

## ***DEWS Fax Annual Volume***

### **Volume 7 2005**

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## **Acknowledgements**

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**DEWS Fax  
Volume 7 (2005)**

Table of Contents by Issue Number

TITLE	ISSUE NUMBER
Warning Signs for Early Marijuana Use Among High School Seniors Also Related to Drinking and Driving.....	1
Young Adults 18 to 25 Years Old Have the Highest Unmet Need for Alcohol and Drug Use Treatment in the State.....	2
Baltimore City's Treatment System Loses More Than \$7 Million in Funding; Number of Clients Receiving Treatment Decreases .....	3
2005 Juvenile OPUS Report Now Available: Marijuana Is Drug Detected Most Often Among Detained Youth .....	4
Underage Drinking in Maryland.....	5
Alcohol, Cocaine, Heroin, and Marijuana Most Common Substances of Abuse Among Maryland Treatment Admissions in FY2004 .....	6

# DEWS Fax Volume 7 (2005)

## Table of Contents by Subject

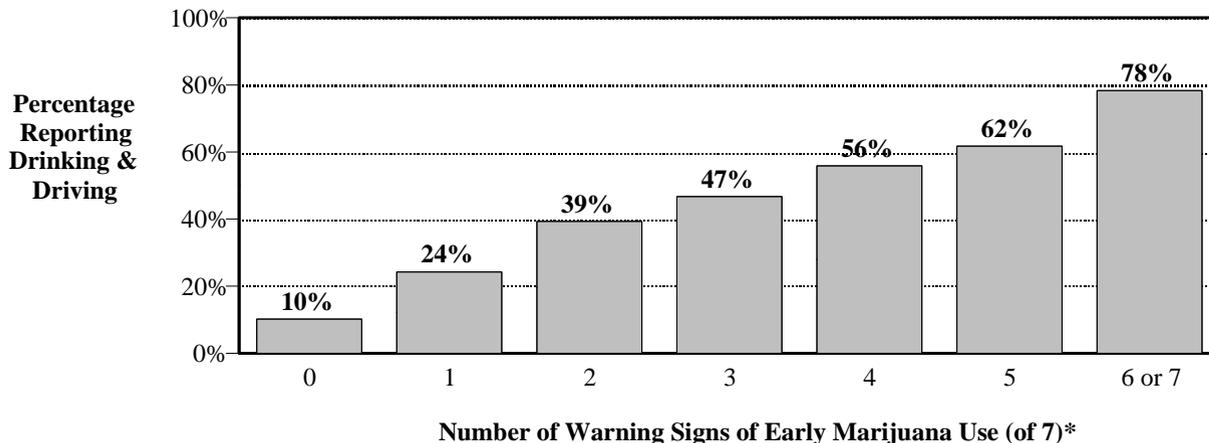
SUBJECT	ISSUE NUMBER
Age at first use .....	1
Alcohol.....	1, 2, 5, 6
Amphetamines .....	4
Arrests.....	5
Baltimore City.....	3
Baltimore Substance Abuse Systems, Inc (BSAS).....	3
Binge drinking .....	5
Campus disciplinary referrals .....	5
Centers for Disease Control and Prevention (CDC).....	5
Cocaine .....	4, 6
Comptroller of Maryland .....	5
Criminal justice.....	4, 5
Depressants .....	6
Detention facility .....	4
Drinking and driving.....	1, 5
Drug testing.....	4
Drug use.....	1, 4
Drug-related offense .....	4
Drugs (illicit)	
amphetamines .....	4
cocaine .....	4, 6
depressants .....	6
hallucinogens .....	6
heroin .....	6
marijuana.....	1, 4, 6
MDMA/MDA .....	4
methamphetamine .....	4, 6
opiates .....	4, 6
oxycodone.....	4
PCP .....	4
stimulants .....	6
DSM-IV .....	2
<i>Estimating the Need for Substance Abuse Treatment in Maryland: An Update of Reuter et. al., 2002</i> .....	3
Fatalities.....	5
Funding.....	3
Hallucinogens .....	6
Heroin .....	6
Juveniles.....	1, 2, 4, 5

<i>Juvenile Offender Population Urinalysis Screening Program (OPUS) Detention Study, February—June 2005</i> .....	4
Liquor law violations .....	5
Marijuana .....	1, 4, 6
Maryland Adolescent Survey (MAS) .....	1
Maryland Alcohol and Drug Abuse Administration (ADAA) .....	5, 6
Maryland Coalition to Combat Underage Drinking .....	5
Maryland Department of Juvenile Services .....	4
Maryland Governor's Office of Crime Control and Prevention .....	5
Maryland State Highway Administration .....	5
Maryland State Police (MSP) .....	5
MDMA/MDA .....	4
Methamphetamine .....	4, 6
National Institute on Drug Abuse (NIDA) .....	5
National Survey on Drug Use and Health (NSDUH) .....	2
Offender Population Urinalysis Screening (OPUS) .....	4
Opiates .....	4, 6
<i>Outlooks &amp; Outcomes Annual Report</i> .....	6
Oxycodone .....	4
Parental approval .....	1
PCP .....	4
Perceptions of harm .....	1
Prevention .....	1, 5
Risk behaviors .....	1
School suspensions .....	5
Self-reports .....	1, 2
Stimulants .....	6
Students .....	5
Substance Abuse and Mental Health Services Administration (SAMHSA) .....	2
Surveys .....	1, 2
Tobacco use .....	1
Treatment	
admissions .....	3, 5, 6
unmet need for .....	2, 3
Underage drinking .....	5
Urinalysis .....	4
U.S. Department of Education .....	5
Vehicle crashes .....	5
Warning signs .....	1

## Warning Signs for Early Marijuana Use Among High School Seniors Also Related to Drinking and Driving

A CESAR analysis of the 2002 Maryland Adolescent Survey data has found that the warning signs\* for early marijuana use (see *CESAR FAX*, Volume 13, Issue 26) are also related to drinking and driving. The more warning signs a youth had, the more likely he or she was to have driven after drinking. For example, 10% of 12<sup>th</sup> graders with no warning signs had driven after consuming one or more drinks, compared to 47% of youths with 3 warning signs and 78% of youths with 6 or 7 warning signs (see figure). One reason why these warning signs are related to both early marijuana use and drinking and driving may be that the warning signs detect youths who are at risk for a variety of substance abuse behaviors. Nearly one-half (45%) of high school seniors who used marijuana before age 15 also reported drinking and driving in the past year.

**Percentage of Maryland 12<sup>th</sup> Graders Who Reported Drinking and Driving in the Past Year, by Number of Warning Signs for Early Marijuana Use,\* 2002**



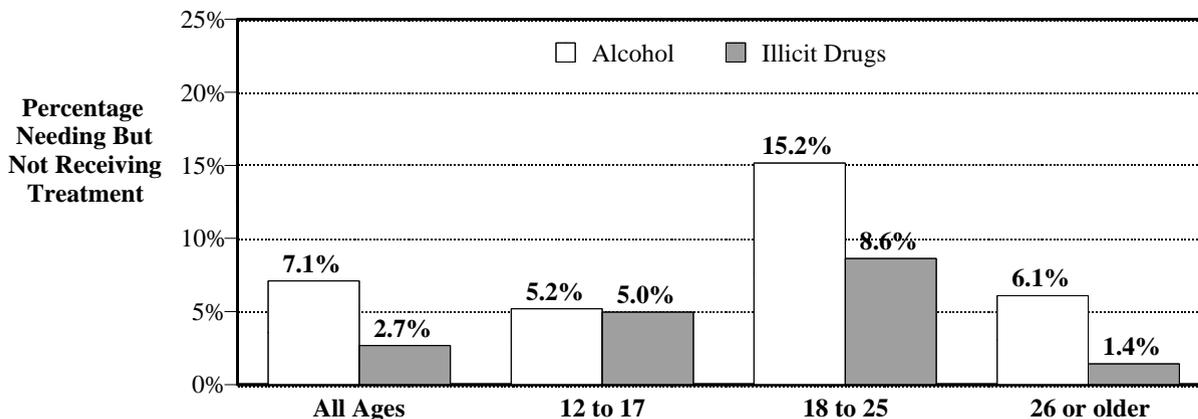
\*Warning Signs: 1) Cigarette use before age fifteen, 2) alcohol use before age fifteen, 3) 20 or more unexcused absences, 4) believing that smoking cigarettes is safe, 5) believing that smoking marijuana is safe, 6) believing that parents think it's okay to smoke marijuana, and 7) believing that parents think it's okay to smoke cigarettes. Two of the original nine warning signs related to early marijuana use (prior drug arrest and alcohol arrest) were also related to drinking and driving but were deleted from this analysis.

SOURCE: Maryland Drug Early Warning System (DEWS), CESAR, Special analysis of 2002 Maryland Adolescent Survey data. For more information, contact Dr. Eric Wish ([ewish@cesar.umd.edu](mailto:ewish@cesar.umd.edu)) or Erin Artigiani ([erin@cesar.umd.edu](mailto:erin@cesar.umd.edu) or 301-405-9794).

## Young Adults 18 to 25 Years Old Have the Highest Unmet Need for Alcohol and Drug Use Treatment in the State

Seven percent of Maryland residents age 12 and older needed but did not receive alcohol treatment and 2.7% had an unmet need for drug treatment,\* according to data from the 2002 and 2003 *National Survey on Drug Use and Health* reports. Young adults 18 to 25 years old had the highest unmet need for alcohol and illicit drug treatment in the state. Fifteen percent of young adults needed but did not receive alcohol treatment, nearly three times the rate of younger (5.2%) and older (6.1%) residents. Furthermore, young adults were nearly twice as likely as youths age 12 to 17 and six times more likely than adults age 26 or older to have had an unmet need for illicit drug treatment.

**Estimated Percentage of Maryland Household Residents Needing But Not Receiving Treatment for Alcohol and/or Illicit Drug Use, by Age, 2002 and 2003**



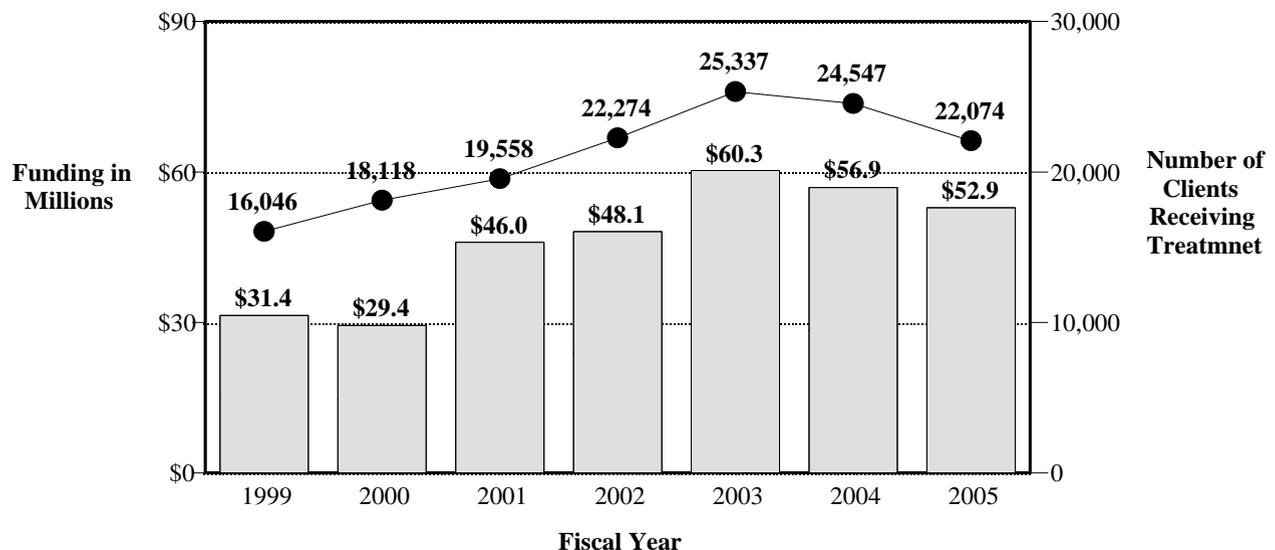
\*Unmet need for treatment is defined as meeting the DSM-IV criteria for abuse or dependence on alcohol or illicit drugs but not receiving treatment at a drug and alcohol rehabilitation facility (inpatient or outpatient), hospital (inpatient only), or mental health center in the past year.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *State Estimates of Substance Use from the 2002-2003 National Surveys on Drug Use and Health*, 2005. Available online at <http://oas.samhsa.gov/2k3State/2k3SAE.pdf>.

## Baltimore City's Treatment System Loses More Than \$7 Million in Funding; Number of Clients Receiving Treatment Decreases

Baltimore Substance Abuse Systems (BSAS) was established in 1990 and has administered Baltimore City's substance abuse treatment system since 1995. It now consists of approximately 80 treatment programs offering a continuum of treatment services. Funding for BSAS programs increased steadily from FY99, peaking at \$60.3 million in FY03. Since that time, however, budget cuts and the discontinuation of state and federal grants led to the loss of more than \$7 million in funding for Baltimore City treatment programs. As a result, the annual number of clients receiving treatment has decreased from the peak of 25,337 in FY03 to 22,074 in FY05. According to the most recent estimate, approximately 58,000 Baltimore City residents are in need of substance abuse treatment.\*

**Drug Treatment Funding (in Millions) and Number of Clients Receiving Treatment, Baltimore City, FY99 to FY05**



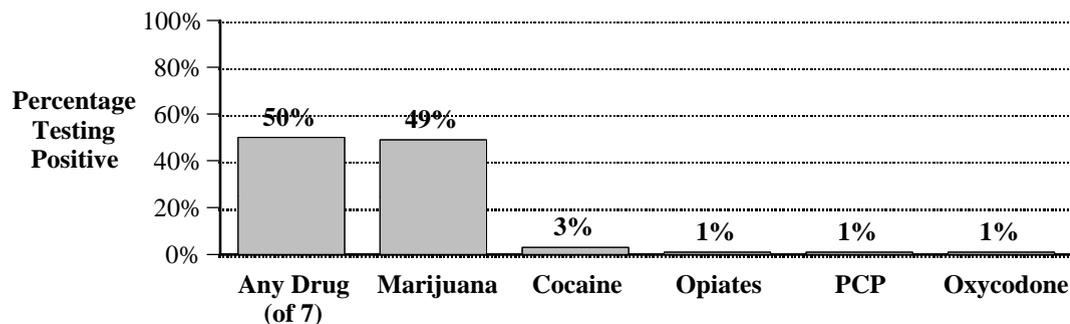
\*Yacoubian GS, Hsu M, Wish ED. *Estimating the Need for Substance Abuse Treatment in Maryland: An Update of Reuter et. al.*, 2002 (Revised 2004). Available online at <http://www.cesar.umd.edu/cesar/pubs/20020501.pdf>.

SOURCE: Adapted by CESAR from unpublished data from Baltimore Substance Abuse Systems, Inc. For more information, contact Carol Ann Michalik at [cmichalik@bsasinc.org](mailto:cmichalik@bsasinc.org).

## 2005 Juvenile OPUS Report Now Available: *Marijuana Is Drug Detected Most Often Among Detained Youth*

As part of the Offender Population Urine Screening (OPUS) program, 363 youths newly admitted to 8 Department of Juvenile Services (DJS) detention facilities\* between February and June 2005 were tested by urinalysis for illicit drug use. Overall, one-half of youths tested positive for at least one illicit drug, primarily marijuana (49%). Cocaine was detected in 3% of all juveniles tested while opiates and PCP were detected in 1%. For the first time since the inception of OPUS, youths were tested for oxycodone—1% tested positive for this drug. Less than 1% of youths tested positive for MDMA/MDA and no youths tested positive for amphetamines, including methamphetamine (data not shown). Three-quarters of youths detained for a drug-related offense tested positive for at least one drug, compared to 51% of those detained for a property offense and 36% of those detained for a personal offense (data not shown).\*\* A copy of the full report, *Juvenile Offender Population Urinalysis Screening Program (OPUS) Detention Study, February-June 2005*, is available online at <http://www.cesar.umd.edu>.

**Percentage of Youths Newly Admitted to DJS Detention Facilities\*  
Testing Positive by Urinalysis, February to May 2005**  
(N=363)



\*The eight detention facilities participating were Alfred D. Noyes Children's Center, Baltimore City Juvenile Justice Center, Charles H. Hickey Jr. School, Cheltenham Youth Facility, J. DeWeese Carter Youth Facility, Lower Eastern Shore Children's Center, Thomas J. Waxter Children's Facility, and Western Maryland Children's Center.

\*\*Drug-related offenses include drug, tobacco, and alcohol possession and sale, DUI/DWI, drug manufacturing, drug paraphernalia, and under the influence. Property offenses include arson, burglary, breaking and entering, larceny/theft, stolen property, stolen vehicle, fraud, and threat to property. Personal offenses include murder, assault, robbery, domestic assault, sexual assault/rape, sex offenses, kidnapping, threat to person, and reckless endangerment.

NOTE: OPUS drug use patterns may not be typical of those of the general youth population in Maryland. However, prior research indicates that juvenile offender urinalysis results may provide advance warning of drug epidemics in the general population.

SOURCE: Maryland Drug Early Warning System (DEWS), Offender Population Urinalysis Screening (OPUS), Center for Substance Abuse Research (CESAR). For more information, contact Dr. Eric D. Wish at [ewish@cesar.umd.edu](mailto:ewish@cesar.umd.edu).

## **Underage Drinking in Maryland**

Underage drinking is a persistent problem in Maryland as it is throughout the United States—problems caused by underage drinking are apparent in the criminal justice, public health, and education systems. To address these issues, the Maryland Coalition to Combat Underage Drinking, chaired by the Governor's Office of Crime Control and Prevention and comprised of members from state and local agencies, institutions, and organizations from across the State, is developing a state underage drinking prevention plan. Highlights of the prevalence of underage drinking and its consequences are presented below.

- Nationwide, the percentage of seniors reporting the use of any alcohol in the past year (71%) was much higher than in Maryland (63%) (National Institute on Drug Abuse 2005; Maryland State Department of Education 2005a).
- Around one-half of Maryland young adults ages 18 to 20 reported drinking (51%) and binge drinking (52%) in the past month (Centers for Disease Control and Prevention 2005).
- More than 2,200 underage youths were arrested for driving under the influence (DUI) in Maryland in 2004, comprising 9% of all DUI arrests (Maryland State Police 2005).
- Eleven percent (964) of all alcohol- and/or drug-related crashes in the state in 2004 involved drivers ages 16 to 20. One-tenth of alcohol- and/or drug-related fatal crashes involved underage drivers (Maryland State Highway Administration 2005).
- Nearly two-thirds (62%) of the 5,863 arrests for liquor law violations that occurred in 2004 were committed by persons younger than the legal drinking age (Maryland State Police 2005). There were 236 violations for sales to minors committed by licensed alcohol venues in FY2004 (Comptroller of Maryland 2004).
- There were 668 alcohol-related public school suspensions and 44 alcohol-related public school expulsions in the 2003-2004 school year (Maryland State Department of Education 2005b). In addition, there were 510 arrests reported by Maryland colleges and universities and 4,586 campus disciplinary referrals for liquor law violations in 2004 (U.S. Department of Education 2005).
- In FY2004, more than half (60%) of the almost 12,000 treatment admissions for youth under age 21 involved alcohol, with or without other drugs (Maryland Alcohol and Drug Abuse Administration 2005).

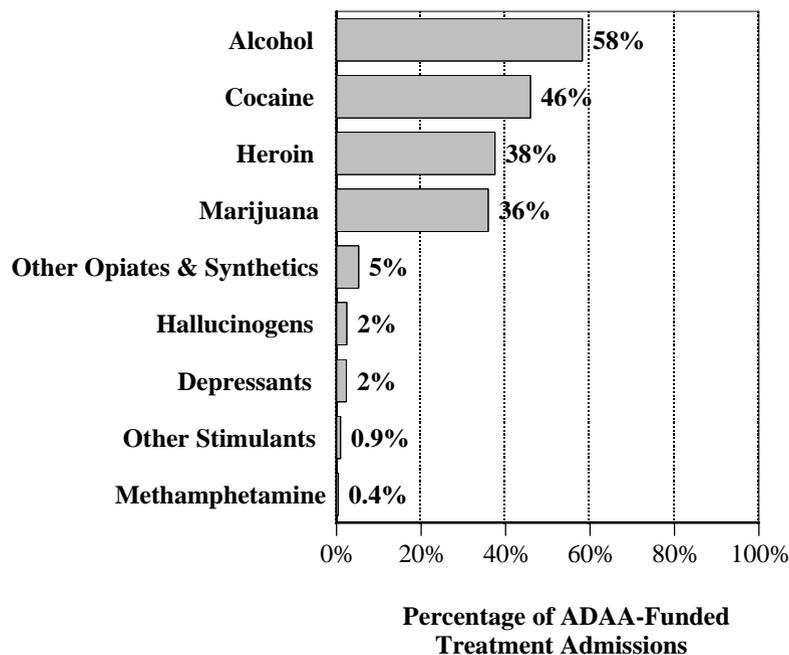
**SOURCE:** Maryland Drug Early Warning System (DEWS), Center for Substance Abuse Research (CESAR). A complete list of sources is available on our website at <http://www.cesar.umd.edu/cesar/dewsfax/vol7/7-05.pdf>. For more information, contact Erin Artigiani at [erin@cesar.umd.edu](mailto:erin@cesar.umd.edu).

## Alcohol, Cocaine, Heroin, and Marijuana Most Common Substances of Abuse Among Maryland Treatment Admissions in FY2004

More than one-half (58%) of admissions to treatment programs funded by the Maryland Alcohol and Drug Abuse Administration (ADAA) involved alcohol abuse, according to the recently released *Outlooks & Outcomes 2004 Annual Report*. Cocaine, heroin, and marijuana were also frequently mentioned as substances of abuse by treatment clients. Nearly one-half (46%) reported cocaine and more than one-third reported either heroin (38%) or marijuana (36%) as a substance of abuse. All other substances were mentioned by considerably fewer treatment admissions. For example, 5% of admissions reported other opiates and synthetic drugs and only 0.4% reported methamphetamine as a substance of abuse.

### Substances of Abuse\* Reported by Clients Admitted to ADAA-Funded Treatment Programs, FY2004

(N=43,023 admissions)



NOTES: The drug category "Cocaine" includes crack; "Other Opiates & Synthetics" includes non-prescription methadone; "Hallucinogens" includes PCP; and "Depressants" includes barbiturates, benzodiazepines, other sedatives & hypnotics, and other tranquilizers. Drug categories not included in the chart above include inhalants (0.2%), over-the-counter (0.1%), steroids (0.0%), and other (0.2%).

\*Up to three substances may be reported for each admission, so percentages do not add up to 100.

SOURCE: Adapted by CESAR from Maryland Alcohol and Drug Abuse Administration, *Outlook & Outcomes 2004 Annual Report*, 2005. Available online at [http://www.maryland-adaa.org/content\\_documents/2004OutlookandOutcomes.pdf](http://www.maryland-adaa.org/content_documents/2004OutlookandOutcomes.pdf). For more information, contact Erin Artigiani of CESAR ([erin@cesar.umd.edu](mailto:erin@cesar.umd.edu)) or Bill Rusinko of ADAA ([rusinkow@dhmh.state.md.us](mailto:rusinkow@dhmh.state.md.us)).