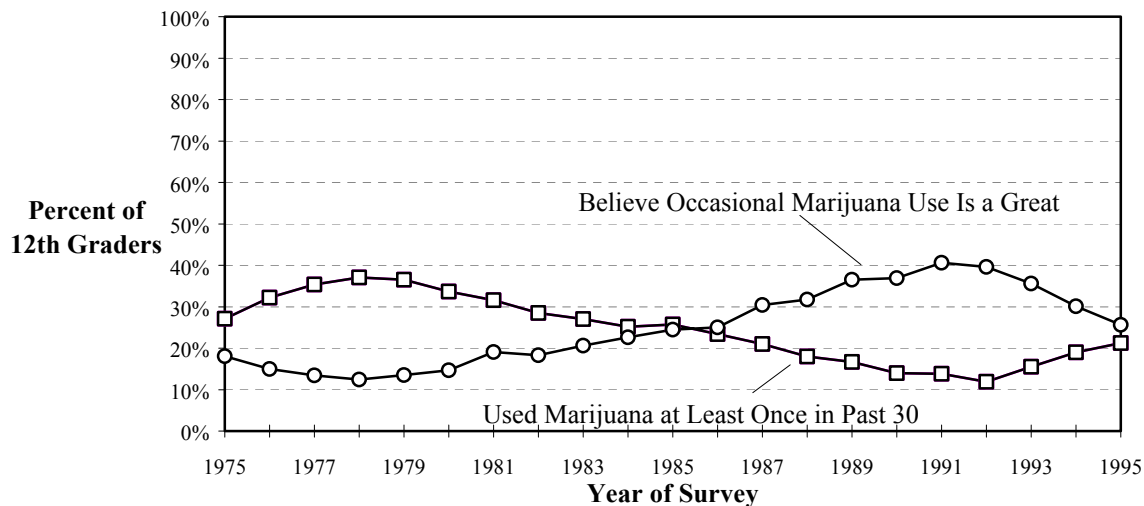
University of Maryland at College Park

***Student Marijuana Use Increases as Perceived Risk Decreases:  
 Implications of a Possible 20-Year Cycle***

Data from the national Monitoring the Future survey show that past-month use of marijuana among 12th graders has been rising since 1992 (see figure). At the same time, the percentage of seniors who believe that occasional marijuana use is a great risk to the user has been declining. Similar results were found among 8th and 10th grade students.

In addition, the figure below suggests that marijuana use may run in 20-year cycles. Drug historian Dr. David Musto has noted that when drug use trends turn down, anti-drug education efforts decline. Thus, society fails to educate its youngest members about lessons learned from prior drug epidemics. The kindergartners of 1996, the next generation of potential teen users, should continue to be exposed to prevention programs, even if the current rise in marijuana use starts to wane.

**Percentage of U.S. 12th Graders Reporting Past-Month Use of Marijuana Versus Percentage Who Believe Occasional Marijuana Use Is a Great Risk, 1975-1995**



SOURCE: Adapted by CESAR from data from December 11, 1995, press release on the 1995 Monitoring the Future Study, National Institute on Drug Abuse.

**WANT TO LEARN MORE ABOUT AMERICA'S RESPONSE TO DRUG USE?**  
 For more information about the history of America's response to drug use, order the CESAR Sneaker Series videotape, "America's Response to Drug Use: Lessons From the Past" by Dr. David Musto. Each videotape is approximately 1 1/2 hours long and is available for \$22 plus \$5 postage and handling. Orders can be placed through the Flagship Channel Program Coordinator at 301-405-3610.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland at College Park

## *CESAR Releases Report on Drug Use Among Female Juvenile Detainees in Maryland*

Since 1992 CESAR has been conducting a series of studies on drug use among juvenile detainees in Maryland. The most recent study assesses drug use among female juvenile detainees at the Thomas J.S. Waxter Children's Center in Laurel, Maryland. This study included the collection and testing of hair specimens to supplement the interview and urine test data. Urine specimens were analyzed for 10 drugs\* and alcohol; hair specimens were analyzed for marijuana, cocaine, opiates, amphetamines, and PCP. Among the findings were the following:

- 84% of the youths reported ever using alcohol; 71% reported ever using cigarettes; and 71% reported ever using marijuana.
- The median age for first use of drugs was 13 years old for alcohol, cigarettes and inhalants and 14 for marijuana, amphetamines, cocaine, and PCP.
- Youths significantly underreported the extent of their drug use. Three-quarters of the youths who tested positive for cocaine by hair analysis reported in the research interview that they had never tried cocaine.
- As in the previous studies in this series, youths charged with drug offenses had the highest rate of positive test results (62% positive for any drug).
- A number of the youths indicated they used drugs "to forget about problems" or things troubling them. The most frequently mentioned substances in this context were cigarettes (18%), marijuana (17%), and alcohol (13%).

\*Marijuana, cocaine, opiates, PCP, amphetamines, methaqualone, methadone, benzodiazepines, propoxyphene, and barbiturates.

SOURCE: E. D. Wish, T. A. Gray, and E. B. Levine (1996). "Recent Drug Use in Female Juvenile Detainees: Estimates from Interviews, Urinalysis, and Hair Analysis." For more information, contact Eric Wish or Tom Gray of CESAR at 301-403-8329.

### **NEW CESAR REPORT ON DRUG USE AMONG FEMALE JUVENILE DETAINEES NOW AVAILABLE**

To receive a complimentary copy of "Recent Drug Use in Female Juvenile Detainees: Estimates from Interviews, Urinalysis, and Hair Analysis" contact CESAR by phone (301-403-8329), fax (301-403-8329), or e-mail ([cesar@cesar.umd.edu](mailto:cesar@cesar.umd.edu)). Copies of previous studies in this series (Study 1: Thomas J. Waxter Children's Center and Study 2: Alfred D. Noves Children's Center) are also available.

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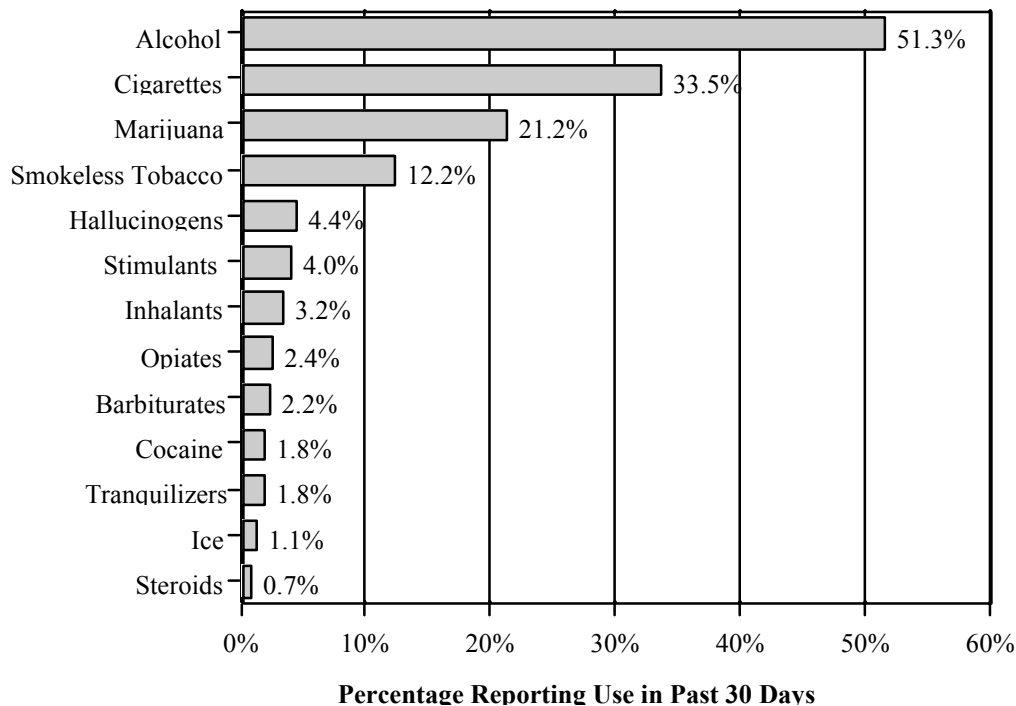
**A Weekly FAX from the Center for Substance Abuse Research**

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***Alcohol, Tobacco, and Marijuana Are Substances Used Most Frequently by U.S. High School Students***

Data from the 1995 Monitoring the Future Study show that three of the four substances most frequently used among U.S. 12th grade students are licit substances. One-half (51.3%) of high school seniors reported using alcohol within the past 30 days; cigarette and smokeless tobacco use was reported by 33.5% and 12.2% respectively. Marijuana was the only illicit substance which was used by seniors at a similar level (21.2%). Other illicit drug use was much lower, ranging from 4.4% for hallucinogens to .7% for steroids. Similar results were found for 8th and 10th grade students.

**Percentage of U.S. 12th Grade Students Reporting Current Use of Substances, 1995**



SOURCE: Adapted by CESAR from data from the December 11, 1995 press release on the 1995 Monitoring the Future Study, National Institute on Drug Abuse.

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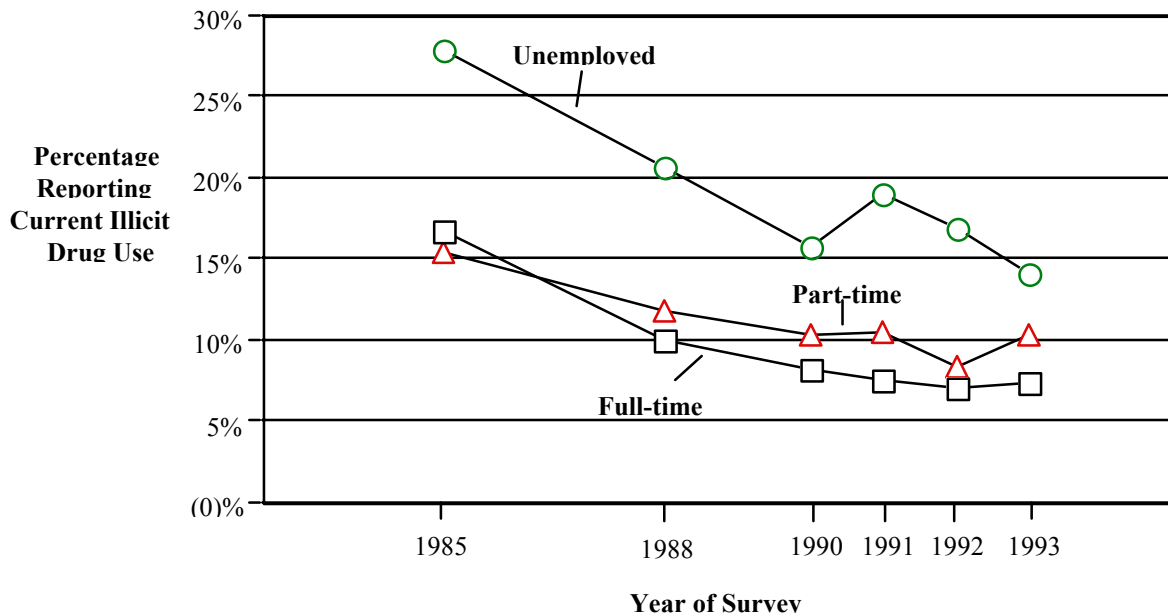
**A Weekly FAX from the Center for Substance Abuse Research**

University of Maryland at College Park

## *Unemployed U. S. Household Residents Report Higher Rates of Illicit Drug Use Than Employed Residents*

A recently released analysis of data from the National Household Survey on Drug Abuse (NHSDA) show that from 1985 to 1993, rates of illicit drug use within the past 30 days were consistently higher among unemployed household residents than among full- and part-time employed residents. In addition, part-time workers reported a higher rate of current drug use than full-time workers. However, drug use decreased significantly among all three groups over this time period. For further information, contact Janet Greenblatt of the Substance Abuse and Mental Health Services Administration at 301-443-7980.

**Percentage of U.S. Household Residents Aged 18-49  
Reporting Current Illicit Drug Use, by Employment Status, 1985-1993\***



\*Residents who were retired, disabled, homemakers, students, or "others" are not included in this graph.

SOURCE: Adapted by CESAR from data from John P. Hoffman, Cindy Larison, and Angela Brittingham, "Drug Use Among U.S. Workers: Prevalence and Trends by Occupation and Industry Categories," prepared by the National Opinion Research Center for the Substance Abuse and Mental Health Services Administration, Office of Applied Studies, April 1996.

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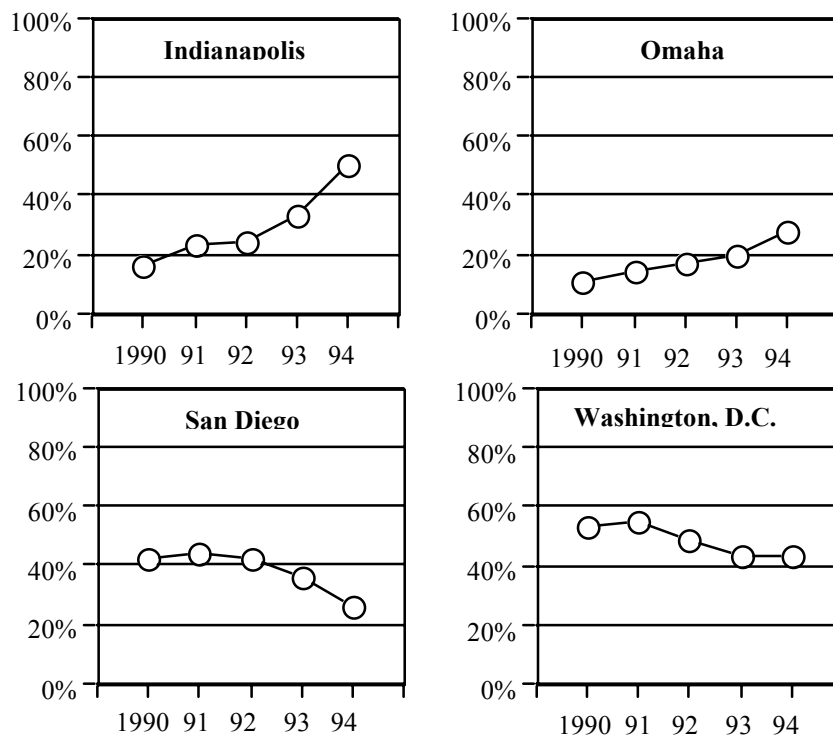
**A Weekly FAX from the Center for Substance Abuse Research**

University of Maryland at College Park

## *Crack/Cocaine Epidemic Continues Among Arrestees in Middle America; Declining Among Those in East and West Coast Cities*

Findings presented at the annual Drug Use Forecasting (DUF) director's meeting in June showed that the crack/cocaine epidemic is in decline among arrestees in East and West Coast cities but appears to be continuing as strong as ever among arrestees in Midwest cities. At 15 of the DUF locations nationwide, including San Diego and Washington, D.C., rates of detected crack/cocaine use have gradually decreased. However, at the other 9 DUF sites, mostly located in Midwest cities such as Indianapolis and Omaha, rates of crack/cocaine use have reached a plateau or are expanding. According to the authors, "these findings underscore the need for local drug use statistics, such as provided by the DUF program, because of geographical variation in the prevalence and timing of the popularity for any specific drug" (p. i).

**Percentage of Arrestees Testing Positive for Crack/Cocaine,  
by Selected DUF Site, 1990-1994**



SOURCE: Adapted by CESAR from data from Andrew L. Golub, Farrukh Hakeem, and Bruce D. Johnson, "Monitoring the Decline in the Crack Epidemic with Data from the Drug Use Forecasting Program," presented at the DUF Site Director's Meeting, June 8, 1996. For more information, contact Andrew Lang Golub of the John Jay College of Criminal Justice, at 212-237-8093.

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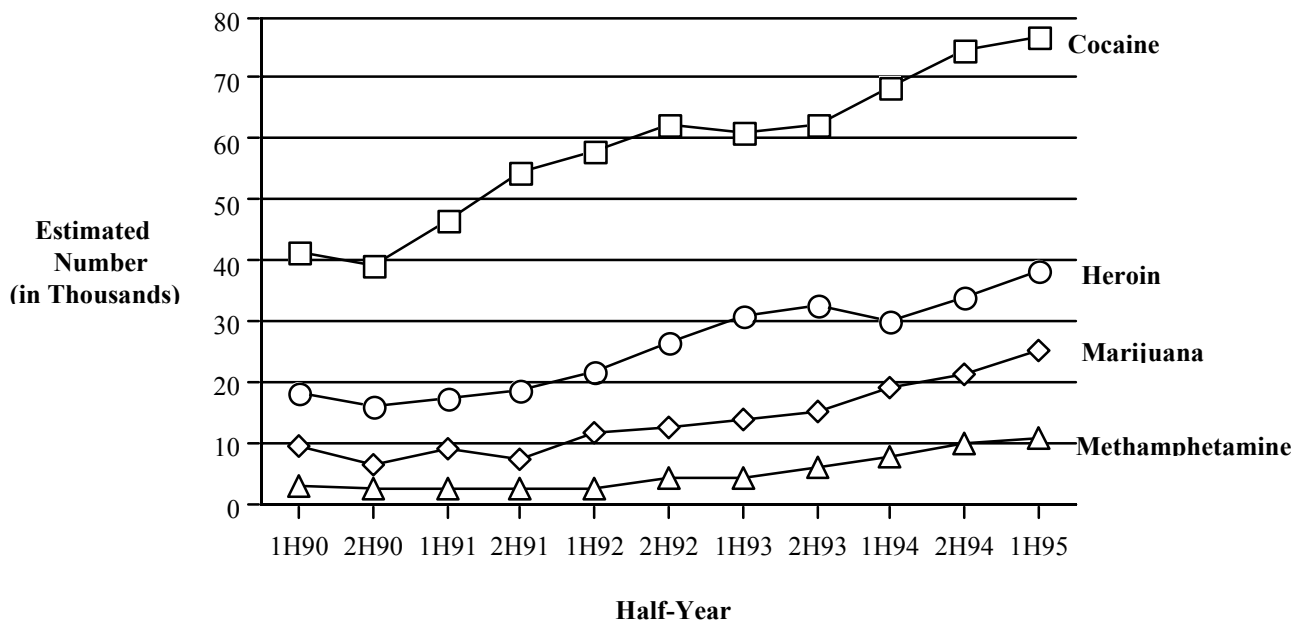
**A Weekly FAX from the Center for Substance Abuse Research**

University of Maryland at College Park

## *National DAWN Data Show Significant Increases in Drug-Related Emergency Department Episodes*

Preliminary data from the Drug Abuse Warning Network (DAWN) for the first 6 months of 1995 show that individuals suffering negative health consequences of illicit drug use continue to seek services from hospital emergency departments (EDs) across the nation. Significant increases were found among ED episodes related to cocaine (12%), heroin (27%), marijuana (32%), and methamphetamine (35%) compared with data from the first half of 1994. One possible explanation for the increases in the cocaine- and heroin-related ED visits is that a cohort of users is experiencing chronic effects of long-term drug use. "DAWN data show that the proportion of drug-related episodes among persons aged 35 years and older has been increasing. As drug users age . . . they become susceptible to a variety of health problems which are exacerbated by drug use, especially the cumulative effects of prolonged use. These individuals may be using emergency departments for treatment of nonurgent health problems" (p. 13).

**Estimated Number (in Thousands) of Cocaine-, Heroin-, Marijuana-, and Methamphetamine-Related U.S. Emergency Department Episodes, First Half 1990 - First Half 1995**



SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration (SAMHSA), "Preliminary Estimates from the Drug Abuse Warning Network," Advance Report Number 14, May 1996. For more information, contact SAMHSA at 301-443-7980.

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***Injecting Drug Use Second Most Frequently Reported Risk Behavior for HIV Infection***

Data from the Centers for Disease Control and Prevention (CDC) show that injecting drug use (IDU) is the second most frequently reported risk behavior for HIV infection. Of the 506,538 adolescent and adult AIDS cases reported to the CDC by December 31, 1995, over one-third (36%) were associated with injecting drug use. IDU-related AIDS cases include persons who are injecting drug users (defined as any person who injected drugs at least once after 1977) as well as those who are heterosexual partners of IDUs. The highest rates of IDU-associated AIDS cases continue to occur in the Northeast; 44% of the cases reported in 1995 were from this region.

**Number of Cumulative AIDS Cases Reported as of December 31, 1995, U. S. Adults/Adolescents Aged 13 and Older, by Mode of Exposure**

<u>Mode of Exposure</u>	<u>Number</u>	<u>Percent</u>
Men Having Sex with Men	259,672	51%
<b>Injecting Drug Use</b>		
<b>Injecting Drug Users</b>	<b>161,891</b>	<b>32%</b>
<b>Heterosexual Partners of IDUs</b>	<b>18,710</b>	<b>4%</b>
		<b>} 36%</b>
Heterosexual Contact	21,328	4%
Hemophilia/Coagulation Disorder	4,107	1%
Other/Undetermined <sup>1</sup>	40,830	8%
Total	506,538	100%

<sup>1</sup>Includes recipients of blood transfusions, blood components, or tissue and workers exposed to HIV-infected blood, body fluids or concentrated virus in health care, laboratory, or household settings.

SOURCE: Adapted by CESAR from data from the Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, Volume 7, Number 2 and Centers for Disease Control and Prevention, AIDS Associated with Injecting-Drug Use--United States, 1995, Morbidity and Mortality Weekly Report, May 17, 1996, pp. 392-398.

**HIV/AIDS INFORMATION AVAILABLE FROM CESAR'S HOME PAGE**

CESAR's electronic bulletin board, the CESAR BOARD, contains HIV/AIDS related information, including bibliographies, statistics, and other resources. Visit the AIDS conference on the CESAR BOARD via CESAR's WWW home page:

**<http://www.bsos.umd.edu/cesar/cesar.html>**

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University of Maryland at College Park

***Experiment Shows Youth Who Participate in Big Brothers/Big Sisters Program Less Likely to Initiate Drug and Alcohol Use***

A study of applicants to eight Big Brothers/Big Sisters (BB/BS) programs across the U.S. found that BB/BS participants were significantly less likely than nonparticipants to start using drugs and alcohol during the study period. BB/BS programs create one-to-one relationships between adult volunteers and youth living in single-parent households. Of the 959 10- to 16-year olds who applied to BB/BS programs in 1992 and 1993, half were randomly assigned to a treatment group for which BB/BS matches were made or attempted. The other half were assigned to BB/BS waiting lists for the period of the study. After 18 months the two groups were compared. Overall, BB/BS participants were 46% less likely to start using drugs and 27% less likely to start using alcohol during the study period. The impact was even greater among minority participants--male and female minority participants were approximately 70% less likely to initiate drug use while female minority participants were 54% less likely to initiate alcohol use. The use of random assignment in this study adds considerable scientific validity to these findings.

**Likelihood of Initiating Drug or Alcohol Use for Youth Participating in BB/BS, Compared with Control Group of Youth Not Participating in BB/BS**  
 (N=487 Participants and 472 Nonparticipants)

	<b>Drug Use</b>	<b>Alcohol Use</b>
<b>Overall</b>	-46%**	-27%*
<b>Gender</b>		
Male	-55%**	-19%
Female	-27%	-39%
<b>Race/Gender</b>		
Minority Male	-68%**	-11%
Minority Female	-73%*	-54%*
White Male	-33%	-35%
White Female	50%	-8%

\*\*Significant at the .05 level.

\*Significant at the .10 level.

SOURCE: Adapted by CESAR from data from Joseph P. Tierney, Jean B. Grossman, and Nancy L. Resch, *Making A Difference: An Impact Study of Big Brothers/Big Sisters* (Philadelphia, PA: Public/Private Ventures, November 1995). For more information, contact Public/Private Ventures at 215-557-4400.

**DRUG STRATEGIES RELEASES GUIDE TO SCHOOL DRUG PREVENTION PROGRAMS**  
*Making the Grade*, published by Drug Strategies, assesses key prevention elements of 47 nationally available school drug education programs so that consumers can judge for themselves which programs will effectively reduce alcohol, drug and tobacco use among youth in their community. For more information, contact Drug Strategies at 202-663-6090 or 202-663-6110 (fax).

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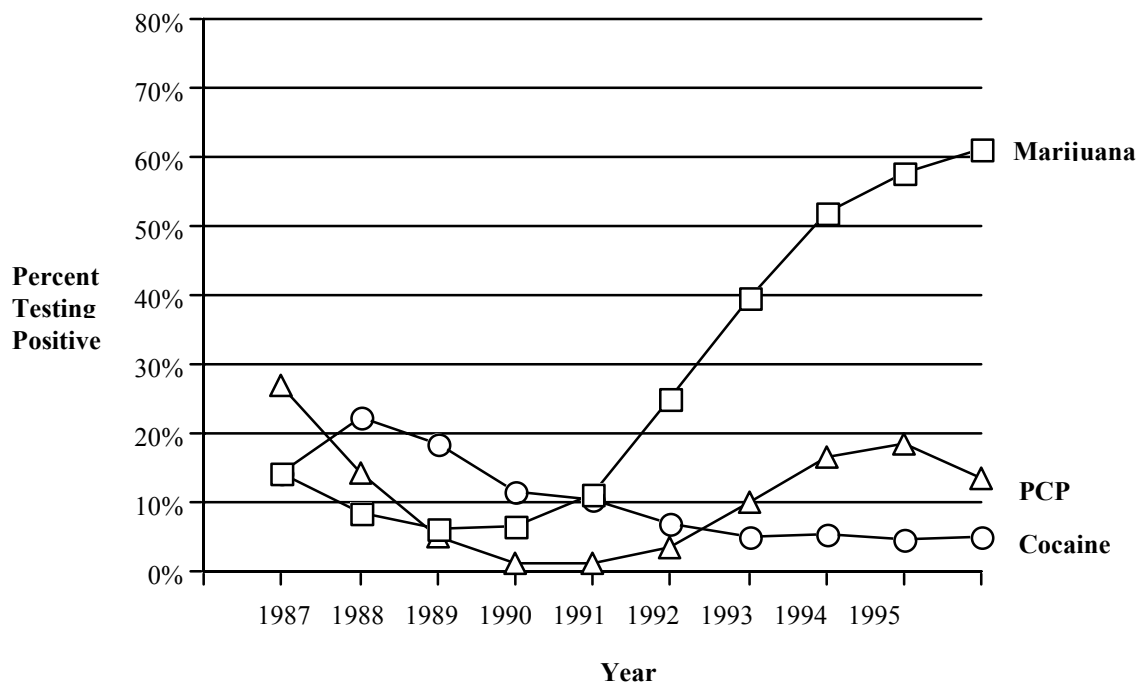
**A Weekly FAX from the Center for Substance Abuse Research**

University of Maryland at College Park

## *60% of D.C. Juvenile Arrestees Test Positive for Marijuana Use*

Data from the D.C. Pretrial Services Agency for the first four months of 1996 suggest that marijuana positives among juvenile arrestees may reach record highs in 1996. During the late 1980s approximately 7% of all juvenile arrestees in the District tested positive for marijuana. Since then this rate has risen dramatically, reaching 61% during the first four months of 1996. Rates of PCP and cocaine positives among juvenile arrestees remain relatively low (13% and 5%, respectively, for the first four months of 1996). For more information, contact Jay Carver at D.C. Pretrial Services Agency, 202-727-2911.

**Percentage of Washington, D.C. Juvenile Arrestees Testing Positive by Urinalysis for Cocaine, Marijuana, or PCP, January 1987 - April 1996**



\*Data from January through April 1996.

SOURCE: Adapted by CESAR from data from the District of Columbia Pretrial Services Agency.

### **D.C. PRETRIAL TEST RESULTS AVAILABLE ON THE CESAR BOARD**

Adult and juvenile D.C. pretrial test statistics are available in the Criminal Justice conference of CESAR's electronic bulletin board. CESAR BOARD is accessible, 24 hours a day, via:

- Modem: 301-403-8343 or 1-800-84-CESAR (for Maryland callers only)
- World Wide Web: <http://www.bsos.umd.edu/cesar/cesar.html>
- Internet: [inform.umd.edu](http://inform.umd.edu) (select Educational Resources, Colleges, BSOS, Departments, CESAR)

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**A Weekly FAX from the Center for Substance Abuse Research**

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***New Study Finds Substance Abuse/Dependence  
 Most Common Psychiatric Disorder Among Female Detainees***

A recently released study used the Diagnostic Interview Schedule to obtain prevalence estimates for psychiatric disorders among a randomly selected sample of female pretrial detainees in Chicago. Drug abuse or dependence (mainly heroin and cocaine) was the most prevalent disorder, regardless of race, education, or age of the detainee. Over one-half met the criteria for drug abuse/dependence within 6 months of the interview. According to the authors, "psychiatry and the criminal justice system must allocate resources and design programs to reach women who are diverted at arrest, who need treatment while in jail, and who need liaison with community programs after they are released" (p. 511).

**Prevalence of Psychiatric Disorders in Past 6 Months Among  
 Female Detainees in Chicago, 1991-1993  
 (N=1,272)**

Disorder	Percent
Drug Abuse/Dependence	52.4%
Alcohol Abuse/Dependence	23.9
Post-traumatic Stress Disorder	22.3
Severe Disorders*	15.0
Antisocial Personality Disorder	13.7
Dysthymia (Chronic Depression)	6.5
Generalized Anxiety Disorder	2.2
Panic Disorder	1.4
<b>Any Psychiatric Disorder</b>	<b>70.3</b>

\*Severe disorders include schizophrenia, manic episodes, and major depressive episodes.

SOURCE: Adapted by CESAR from data from Linda A. Teplin, Karen M. Abram, and Gary M. McClelland, *Prevalence of Psychiatric Disorders Among Incarcerated Women*. Archives of General Psychiatry, 1996, 53:505-512. For more information, contact Linda Teplin at 312-503-3500.

**OJJDP TO AWARD \$4 MILLION TO JUVENILE MENTORING PROGRAMS**

The federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) is accepting applications for its Juvenile Mentoring Program (JUMP), which has \$4 million to support one-on-one programs for youth at risk. Applications are due September 20, 1996. For more information, contact Travis Cain or Cora Roy at 202-307-5914

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***ONDCP Releases Spring 1996 National Pulse Check***

The *Pulse Check* is a series of qualitative interviews with ethnographers, treatment professionals, and law enforcement officers designed to provide a timely glimpse of the drug scene in specific areas across the country. The most recent *Pulse Check* presents findings from interviews conducted in April 1996. Among the findings were the following:

- "Heavy **cocaine** and **crack** use is becoming more concentrated in a core of older, regular users" (p. 10). Sources in Texas, California, Colorado, and Florida reported that cocaine users are older, established drug users, and in Los Angeles, cocaine and crack users were described as "an aging population." Baltimore is the only city that had a continuous rise in new users.
- One indicator of increased **marijuana** availability mentioned by several sources may be the appearance of a "wide variety of cigarette rolling papers marketed in convenience and video stores" (p. 12). Sources in San Francisco and Washington, D.C. noted the reappearance of bongs and water pipe paraphernalia.
- While prices of **heroin** have remained stable in other major cities, one Baltimore ethnographer reported that prices have dropped significantly since the last Pulse Check. According to the source, "it is hard to imagine prices falling any lower, and there is no size or purity difference between a \$6 and a \$10 capsule--just the time of day the sale is made" (p. 8).
- Treatment providers across the nation reported that more heroin users are **injecting** than inhaling. Last winter providers reported a 50/50 split between the two modes of use. In this series of interviews, providers reported 75% of treatment clients are injecting. This shift may indicate that "inhalation is a transition phase that changes to injection when addiction is established" (p. 9).
- Sources in Colorado and Maryland reported that there is a growing market for **methadone**, a synthetic narcotic used to treat heroin addiction. In Baltimore, "people are using it for habit management when their habit is out of control--not as the drug of choice" (p. 7).

SOURCE: Adapted by CESAR from data from the Office of National Drug Control Policy (ONDCP), *Pulse Check: National Trends in Drug Abuse*, Spring 1996. To receive a complimentary copy, contact the ONDCP Drugs and Crime Clearinghouse at 800-666-3332.

**\$65.4 MILLION AVAILABLE IN "HEALTHCARE FOR THE HOMELESS" GRANTS**

The federal Health Resources and Services Administration (HRSA) is accepting applications for 1997 funds under a program to provide primary health care and substance abuse services to the homeless. For more information, contact Jean Hochran, Chief, Health Care for the Homeless Grants, 301-594-4430.

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***New 1995 Annual Drug Use Forecasting Results:  
Cocaine Positives Down, Marijuana Positives Up Among Adult Male Arrestees***

According to the 1995 Annual Drug Use Forecasting (DUF) Report, released last week by the National Institute of Justice, cocaine use has declined among adult male arrestees while marijuana use continues to increase. Seventeen of the 23 national DUF sites reported lower rates of cocaine positives in 1995 than in 1994. In contrast, 17 sites reported higher marijuana rates over the same time period. The largest increases in marijuana positives were reported among adult male arrestees 15 to 20 years old. Marijuana use among juvenile male arrestees has been increasing dramatically for several years.

**Percentage of Adult Male Booked Arrestees Testing Positive for Cocaine or Marijuana, by DUF Site, 1995**

DUF Site	Percent Positive Cocaine	Change From 1994	Percent Positive Marijuana	Change From 1994
Atlanta	57%	-	32%	+
Birmingham	49	-	36	+
Chicago	51	-	41	+
Cleveland	42	-	29	+
Dallas	31	-	37	+
Denver	44	+	33	-
Detroit	30	-	42	+
Ft. Lauderdale	39	-	33	+
Houston	40	+	29	+
Indianapolis	39	-	38	-
Los Angeles	44	-	23	+
Manhattan	68	=	28	+
Miami	42	-	29	+
New Orleans	47	=	32	+
Omaha	19	-	42	-
Philadelphia	51	-	34	+
Phoenix	27	-	29	=
Portland	30	-	29	+
St. Louis	51	+	39	+
San Antonio	24	-	34	+
San Diego	28	-	35	-
San Jose	18	-	27	-
Washington, D.C.	35	-	32	+

NOTE: The cocaine and marijuana percentages do not total 100% at each site because more than one drug may be present in a specimen. The drugs tested for are cocaine, opiates, marijuana, PCP, methadone, benzodiazepines, methaqualone, propoxyphene, barbiturates, and amphetamines.

SOURCE: Adapted by CESAR from data from the "1995 Annual Report on Adult and Juvenile Arrestees," Drug Use Forecasting (DUF), National Institute of Justice (NIJ). To receive a copy of this report, please contact NCJRS at 800-851-3420 or 301-251-5500.

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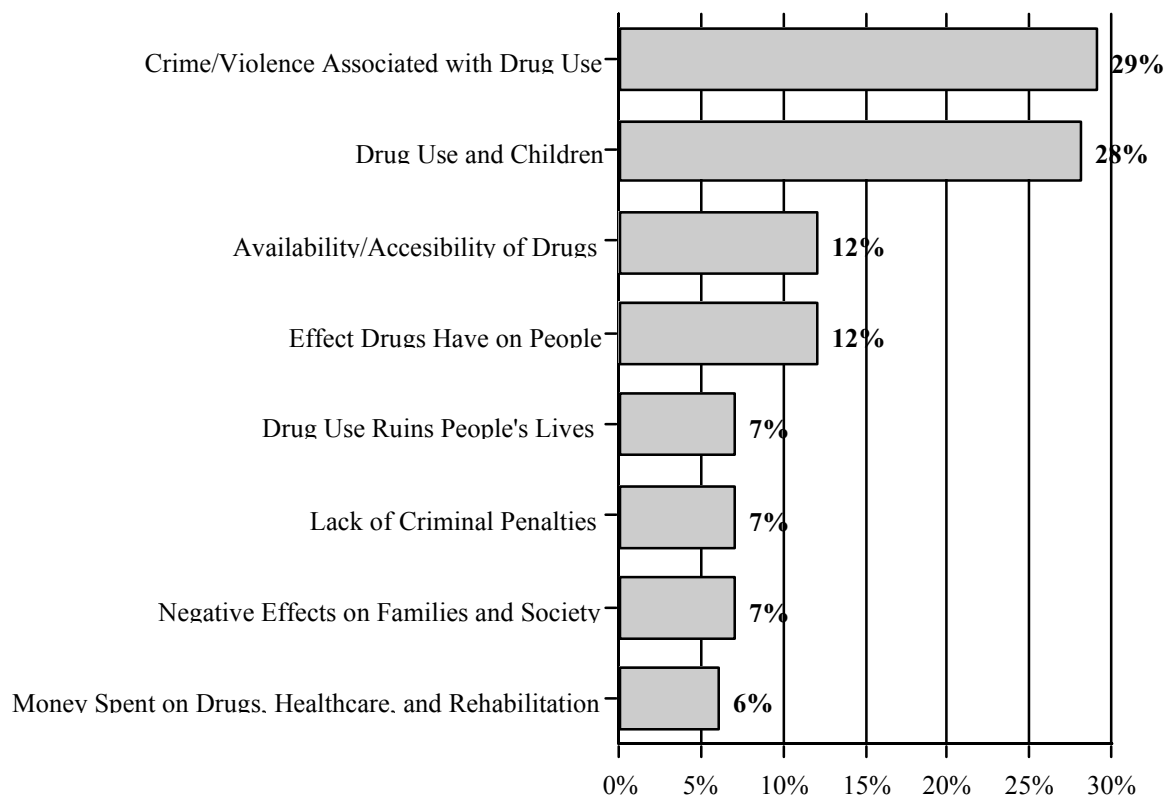
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University of Maryland at College Park

## ***U.S. Residents' Greatest Concern About Drug Use: Crime/Violence and Impact on Children***

The Office of National Drug Control Policy (ONDCP) recently commissioned a poll of U.S. residents' views of the country's drug problem. Ninety-five percent of the over 2,000 U.S. household residents surveyed stated that reducing drug use was extremely important in terms of where tax dollars should be spent. Among these persons, the two most important concerns about drug use were the crime and violence associated with drug use and the impact of drug use on children. Similar results were found among Maryland residents polled in the spring of 1995 (see CESAR FAX, Volume 4, Issue 35).

### **U.S. Household Residents' Concerns About Drug Use (Among Those Who Say Reducing Drugs is Extremely Important) (N=1,906)**



NOTE: Only those concerns which were cited by more than 5% of those polled are shown. The percentages total more than 100 because of multiple responses.

SOURCE : Adapted by CESAR from data from *Consult with America: A Look at How Americans View the Country's Drug Problem*, prepared by The Gallup Organization for the Office of National Drug Control Policy, March 1996. For more information, contact The Gallup Organization at 301-309-9439.

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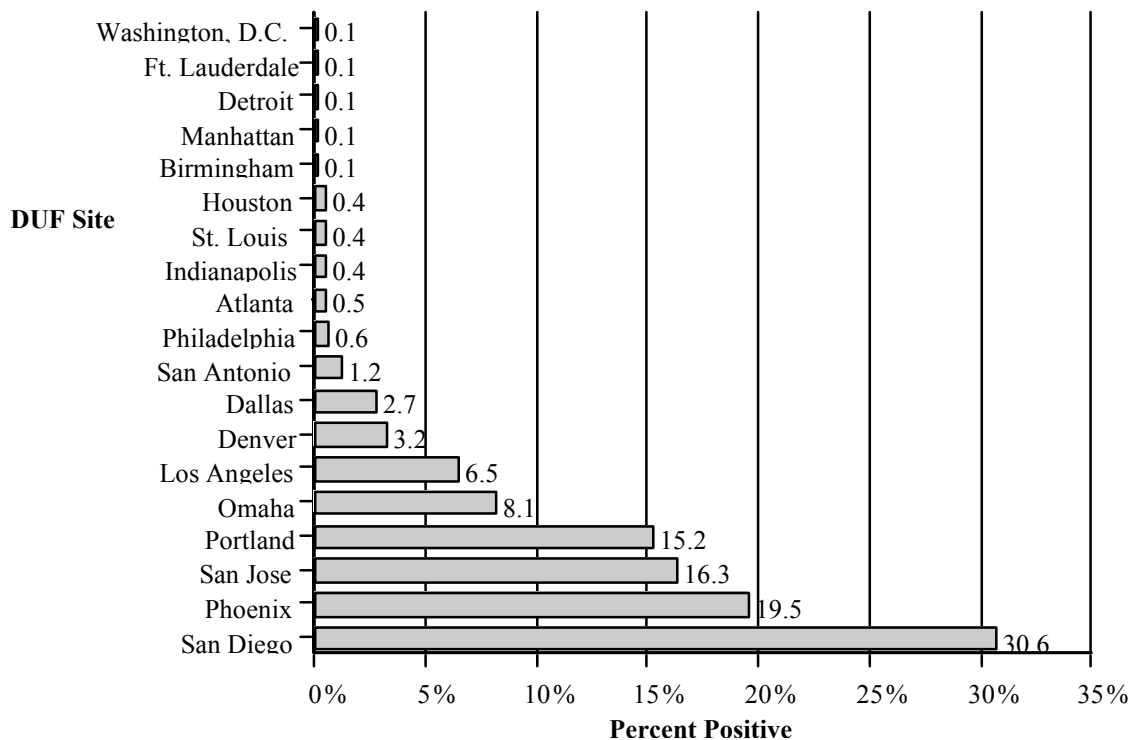
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University of Maryland at College Park

### *Arrestee Methamphetamine Use Concentrated in West Coast DUF Sites*

According to the 1995 Drug Use Forecasting (DUF) Annual Report, methamphetamine use among arrestees varies greatly by region of the country, with the highest drug positive rates found at western DUF sites (see figure). However, "sites such as Denver, Omaha, and St. Louis could experience significant increases if current trends continue" (p. 13). In 1995, methamphetamine rivaled or surpassed use of cocaine and marijuana at four West Coast sites (Phoenix, Portland, San Diego, and San Jose). One possible explanation for these findings is that many of these sites are close to Mexico, thought to be a major source of methamphetamine.

**Percentage of Adult Arrestees Testing Positive by Urinalysis for Methamphetamine, by DUF Site, 1995\***  
 (N=approximately 1,700 arrestees at each site)



\*Four of the 23 DUF sites (Chicago, Cleveland, Miami, and New Orleans) had no adults test positive for methamphetamine in 1995 and are not shown in the table.

SOURCE: Adapted by CESAR from data from the "1995 Annual Report on Adult and Juvenile Arrestees," Drug Use Forecasting, National Institute of Justice. To obtain a copy of this report, please contact NCJRS at 800-851-3420 or 301-251-5500.

**WANT TO LEARN MORE ABOUT METHAMPHETAMINE?**

CESAR's electronic bulletin board, the CESAR BOARD, has information on both methamphetamine and amphetamine (including descriptions of the drugs and the effects of use) under the Metnet Drug Information Database and the Drug Information Conference. The CESAR BOARD can be accessed via modem (301-403-8343 or 1-800-84-CESAR for callers) or World Wide Web ([www.bsos.umd.edu/cesar/cesar.html](http://www.bsos.umd.edu/cesar/cesar.html)).

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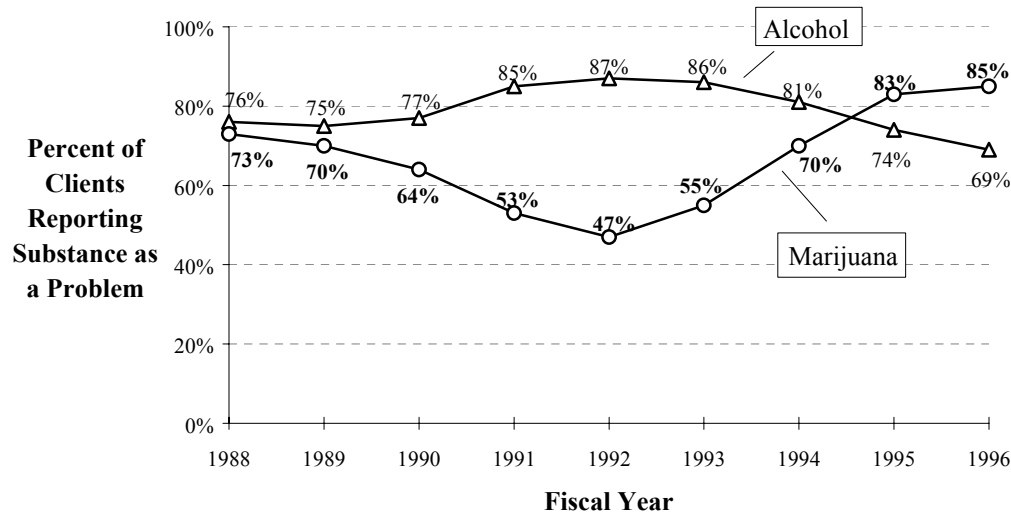
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University of Maryland at College Park

## *Marijuana Replaces Alcohol as the Most Frequently Cited Substance of Abuse Among Juveniles Entering Maryland Treatment Programs*

Data from the Substance Abuse Management Information System (SAMIS) show that marijuana is the most frequently mentioned substance of abuse among juveniles entering Maryland treatment programs. During the first 9 months of fiscal year 1996, 85% of the juvenile treatment clients reported marijuana as an abused substance while only 69% reported alcohol. Marijuana mentions have been increasing steadily among juveniles since 1992, when they reached a low of 47%.

**Percentage of Maryland Juvenile Treatment Admissions Reporting Alcohol and Marijuana as a Substance of Abuse, Fiscal Year 1988 to 1996\***



\*FY 1996 data are for the first 9 months of FY 1996. Percentages add to more 100 because each client may report up to 3 substances of abuse at the time of admission to a treatment facility.

SOURCE: Adapted by CESAR from data from the Substance Abuse Management Information System (SAMIS), Maryland Alcohol and Drug Abuse Administration (ADAA). For more information, contact Vickie Kaneko of ADAA at (410) 767-6890.

### **\$20 MILLION AVAILABLE FOR "SMOKELESS STATES" GRANTS**

The Robert Wood Johnson Foundation has \$20 million in grants for the development and implementation of comprehensive statewide tobacco control programs in the areas of education, treatment, and policy initiatives. Only one grant application will be accepted from each state.

For more information contact Dr. Thomas Houston or Kathleen Hartv at 312-464-4903

Applications are due September 30, 1996.

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## ***1995 DUF Annual Report Includes Findings About Role of Drugs in the Commission of Crimes***

Since 1987 the National Institute of Justice's (NIJ) Drug Use Forecasting (DUF) program has been collecting data on drug use among arrestees through anonymous self-report and urinalysis. In the second quarter of 1995, the DUF interview instrument was revised to collect additional information about the role of drugs in the commission of crimes, history of prior arrest, and drug-related emergency room admissions. "The expansion of the DUF interview to include a broader range of questions reflects NIJ's belief that DUF offers criminal justice researchers a rare opportunity to examine a number of important drug- and crime-related issues within the context of an arrestee interview" (p. 9). Among the findings from these new questions for the last two quarters of 1995:

- Approximately one-third of both male and female arrestees indicated that they were under the influence of drugs or alcohol at the time of the alleged offense. The substance most frequently mentioned was alcohol, followed by cocaine.
- Forty percent of the male and 34% of the female arrestees reported that they had been arrested at least once during the 12 months prior to the interview (excluding current arrest). Approximately 15% of male and female arrestees had two or more arrests in the past 12 months.
- In the 12 months prior to the interview, 8% of the male and 13% of the female arrestees indicated that they had sought care at an emergency room for a drug-related problem.

Each of these new questions was included in the interview on a tentative basis. After a full year of data have been collected, NIJ will evaluate the usefulness of each question. Future NIJ reports will present complete analyses of these data. To obtain a copy of the 1995 DUF Annual Report, please contact the National Criminal Justice Reference Service (NCJRS) at 800-851-3420 or 301-251-5500.

SOURCE: Adapted by CESAR from data from the "1995 Annual Report on Adult and Juvenile Arrestees," Drug Use Forecasting (DUF), National Institute of Justice (NIJ).

### **CDC TO OFFER \$17 MILLION IN FY97 HIV PREVENTION GRANTS**

The Centers for Disease Control and Prevention (CDC) is expected to offer \$17 million in HIV prevention grants to community-based organizations that serve minority and high-risk populations. To obtain an application kit, call 404-332-4561 and refer to announcement number 704. Applications will be due October 15, 1996. For other information about the CDC Community-based HIV Prevention Projects, contact Gary West of the National Center for HIV, STD, and TB Prevention at 404-639-0902.

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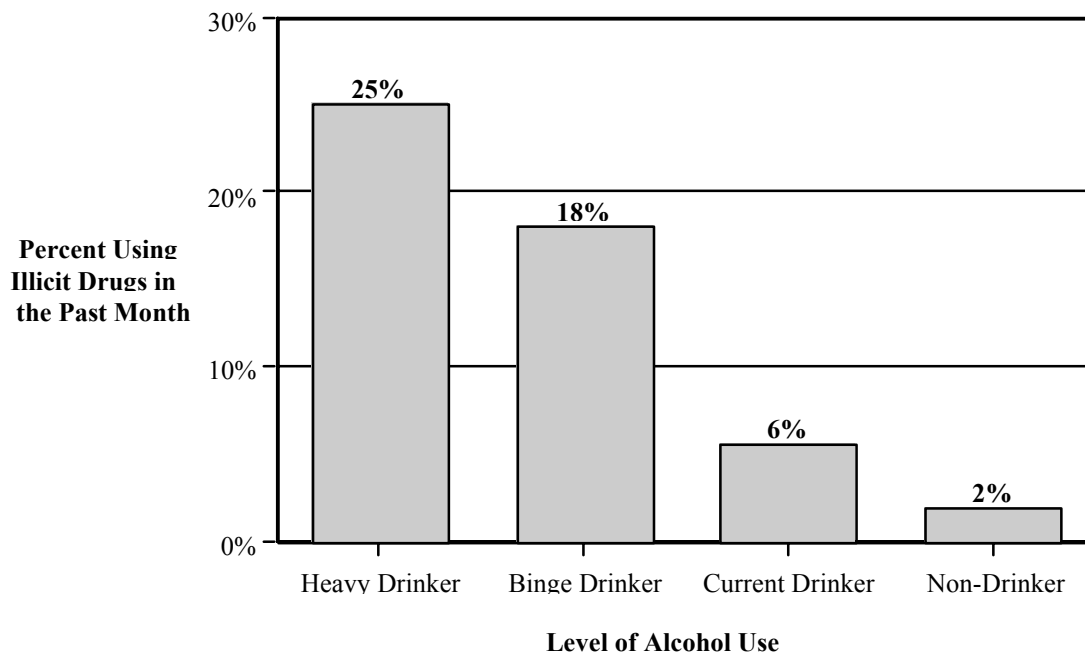
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***Level of Alcohol Use Strongly Associated with Use of Illicit Drugs***

The National Household Survey on Drug Abuse (NHSDA), an annual survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides estimates of the prevalence of use of illicit drugs, alcohol, and tobacco among U.S. household residents aged 12 and older. Recently released data from the 1995 survey show that the level of alcohol use among U.S. householders was strongly associated with illicit drug use. Twenty-five percent of heavy drinkers and 18% of binge drinkers reported using an illicit drug (primarily marijuana) at least once in the month prior to the survey. Current drinkers and non-drinkers reported much lower rates of illicit drug use (6% and 2% respectively).

**Percentage of U.S. Household Residents (Aged 12 and Over) Reporting Past Month Use of Illicit Drugs, by Level of Alcohol Use, 1995\***



\*Heavy Drinker: Five or more drinks on the same occasion on at least five different days in the past month.  
 Binge Drinker: Five or more drinks on the same occasion at least once in the past month (excludes heavy drinkers).  
 Current Drinker: At least one drink in the past month (excludes heavy and binge drinkers).  
 Illicit Drug Use: Use at least once in the past month of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically.

SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration, Office of Applied Studies, "Preliminary Estimates from the 1995 National Household Survey on Drug Abuse," Advance Report Number 18, August 1996. To obtain a copy of the Advance Report, contact the National Clearinghouse for Alcohol and Drug Information (NCADI) at 301-468-2600 or 800-729-6686.

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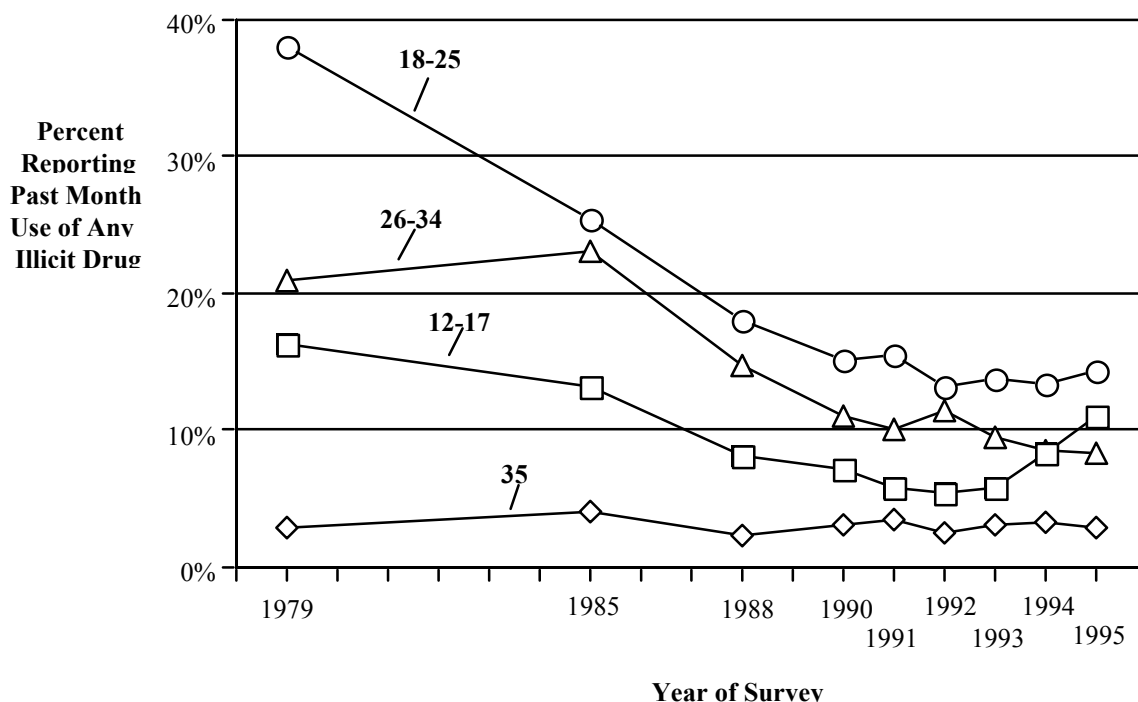
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## *Current Illicit Drug Use on the Rise Among Youth*

According to the National Household Survey on Drug Abuse (NHSDA), current use of illicit drugs among U.S. youth (aged 12 to 17) has been on the rise since 1992. Since reaching a low of 5% in 1992, the reported rate of past month drug use (primarily marijuana) among youth has increased each year, most recently reaching 11% in 1995. Current use of illicit drugs among other age groups remained steady during this period. While this recent increase in drug use among youth is cause for concern, it is noteworthy that current levels of drug use among all age groups are substantially lower than or equal to rates reported in 1979, the peak year for illicit drug use reported in the NHSDA.

**Percentage of U.S. Household Residents Reporting Past Month Use of Any Illicit Drug, by Age Group 1979-1995\***



\*The survey is of residents of households, noninstitutional group quarters (e.g., shelters, rooming houses, dormitories), and civilians living on military bases. Any illicit drug indicates use at least once of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically.

SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration, Office of Applied Studies, "Preliminary Estimates from the 1995 National Household Survey on Drug Abuse," Advance Report Number 18, August 1996. To obtain a copy of the Advance Report, contact the National Clearinghouse for Alcohol and Drug Information (NCADI) at 301-468-2600 or 800-729-6686.

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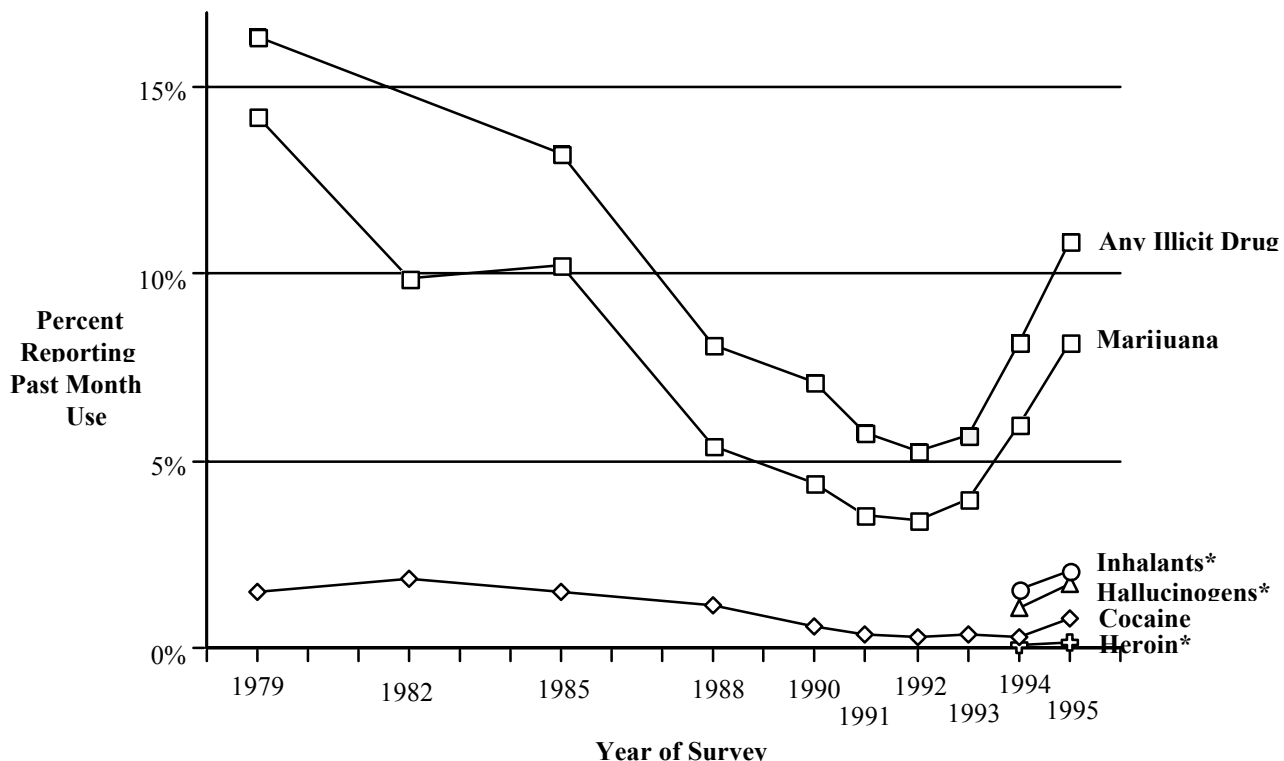
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## *Rise in Drug Use Among Youth Fueled Primarily by Marijuana*

Last week's issue of the CESAR FAX highlighted the rise in current illicit drug use among U.S. youth. Further analysis of data from the National Household Survey on Drug Abuse shows that this rise has been primarily fueled by marijuana use. Past month use of marijuana among youth aged 12 to 17 has risen from a low of 3% in 1992 to 8%--an estimated 1.8 million youth--in 1995. Current use of other illicit drugs has remained steady at 2% or below over this time period, although a statistically significant increase in cocaine and hallucinogen use occurred between 1994 and 1995.

**Percentage of U.S. Household Residents Age 12 to 17 Reporting Past Month Use of Illicit Drugs, by Type of Drug, 1979-1995\***



\* The survey is of residents of households, noninstitutional group quarters (e.g., shelters, rooming houses, dormitories), and civilians living on military bases. Any illicit drug indicates use at least once of marijuana or hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically.

\* 1979-1993 data are based on adjusted estimates designed to be comparable to data obtained from a revised questionnaire implemented in 1994. Adjusted data are not available for inhalants, hallucinogens, and heroin.

SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration, Office of Applied Studies, "Preliminary Estimates from the 1995 National Household Survey on Drug Abuse," Advance Report Number 18, August 1996. To obtain a copy of the Advance Report, contact the National Clearinghouse for Alcohol and Drug Information (NCADI) at 301-468-2600 or 800-729-6686.

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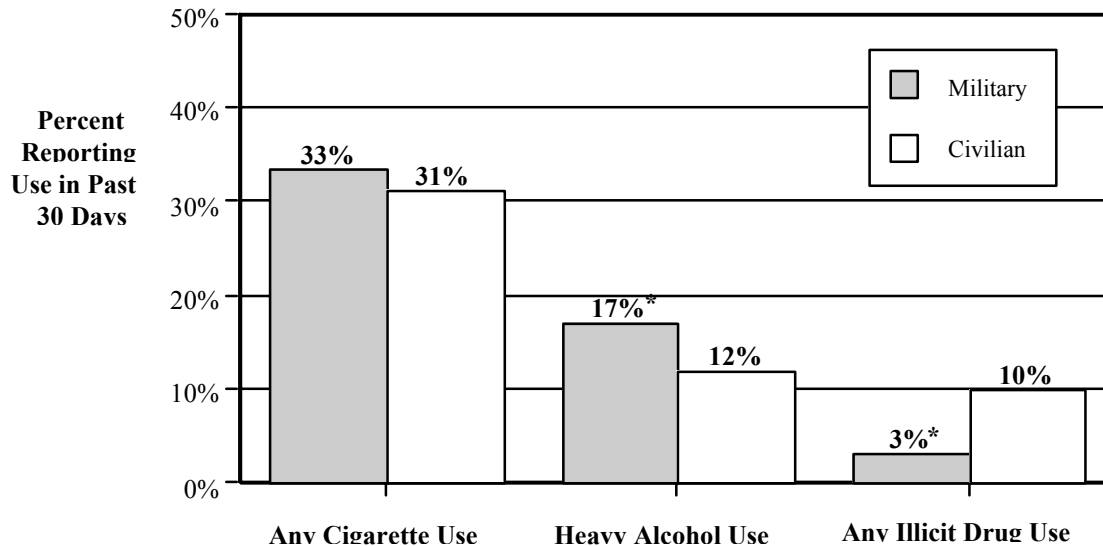
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## *Military Personnel Report Lower Rates of Illicit Drug Use, Higher Rates of Heavy Alcohol Use Than Civilians*

According to a survey of health-related behaviors among military personnel, there are major differences in substance use between military personnel and civilians. The survey data were compared to data from the 1994 National Household Survey on Drug Abuse, which were standardized to match the demographic distribution of the military personnel. Military personnel were significantly more likely to report heavy alcohol use than civilians. This difference was greatest for men in the military aged 18 to 25, who were nearly 1.5 times more likely to report heavy alcohol use than civilians in the same age group. While military personnel were significantly less likely to use illicit drugs than civilians, marijuana was the most commonly used illicit drug among both groups.

**Percentage of Military Personnel and Civilians (Aged 18-55) Reporting Past Month Cigarette, Heavy Alcohol, and Illicit Drug Use\***



\*Civilian data were standardized to the military data by sex, age, education, race/ethnicity, and marital status. Illicit drug use is defined as the nonmedical use of marijuana/hashish, PCP, LSD or other hallucinogens, cocaine, amphetamines or other stimulants, tranquilizers or other depressants, barbiturates or other sedatives, heroin or other opiates, analgesics or other narcotics, inhalants, designer drugs, and anabolic steroids.

\*Significantly different from the civilian estimate at the .05 significance level.

SOURCE: Adapted by CESAR from data from Robert M. Bray et al., 1995 Department of Defense Survey of Health Related Behaviors Among Military Personnel, The Research Triangle Institute, February 1996. For more information, contact Robert M. Bray at 919-541-6000.

### **CESAR SEEKING FULL-TIME INTERVIEWER/EVALUATOR**

Experienced interviewer/evaluator wanted to help evaluate a residential drug treatment program for women. Must have experience conducting in-person interviews with comparable population. Knowledge of SPSS and Lotus 123 preferred. Please fax resume and references to Ms. Midkiff at 301-403-8342. The University of Maryland is an AA/EOE.

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