

**CESAR *FAX*** →

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

## ***CESAR FAX* Annual Volume**

### **Volume 17 2008**

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## ACKNOWLEDGMENTS

CESAR is pleased to provide this 2008 Annual Volume of the *CESAR FAX*. To assist you in using this volume, the Table of Contents indexes the 2008 issues by title and subject area.

The *CESAR FAX* was produced and maintained during the past year by Wanda Hauser, with content and editorial review by Dr. Eric D. Wish. Other CESAR staff provide valuable assistance in the selection of *CESAR FAX* topics by continuously monitoring crime and drug abuse issues and data sources.

Since the first fax transmission to 150 recipients on February 17, 1992, the *CESAR FAX* audience has grown tremendously. The *CESAR FAX* transitioned from fax to email as its primary dissemination method in 2004, and is now being sent to more than 5,400 recipients worldwide. With the ongoing support of the Maryland Governor's Office of Crime Control & Prevention, the *CESAR FAX* continues to provide timely and relevant substance abuse information in an easy-to-read format.



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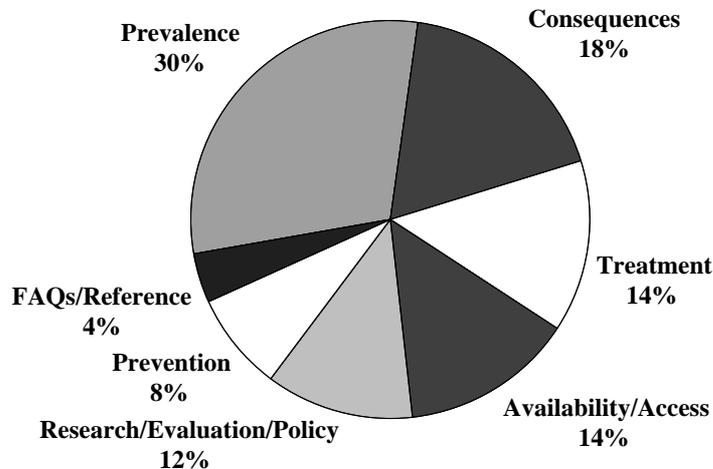
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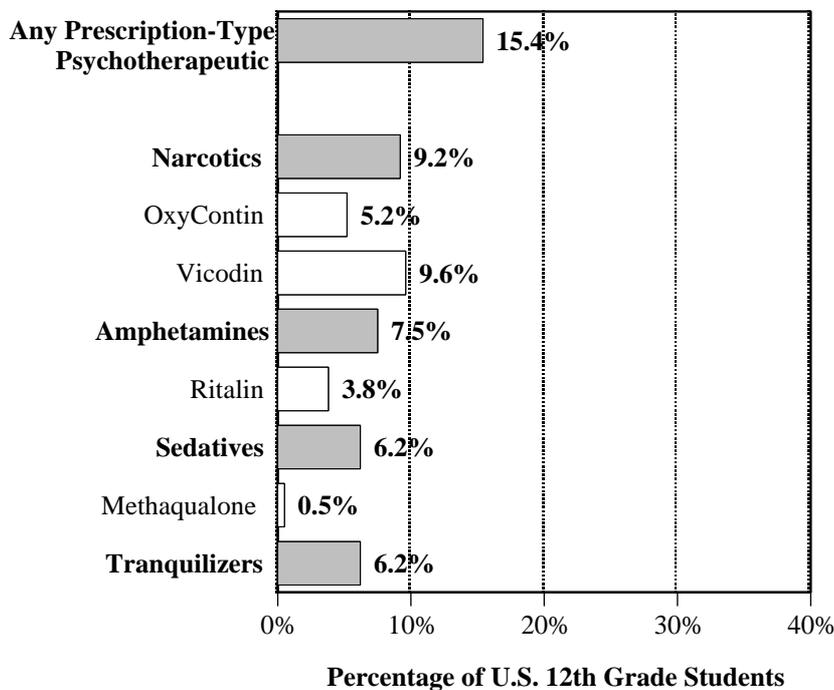
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University of Maryland, College Park

## *15% of U.S. 12<sup>th</sup> Graders Have Used Prescription Drugs Nonmedically in the Past Year*

The nonmedical use of prescription-type drugs continues to be a problem among 12<sup>th</sup> grade students, according to data from the 2007 national Monitoring the Future survey. Fifteen percent of 12<sup>th</sup> graders reported the nonmedical use of at least one prescription medication within the past year. Narcotic drugs, such as OxyContin® and Vicodin®, were the most prevalent (9.2%), followed by amphetamines (7.5%), sedatives (6.2%), and tranquilizers (6.2%). With the exception of amphetamines, the nonmedical use of these prescription-type drugs has gradually increased among this population over the past decade (data not shown).

### **Percentage of U.S. 12<sup>th</sup> Grade Students Reporting Any Past Year Nonmedical Use of Prescription-Type Psychotherapeutic Drugs, 2007**



NOTE: Clear bars in the chart represent drugs asked about in the survey that are subcategories of the drug above. For example, Ritalin is a type of amphetamine.

SOURCES: Adapted by CESAR from National Institutes of Health, "NIDA Survey Shows a Decline in Smoking and Illicit Drug Use Among Eighth Graders," NIDA press release, December 11, 2007 (available online at <http://www.nida.nih.gov/newsroom/07/NR12-11.html>) and University of Michigan, "Overall, Illicit Dug Use by American Teens Continues Gradual Decline in 2007," Monitoring the Future press release, December 11, 2007 (available online at <http://www.monitoringthefuture.org>).

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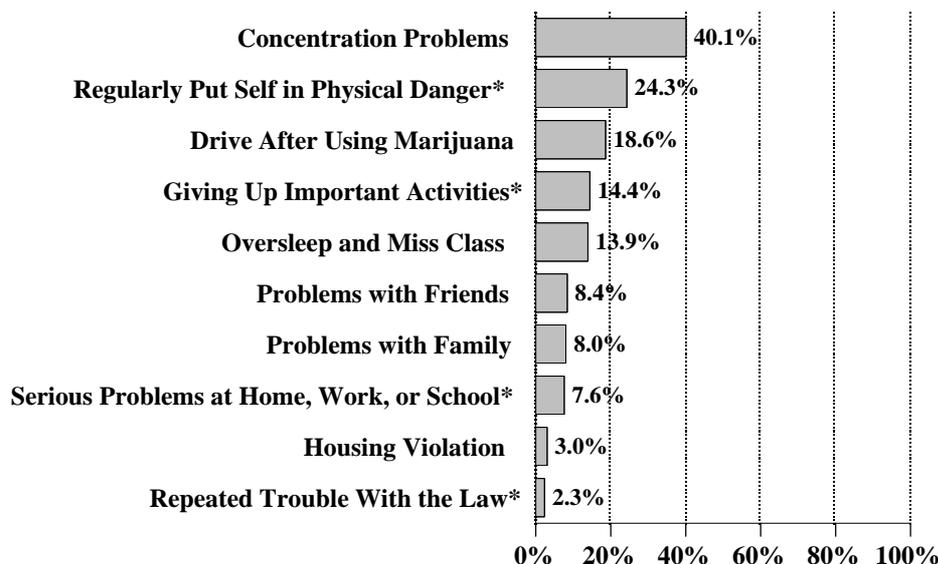
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## *Nearly One in Ten First-Year College Students at One University Have a Cannabis Use Disorder; At-Risk Users Report “Potentially Serious Cannabis-Related Problems”*

Nearly one in ten first-year college students at a mid-Atlantic university have a cannabis use disorder (CUD), according to a NIDA-funded study of drug use conducted by CESAR investigators. First-year students attending new student orientation were randomly selected to participate in a multiyear follow-up study. Overall, 9.4% of first-year students met the clinical definition for cannabis abuse (5.4%) and/or dependence (4.0%). Nearly one-fourth (24.6%) of past-year cannabis users and more than one-third (38.4%) of “at-risk” users (those who had used cannabis five or more times in the past year) met the criteria for a CUD. However, “even in the absence of a disorder, users appear to be at risk for potentially serious cannabis-related problems” (p. 397). Students who had used cannabis five or more times in the past year—regardless of whether they met the criteria for a CUD—reported problems related to their cannabis use, such as concentration problems (40.1%), regularly putting themselves in physical danger (24.3%), and driving after using marijuana (18.6%; see figure below). Forthcoming research from this study will examine the relationship between cannabis use and GPA over time.

### Percentage of At-Risk Cannabis Users Who Reported Cannabis-Related Problems, 2004-2005

(n=474 first-year college students who used cannabis five or more times in the past year)



\*Problem is one of the DSM-IV diagnostic criteria for cannabis use disorders.

SOURCE: Adapted by CESAR from Caldeira, K.M., Arria, A.M., O’Grady, K.E., Vincent, K.B., and Wish, E.D. The Occurrence of Cannabis Use Disorders and Other Cannabis-Related Problems Among First-Year College Students, *Addictive Behaviors* 33(3):397-411, Forthcoming, March 2008. Available online at <http://dx.doi.org/10.1016/j.addbeh.2007.10.001>. This study was funded by the National Institute on Drug Abuse (R01DA14845-03). For more information, contact Dr. Amelia Arria at [aarria@cesar.umd.edu](mailto:aarria@cesar.umd.edu).

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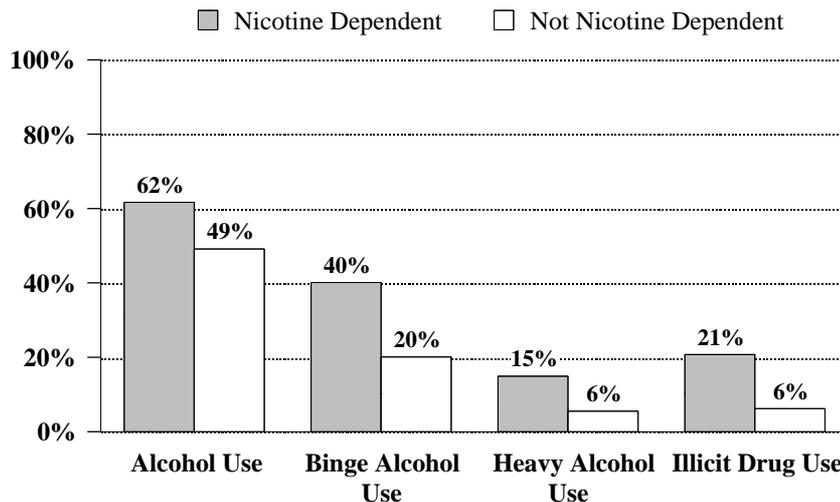
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## *Nicotine Dependence Associated with Increased Risk of Alcohol and Illicit Drug Use*

Persons dependent on nicotine are more likely to report alcohol and illicit drug use, according to a recent analysis of data from the National Survey on Drug Use and Health. In 2006, 58% of the estimated 61.6 million current (past month) smokers aged 12 or older met the criteria for past month nicotine dependence. Persons dependent on nicotine were more likely than those who were not dependent to have used alcohol in the past month, report binge alcohol use, and report heavy alcohol use (see figure below). Nicotine dependence was also related to a three-fold higher rate of illicit drug use (21% vs. 6%). Health care providers should be aware that clients dependant on nicotine may also be using alcohol or illicit drugs, and should screen them accordingly.

### Percentage of U.S. Household Residents Ages 12 or Older Reporting Past Month Alcohol and Illicit Drug Use, by Nicotine Dependence, 2006



SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, "Nicotine Dependence: 2006," *The NSDUH Report*, January 24, 2008. Available online at [www.oas.samhsa.gov/2k8/nicotine/nicotine.cfm](http://www.oas.samhsa.gov/2k8/nicotine/nicotine.cfm).

#### Find Listings and Directions to Maryland Treatment and Other Community Resources

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

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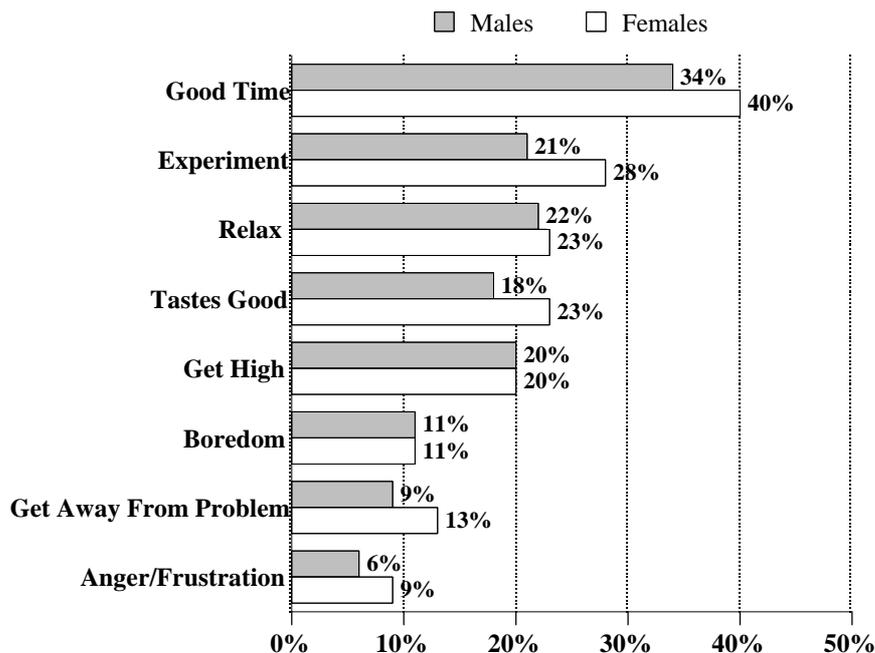
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## *Study Finds Distinctly Different Drinking Motivations Among U.S. 12<sup>th</sup> Graders; Suggests Motivation-Based Interventions Could Be Effective*

High school seniors have distinctly different reasons for drinking, according to an analysis of data from the 2004 Monitoring the Future survey. The most common reason for drinking cited by both male and female 12<sup>th</sup> graders was to have a good time, followed by to experiment and to relax (see figure below). A statistical analysis\* of these motivations resulted in four profiles of drinking motivations: 1) experimenters; 2) thrill-seekers (drink to have a good time and to get high); 3) relaxers; and 4) multi-reasoners (drink for a combination of escape and pleasure-seeking motivations). Youths with the lowest levels of risky drinking behaviors<sup>†</sup> were more likely to be classified as experimenters while those with the highest levels of such behaviors were more likely to be classified as multi-reasoners (data not shown). The authors conclude that “targeted interventions that tailor program content to the distinct drinking motivation profiles...may prove to be effective in reducing risky drinking behavior among high school seniors” (p. 241).

### “What Have Been the Most Important Reasons for Your Drinking Alcoholic Beverages?”

(N=1,877 U.S. 12<sup>th</sup> graders who reported drinking alcohol at least once in the past year)



\*Latent class analysis was used to determine to identify profiles of meaningful drinking motivations.

†Risky drinking behaviors were defined as early initiation of alcohol use, past year drunkenness, and drinking before 4 pm.

SOURCE: Adapted by CESAR from Coffman, D.L., Patrick, M.E., Palen, L.A., Rhoades, B.L., and Ventura, A.K. “Why Do High School Seniors Drink? Implications for a Targeted Approach to Intervention,” *Prevention Science* 8(4):241-248. For more information, contact Donna Coffman at dlc30@psu.edu.

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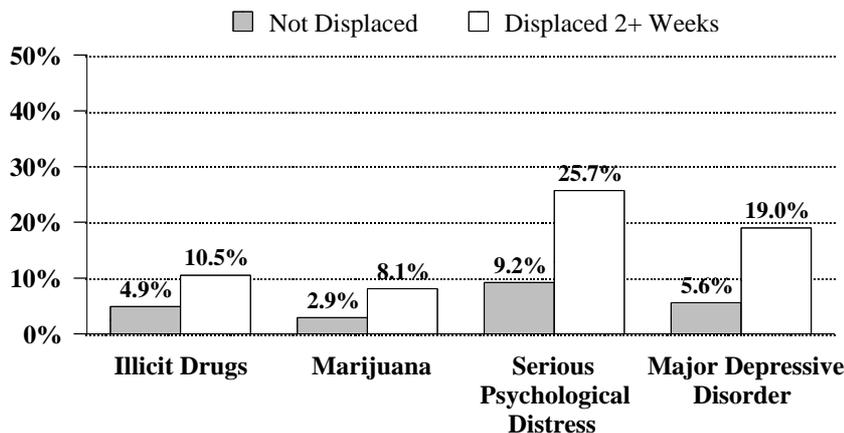
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## ***Hurricanes Katrina and Rita Had Little Impact on Overall Substance Use and Mental Health Problems; Greatest Impact Seen on Persons Displaced from Their Homes***

“Most adults affected by Hurricanes Katrina and Rita did not evidence increased levels of mental health or substance abuse problems,” according to a recently published analysis of data from the National Survey on Drug Use and Health (*News Release*, p. 1). For example, there were no significant changes in past month illicit drug use, binge alcohol use, and tobacco use problems before and after these hurricanes among adults who lived in the Gulf State Disaster Area,\* and marijuana use actually decreased (data not shown). However, residents displaced from their homes for 2 weeks or longer had significantly higher rates of past month substance use and mental health problems than those who were not displaced (see figure below). These higher rates remained even after controlling for age, gender, education, race/ethnicity, family income, and State of residence.

### **Percentage of Gulf State Disaster Area Residents\* Ages 18 or Older Reporting Substance Use (Past Month) and Mental Health Problems (Past Year), by Displacement from Their Homes Due to Hurricane Katrina and/or Hurricane Rita, 2006**



\*The Gulf State Disaster Area is defined as counties and parishes in Alabama, Florida, Louisiana, Mississippi, and Texas that were declared by FEMA as eligible for Assistance (Individual and/or Public) following Hurricane Katrina and/or Hurricane Rita, with the exception of counties and parishes declared as eligible only for Public Assistance.

SOURCE: Adapted by CESAR from SAMHSA, “Impact of Hurricanes Katrina and Rita on Substance Use and Mental Health,” *The NSDUH Report*, January 31, 2008 (available online at [www.oas.samhsa.gov/2k8/katrina/katrina.cfm](http://www.oas.samhsa.gov/2k8/katrina/katrina.cfm)) and SAMHSA, “New Study Indicates That People Who Experienced Prolonged Displacement from Their Homes after Hurricanes Katrina and Rita Had Higher Rates of Mental Health and Substance Abuse Problems,” *SAMHSA News Release*, January 31, 2008 (available online at [www.samhsa.gov/newsroom/advisories/0801311441.aspx](http://www.samhsa.gov/newsroom/advisories/0801311441.aspx)).

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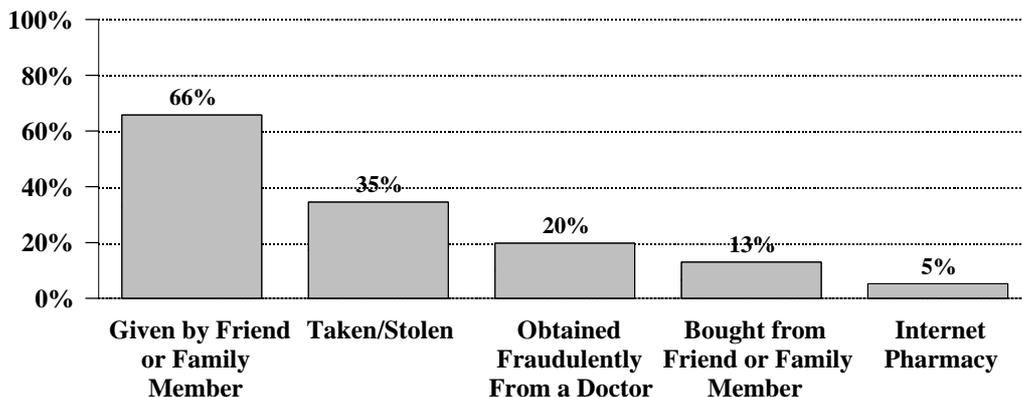
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## ***Majority of Nonmedical Users of ADHD Medications Obtain the Drugs from Family or Friends; One-Fifth Obtain Fraudulently from a Doctor***

Friends and family members are the most common source of attention deficit/hyperactivity (ADHD) medications diverted for nonmedical use\*, according to national-level estimates from an internet survey of adults ages 18 to 49. Approximately two-thirds of persons who reported the nonmedical use of an ADHD medication in the past year said that they had been given ADHD medications by a friend or family member, and 13% reported buying these drugs from a friend or family member. More than one-third (35%) reported taking or stealing medications. Physicians were also a significant source of diverted ADHD medications—one-fifth of nonmedical users reported having obtained fake prescriptions by making up symptoms or going to a doctor who was known to “not ask too many questions.” According to the authors, “intervention programs should be developed to educate patients regarding the potential for diversion, whether the medications are intentionally shared or taken without the patient’s knowledge.” In addition, “further education may be needed to aid physicians in recognizing when patients are attempting to obtain ADHD medications fraudulently.”

### **Reported Sources of Prescription ADHD Medications Among Past-Year Nonmedical Users, 2005** (Among adults ages 18 to 49 without a prior diagnosis of or prescription for ADHD)



\*For the analysis of diversion sources, nonmedical use is defined as use without a prescription or for the feeling or experience it caused by persons who had never been diagnosed with ADHD or prescribed medication to treat ADHD.

NOTES: Participants of the internet survey (N=4,297) were drawn from Harris Interactive’s Harris Poll Online panel. National-level estimates were created using 1) propensity scoring methods to weight the data to approximate results for a probability-based telephone survey and 2) weighting procedures to match the U.S. target population distribution by general demographic characteristics and to match the distribution of past-month cigarette use and past month binge alcohol use estimated from the 2003 National Survey on Drug Use and Health (NSDUH).

SOURCE: Adapted by CESAR from Novak, S.P., Kroutil, L.A., Williams, R.L., and Brunt, D.L.V. “The Nonmedical Use of Prescription ADHD Medications: Results from a National Internet Panel,” *Substance Abuse Treatment, Prevention, and Policy* 2(32), doi:10.1186/1747-597X-2-32, 2007. For more information, contact Scott Novak at [snovak@rti.org](mailto:snovak@rti.org).

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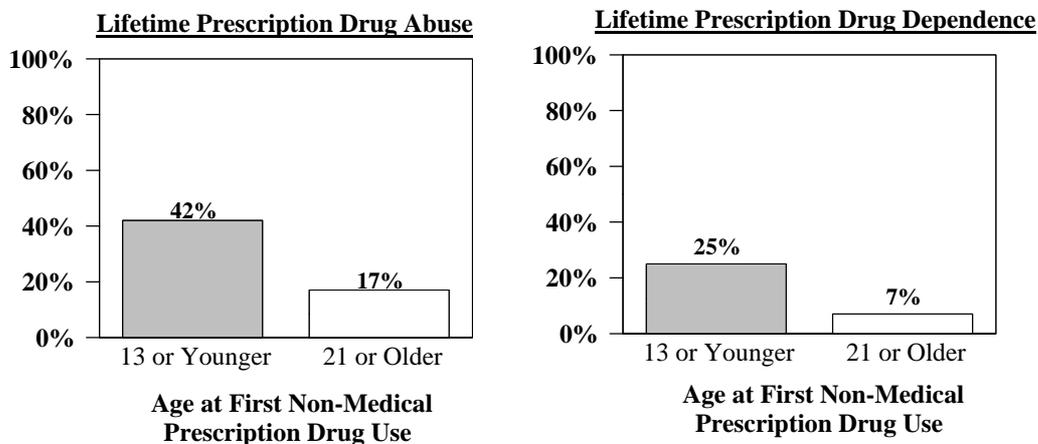
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## *Early Non-Medical Prescription Drug Use Related to Lifetime Diagnosis of Prescription Drug Abuse and Dependence*

Persons who begin using prescription drugs non-medically at an early age are more likely to be diagnosed with lifetime prescription drug abuse and dependence, according to an analysis of data from a national household survey.\* An estimated 42% of those who reported that their first non-medical use of prescription drugs was at age 13 or younger also had a lifetime diagnosis of prescription drug abuse, compared to 17% of those who first used prescription drugs non-medically at age 21 or older. Similar results were found for lifetime prescription drug dependence (25% vs. 7%). Interestingly, “early non-medical users of prescription sedatives, tranquilizers, and opioids were generally more likely to become non-medical users of other prescription drug classes than to develop sedative, tranquilizer or opioid use disorders” (p. 1925). For example, persons who initiated non-medical use of prescription sedatives at age 13 or younger were more likely to eventually report non-medical use of prescription tranquilizers (75%), opioids (72%), or stimulants (70%) than to be diagnosed with a sedative use disorder (43%). The exception was for non-medical users of prescription stimulants, who were more likely to develop stimulant use disorders than to become non-medical users of other prescription drugs (data not shown).

### **Estimated Prevalence of Lifetime Prescription Drug Abuse and Dependence, by Age at First Non-Medical Use of Prescription Drugs**



\*Findings are based on an analysis of data from the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions, a household survey of U.S. residents ages 18 and older.

SOURCE: Adapted by CESAR from McCabe, S.E., West, B.T., Morales, M., Cranford, J.A., and Boyd, C.J. “Does Early Onset of Non-Medical Use of Prescription Drugs Predict Subsequent Prescription Drug Abuse and Dependence? Results from a National Study,” *Addiction* 102(12): 1920-1930, 2007. For more information, contact Sean Esteban McCabe at [plius@umich.edu](mailto:plius@umich.edu).

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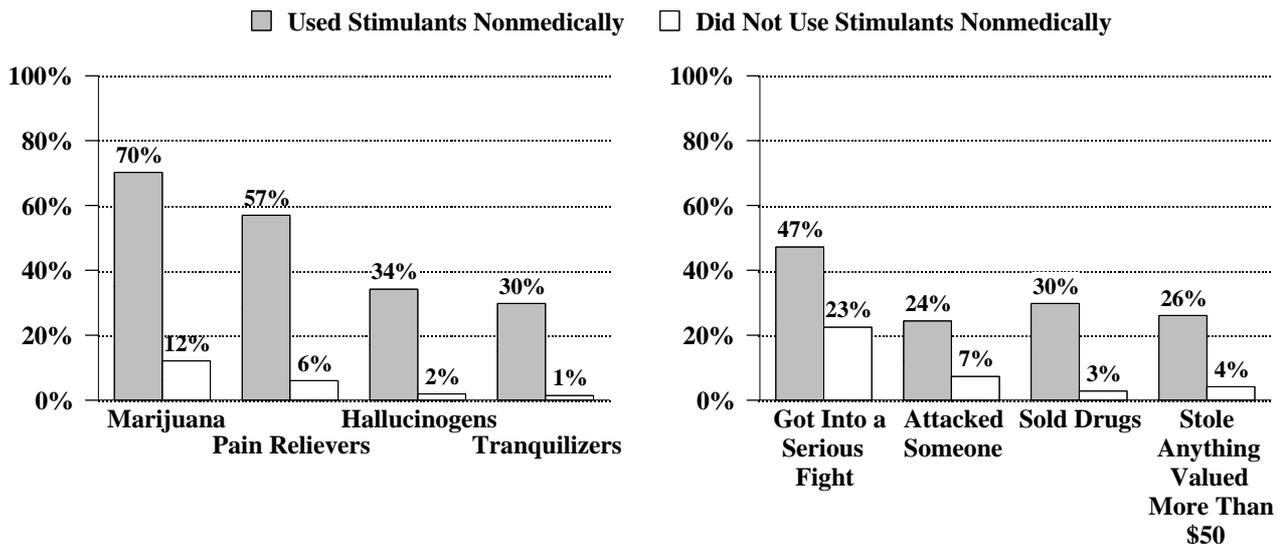
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## *Youths Who Use Stimulants Nonmedically More Likely to Report Illicit Drug Use and Other Delinquent Behaviors*

Youths who used stimulants nonmedically in the past year are significantly more likely than those who did not report nonmedical stimulant use to engage in delinquent behaviors, according to a recent report from the National Survey on Drug Use and Health (NSDUH). More than two-thirds (70%) of youths ages 12 to 17 who had used stimulants nonmedically in the past year also said that they used marijuana and more than half (57%) reported nonmedical pain reliever use, compared to 12% and 6%, respectively, of youths who did not report nonmedical stimulant use. Similar results were found for other illicit drugs, including hallucinogens, and tranquilizers. Youths who reported nonmedical stimulant use were also more likely to engage in other delinquent behaviors, such as physical violence, selling drugs, and stealing (see figure below).

**Percentage of U.S. Youths Ages 12 to 17 Reporting Past Year Illicit Drug Use and Other Delinquent Behaviors, by Past Year Nonmedical Stimulant Use, 2005 and 2006 Combined**



\*Nonmedical use is defined as the use of prescription-type psychotherapeutic drugs not prescribed for the respondent or used only for the experience or feeling they caused.

SOURCE: Adapted by CESAR from SAMHSA, "Nonmedical Stimulant Use, Other Drug Use, Delinquent Behaviors, and Depression among Adolescents," *The NSDUH Report*, February 28, 2008. Available online at <http://www.oas.samhsa.gov/2k8/stimulants/depression.cfm>.

### **Find Listings and Directions to Maryland Treatment and Other Community Resources**

The interactive **Maryland Community Services Locator (MDCSL)** website ([www.mdcs.org](http://www.mdcs.org)) allows users to quickly find detailed resource listings for a variety of Maryland community resources, including substance abuse treatment and housing services. Recently added are HIV/AIDS Resources and an Advanced Search for programs in **Baltimore City**.

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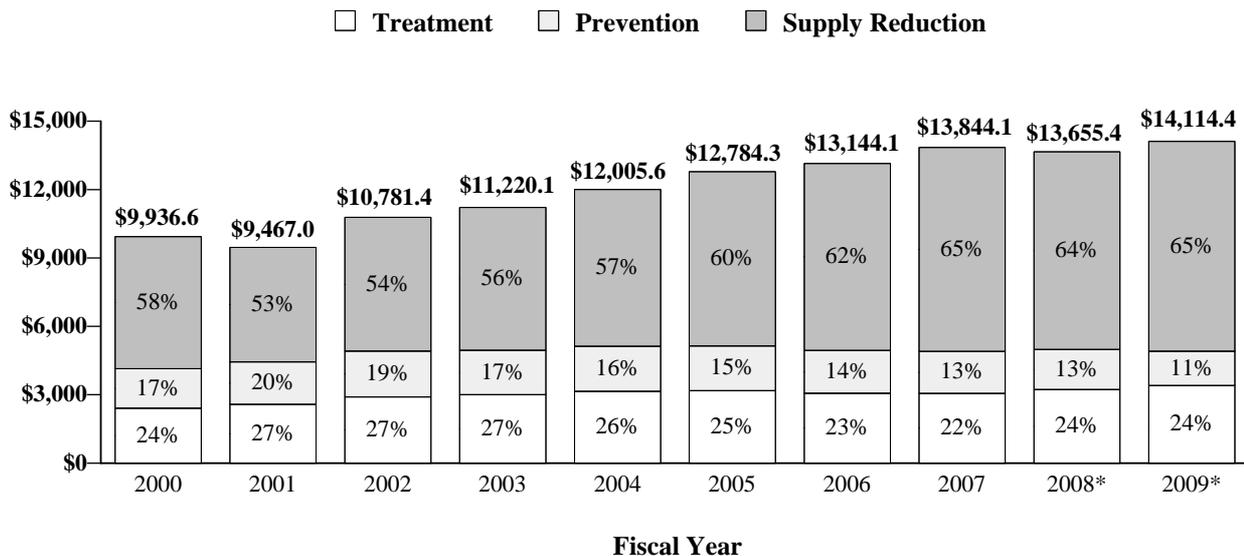
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## *FY2009 Federal Drug Control Budget Released; Prevention Continues to Receive Dwindling Proportion of Funding*

Prevention continues to receive a declining share of the federal drug control budget, according to the *National Drug Control Strategy FY2009 Budget Summary* released earlier this month by the Office of National Drug Control Policy (ONDCP). Eleven percent of the requested \$14.1 billion FY2009 national drug control budget is allocated to prevention, down from 20% in 2001. Slightly less than one-fourth of the budget is dedicated to treatment. In contrast, nearly two-thirds (65%) of the FY2009 budget is allocated to supply reduction, including domestic law enforcement (27%), interdiction (27%), and international (11%) efforts. This supply reduction “runs counter to what research has found: that efforts to reduce demand are best addressed through treatment and prevention rather than supply reduction” (Carnevale Associates, p. 1).

**National Drug Control Budget (in millions), FY2000 to FY2009\***



\*FY2008 budget is the estimated enacted amount; FY2009 budget is the requested amount, which may differ from the amount actually enacted.

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

SOURCES: Adapted by CESAR from Carnevale Associates, “FY02-09 Budget Emphasizes Least Effective Ingredients of Drug Policy,” *Policy Brief*, February 2008 (available online at [http://www.carnevaleassociates.com/Federal\\_Drug\\_Budget\\_FY02\\_09\\_Trend.pdf](http://www.carnevaleassociates.com/Federal_Drug_Budget_FY02_09_Trend.pdf)); and

Office of National Drug Control Policy (ONDCP), *National Drug Control Strategy FY2009 Budget Summary*, 2008; *National Drug Control Strategy FY2008 Budget Summary*, 2007; and *National Drug Control Strategy FY2007 Budget Summary*, 2006 (available online at <http://www.whitehousedrugpolicy.org/policy/budget.html>).

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***FY2009 Proposed Federal Drug Control Budget Increases Media Campaign Funding by \$40 Million; Decreases Safe and Drug-Free Schools State Grants by Nearly \$195 Million***

The \$14.1 billion proposed federal drug control budget for fiscal year 2009 increases funding for the National Youth Anti-Drug Media Campaign, drug treatment courts, and screening, brief intervention, referral, and treatment activities. At the same time, however, federal support for many state and local drug programs are recommended to be reduced, eliminated, or consolidated into a new competitive grant program, the Byrne Public Safety and Protection Program, with a lower funding level.\* It should be noted that this proposed budget is not binding and may differ significantly from the final budget developed by Congress and signed into law by the President. Following are highlights of some of the changes proposed by the FY2009 drug control budget.

**Increased Funding**

- ONDCP Youth Anti-Drug Media Campaign (+\$40.0 million)
- Adult, Juvenile, & Family Drug Treatment Courts (+\$27.9 million)
- Screening, Brief Intervention, Referral, & Treatment Activities (+\$27.1 million)
- Substance Abuse Prevention & Treatment Block Grant (+\$20million)
- Research-Based Grants to Local Education Agencies (+\$10 million)
- Access to Recovery (+\$3.2 million)
- Student Drug Testing (+\$1.2 million)

**Decreased Funding**

- Safe & Drug-Free Schools and Communities State Grants Program (-\$194.8m)
- Treatment Programs of Regional & National Significance (-\$63.0 million)
- Prevention Programs of Regional & National Significance (-\$36.1million)
- HIDTA (-\$30.0 million)
- Safe & Drug-Free Schools and Communities National Programs (-\$18.7 million),
- Drug-Free Communities Program (-\$10 million)
- Strategic Prevention Framework-State Incentive Grants (-\$9.3 million)

**Eliminated**

- Methamphetamine Enforcement & Clean Up\* (-\$61.2 million)
- Weed & Seed\* (-\$32.1 million)
- Alcohol Abuse Reduction (-\$32.4 million)
- Enforcing Underage Drinking Laws Program (-\$25.0 million)
- Drug Court Program\* (-\$15.2 million)
- Pregnant & Post-Partum Women (-\$11.8 million)
- Residential Substance Abuse Treatment\* (-\$9.4 million)
- Prescription Drug Monitoring\* (-\$7.1 million)
- Recovery Community Services Programs (-\$5.2 million)
- Strengthening Treatment, Access & Retention (-\$3.6 million)

\*These grant programs, which collectively received more than \$150 million in FY08, are being consolidated into a new competitive grant program (the Byrne Public Safety and Protection Program) that is proposed to be funded at \$80 million.

SOURCE: Adapted by CESAR from Office of National Drug Control Policy (ONDCP), *National Drug Control Strategy FY2009 Budget Summary*, 2008 (<http://www.whitehousedrugpolicy.org/publications/policy/09budget/index.html>).

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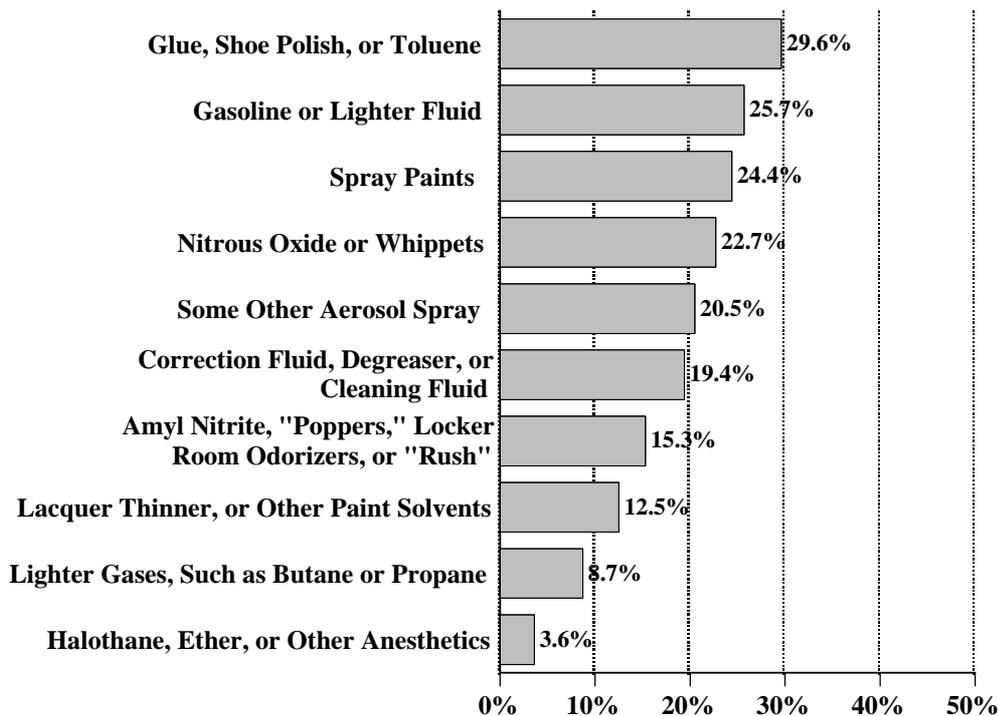
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## *More Than One-Half a Million Adolescents Use Inhalants for the First Time Each Year; Commonly Available Products Most Likely to Be Used*

An annual average of 593,000 adolescents ages 12 to 17 use inhalants for the first time each year, according to combined data from the 2002 to 2006 National Household Survey on Drug Use and Health. The most frequently mentioned types of inhalant used were glue, shoe polish, or toluene (29.6%); gasoline or lighter fluid (25.7%); and spray paints (24.4%)—household products that are readily accessible to many youths. Younger adolescents (ages 12 to 15) were most likely to use these three types of inhalants, while older youths (ages 16 or 17) were more likely to use nitrous oxide or whippets (43.4% and 59.3%, respectively; data not shown). For more information about inhalant use, visit the National Inhalant Prevention Coalition's website at <http://www.inhalants.org>.

### **Types of Inhalants Used by Youths Ages 12 to 17 Who Reported Using Inhalants for the First Time in the Past Year, 2002 to 2006**



NOTE: The NSDUH defines inhalants as "liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good."

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, "Inhalant Use Across the Adolescent Years," *The NSDUH Report*, March 13, 2008. Available online at <http://www.oas.samhsa.gov/2k8/inhalants/inhalants.cfm>.

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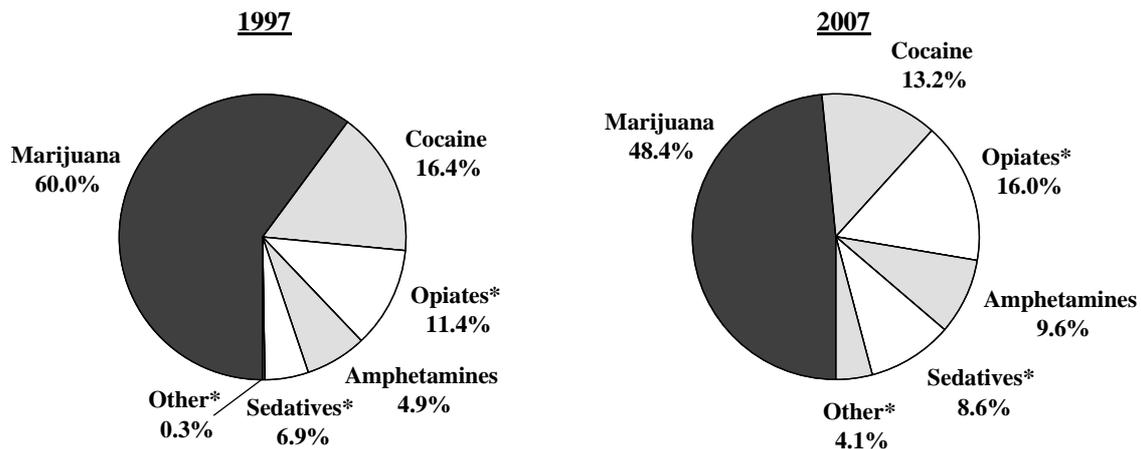
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## *Percentage of Positive Employee Drug Tests Containing Marijuana and Cocaine Decreases; Opiates and Amphetamines Increases Over Past 10 Years*

Each year, Quest Diagnostics conducts drug tests on up to 8 million urine samples collected from workers across the U.S. According to the most recent drug testing index, 3.8% of all tests conducted in 2007 were positive for at least one illicit drug—a rate that was unchanged from the year before and slightly less than the 1997 rate of 5.0%. Nearly one-half (48.4%) of the 2007 positive drug tests contained marijuana, down from 60% in 1997. The percentage of positive drug tests containing cocaine also decreased in the last decade, from 16% to 13%. In contrast, the percentage of positive drug tests containing opiates and sedatives both increased (see figure below). Those containing amphetamines nearly doubled (from 4.9% to 9.6%), despite a recent decrease in methamphetamine positive results (data not shown).

### Drugs Detected in Positive Urine Tests Among U.S. Workers, 1997 and 2007



\*The category “opiates” comprises methadone, propoxyphene, oxycodone, and other opiates. The category “sedatives” comprises barbiturates and benzodiazepines. The category “other” comprises PCP, acid/base, oxidizing adulterants, substituted urines, and invalid specimens.

NOTES: This data is from workers employed by companies that use Quest Diagnostics’ drug testing services, including federally mandated, safety-sensitive workers. Reasons for testing include pre-employment, periodic, random, post-accident, for-cause, and returned to duty.

SOURCE: Adapted by CESAR from Quest Diagnostics, “Use of Methamphetamine Among U.S. Workers and Job Applicants Drops 22 Percent in 2007 and Cocaine Use Slows Dramatically, Reports Quest Diagnostics,” *News from Quest Diagnostics*, March 12, 2008. Available online at [http://www.questdiagnostics.com/employersolutions/dti/2008\\_03/dti\\_index.html](http://www.questdiagnostics.com/employersolutions/dti/2008_03/dti_index.html). For more information, contact Nancy Fitzsimmons at 973-520-2800.

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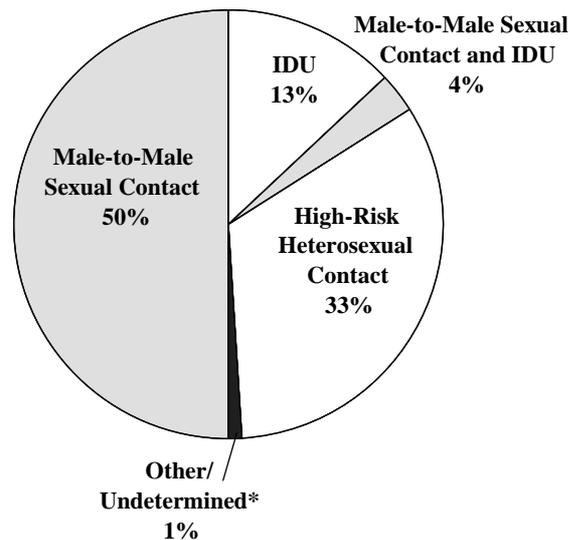
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## *One-Half of U.S. HIV/AIDS Cases Diagnosed in 2006 Were Transmitted Solely Through Male-to-Male Sexual Contact; 17% Related to Injection Drug Use*

An estimated 35,180 new cases of HIV/AIDS in adults and adolescents ages 13 and older were diagnosed in the U.S. in 2006\*, according to a recently released report from the Centers for Disease Control and Prevention. One-half of these new cases were determined to be transmitted solely by male-to-male sexual contact, while one-third were from high-risk heterosexual contact. Less than one-fifth were related to injection drug use, either alone (13%) or in combination with male-to-male sexual contact (4%).

### **Transmission Category of U.S. Estimated HIV/AIDS Cases Diagnosed in 2006, Adults and Adolescents Ages 13 and Older (based on data from 33 states)**



\*Data are from 33 states that have had confidential name-based HIV infection reporting since at least 2003. These 33 states represent approximately 63% of the epidemic in the 50 states and the District of Columbia. Data include persons with a diagnosis of HIV infection (not AIDS), a diagnosis of HIV infection and a later diagnosis of AIDS, or concurrent diagnoses of HIV infection and AIDS.

NOTES: The category "Other/Undetermined" comprises hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified. "High-Risk Heterosexual Contact" is heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

SOURCES: Adapted by CESAR from Centers for Disease Control and Prevention (CDC), "Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2006," *HIV/AIDS Surveillance Report*, Vol. 18, 2008. Available online at <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm>.

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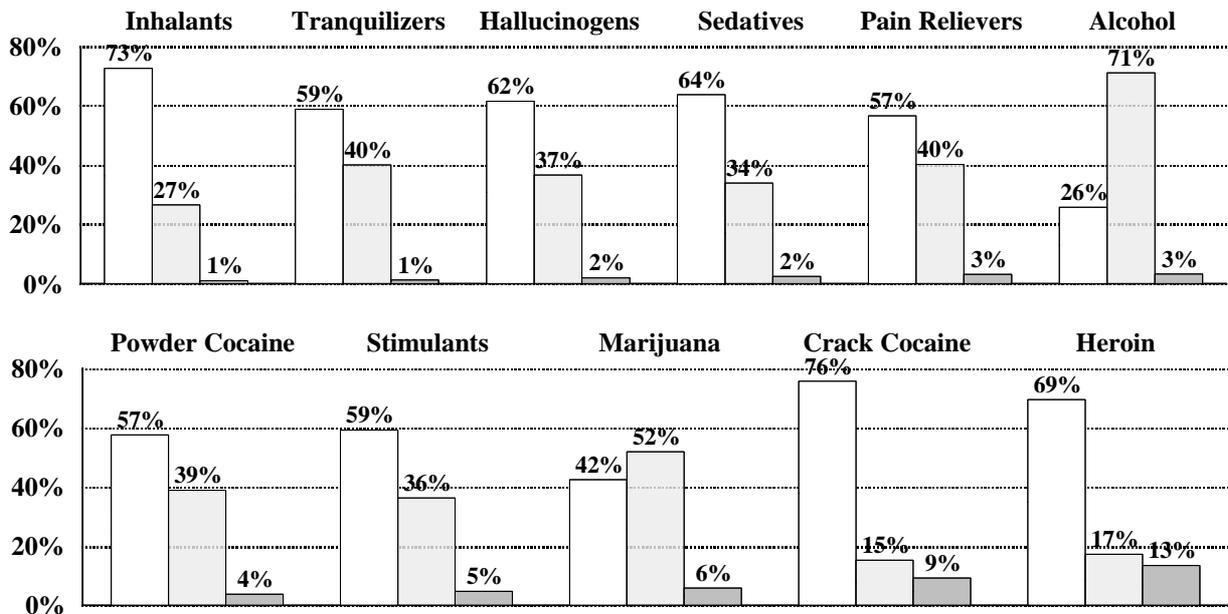
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***Alcohol & Marijuana Have Highest Rates of Continued Use in the Year After Initiation; Heroin & Crack Cocaine Have Highest Rates of Dependence***

Substance use trajectories in the year after initiation vary greatly by substance, according to a recent analysis of data from the National Survey on Drug Use and Health. For most drugs, more than half of initiates did not continue to use the drug in the year after their first use. In fact, alcohol and marijuana were the only substances for which the majority of initiates continued to use the substance one year after initiating use (see figure below). The highest rates of dependence in the year after initiation were for heroin (13%) and crack cocaine (9%), followed by marijuana (6%). All other substances had year-after-initiation dependence rate of 5% or less. Interestingly, the drugs with the highest dependence rates (heroin and crack cocaine) also had some of the highest rates of nonuse in the year after initiation, indicating that while very few go on to continue using these drugs in the year after initiation, those that do have a greater chance of developing dependence.

**Substance Use Status One Year After Initiation of Substance, 2004 to 2006**

□ No Use   □ Use/Not Dependent   ■ Dependent



NOTES: Data are from persons aged 12 or older responding to the 2004 to 2006 National Survey on Drug Use and Health who reported initiation of a substance 13 to 24 months prior to the interview. Pain reliever, sedative, tranquilizer, and stimulant use refers to nonmedical use of prescription-type drugs not prescribed for the respondent or used only for the experience or feeling they caused. Percentages may not sum to 100 due to rounding.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, "Substance Use and Dependence Following Initiation of Alcohol or Illicit Drug Use," *The NSDUH Report*, March 27, 2008. Available online at <http://www.oas.samhsa.gov/2k8/newUseDepend/newUseDepend.cfm>.

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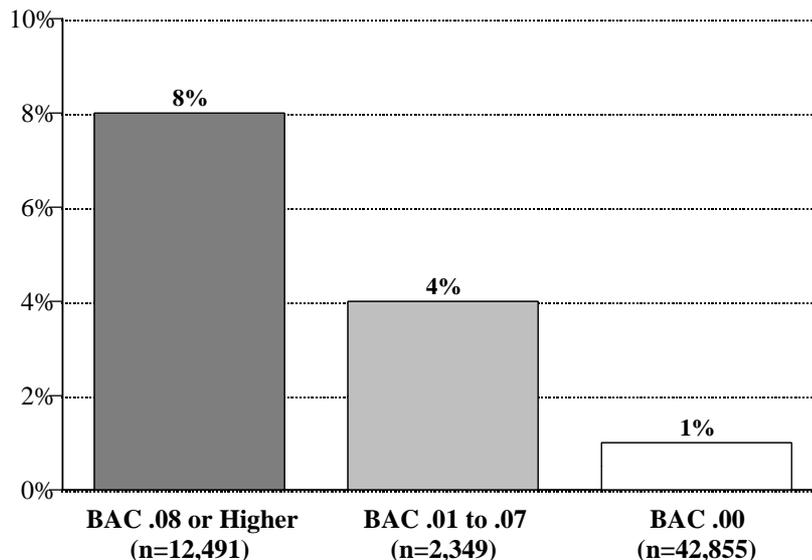
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

## *Drinking Drivers Involved in Fatal Crashes Four to Eight Times More Likely to Have a Prior DWI Conviction*

Drinking drivers involved in fatal crashes are more likely than sober drivers to have a previous conviction for driving while impaired (DWI), according to recently released data from the National Highway Traffic Safety Administration (NHTSA). In 2006, drivers with a measurable blood alcohol concentration (BAC) at the time of the fatal crash were four to eight times more likely to have had a DWI conviction within 3 years of the crash than drivers who had not been drinking. For example, of the 12,491 drivers who had a BAC of .08 or higher at the time of the fatal crash, 8% had a prior DWI conviction, compared to 1% of drivers with a BAC of .00 (see figure below). These findings suggest that increased interventions after the first DWI conviction, such as assessment and treatment for substance use problems and administrative sanctions, may help reduce the number of alcohol-involved fatal crashes.

**Prior DWI Convictions Among Drivers Involved in Fatal Crashes, by BAC at the Time of the Crash, 2006**



NOTES: Data are from 57,695 drivers involved in fatal crashes as documented by the Fatality Analysis Reporting System (FARS). A fatal crash is defined as a police-reported crash involving a motor vehicle traveling on a trafficway in which at least one person (driver, passenger, or nonmotorist) dies within 30 days of the crash. Having a measurable BAC does not indicate that a crash or a fatality was caused by alcohol impairment. All 50 states, the District of Columbia, and Puerto Rico had laws in 2006 making it illegal to drive with a BAC of .08 or higher.

SOURCE: Adapted by CESAR from National Highway Traffic and Safety Administration (NHTSA), "Alcohol-Impaired Driving," *Traffic Safety Facts 2006 Data*, March 2008. Available online at <http://www.nhtsa.gov>.

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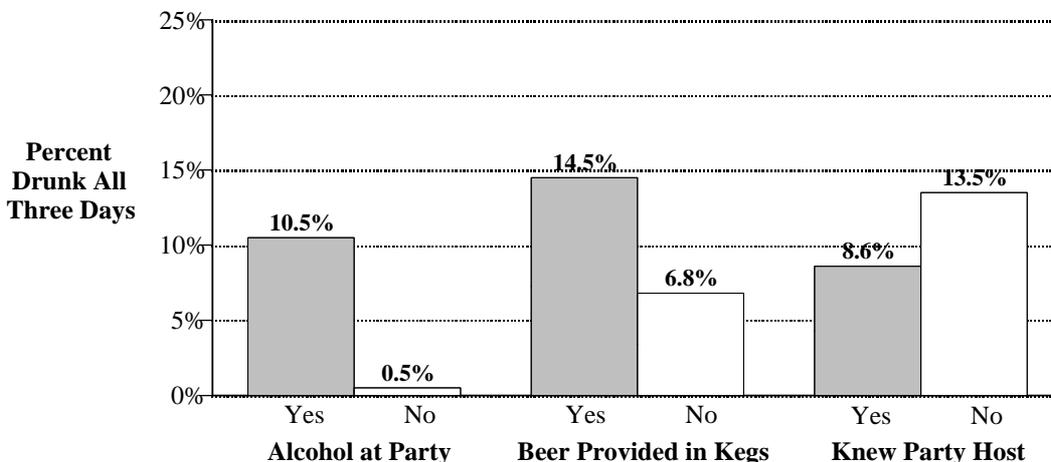
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University of Maryland, College Park

## *Type of Party Attended by College Students Associated with Likelihood of High-Risk Drinking*

High-risk drinking among college students is related to the types of parties they attend, according to a recent web survey of undergraduate students attending two large urban universities. Of students attending one or more parties during the previous extended weekend (Thursday, Friday, and Saturday), 10% reported getting drunk on all three days (a measure of high-risk drinking). The percentage of students getting drunk on all three days, however, varied depending on several party characteristics. For example, students who attended a party where alcohol was available were more likely to report getting drunk on all three days than those attending parties where alcohol was not available (10.5% vs. 0.5%). Likewise, students who went to a party where beer was provided in kegs were more likely to report three-day drunkenness (14.5% vs. 6.8%), as were those who attended a party where they did not know the host (13.5% vs. 8.6%). Other party factors related to being drunk on all three days included the size of the party (larger parties), the location of the party (tailgating, fraternity house, off-campus near the university), and the number of friends the student attended the party with (larger number of friends). The authors conclude that the identification of these high-risk drinking party characteristics provides “important information needed for the development of both primary and secondary environmental prevention interventions” (p. 98).

**Percentage of College Students Reporting Being Drunk All Three Days  
(Thursday, Friday, and Saturday) in the Previous Extended Weekend, by Party Characteristic**  
(N=1,896 Students Who Attended a Party During The Weekend)



SOURCE: Adapted by CESAR from DuRant, R.H., McCoy, T.P., Champion, H., Parries, M.T., Mitra, A., Martin, B.A., Newman, J., and Rhodes, S.D. “Party Behaviors and Characteristics and Serial Drunkenness Among College Students,” *Journal of Studies on Alcohol and Drugs* 69(1):91-99, 2008. For more information, contact Heather Champion at [hchampio@wfubmc.edu](mailto:hchampio@wfubmc.edu).

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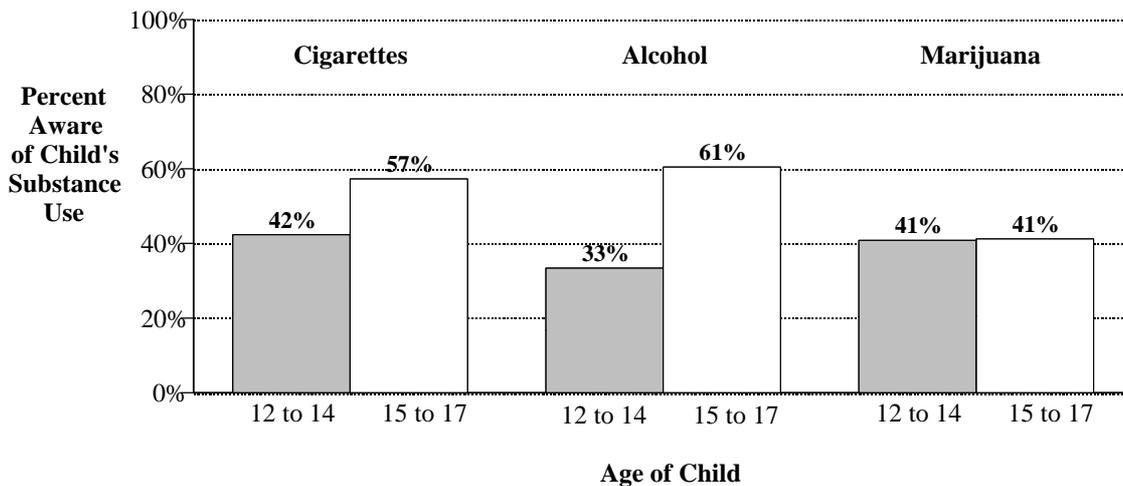
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## *Parents Less Likely to Be Aware of Cigarette and Alcohol Use by Children Age 12 to 14 Than That of Older Children; Equally Likely to Be Unaware of Marijuana Use*

Parents are less likely to be aware of a younger child's cigarette and alcohol use than that of an older child, according to analysis of multiyear data from the National Survey on Drug Use and Health (NSDUH). Less than half of mothers knew that their 12- to 14-year-old child had used cigarettes (42%) or alcohol (33%) in the past year, compared to 57% and 61%, respectively, of mothers of 15- to 17-year-olds. In contrast, age made no difference for the mother's awareness of marijuana use—less than half (41%) of parents of both younger and older children were aware of their child's marijuana use. Similar results were found for fathers (data not shown). These findings illustrate the need for parent-oriented substance abuse prevention programs, with a particular need for alcohol and tobacco education for parents of middle school age youth.

**Percentage of Mothers Who Were Aware of Their Child's Substance Use in the Past Year, by Age of Child**



NOTES: Analyses are from 2002 to 2006 combined NSDUH data weighted to be nationally representative of mother-child and father-child pairs in the United States. Parents were considered to be aware of their child's substance use if both the parent and the child reported that the child used a specific substance in the past year.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), "Parent Awareness of Youth Use of Cigarettes, Alcohol, and Marijuana," *The NSDUH Report*, April 24, 2008. Available online at <http://www.oas.samhsa.gov/2k8/parents/parents.cfm>.

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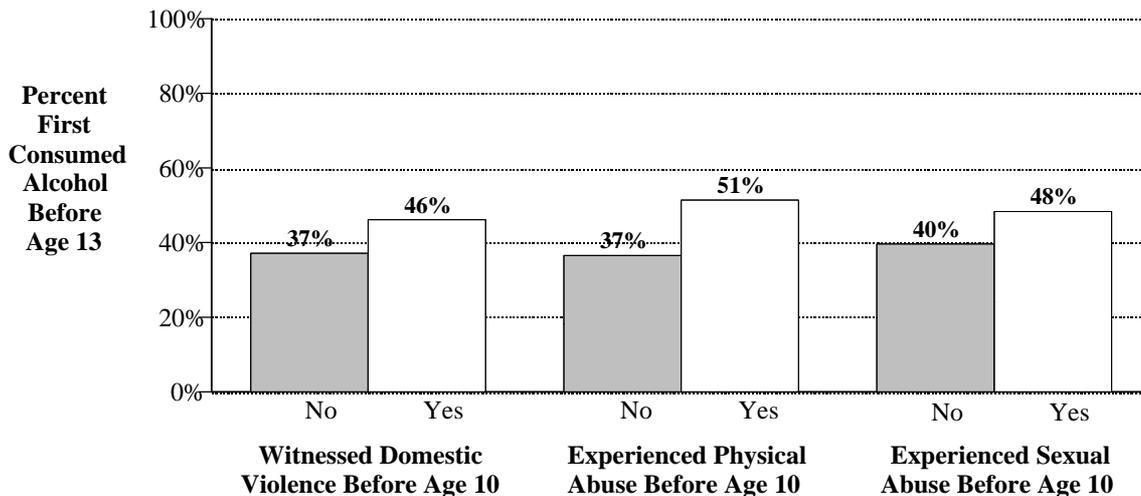
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## *Youths Who Witness or Experience Abuse as a Child More Likely to Drink Before Age 13*

Exposure to abuse as a young child is related to early alcohol initiation, according to a survey of public school students attending schools in a high-risk urban area. Youths who reported experiencing physical or sexual abuse before age 10 were more likely than those who had not to begin drinking alcohol before age 13 (see figure below). Furthermore, youths who reported witnessing domestic violence between their parents/guardians were also more likely to begin drinking at an early age, at a rate similar to those youths reporting direct abuse. According to the authors, these findings suggest that the “prevention and treatment of the negative impact of early child maltreatment may delay and reduce alcohol use” p. 291.

### Percentage of Public School Students Reporting First Drinking Alcohol Before Age 13, by Childhood Exposure to Abuse\*

(N=3,559)



\*The Youth Violence Survey was a cross-sectional survey of all public school students enrolled in grades 7, 9, 11, and 12 in a school district in a high-risk urban community conducted in 2004.

SOURCE: Adapted by CESAR from Hamburger, M.E., Leeb, R.T., and Swahn, M.H. “Childhood Maltreatment and Early Alcohol Use Among High-Risk Adolescents,” *Journal of Studies of Alcohol and Drugs* 69(2):291-295, 2008.

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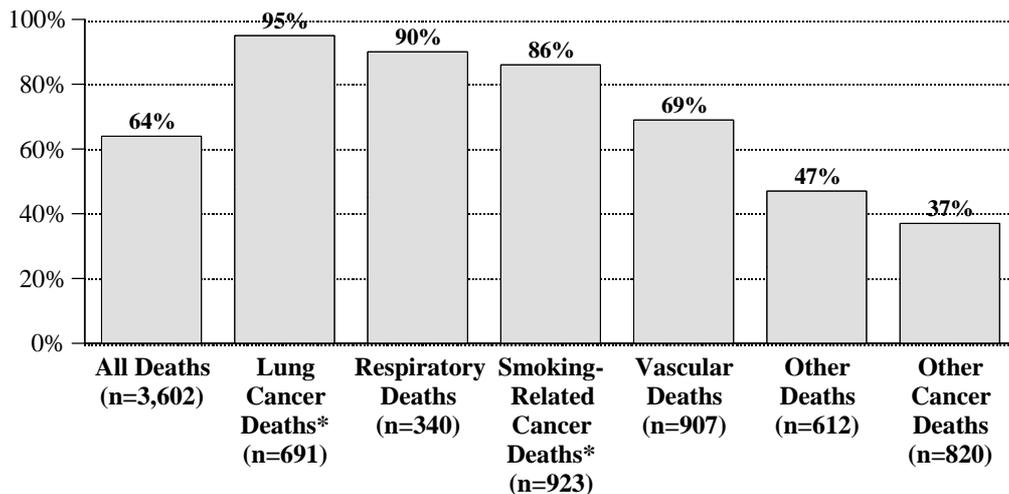
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**University of Maryland, College Park**

## ***Nearly Two-Thirds of Deaths Among Women Smokers Attributable to Cigarette Smoking; Risk of Death 20 Years After Quitting Comparable to That of Nonsmoker***

Approximately 64% of all deaths among current women smokers are attributable to cigarette smoking, according to a long-term prospective study of the relationship between cigarette smoking, smoking cessation, and mortality in women. The study found that the majority of lung cancer (95%), respiratory (90%), and other smoking-related cancer deaths (86%) were attributable to cigarette smoking (see figure below). In addition, the overall risk of dying among current smokers increased significantly with the number of cigarettes smoked per day and with an early age at initiation. Within the first five years of quitting smoking, however, there was a significant reduction in the risk of death from any cause, and the risk 20 years after quitting decreased to the level of someone who had never smoked. The authors recommend that “effectively communicating risks to smokers and helping them quit successfully should be an integral part of public health programs” (p. 2047).

### **Percentage of Deaths Attributable to Current Cigarette Smoking, by Cause of Death, 1980 to 2004**



NOTE: Data are from the Nurses' Health Study, a prospective observational survey of 104,519 female registered nurses ages 30 to 55 residing in 11 U.S. states. The cohort was established in 1976 and information has been updated and extended on biennial follow-up surveys from 1980 to 2004.

\*Lung cancer deaths are also included in smoking-related cancer deaths. Smoking-related cancer deaths are those denoted by the 2004 Surgeon General's report to be caused by smoking, including those of the lung, trachea, lip, mouth, pharynx, esophagus, larynx, pancreas, bladder and kidney, cervix, and stomach.

SOURCE: Adapted by CESAR from Kenfield, S.A., Stampfer, M.J., Rosner, B.A., and Colditz, G.A. "Smoking and Smoking Cessation in Relation to Mortality in Women," *Journal of the American Medical Association* 299(17):2037-2047, 2008.

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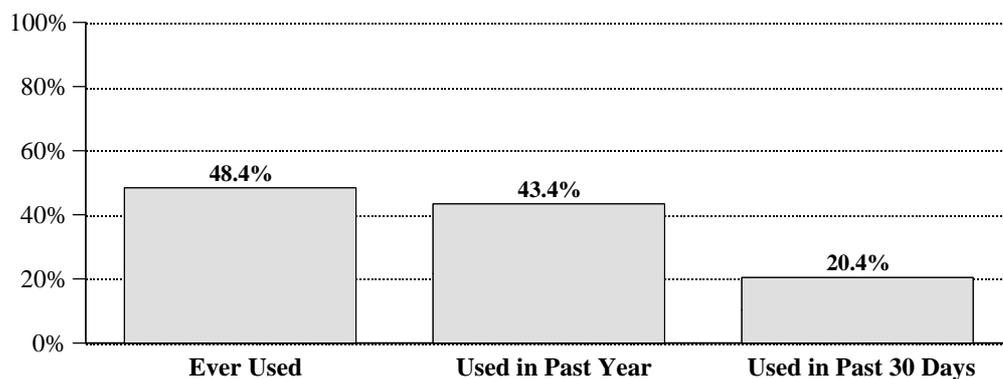
University of Maryland, College Park

## *One-Fifth of College Freshmen at One University Report Smoking Tobacco in a Waterpipe in the Past Month*

Nearly one-half (48%) of college freshmen have ever smoked tobacco through a waterpipe (also known as a hookah), according to a survey of students attending a Virginia university. Slightly less reported using in the past year (43%) and one-fifth reported waterpipe use in the past month (see figure below). The study also found that, compared with nonusers, those who had used waterpipes in the past month were less likely to believe that waterpipe use is as harmful as cigarette smoking or could be addictive (data not shown). The authors believe that these results, along with reports from other states, suggest that “waterpipe tobacco smoking seems common on U.S. college campuses and the potential health risks of this behavior suggest that it may become a significant public health problem” (p. 529). The next issue of the *CESAR FAX* will summarize the available data on waterpipe use, including who is using it, where it is being used, and the health risks.

### Percentage of Freshmen Reporting Waterpipe Tobacco Use

(N=744 Introduction to Psychology students at a Virginia university)



NOTE: Data are from a cross-sectional internet survey conducted among the 1,194 students enrolled in a Virginia Commonwealth University Introduction to Psychology course from March 8 through May 4, 2006. The response rate was 62%, resulting in 744 responses.

SOURCE: Adapted by CESAR from Eissenberg, T., Ward, K.D., Smith-Simone, S., Maziak, W. “Waterpipe Tobacco Smoking on a U.S. College Campus: Prevalence and Correlates,” *Journal of Adolescent Health* 42(5):526-529, 2008.

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

## *Hookah Smoking: A Growing Public Health Issue*

**What is a waterpipe?** A waterpipe, also known as a hookah, is a long-necked device used to smoke tobacco. The tobacco is indirectly heated in a bowl, often using a quick-lighting charcoal, and the smoke is filtered through water.

**What are other names for a waterpipe?** Hookah, hubble bubble, nargile, argileh, shisha, boory, and goza (and various spellings of these terms) are all names for a waterpipe.

**What type of tobacco is smoked in a waterpipe?** The most common waterpipe tobacco in the United States is maassel (also spelled mu'essel, mu'assel; sometimes referred to as shisha), a tobacco sweetened with honey or molasses that is available in a variety of flavors, including apple, banana, strawberry, chocolate, mint, coffee, rose, and vanilla. Tobacco-free herbal maassel is also available. One bowl of maassel will typically last 30-45 minutes when smoked in a waterpipe.

**Where can you buy a waterpipe or maassel?** Waterpipes and maassel are widely available for purchase on the internet and in certain retail establishments, such as hookah lounges and Middle Eastern markets. The same age restrictions that apply to purchasing other tobacco products (18 or older in most states) also apply to purchasing waterpipes and maassel. Online prices for packaged maassel range from \$7 to \$20 for 250g, which will fill approximately 20-30 bowls. Maassel is also sold in single-serve packages ("shots"), often for less than \$1 each.

**Who uses waterpipes?** Waterpipe users are primarily young adults between the ages of 18 and 25, particularly college students. Surveys estimate that between 15% and 20% of college freshmen have used waterpipes in the past month.

**Where are waterpipes used?** Waterpipes are generally used in a group setting, either in a private residence or a public hookah lounge (also called hookah bars or cafes). Hookah lounges are an increasingly popular alternative to bars and clubs, as they may be open later hours (e.g., until 4:00 a.m.) and are open to those who are under 21. Most hookah lounges require customers be of legal adult age, but some establishments that sell herbal maassel may have a lower minimum age. Several online hookah bar directories are available (e.g., [www.hookah-bars.com](http://www.hookah-bars.com), [www.hookahculture.com](http://www.hookahculture.com)), and an informal review found that the cost for the use of a hookah and a bowl of maassel at hookah bars range from \$5 to \$20.

**What are the perceptions of the harm of waterpipe use?** The majority of waterpipe smokers believe that waterpipe smoking is less harmful than cigarette smoking. For example, most beginning waterpipe smokers (90%) believe cigarette smoking is more addictive than waterpipe smoking. Another survey found that 83% of waterpipe users believed a cigarette smoker who switched to waterpipe use would experience a reduction in health risks. These findings are of concern, since perceptions of low risk are often related to higher prevalence of use.

**What are the health effects?** The next issue of the *CESAR FAX* will review current research on the health effects of waterpipe use, including misconceptions that may contribute to the growing popularity of hookah smoking.

SOURCES: A list of sources is available on the online version of this issue ([www.cesar.umd.edu/cesar/cesarfax/vol17/17-22.pdf](http://www.cesar.umd.edu/cesar/cesarfax/vol17/17-22.pdf)).

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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

## *Scientific Evidence of the Health Risks of Hookah Smoking*

**Does the smoothness of waterpipe smoke mean it is safer than cigarette smoke?** While hookah smoke is less irritating to the throat, it still contains tar, carbon monoxide, and nicotine. The smoothness of hookah smoke may actually encourage deeper inhalation and thus greater exposure to these elements. The World Health Organization estimates that hookah users may inhale as much smoke during one hookah session as a cigarette smoker would inhale consuming 100 or more cigarettes.

**Does the water in a hookah filter out harmful ingredients?** The water filters out only a small amount of the carbon monoxide, nicotine, tar, and heavy metals found in hookah smoke. For example, less than 5% of nicotine is filtered out into the water. This nominal reduction of nicotine may be offset by a tendency to compensate by inhaling more deeply or more often to get the desired amount of nicotine.

**Is hookah smoking safer than cigarette smoking because the tobacco is not burned?** While the tobacco in a hookah is heated rather than burned, it still produces smoke. In addition, hookah tobacco is often lit using charcoal, which itself releases high levels of carbon monoxide. The levels of carbon monoxide (CO) produced and absorbed by hookah smoking, which may be as high or higher than that of cigarettes, vary depending on hookah size (higher CO in smaller hookahs), the type of hose on the hookah (higher CO with a plastic hose), the type of charcoal, and the type of tobacco.

**My hookah tobacco says it has no tar. Does this mean it is safer to smoke than other tobacco?** Tobacco itself does not contain tar—tar is created when tobacco burns. While several studies have found that tobacco smoked through a hookah produces more tar than tobacco smoked in a cigarette, it has been suggested that it is the quality—not the quantity—of tar produced that is of concern. Since the tobacco smoked through a hookah is heated rather than burned, it reaches much lower temperatures than in a cigarette. The temperature at which tar is produced from burning tobacco may be related to how hazardous and carcinogenic it is, thus the type of tar produced by hookah smoke may be less carcinogenic than that produced by cigarette smoke.

**Is hookah smoking safer than cigarette smoking because the nicotine content is lower?** Since the nicotine content of both cigarettes and hookah tobacco varies greatly, it is hard to determine which product has higher nicotine. However, a meta-analysis of studies of hookah smokers found that a person who smokes hookah daily absorbs as much nicotine as someone who smokes 10 cigarettes per day, while an occasional hookah smoker (once during a four-day period) absorbs as much nicotine as smoking two cigarettes per day.

**Can I become addicted to smoking a hookah?** Hookah smoking has potentially the same risks of dependence as any other way of using tobacco. However, the risks may be decreased slightly because of the intermittent, recreational nature of hookah use. The limited research on hookah dependence suggests that a transition from social to individual use, sharing less frequently, and a change of behavior to accommodate hookah use may be signs of possible dependence.

**Is smoking non-tobacco, herbal maassel harmful?** While herbal maassel does not contain nicotine, it still produces tar and CO when burned.

SOURCES: A list of sources is available on the online version of this issue ([www.cesar.umd.edu/cesar/cesarfax/vol17/17-23.pdf](http://www.cesar.umd.edu/cesar/cesarfax/vol17/17-23.pdf)).

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- WHO Study Group on Tobacco Product Regulation. *Waterpipe Tobacco Smoking: Health Effects, Research Needs and Recommended Actions by Regulators*. TobReg Advisory Note. Geneva: World Health Organization, 2005.

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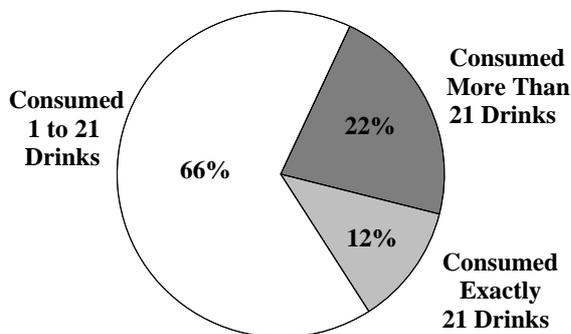
## *“21 for 21”: Extreme Drinking by College Students to Celebrate Turning 21*

Four out of five college students (83%) drank to celebrate their 21<sup>st</sup> birthday, according to a longitudinal survey of students at a large midwestern university. Of these birthday drinkers, one-third of men (34%) and nearly one-fourth (24%) of women drank 21 or more drinks (see figure below). Anecdotal reports of the practice of “21 for 21”—drinking 21 drinks to celebrate your 21<sup>st</sup> birthday—have been reported in the media, as well as the “power hour,” where the 21 drinks are consumed in the time between midnight of turning 21 and the closing of the bar<sup>1</sup>. Both practices are dangerous, as drinking alcohol in excess can be poisonous and potentially fatal—it is estimated that approximately 1,400 people die each year from accidental alcohol poisoning<sup>2</sup>. The authors conclude that “the solution to the problem of extreme 21<sup>st</sup> birthday drinking likely lies in a multistrategy approach,” including those shown to be effective with general risky drinking, social norms marketing, alternative birthday celebrations, and public education about caring for seriously intoxicated people (p. 515).

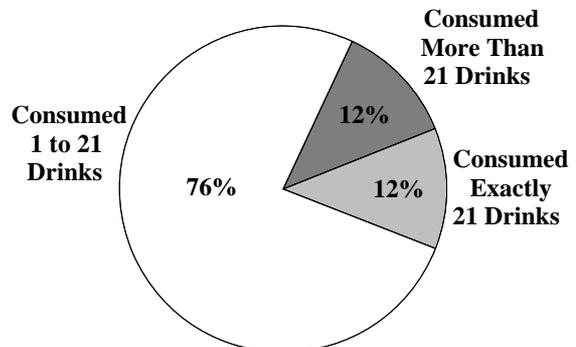
### Number of Drinks Consumed by College Students Who Drank to Celebrate Their 21<sup>st</sup> Birthday, 2005

(N=2,084 large midwestern university college students)

#### Men Who Drank to Celebrate 21st Birthday



#### Women Who Drank to Celebrate 21st Birthday



<sup>1</sup>Gardner, A. “‘21 for 21’: A Deadly Binge Drinking Ritual on College Campuses,” HealthDay News, June 6, 2008 (<http://www.healthday.com/Article.asp?AID=615821>); Zernike, K. “Drinking Game Can Be A Deadly Rite of Passage,” The New York Times, March 12, 2005 (<http://www.nytimes.com/2005/03/12/education/12power.html?emc=etal>).

<sup>2</sup>Yoon, YH, Stinson, FS, Yi, HY, Dufour, MC. “Accidental Alcohol Poisoning Mortality in the United States, 1996-1998,” *Alcohol Research and Health* 27(1):110-118, 2003.

SOURCE: Adapted by CESAR from Rutledge, P.C., Park, A., and Sher, K.J. “21<sup>st</sup> Birthday Drinking: Extremely Extreme,” *Journal of Consulting and Clinical Psychology* 76(3):511-516, 2008. For more information, contact Patricia Rutledge at [patricia.rutledge@allegheny.edu](mailto:patricia.rutledge@allegheny.edu).

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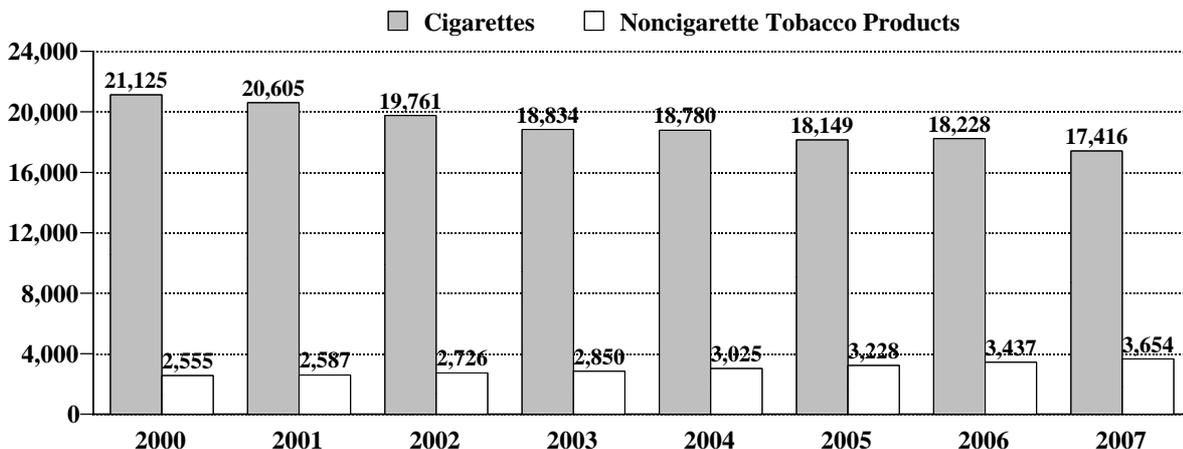
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## *U.S. Cigarette Sales Decline 18% from 2000 to 2007; Sales of Other Tobacco Products Increase by 43%*

The decline in cigarette sales over the past seven years has been partially offset by increases in the sales of other tobacco products, according to an analysis of U.S. tobacco sales from 2000 to 2007. The number of cigarette packs sold decreased 18% from 2000 to 2007, from 21.1 billion packs to 17.4 billion packs. At the same time, cigarette pack equivalent sales\* of other tobacco products increased from 2.6 billion to 3.7 billion, a 43% increase (see figure below). The majority of this increase stemmed from an increase in small cigar sales (115%) and roll-your-own tobacco (91%), while sales of moist snuff increased by 33% (data not shown). The authors suggest that these changes could be related to price (cigarette prices have increased in recent years while cigars, roll-your-own, and smokeless tobacco products are taxed and priced much lower than cigarettes), as well as “tobacco substitution in places where smoking is prohibited and youth uptake of other tobacco products in lieu of cigarettes due to marketing or price” (p. 2629).

**Millions of Cigarette Packs or Cigarette Pack Equivalents Sold in the U.S., 2000-2007**



\* Cigarette pack equivalents (CPEs) were calculated for noncigarette tobacco products. A package of 20 small cigars shares the same size, shape, and weight as a pack of 20 cigarettes and was considered equivalent. Roll-your-own tobacco CPEs were based on weight. Moist snuff cigarette pack equivalents assumed that a 1.2 ounce tin was equivalent to 2.5 packs of cigarettes based on daily consumption. Large cigar sales were not converted to CPEs due to variations in size and tobacco content. Dry snuff, chewing, and pipe tobacco were excluded because of their relatively small and declining use.

SOURCE: Adapted by CESAR from Connolly, G.N., Alpert, HR. “Trends in the Use of Cigarettes and Other Tobacco Products, 2000-2007,” *Journal of the American Medical Association* 299(22): 2629-2630 (doi:10.1001/jama.299.22.2629). For more information, contact Hillel Alpert at halpert@hsph.harvard.edu.

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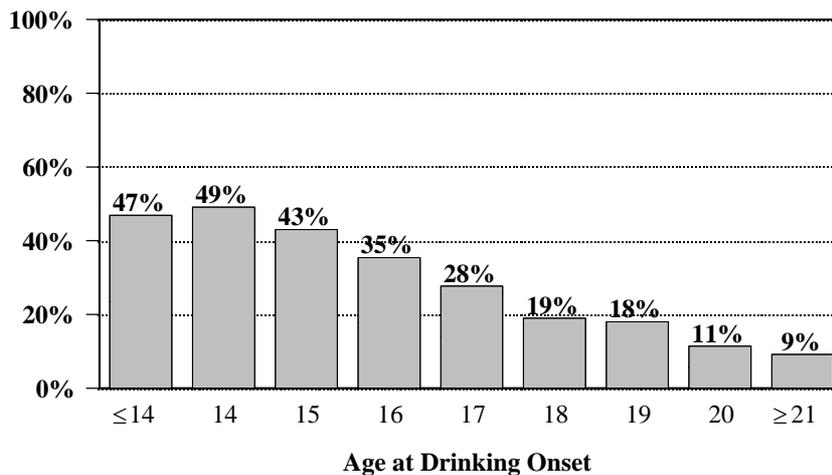
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## *Early Drinking Initiation Related to Ever Using Illicit Drugs*

The earlier a person begins drinking alcohol, the more likely they are to have ever used other drugs illicitly, according to an analysis of data from the National Longitudinal Alcohol Epidemiologic Survey (NLAES). Approximately one-half of persons who began drinking at age 14 or younger had also used other drugs illicitly in their lifetime, compared to around one-tenth of those who began drinking at age 20 or older. Even after controlling for relevant sociodemographic and substance use factors\*, starting alcohol use at a younger age was the strongest independent predictor of ever using drugs illicitly. A similar relationship was found between age at first alcohol use and ever being drug dependent—persons who began drinking before age 14 were nearly three times more likely to have ever been drug dependent than those who began drinking after age 20 (data not shown). According to the authors, these findings “point to a need to further explore why people who start drinking at early ages . . . are more likely to use drugs and develop drug dependence” (p. 200).

### Percentage of U.S. Adult Drinkers Who Ever Used Other Drugs Illicitly, by Age at Drinking Onset

(N=27,616)



\*Factors controlled for were age, gender, race/ethnicity, education, marital status, cigarette use history, childhood depression, family history of alcoholism, and personal history of alcohol dependence.

NOTE: Among those who ever drank alcohol, 22% ever used illicit drugs. Of those, 39% began to drink at least 1 year before they started using drugs, 29% began both during the same year, and 32% started drug use at least a year before they began drinking.

SOURCE: Adapted by CESAR from Hingson, R.W., Heeren, T., and Edwards, E.M. “Age at Drinking Onset, Alcohol Dependence, and Their Relation to Drug Use and Dependence, Driving Under the Influence of Drugs, and Motor-Vehicle Crash Involvement Because of Drugs,” *Journal of Studies on Alcohol and Drugs* 69(2):192-201, 2008.

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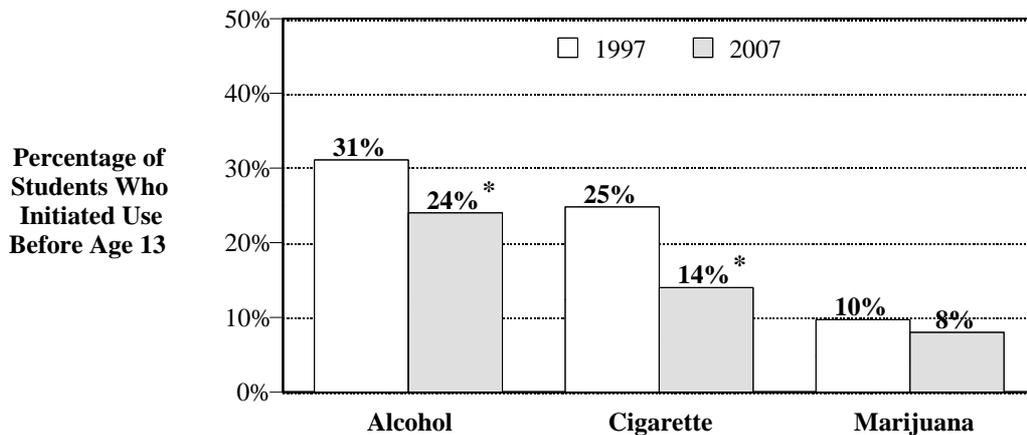
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## *Youths Less Likely to Try Alcohol and Cigarettes Before Age 13 Now Than 10 Years Ago; Prevalence of Early Marijuana Initiation Has Not Changed*

The percentage of high school students who first tried alcohol or cigarettes before the age of 13 has declined considerably over the last decade, according to recently released data from the national Youth Risk Behavior Survey (YRBS). In 1997, 31% of high school students reported drinking more than a few sips of alcohol before age 13, compared to 24% in 2007. The percentage reporting smoking a whole cigarette for the first time before age 13 also declined, from 25% in 1997 to 14% in 2007. Marijuana initiation before age 13, however, did not change significantly over the same period (see figure below). While the declines in early alcohol and tobacco use are encouraging, nearly one-fourth (24%) of high school students begin drinking before age 13. Previous research has shown a relationship between early alcohol initiation and alcohol abuse/dependence as well as illicit drug use (see *CESAR FAX*, Volume 17, Issue 26 and *CESAR FAX*, Volume 13, Issue 45; available online at [www.cesar.umd.edu](http://www.cesar.umd.edu)).

**Percentage of High School Students Who Tried<sup>†</sup>  
Alcohol, Cigarettes, or Marijuana for the First Time Before Age 13, 1997 and 2007**



<sup>†</sup>Tried a cigarette is defined as smoking a whole cigarette. Tried alcohol is defined as drinking more than a few sips of alcohol.

\*p < 0.01

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

SOURCE: Adapted by CESAR from the Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance—United States, 2007," *Morbidity and Mortality Weekly Report* 57 (SS-4), June 6, 2008. Available online at [http://www.cdc.gov/healthyyouth/yrbs/pdf/yrbs07\\_mmwr.pdf](http://www.cdc.gov/healthyyouth/yrbs/pdf/yrbs07_mmwr.pdf).

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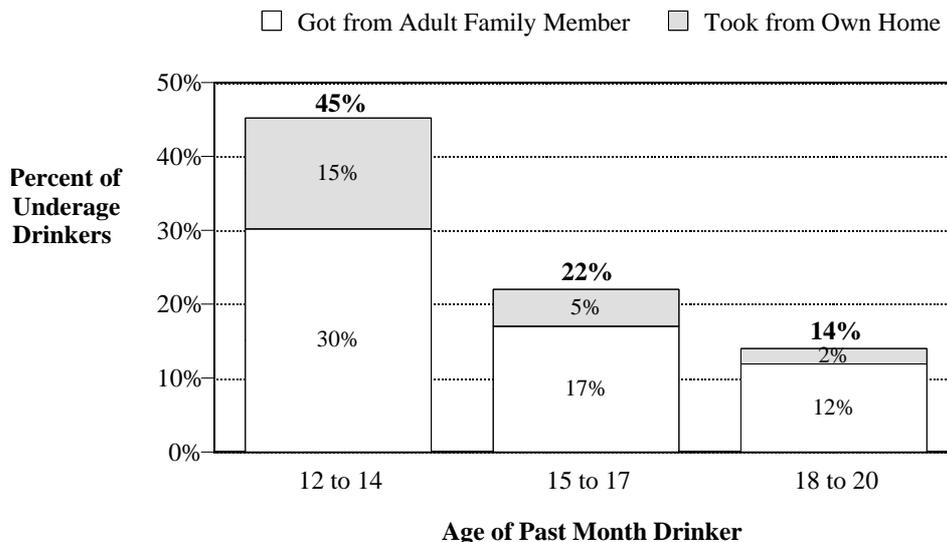
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## *45% of Young Drinkers Ages 12 to 14 Get Alcohol Free from Adult Family Members or Take from Home*

Young drinkers ages 12 to 14 are more likely to get alcohol in their own home than other underage drinkers, according to a recent analysis of data from the National Survey on Drug Use and Health. Forty-five percent of youths ages 12 to 14 who drank alcohol in the past month were given alcohol for free by an adult member of their family (30%) or took the alcohol from their own home the last time they drank (15%). In comparison, 22% of underage drinkers age 15 to 17 and 14% of those age 18 to 20 reported getting alcohol from family or home the last time they drank. Similar results were found in a Chicago public school study published in 2007 (see *CESAR FAX*, Volume 16, Issue 18). These findings support the need for increased parental education on the effects of early alcohol use as well as the need to monitor the presence of alcohol in the home.

### **Percentage of Underage Drinkers Who Reported Getting Alcohol from Their Family/Home the Last Time They Drank, by Age, 2006**



SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Underage Alcohol Use: Findings from the 2002-2006 National Surveys on Drug Use and Health*, 2008. Available online at <http://www.oas.samhsa.gov/underage2k8/underage.pdf>.

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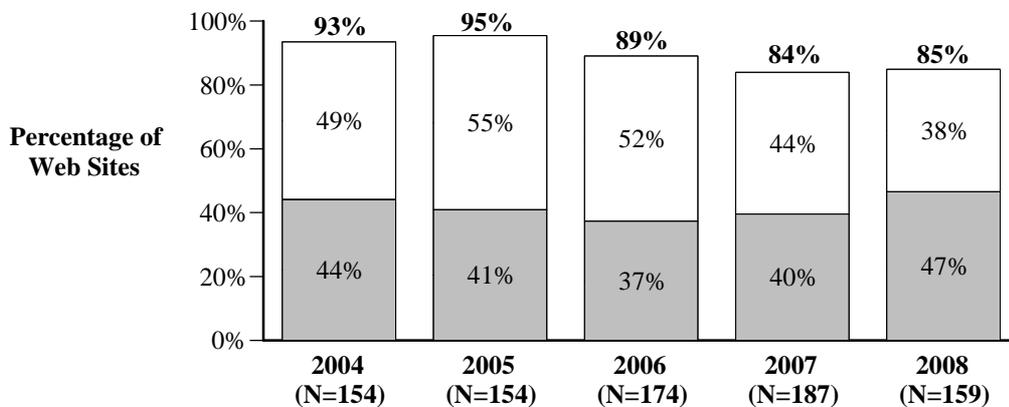
## *Prescription Drugs Continue to Be Widely Available on the Internet Without a Prescription*

The majority of websites selling controlled prescription drugs<sup>1</sup> still do not require a prescription, according to a recent study from the National Center on Addiction and Substance Abuse at Columbia University (CASA). The study identified 159 internet sites selling such drugs during a one-week period in 2008, down from 187 the previous year. Of these sites, 85% did not require a valid prescription, either by explicitly stating that no prescription was needed/making no mention of a prescription (47%) or by offering an “online consultation” in lieu of a prescription<sup>2</sup> (38%). Only 24 sites (15%) required that a prescription be faxed or mailed or that the patient’s doctor be contacted for the prescription (data not shown). The authors recommend clarifying federal law to prohibit the internet sale or purchase of a controlled prescription drug without a prescription, requiring internet sites that advertise or sell controlled prescription drugs to be certified, encouraging internet search engines to block advertisements and sites from search results, and creating public service announcements that would appear automatically when conducting internet searches for prescription drugs.

### **Percentage of Web Sites Selling Prescription Drugs Without Requiring a Prescription**

(During a One Week Period, 2004 to 2008)

■ No Prescription Needed (Explicitly Stated or No Mention)    □ Online Consultation in Lieu of Prescription



<sup>1</sup>Prescription opioids, depressants, and stimulants.

<sup>2</sup>An online consultation typically involves the consumer to fill out an online medical questionnaire, frequently for a consultation fee.

SOURCE: Adapted by CESAR from The National Center on Addiction and Substance Abuse at Columbia University, “You’ve Got Drugs!” V: Prescription Drug Pushers on the Internet, July 2008. Available online at <http://www.casacolumbia.org>.

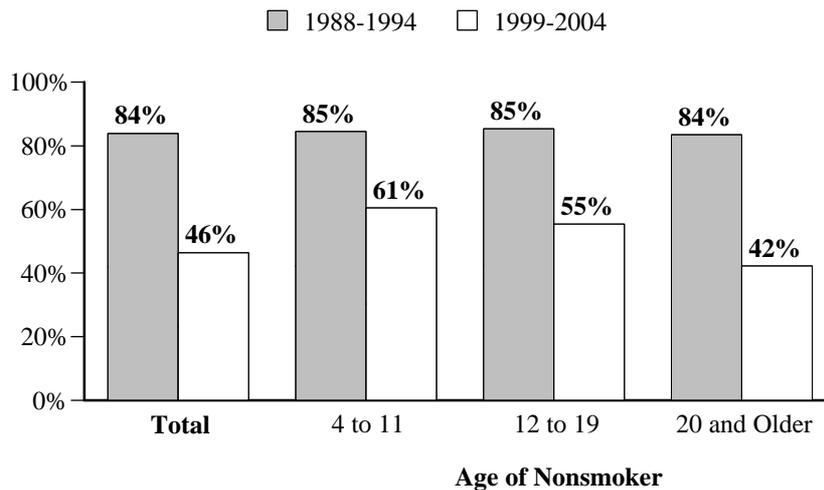
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University of Maryland, College Park

## *Secondhand Smoke Exposure Decreases by Nearly Half Over Past Decade; Smallest Decreases Seen in Young Children*

Fewer people were exposed to secondhand smoke (SHS) during the period from 1999 to 2004 than a decade earlier, according to a recent report from the Centers for Disease Control and Prevention. Less than half (46%) of U.S. nonsmokers had a detectable serum cotinine level (a biological indicator of SHS exposure) during 1999-2004, compared to 84% in 1988-1994. The majority of this decrease stemmed from the change in SHS exposure among nonsmokers ages 20 and older (from 84% to 42%). Young children ages 4 to 11 had the smallest decreases in SHS exposure over the period (from 85% to 61%). According to the authors, these findings “underscore the need to continue surveillance of SHS exposure and to focus on strategies to reduce children’s SHS exposure” (p. 745), such as reducing parental smoking in the home.

### Percentage of U.S. Nonsmokers with a Detectable Serum Cotinine Level



NOTES: Data are from the 1988-1994 and the 1999-2004 National Health and Nutrition Examination Surveys (NHANES). The sample size for nonsmokers in the 1988-1994 survey was 17,261 (ages 4 to 11 n=3,926; ages 12 to 19 n=2,508; ages 20 and older n=10,827). The sample size for nonsmokers in the 1999-2004 survey was 17,931 (ages 4 to 11 n=3,395; ages 12 to 19 n=5,127; ages 20 and older n=9,409).

SOURCE: Adapted by CESAR from Centers for Disease Control and Prevention, “Disparities in Secondhand Smoke Exposure—United States, 1988-1994 and 1999-2004,” *Morbidity and Mortality Weekly Reports* 57(27):744-747, July 11, 2008. Available online at <http://www.cdc.gov/mmwr/PDF/wk/mm5727.pdf>.

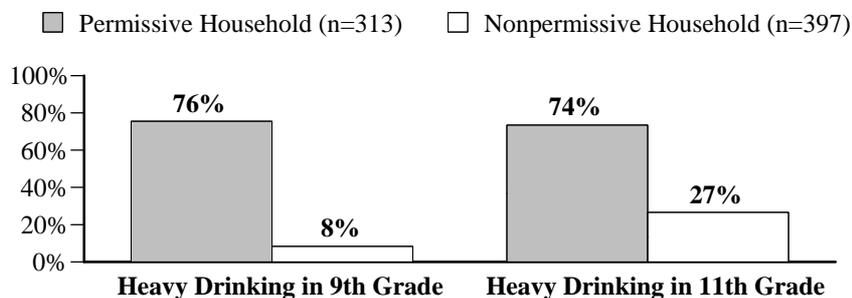
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## *South Dakota School Survey Finds Youths Living in Permissive Households Significantly More Likely to Drink Heavily*

Youths living in permissive households are more likely to drink heavily than those from nonpermissive households, according to a longitudinal survey of youth attending South Dakota schools. Overall, 10% of youths lived in a permissive household and 10% lived in a nonpermissive household, based on the youths' reports of whether their parents would be upset if they drank or used marijuana, kept track of their whereabouts, or set curfews\*. Three-quarters (76%) of youths from permissive households reported heavy drinking in 9<sup>th</sup> grade, compared to only 8% of youths living in nonpermissive households. Similar results were found for heavy drinking in 11<sup>th</sup> grade (see figure below). Youths from permissive households were also more likely to have other high risk factors, such as a higher rate of drinking by their best friend and the adult who was most important to them, a greater belief that occasional alcohol use was not harmful, and being less likely to believe that they might become dependent on alcohol if they drank every weekend (data not shown). These findings suggest that in addition to educating parents about the need for appropriate monitoring of youths' behavior, alcohol prevention programs that "target pro-drinking peer and adult influences, positive attitudes toward drinking, and resistance self-efficacy may be particularly important in deterring heavy drinking among adolescents living in permissive households" (p. 528).

### Percentage of South Dakota Students Reporting Heavy Drinking in 9<sup>th</sup> and 11<sup>th</sup> Grades, by Permissiveness of Household



\*Data are from a sample of 3,687 7<sup>th</sup> grade students recruited from 48 South Dakota schools in 1997-1998, with follow-up assessments conducted in grades 8, 9, 10, and 11. Nonpermissive households (n=397, 10.3% weighted) were defined as parents being "very upset" to know that their child drank alcohol or used marijuana, knowing "all of the time" where to find their child, and telling the child "all of the time" what time to be home. Permissive households (n=313, 10.2% weighted) were defined as having at least three of these four characteristics: parents being "not at all" or "a little" upset to know that their child drank alcohol or used marijuana, knowing "sometimes" or less often their child's whereabouts, and telling the child "sometimes" or less often what time to be home. The remaining 79.5% (n=2,977) of the sample were from households that fell in between these two extremes in terms of permissiveness and were not analyzed.

SOURCE: Adapted by CESAR from Tucker, J.S., Ellickson, P.L., and Klein, D.J., "Growing Up In a Permissive Household: What Deters At-Risk Adolescents from Heavy Drinking?," *Journal of Studies on Alcohol and Drugs* 69(4):528-534, 2008. For more information, contact Dr. Joan S. Tucker at joan\_tucker@rand.org.

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### *Maryland Community Services Locator (www.mdcs.org) to Expand Statewide*

In FY09, CESAR will expand the Maryland Community Services Locator (MDCSL) website (www.mdcs.org) to include additional statewide services. Originally focused on Baltimore City, the MDCSL is an interactive online directory developed to assist professionals in making referrals for clients to community services. The MDCSL allows users to get organizational contact information and other details, map resources by location, and get instant directions to programs.

Since its launch in October 2007, the number of visitors to the MDCSL has increased each month, reaching more than 8,000 in July 2008 (see figure).

The MDCSL has been expanded to include more than 2,200 services and programs that are periodically verified by staff for accuracy. In addition to the resources included when the MDCSL first launched (e.g., substance abuse services, short-term housing), it now also includes listings for:

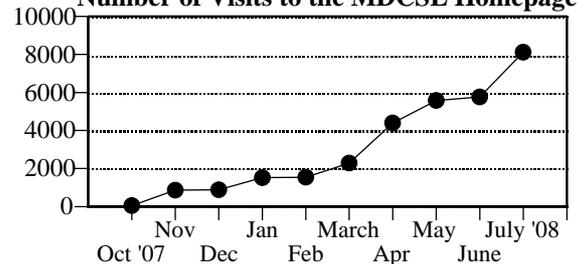
- disability services
- emergency food assistance
- family assistance programs
- health services
- HIV/AIDS resources
- job readiness/adult education services
- juvenile services offices
- mental health services
- needle exchange programs
- parole/probation offices
- primary/secondary public schools
- public internet access sites
- senior citizen resources
- substance abuse prevention
- victim services

We need your help to ensure that this public service remains a useful, comprehensive resource for Maryland residents. Please support the MDCSL project by:

- Emailing resource directories and databases to MDCSL staff (mdcs@cesar.umd.edu).
- Adding a listing for your program to the MDCSL website using our online tool.
- Visiting the website and sharing it with your clients and colleagues.
- Establishing a link to the MDCSL site on your organization's website.
- Placing an announcement or article about the website in program publications or newsletters.
- Ordering FREE promotional materials, such as posters and pamphlets, to distribute at your site (available online at [www.mdcs.org/avjsc/csl\\_info.asp](http://www.mdcs.org/avjsc/csl_info.asp)).

SOURCE: CESAR, The Maryland Community Services Locator (MDCSL). Funded by the Governor's Office of Crime Control and Prevention under grant number BJAG-2007-1265. For more information, or to share resource information, please contact Amy Billing at 301-405-9796 or mdcs@cesar.umd.edu.

Number of Visits to the MDCSL Homepage



### Interested in Establishing a Community Services Locator in Your County or State?

CESAR can share lessons learned during the development and implementation of the MDCSL, provide consultant services, or manage the development of your program. Please send inquiries to [mdcs@cesar.umd.edu](mailto:mdcs@cesar.umd.edu).

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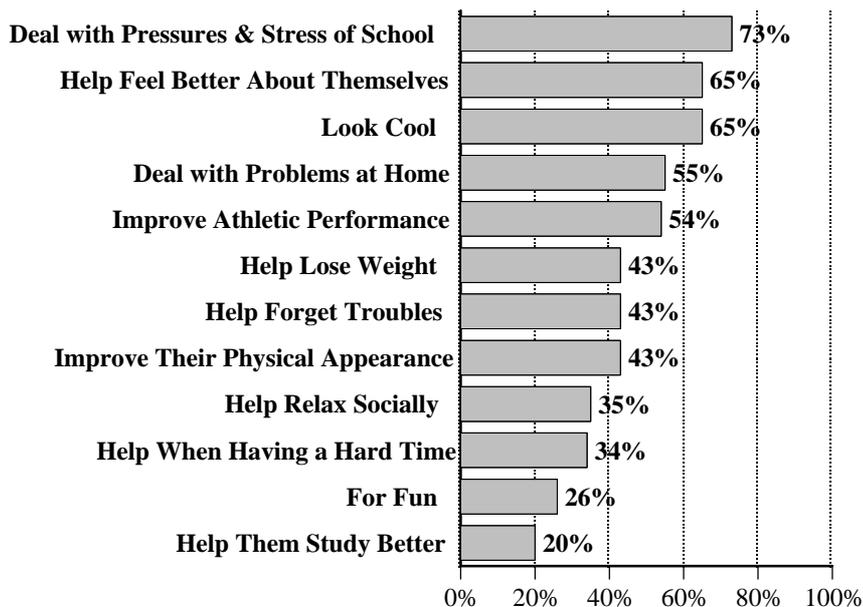
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## *Coping with School Stress Is Number One Reason Given by Teens for Teen Drug Use*

Nearly three-fourths (73%) of teens in grades 7 to 12 believe that “kids use drugs to deal with the pressures and stress of school,” according to data from the 20<sup>th</sup> annual Partnership Attitude Tracking Study (PATS). Other reasons cited by more than half of teens surveyed were to help them feel better about themselves (65%), to look cool (65%), to deal with problems at home (55%), and to improve athletic performance (54%). The least cited reasons for teen drug use were to have fun (26%) and to help study better (20%). *Editors note: It is possible that the reasons given would have been different if the survey question had specified the types of drugs being asked about. Previous surveys of high school and college students have found that motivations vary greatly by type of drug. For example, one survey found that the most common motive for use of prescription stimulants by college students was to increase concentration (see CESAR FAX, Volume 15, Issue 13).*

### **Youths' Perceived Reasons Why Youths Use Drugs, 2007**

(N= 6,511 youths in Grades 7 to 12)



NOTES: The survey was conducted by The Roper Public Affairs Division of GfK Custom Research North America, for the Partnership for a Drug-Free America. The 2007 PATS survey was conducted in schools and in homes with a nationally projectionable sample of 6,511 adolescents in grades 7 through 12. The margin of error is +/- 1.6%.

SOURCE: Adapted by CESAR from Partnership for a Drug-Free America, *The Partnership Attitude Tracking Study (PATS): Teen s 2007 Report*, August 2008. Available online at [http://www.drugfree.org/Files/2007\\_Teen\\_Survey](http://www.drugfree.org/Files/2007_Teen_Survey).

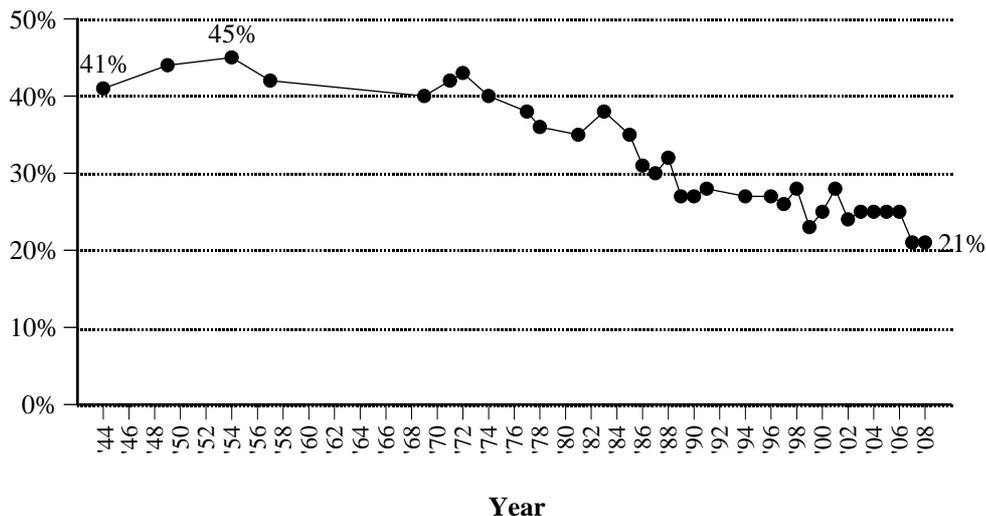
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## *Smoking Among U.S. Adults Continues to Decline; Those Who Do Smoke Are Smoking Less*

Smoking among adults in the United States continues to decline, according to the results of a national Gallup poll of adults conducted last month. After peaking at 45% in 1954, the percentage of adults reporting smoking in the past week has gradually declined, reaching 21% in 2008. The poll also found that Americans who do smoke are smoking less now than in the past. Only 6% of adult smokers reported that they smoked more than one pack a day in 2008, compared to the peak of 30% in 1978 (data not shown). Various factors likely have contributed to this decline, including an increase in the perceptions of harm from smoking, tobacco regulation, and price increases.

**Percentage of U.S. Adult Household Residents Reporting Smoking in the Past Week, 1944 to 2008**



NOTES: Data for 2008 are from national telephone (land-line and cellular) interviews with 1,016 adults ages 18 and older conducted July 10-13, 2008. The margin of error is  $\pm 3$  percentage points for the total sample and  $\pm 8$  percentage points for the sample of smokers ( $n=184$ ). If more than one poll was conducted in a year, the poll that occurred closest to the month of July was used in the above graph. Surveys were only conducted in years that have a data point marker.

SOURCES: Adapted by CESAR from Gallup, *U.S. Smoking Rate Still Coming Down*, July 24, 2008 (available online at <http://www.gallup.com/poll/109048/US-Smoking-Rate-Still-Coming-Down.aspx>) and Gallup, *Gallup's Pulse of Democracy: Tobacco and Smoking*, undated. Accessed 8/6/08 (available online at <http://www.gallup.com/poll/1717/Tobacco-Smoking.aspx>).

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***Amethyst Initiative Statement Calls for Dialogue About the National Minimum Drinking Age***

The Amethyst Initiative is a letter signed by a group of chancellors and presidents of U.S. universities and colleges to initiate a dialogue about the national minimum drinking age. As of August 31, 129 chancellors or presidents have signed a Presidential Statement asserting that the 21 year-old drinking age is not working and encouraging elected officials to “support an informed and dispassionate public debate over the effects of the 21 year-old drinking age.” At the same time, other organizations have publicly criticized the Initiative, including Mothers Against Drunk Driving and the Governor’s Highway Safety Association . Following are the main points of the Presidential Statement of the Amethyst Initiative, along with alternative viewpoints.

| Amethyst Initiative Statement   | Alternative Viewpoints   |
|---|--|
| “A culture of dangerous, clandestine “binge-drinking”—often conducted off-campus—has developed.”  | Other solutions to reducing binge drinking include enforcement of the current minimum age law, changing the environment found on many college campuses, and working with local establishments in college communities to sell alcohol responsibly. <sup>2,3,4</sup> |
| "Alcohol education that mandates abstinence as the only legal option has not resulted in significant constructive behavioral changes among our students."                   | Alcohol education on responsible drinking will not result in behavioral changes among students. <sup>2,3</sup>   |
| "Adults under 21 are deemed capable of voting, signing contracts, serving on juries and enlisting in the military, but are told they are not mature enough to have a beer." | Many rights have different ages of initiation (e.g., driving, voting), based on the specific behaviors involved and the dangers and benefits of that behavior at a given age. <sup>1,3,4</sup>   |
| "By choosing to use fake IDs, students make ethical compromises that erode respect for the law."  | Students are able to use fake IDs because of a lack of enforcement. Lax enforcement is no excuse to repeal a law that saves the lives of hundreds of teenagers a year. Fake IDs will be used regardless of the minimum drinking age. <sup>1</sup>                  |

The viewpoints listed above offer only a sample of the minimum drinking age issues. The following websites offer more detailed information, and we encourage our readers to visit these to more fully understand all sides of this topic.

- Amethyst Initiative ([www.amethystinitiative.org](http://www.amethystinitiative.org))
- Choose Responsibility ([www.chooseresponsibility.org](http://www.chooseresponsibility.org))
- <sup>1</sup>Opposing Views ([www.opposingviews.com/questions/should-the-drinking-age-be-lowered-from-21](http://www.opposingviews.com/questions/should-the-drinking-age-be-lowered-from-21))
- <sup>2</sup>Mothers Against Drunk Driving (MADD) ([www.madd.org](http://www.madd.org))
- <sup>3</sup>Why 21 ([www.why21.org](http://www.why21.org))
- Higher Education Center Age 21 Publications ([www.higheredcenter.org/services/publications/keyword/108](http://www.higheredcenter.org/services/publications/keyword/108))
- <sup>4</sup>HEC Age 21 FAQs ([www.higheredcenter.org/faq/108](http://www.higheredcenter.org/faq/108))
- Choose Responsibility response to HEC’s FAQs ([www.amethystinitiative.org/filemanager/download/10872](http://www.amethystinitiative.org/filemanager/download/10872))

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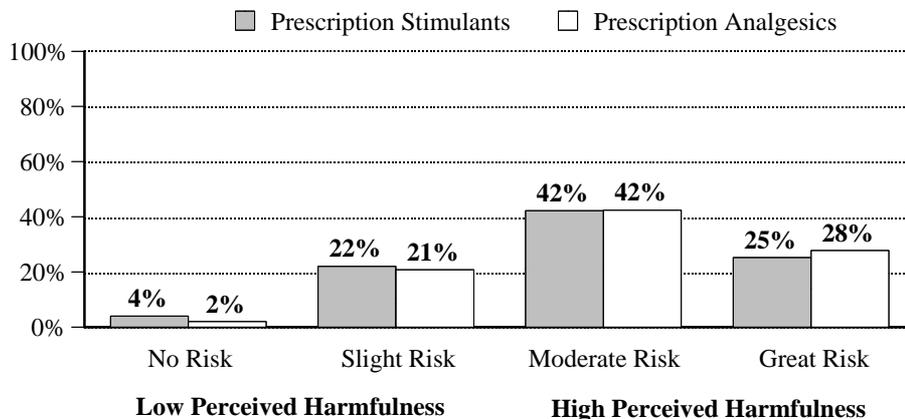
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## *Majority of Students at One Mid-Atlantic University Perceive Moderate to Great Risk of Harm in Using Prescription Drugs Nonmedically*

More than two-thirds of college students at one university believe that the nonmedical use of prescription analgesics and stimulants has a high risk of harm,\* according to data from CESAR's College Life Study (CLS). The findings for prescription stimulants and analgesics were strikingly similar: 25% and 28% of college students perceived a great risk in the occasional nonmedical use of prescription stimulants and analgesics, respectively, and 42% of students thought there was a moderate risk of using either substance nonmedically (see figure below). Furthermore, the study found that among students who had the opportunity to use these drugs nonmedically, low perceived harmfulness was associated with nonmedical use, even after controlling for demographics, prior nonmedical use, and sensation-seeking. For both prescription stimulants and prescription analgesics, students with low perceived harmfulness were approximately 10 times more likely to engage in nonmedical use than those with high perceived harmfulness (data not shown). In addition, the relationship between low perceived harm and nonmedical use was less pronounced among the highest sensation-seekers. The authors suggest that "increasing perceived harmfulness may be a viable prevention strategy for most students, but alternative approaches might need to be developed that are tailored to high sensation-seekers."

### **"How Much Do You Think People Risk Harming Themselves If They Take Prescription Drugs Occasionally Nonmedically?"\*\***

(weighted N=2,271 first-year college students)



\*To put these findings into perspective, occasional nonmedical prescription drug use was seen as less risky than occasional cocaine use (72% of students believed there was a great risk from using cocaine) but more risky than occasional marijuana use (7%) or drinking five or more alcoholic beverages every weekend (17%).

\*\* For both types of drugs, an additional 7% of students reported "can't say."

SOURCE: Adapted by CESAR from Arria, A.M., Caldeira, K.M., Vincent, K.B., O'Grady, K.E., and Wish, E.D., "Perceived Harmfulness Predicts Nonmedical Use of Prescription Drugs Among College Students: Interactions with Sensation-Seeking," *Prevention Science* 9(3):191-201, 2008. Available online at <http://dx.doi.org/10.1007/s11121-008-0095-8>. The College Life Study was funded by NIDA RO1-14845.

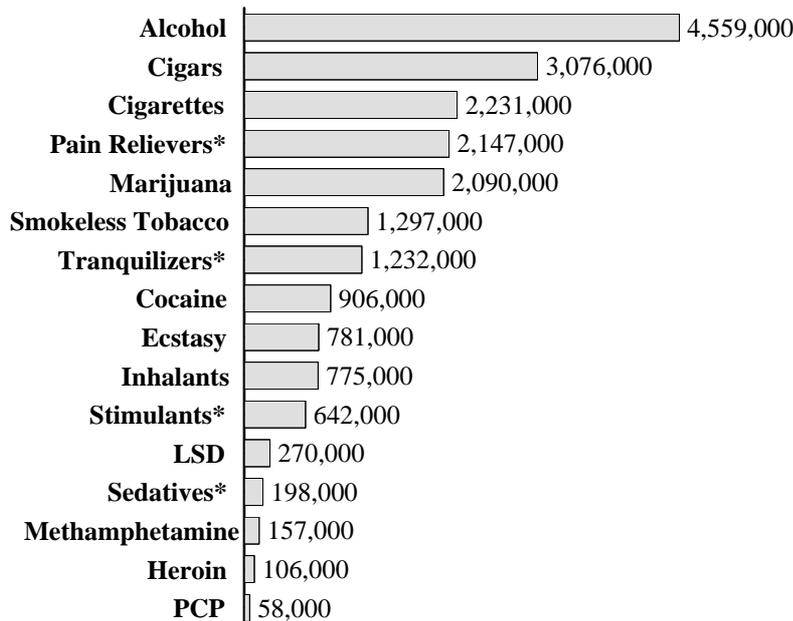
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## *Alcohol and Tobacco Have Greatest Rates of Initiation; Number of First Time Misusers of Pain Relievers Surpasses That of Marijuana*

More people used alcohol, cigars, and cigarettes for the first time in the past year than any other substances, according to data from the 2007 National Survey on Drug Use and Health (NSDUH). More than 4.5 million U.S. household residents ages 12 or older reported that they used alcohol for the first time in the past year and more than 3 million and 2.2 million reported initiating cigar and cigarette use, respectively. While the number of new misusers of pain relievers\* has been decreasing since 2003 (see *CESAR FAX*, Volume 16, Issue 37), pain relievers continues to be the illicit drug category with the largest number of new initiates since surpassing marijuana in 2002. In 2007, there were nearly 2.2 million first time users of pain relievers,\* compared to slightly less than 2.1 million new users of marijuana. The first-time use of smokeless tobacco and tranquilizers\* also had relatively high rates of past year initiation (more than 1.2 million each). According to the authors, initiation rates “provide valuable information that can be used in the assessment of the effectiveness of current prevention programs and in focusing prevention efforts” (p. 49).

### **Estimated Number of U.S. Household Residents (Age 12 or Older) Who Reported Using Substances for the First Time in the Past Year, 2007**



\*Refers to nonmedical use (using without a personal prescription or only for the experience or feeling it causes) of prescription-type drugs and does not include over-the-counter drugs.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), *Results from the 2007 National Household Survey on Drug Use and Health: National Findings, 2008*. Available online at <http://www.oas.samhsa.gov/nsduhLatest.htm>.

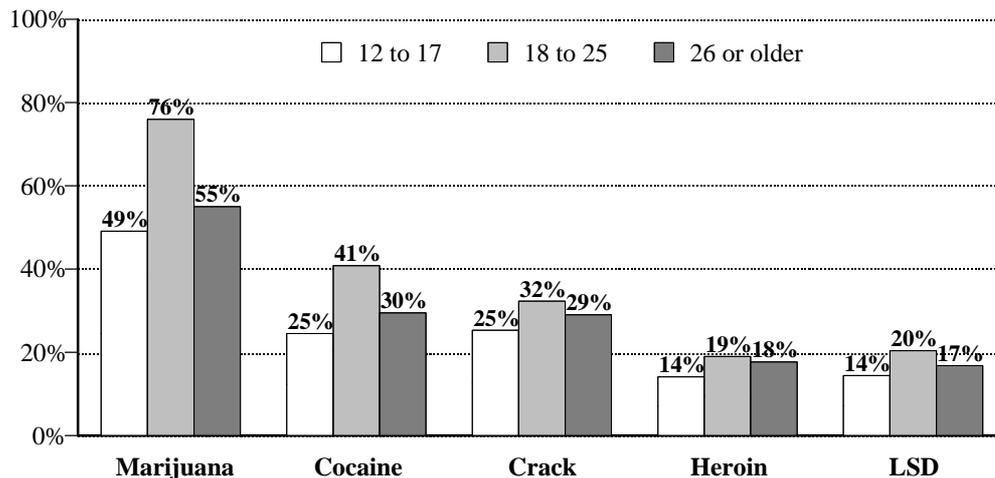
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## *Adults Ages 18 to 25 Most Likely to Report Easy Access to Illicit Drugs*

Young adults are more likely than other ages to report easy access\* to illicit drugs, according to recently released data from the 2007 National Survey on Drug Use and Health (NSDUH). Slightly more than three-fourths of 18 to 25 year olds reported that it would be fairly or very easy for them to get marijuana if they wanted to, compared to 49% of 12 to 17 year olds and 55% of those 26 and older. Similar results were found for the perceived availability of cocaine and crack, and, to a lesser extent, heroin and LSD (see figure below). While young adults had the highest rates of perceived access to illicit drugs, it is noteworthy that nearly half of youths ages 12 to 17 reported easy access to marijuana and one-fourth reported easy access to cocaine and crack.

**Percentage of U.S. Residents Reporting That It Would Be “Fairly Easy” or “Very Easy” to Obtain Illicit Drugs\*, by Age**



\*Respondents were asked to assess how difficult or easy it would be for them to get various illicit drugs if they wanted these drugs. Response alternatives were (1) probably impossible, (2) very difficult, (3) fairly difficult, (4) fairly easy, and (5) very easy.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), *Results from the 2007 National Household Survey on Drug Use and Health: National Findings*, 2008. Available online at <http://www.oas.samhsa.gov/nsduhLatest.htm>.

### **Find Listings and Directions to Maryland Treatment and Other Community Resources**

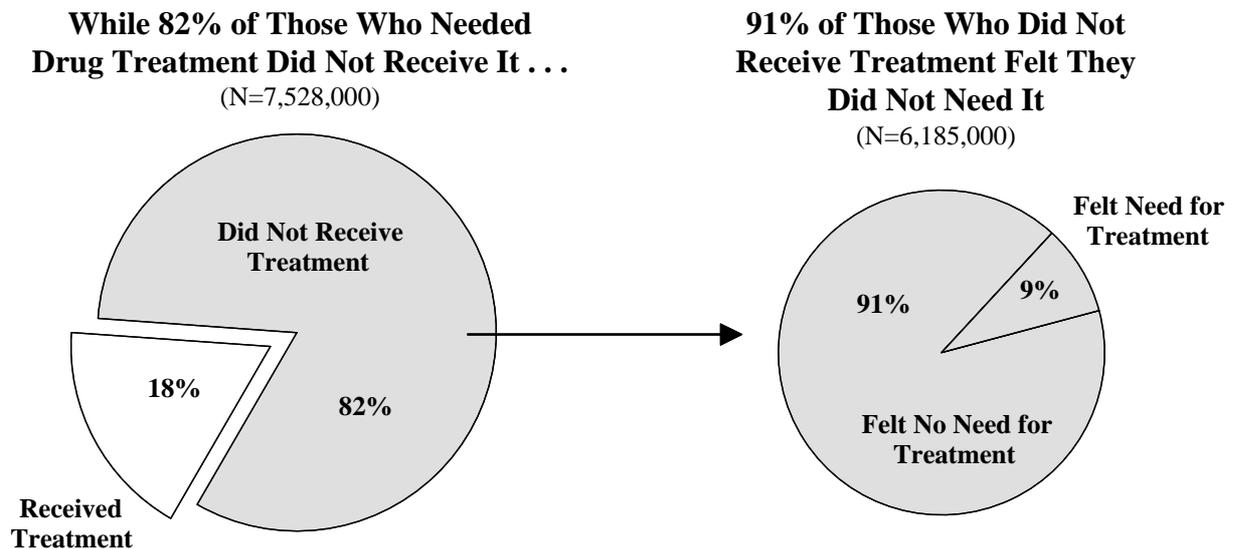
The interactive **Maryland Community Services Locator (MDCSL)** website ([www.mdcs.org](http://www.mdcs.org)) allows users to quickly find detailed resource listings for a variety of Maryland community resources, including substance abuse treatment and housing services. Recent additions to the MDCSL include listings of primary and secondary public schools and free public internet access sites.

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## *Most of Those Who Need Treatment for Illicit Drugs Do Not Receive It or Think They Need It*

According to data from the 2007 National Survey on Drug Use and Health (NSDUH), 82% of the estimated 7.5 million who needed treatment\* for an illicit drug problem in the past year did not receive it. While there are many reasons for not receiving treatment, a primary one appears to be a lack of perceived need. Nearly all (91%) of those who were assessed as needing but did not receive treatment for illicit drug problems said that they did not feel that they needed treatment (see figure below). Similar results were found for alcohol treatment. A lack of perceived need for treatment may mean that people don't think they have a problem, they think their problem is not serious enough to warrant treatment, or they think they can handle their substance use problem on their own.



\*Respondents were classified as *needing treatment* if in the past year they met the diagnostic criteria for abuse or dependence on the substance or received treatment for the substance at a specialty facility. A *specialty facility* was defined as an inpatient or outpatient rehabilitation facility, an inpatient hospital, or a mental health center.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), *Results from the 2007 National Household Survey on Drug Use and Health: National Findings*, 2008. Available online at <http://www.oas.samhsa.gov/nsduhLatest.htm>.

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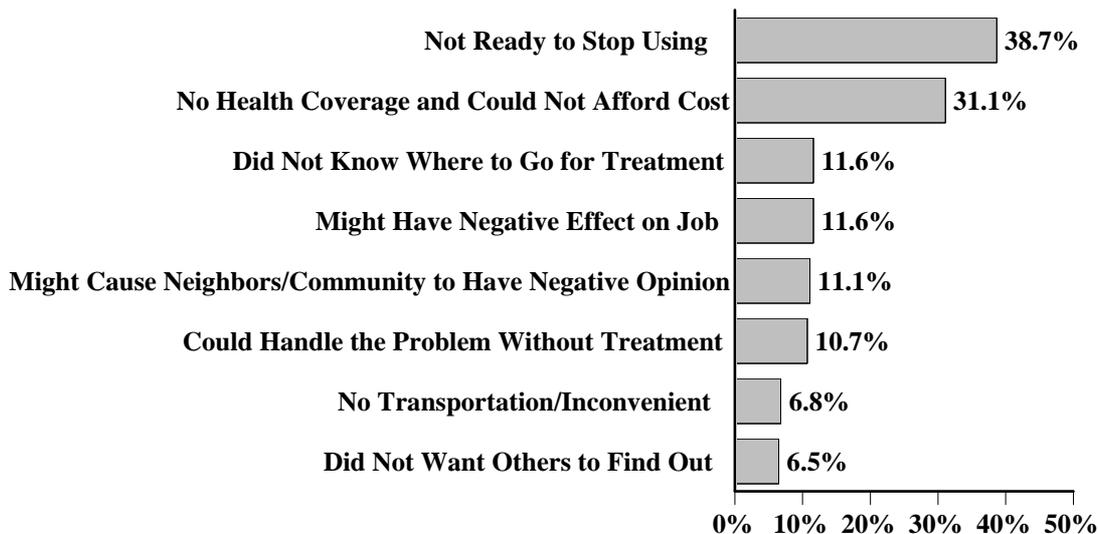
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## *Lack of Motivation to Quit and Health Coverage Top Reasons for Not Receiving Needed Alcohol or Drug Treatment*

An estimated 17.7 million people who needed alcohol treatment in the past year and 6.2 million who needed illicit drug treatment did not receive it, according to data from the 2007 National Household Survey on Drug Use and Health (NSDUH). The primary reason for not receiving treatment among those who were classified as needing—and felt they needed—treatment was not being ready to stop using alcohol or illicit drugs (38.7%). The second most commonly cited reason for not receiving treatment was having no health coverage and not being able to afford the cost (31.1%). Other reasons given were not knowing where to go for treatment, thinking that going to treatment might have a negative effect on their job or social relationships, or that they could handle the problem without treatment (see figure below).

### **Reasons Given for Not Receiving Alcohol or Illicit Drug Treatment in the Past Year, 2004 to 2007 Annual Averages**

(N=1,167,000 U.S. residents ages 12 and older classified as needing and perceiving a need for—but not receiving—treatment)



NOTES: Respondents were classified as *needing treatment* if in the past year they met the diagnostic criteria for abuse or dependence on the substance or received treatment for the substance at a specialty facility. A *specialty facility* was defined as an inpatient or outpatient rehabilitation facility, an inpatient hospital, or a mental health center.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), *Results from the 2007 National Household Survey on Drug Use and Health: National Findings, 2008*. Available online at <http://www.oas.samhsa.gov/nsduhLatest.htm>.

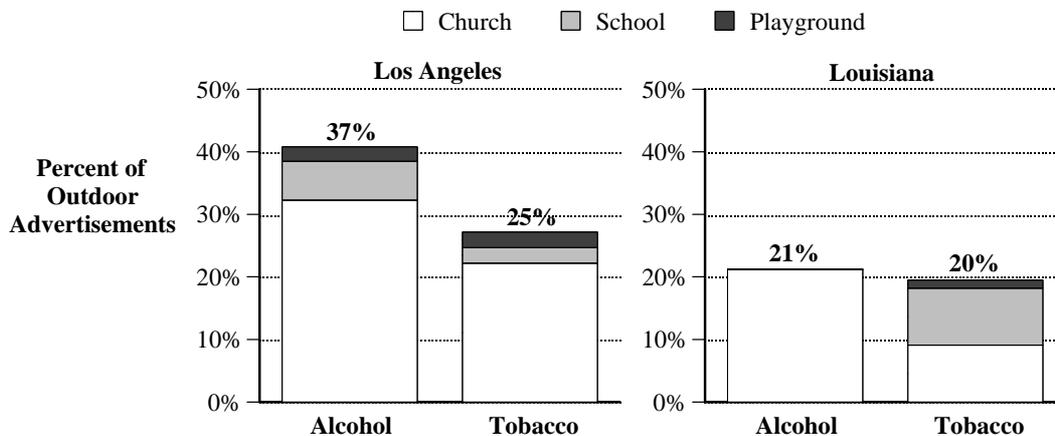
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## *Alcohol and Tobacco Outdoor Ads in Louisiana and Los Angeles Fail to Comply with Industry Guidelines*

“The advertising industry is not following through on its pledge to shield children from exposure to alcohol and tobacco ads near schools, playgrounds, and churches,” according to a survey of outdoor ads in urban areas of southern Louisiana and Los Angeles county. In 1991, the Outdoor Advertising Association of America pledged to voluntarily prohibit outdoor ads for products illegal for sale to minors within 500 feet of schools, playgrounds, and churches\*. However, the study found that in 2004-2005, 37% of outdoor ads for alcohol and 25% of outdoor ads for tobacco were within 500 feet of such establishments in Los Angeles. In Louisiana, one-fifth of outdoor ads for alcohol (21%) and tobacco (20%) were within 500 feet. Outdoor ads were most likely to be near churches, although nearly one-tenth (9%) of tobacco ads in Louisiana were within 500 feet of schools (see figure below). The authors suggest that “legislation may be needed to force advertisers to honor their pledge to protect children from alcohol and tobacco ads” (p. 203).

### **Percentage of Outdoor Advertisements in Los Angeles and Louisiana Located Within 500 Feet of a School, Playground, or Church, 2004-2005**



\*The Outdoor Advertising Association of America Code of Industry Principles states: “We are committed to a program that establishes exclusionary zones that prohibit stationary advertisements of products illegal for sale to minors that are intended to be read from, or within 500 feet of, elementary and secondary schools, public playgrounds, and established places of worship.”

SOURCE: Adapted by CESAR from Scott, M.M., Cohen, D.A., Schonlau, M., Farley, T.A., and Bluthenthal, R.N., “Alcohol and Tobacco Marketing: Evaluating Compliance with Outdoor Advertising Guidelines,” *American Journal of Preventive Medicine* 35(3):203-209, 2008.

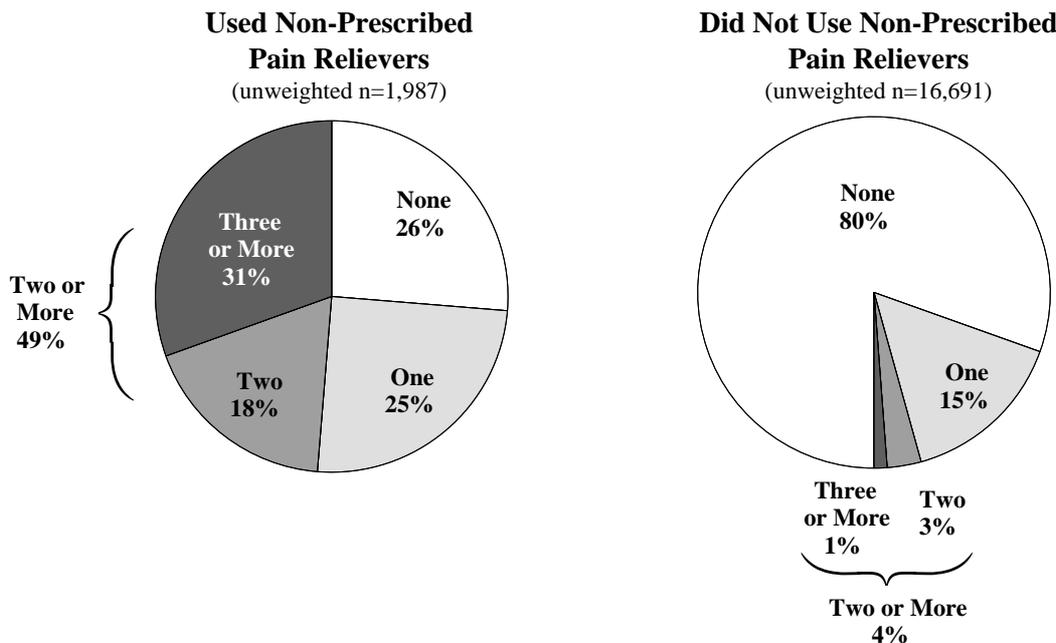
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## *Nearly One-Half of Youths Who Have Ever Misused Prescription Pain Relievers Have Also Used Two or More Illicit Drugs*

Approximately one-tenth of U.S. youths ages 12 to 17 reported using non-prescribed pain relievers at least once in their lifetime, according to an analysis of data from the National Survey on Drug Use and Health. These youths were significantly more likely than those who did not use non-prescribed pain relievers to also report poly-drug use. For example, 49% of youths who used non-prescribed pain relievers also reported using two or more illicit drugs at least once in their lifetime, compared to 4% of youths who did not use non-prescribed pain relievers (see figure below). Previous research has found a similar relationship between nonmedical use of prescription stimulants and use of other illicit drugs (see *CESAR FAX*, Volume 17, Issue 9).

### Number of Illicit Drugs Used in Lifetime by 12 to 17 Year Olds, by Lifetime Use of Non-Prescribed Pain Relievers, 2005



\*Illicit drugs: marijuana, inhalants, hallucinogens, tranquilizers (non-prescribed use), stimulants (non-prescribed use), cocaine/crack, sedatives (non-prescribed use), and heroin.

SOURCE: Adapted by CESAR from Wu, L-T, Pilowsky, D.J., and Patkar, A.A. "Non-prescribed use of pain relievers among adolescents in the United States," *Drug and Alcohol Dependence* 94(1-3):1-11, 2008. For more information, contact Li-Tzy Wu at litzywu@yahoo.com.

### Amethyst Initiative Follow-Up: UMD to Hold Summit to Discuss Alcohol on Campus

The University of Maryland will hold a campus-wide Alcohol Summit to bring faculty, staff, and students together to learn about the latest research, hear student perspectives, and engage in an open discussion about the many facets of problem drinking. This free event is open to the community and will be held in the Colony Ballroom of the Stamp Student Union on Thursday October 30<sup>th</sup>, from 9:00 am to 3:30 pm. For more information, visit [www.alcohol.umd.edu/summit08](http://www.alcohol.umd.edu/summit08).

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### *“What Colleges Need to Know Now: An Update on College Drinking Research”*

In 2002, the National Institute on Alcohol Abuse and Alcoholism’s (NIAAA’s) Task Force on College Drinking published a landmark report which made evidence-based recommendations on addressing problems related to college drinking. Given the recent media and collegiate interest in opening a dialogue about the national minimum drinking age (see the *CESAR FAX* on the Amethyst Initiative, Volume 17, Issue 35), we thought it would be valuable to publish some of the highlights from NIAAA’s 2007 update of this report, *What Colleges Need to Know Now: An Update on College Drinking Research*.

- “[S]trategies that focus on preventing drinking and alcohol problems in individual students continue to have significant research support” (p. 3). Recent research suggests that teaching students about the risks of drinking, how to monitor and set limits on their drinking, and how to handle high risk situations are effective in reducing alcohol-related problems, even among students mandated to receive intervention or treatment.
- Participation in individual alcohol interventions may be increased by delivering interventions in settings where high-risk students are more likely to be seen (e.g., health and counseling centers), using trained student peers to provide interventions, increasing routine screenings, and using computer or web-based brief interventions to reach more students.
- “As more credible studies continue to show positive outcomes associated with campus-community partnerships, this strategy should increasingly be considered an essential component of any college drinking prevention and intervention effort” (p. 6). Campus-community partnerships are most effective when they use multiple components, such as focusing on reducing alcohol availability, raising prices, and limiting campus alcohol advertising.
- Interventions designed to make students aware of the true rate of student alcohol use—social norms approaches—work best when combined with other interventions and “may be least effective in schools where very high levels of drinking are found and those that are located in communities with high alcohol outlet density” (p. 7).

A full copy of the report is available on NIAAA’s *College Drinking—Changing the Culture* website ([www.collegedrinkingprevention.gov](http://www.collegedrinkingprevention.gov)). This website contains invaluable information on college drinking, including other reports from the Task Force, statistical data, a nationwide list of college alcohol policies, and information for high school students and parents.

SOURCE: Adapted by CESAR from National Institute on Alcohol Abuse and Alcoholism (NIAAA), *What Colleges Need to Know Now: An Update on College Drinking Research*, November 2007. Available online at [http://www.collegedrinkingprevention.gov/NIAAACollegeMaterials/College\\_Bulletin-508Comp.pdf](http://www.collegedrinkingprevention.gov/NIAAACollegeMaterials/College_Bulletin-508Comp.pdf).

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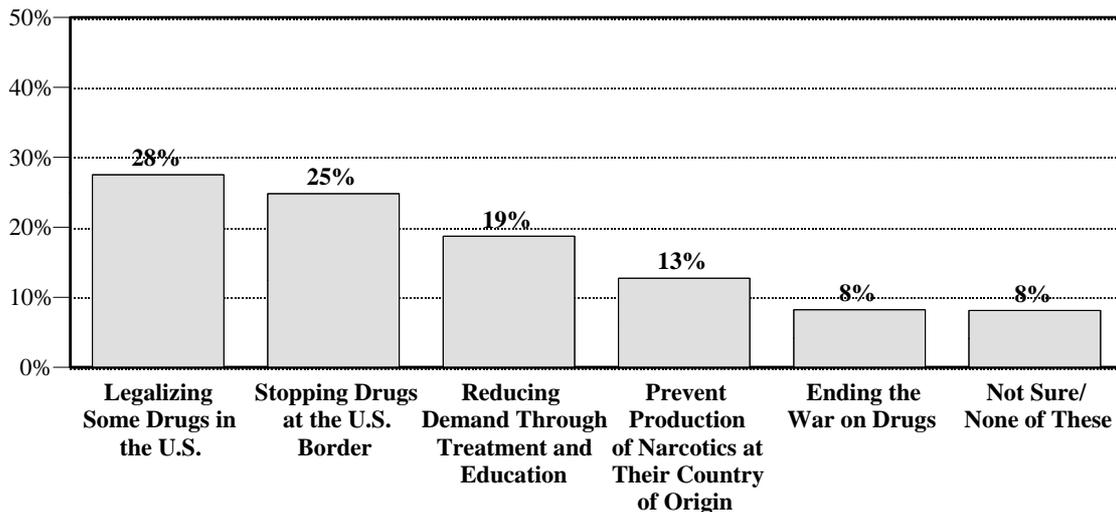
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## *Three-Fourths of Likely Voters Think War on Drugs Is Failing; Legalization, Stopping Drugs at Border, and Reducing Demand Cited As Top Three Strategies*

Three-fourths (76%) of likely voters think that the U.S. war on drugs is failing\*, according to a recent online poll. Only 11% reported that they thought the war on drugs was working, and 13% said that they were not sure (data not shown). When asked what they “feel is the single best way to handle the war on drugs,” 28% of respondents said legalizing some drugs in the U.S. while one-fourth reported the supply-based strategy of stopping drugs at the U.S. border. Slightly less than one-fifth (19%) thought that reducing demand through treatment and education would be most effective. Another supply-based strategy, preventing the production of narcotics at their country of origin, was cited by 13% of those polled.

### Which of the Following Do You Feel Is the Single Best Way to Handle the War on Drugs?

(n=4,730)



\*Respondents were asked, “Do you feel the U.S. war on drugs is working, or is it failing?” Respondents could answer that the war on drugs is working (11%), is failing (76%), or not sure (13%).

NOTES: Data are from an online survey, conducted by Zogby International September 23-25, 2008, of 4,730 likely voters. Data were weighted for region, party, age, race, religion, gender, and education and is representative of the adult population of the U.S. The margin of error is +/- 1.5 percentage points. A “likely voter” is a person who is registered to vote and is determined by a pollster to be likely (based on certain individual characteristics, such as past voting practices) to actually turn out and vote. Percentages do not sum to 100 due to rounding.

SOURCE: Adapted by CESAR from Zogby International, “Zogby Interactive Likely Voters 9/23/08 thru 9/25/08,” 2008. Available online at <http://www.zogby.com/news/X-IAD.pdf>.

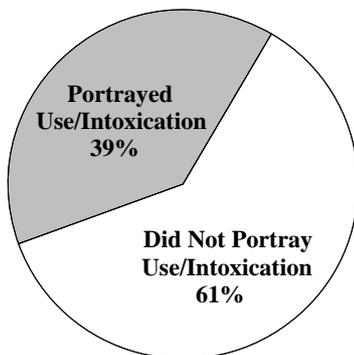
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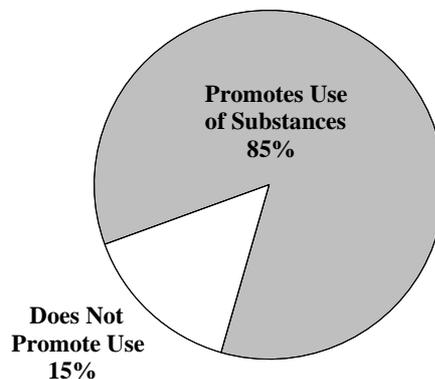
## *Nearly Forty Percent of 1.2 Million Substance-Related Internet Videos Viewed by Teens Portray Explicit Drug Use or Intoxication*

Nearly one million U.S. teens viewed internet videos related to alcohol or other drug use in June 2008, according to an online survey that monitored the internet activity of 13-18 year olds. Of the 1.2 million substance-related videos viewed by teens, 39% portrayed explicit use of alcohol or other drugs and/or intoxication. In addition, the majority (85%) of these videos had comments posted that promoted substance use (see figures below). The survey also found that more than one-third (35%) of viewers of all substance-related videos were younger than 16, and females were more likely than males to watch these videos (57% vs. 43%). More information about teens and technology, including cell phone use, social networking websites, and music and online videos, is available on ONDCP's TheAntiDrug.com website (<http://www.theantidrug.com/teens-technology/index.asp>).

### **More than One-Third (39%) of Substance-Related Videos Viewed by Teens in June 2008 Portrayed Explicit Substance Use and/or Intoxication . . .**



### **. . . and 85% of These Videos Had Posted Comments That Promoted Substance Use**



NOTES: Data are from survey conducted by Nielsen Online for the Office of National Drug Control Policy. During June 2008, all video streams viewed online by a sample of 13 to 18 year olds within Nielsen Online's panel were identified and scored for drug content.

SOURCE: Adapted by CESAR from Nielsen Online, *Teen Viewing of Drug and Alcohol-Related Videos Online: Custom Study Conducted on behalf of ONDCP*, September 2008. Available online at [http://www.whitehousedrugpolicy.gov/publications/pdf/teenviewing\\_darvideos\\_online.pdf](http://www.whitehousedrugpolicy.gov/publications/pdf/teenviewing_darvideos_online.pdf).

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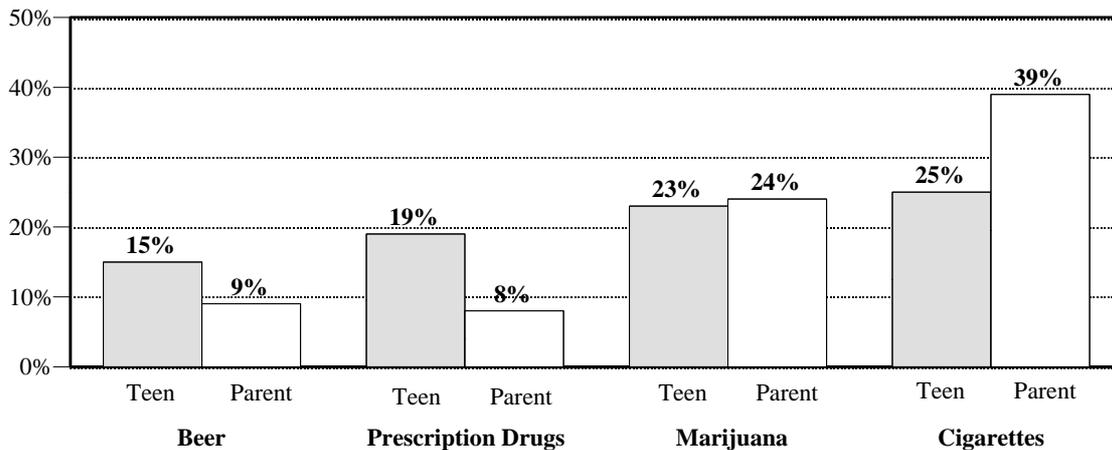
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## *Parents Overestimate Teens' Access to Cigarettes; Underestimate Access to Beer and Prescription Drugs*

Parents of teenagers overestimate how easy it is for teens to buy cigarettes, according to a recent national telephone survey. Thirty-nine percent of parents said that cigarettes are the easiest for teens to buy, compared to one-fourth of teens. In contrast, parents underestimate how easy it is for teens to buy beer and prescription drugs. Fifteen percent of teens say that beer is the easiest for them to buy and 19% cite prescription drugs as the easiest. Only 9% and 8%, respectively, of parents said that these drugs were the easiest for teens to buy. The prescription drug findings are particularly concerning given the recent research—reported in the media—showing that teens are using prescription drugs (see *CESAR FAX*, Volume 17, Issue 2) and that these drugs can be bought on the internet without a prescription (see *CESAR FAX*, Volume 17, Issue 29).

### **Percentage of Teens (Ages 12 to 17) and Parents of These Teens Reporting Which Is the Easiest for Teens to Buy, 2008**

(n=1,002 teens and n=312 parents)



\*Teen respondents were asked, "Which is easiest for someone your age to buy: cigarettes, beer, marijuana, or prescription drugs such as Oxycontin, Percocet, Vicodin or Ritalin, without a prescription?" Parent respondents were asked "Which is easiest for someone your teenager's age to buy..." Other responses provided were "the same" (7% teens; 6% parents) and "don't know/no response" (12% teens; 13% parents).

NOTES: Data are from a random sample of households in the 48 continental states who had a youth ages 12 to 17 living in the household. Telephone interviews were conducted between April 3 and May 13, 2008 with 1,002 teens and between April 17 and June 3, 2008 with 312 parents of interviewed teens. The margin of error is +/-3.1 percent for the teen survey and +/-5.5 percent for the parent survey.

SOURCE: Adapted by CESAR from The National Center on Addiction and Substance Abuse at Columbia University (CASA), *National Survey of American Attitudes on Substance Abuse XIII: Teens and Parents*, August 2008. Available online at <http://www.casacolumbia.org/articlefiles/380-2008%20Teen%20Survey%20Report.pdf>.

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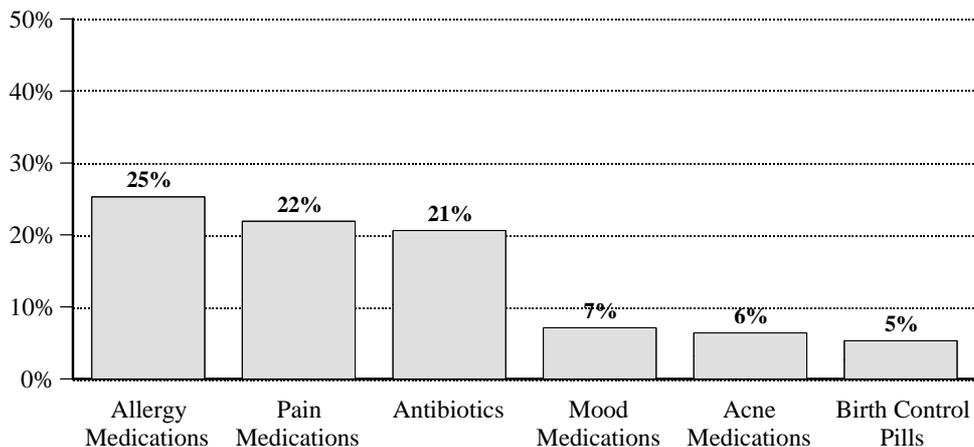
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## *One-Third of Americans Report Sharing Prescription Medications; Allergy, Pain, and Antibiotics Most Commonly Shared*

Americans frequently share prescription medications, according to a survey of a convenience sample of 700 people in 10 cities across the United States. Thirty-four percent of the respondents reported sharing prescription medications in the past year, either by loaning their medications to someone else (7%), borrowing medications from someone else (11%), or both (16%). The types of medications most frequently shared were allergy medications (25%), pain medications (22%), and antibiotics (21%; see figure below). According to the authors, these findings suggest that “a large number of individuals are at risk for loss of warnings and instructions, reduced likelihood of appropriate use and compliance, and numerous related consequences, including reduced care seeking, increased perceptions of ineffective treatment, increased antibiotic resistance, and increased risk of side effects” (p. 1119).

### **Prescription Medications Shared by Survey Participants, 2006**

(n=700 respondents ages 12 to 44 interviewed in public spaces in 10 U.S. cities)



NOTES: The authors note that while the relatively small sample size may not be representative of the entire U.S., it is “well distributed across a variety of demographic characteristics.” In addition, the findings may underrepresent the prevalence of prescription medication sharing since the “participant responses may have been influenced by the belief that medication sharing is an illicit or illegal behavior” (p. 1119).

SOURCE: Adapted by CESAR from Goldsworthy, R.C., Schwartz, N.C., and Mayhorn, C.B. “Beyond Abuse and Exposure: Framing the Impact of Prescription-Medication Sharing,” *American Journal of Public Health* 98(6):1115-1121. For more information, contact Dr. Richard Goldsworthy at rick@academicedge.com.

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## *CASA Report Identifies Four Characteristics of “Problem Parents”*

“Although virtually all mothers and fathers are concerned about the challenges of raising their kids in today’s world, many fail to take essential actions to prevent their kids from smoking, drinking or using drugs,” according to a report from the National Center on Addiction and Substance Abuse at Columbia University (CASA). Using data from a telephone survey of teens and parents, CASA defines “problem parents” as those who fail to 1) monitor their children’s school night activities; 2) safeguard prescription drugs in the home; 3) address the problem of drugs in schools; and 4) set a good example.

### **Failure to Monitor School Night Socializing**

- Nearly one-half (46%) of teens say that they typically go out with friends on school nights, while only 14% of parents say that their teens do so.
- Once out, 53% of teens come home between 8:00 and 10:00 p.m. and 15% come home later.
- The later teens stay out, the more likely they are to use alcohol or other drugs—even among older teens. Nearly one-third (29%) of those who come home between 8:00 and 10:00 p.m. and 50% of those who come home after 10:00 p.m. say there’s alcohol or drug use among the kids they are with.

### **Failure to Safeguard Prescription Drugs**

- One-third of teens who know someone who abuses prescription drugs say that person gets the drugs from parents, home, or medicine cabinets.

### **Failure to Address Drugs in School**

- One-third of parents think that the presence of drugs in school does not make it more likely that their child will use drugs. Yet previous CASA surveys have found that teens attending schools where drugs are used, kept, or sold are 5 times more likely to use marijuana, 15 times more likely to use prescription drugs, and 16 times more likely to use an illegal drug (other than marijuana or prescription drugs).

### **Failure to Set a Good Example**

- One-fourth of all teens know a parent of a classmate or friend who uses marijuana—and 10% say that this parent smokes with people the teens’ age.

According to CASA, “by identifying the characteristics of these problem parents, we hope to identify actions that parents can take—and avoid—in order to raise healthy, drug-free children and become part of the solution” (p. iii).

NOTES: Data are from a random sample of households in the 48 continental states who had a youth ages 12 to 17 living in the household. Telephone interviews were conducted between April 3 and May 13, 2008 with 1,002 teens and between April 17 and June 3, 2008 with 312 parents of interviewed teens. The margin of error is +/-3.1 percent for the teen survey and +/-5.5 percent for the parent survey.

SOURCE: Adapted by CESAR from The National Center on Addiction and Substance Abuse at Columbia University (CASA), *National Survey of American Attitudes on Substance Abuse XIII: Teens and Parents*, August 2008. Available online at <http://www.casacolumbia.org/articlefiles/380-2008%20Teen%20Survey%20Report.pdf>.

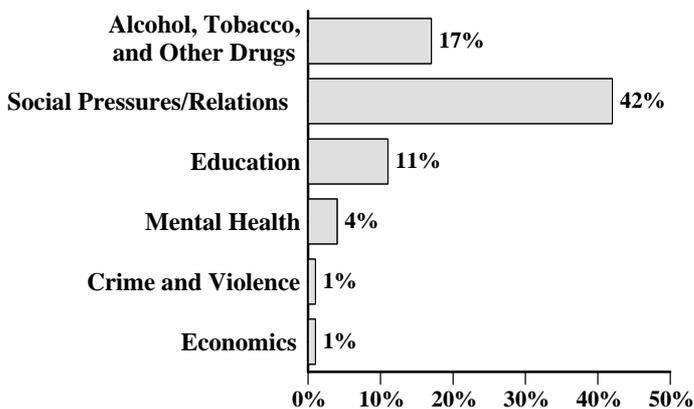
**A Weekly FAX from the Center for Substance Abuse Research**

**University of Maryland, College Park**

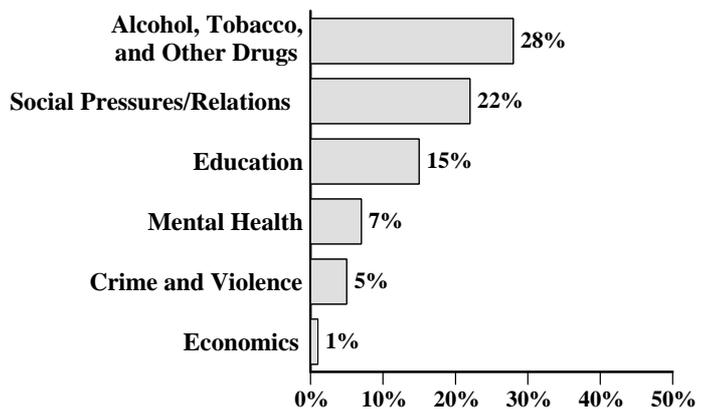
## *Parents Think Social Pressures Are Main Concern of Teens While Their Teens Say They Are More Concerned with Alcohol, Tobacco, and Other Drugs*

Parents of teenagers overestimate how important social pressures are for teenagers, according to data from a national telephone survey conducted earlier this year. Forty-two percent of parents of teenagers reported that social pressures and relationships, such as fitting in, peer pressure, and sexual issues, were the top concern of teenagers, compared to only 22% of teens. In contrast, parents underestimated the importance of alcohol, tobacco, and other drugs in the lives of teenagers. More than one-fourth (28%) of teens reported that drugs are the number one problem facing people their age, compared to only 17% of parents. These findings are similar to those found by the same survey two years ago (see *CESAR FAX*, Volume 15, Issue 35).

### **While More Than 40% of Parents Think Social Pressures Are the Top Concern of Teens . . .**



### **Their Teens Are More Likely to Say Drugs Are Their Number One Concern**



\*Teen respondents were asked, "What is the most important problem facing people your age—that is, the thing which concerns you the most?" Parent respondents were asked "And from the point of view of teenagers like your own, what do you think he or she would say is the most important problem someone their age faces?" Both questions were open-ended.

NOTES: Data are from a random sample of households in the 48 continental states who had a youth ages 12 to 17 living in the household. Telephone interviews were conducted between April 3 and May 13, 2008 with 1,002 teens and between April 17 and June 3, 2008 with 312 parents of interviewed teens. The margin of error is +/-3.1 percent for the teen survey and +/-5.5 percent for the parent survey.

SOURCE: Adapted by CESAR from The National Center on Addiction and Substance Abuse at Columbia University (CASA), *National Survey of American Attitudes on Substance Abuse XIII: Teens and Parents*, August 2008. Available online at <http://www.casacolumbia.org/articlefiles/380-2008%20Teen%20Survey%20Report.pdf>.

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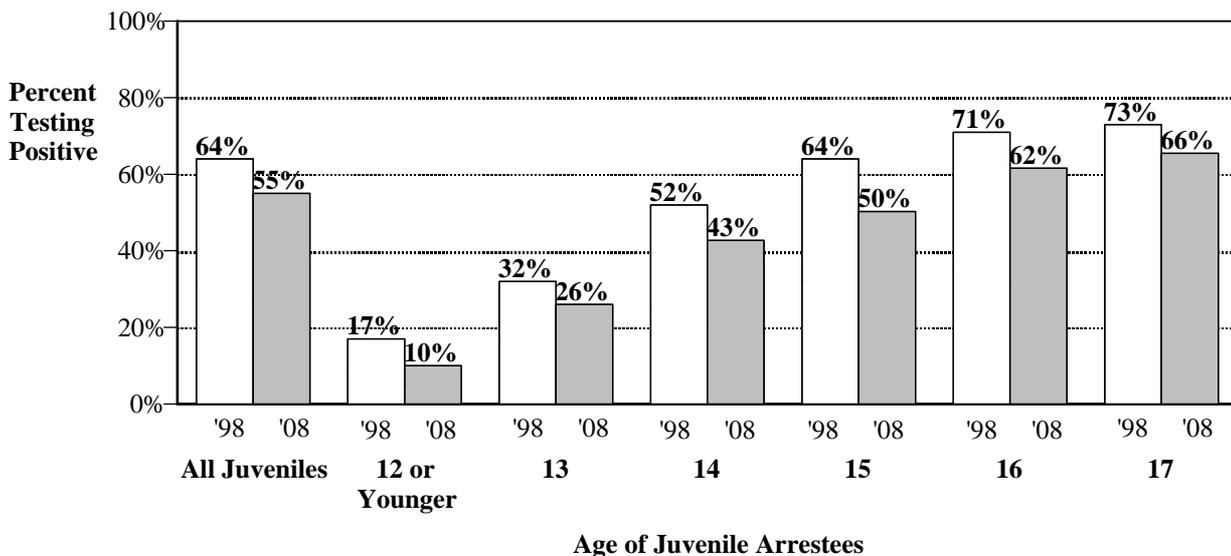
University of Maryland, College Park

## *Percentage of D.C. Juvenile Arrestees Testing Positive for Drugs Decreased Over Last Decade; Greatest Decreases Occurred Among Youth 12 or Younger*

The percentage of juvenile arrestees in Washington, D.C. testing positive for illicit drugs has decreased over the past decade, according to data from the D.C. Pretrial Services Agency. From January to October 2008, 55% of juvenile arrestees tested positive for at least one illicit drug (primarily marijuana), compared to 64% in 1998. While these decreases occurred among arrestees of all ages, the greatest decreases were among those 12 or younger. The percentage of arrestees 12 or younger testing positive for illicit drugs decreased 41% from 1998 to 2008 (from 17% to 10%). In contrast, the percentage of 17-year-old arrestees testing positive decreased 10% over the same period (from 73% to 66%).

**Percentage of Washington, D.C. Juvenile Arrestees  
Testing Positive by Urinalysis for Any Drug, by Age, 1998 and 2008\***

(n=2,394 in 1998; 2,157 from Jan-Oct 2008)



\*2008 data are from January to October 2008.

SOURCE: Adapted by CESAR from data from the District of Columbia Pretrial Services Agency, Juvenile Drug Testing Statistics. Data for 2008 available online at <http://www.dcpsa.gov/foia/foiaERRpsa.htm>.

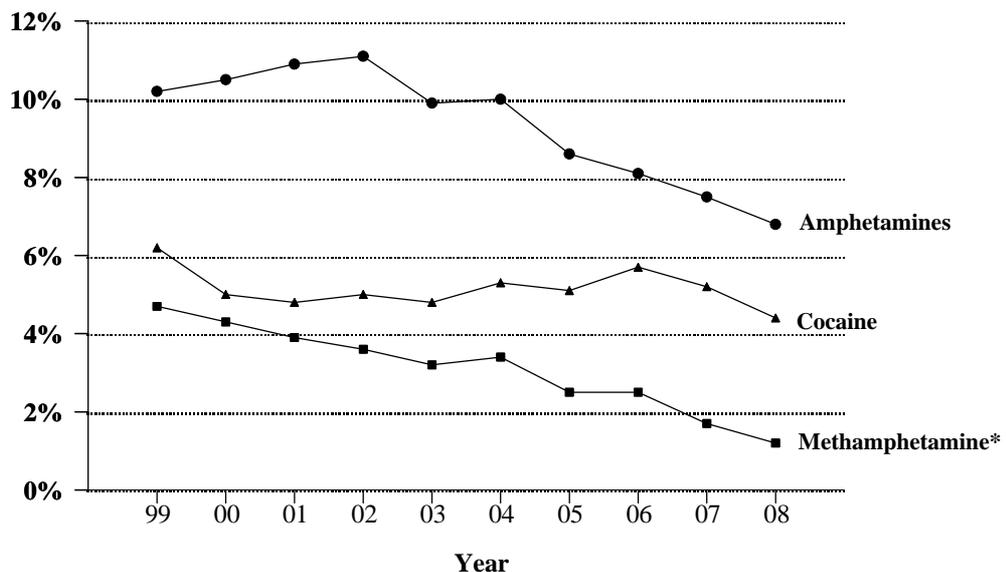
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## *Use of Cocaine and Amphetamines Among U.S. 12<sup>th</sup> Graders Continues to Decrease*

The use of cocaine and amphetamines among high school seniors in the U.S. continues to decrease, according to recently released data from the 2008 Monitoring the Future survey. The percentage of 12<sup>th</sup> graders reporting past year use of cocaine has decreased slightly in recent years (from 5.7% in 2006 to 4.4% in 2008) and amphetamine use decreased from the most recent high of 11.1% in 2002 to 6.8% in 2008. In addition, the use of methamphetamine—a type of amphetamine—has decreased as well, reaching a low of 1.2% in 2008. Lloyd Johnston, the study's principal investigator, notes that “the use of this highly addictive drug is now down by about two thirds among teens since 1999, when its use was first measured.”

### Percentage of Twelfth Graders Reporting Use of Stimulants in the Past Year, 1999 to 2008



\*Methamphetamine is also included in the category amphetamines.

SOURCE: Adapted by CESAR from University of Michigan, “Various Stimulant Drugs Show Continuing Gradual Declines Among Teens in 2008, Most Illicit Drugs Hold Steady,” Monitoring the Future press release, December 11, 2008. Available online at <http://www.monitoringthefuture.org>.

### **CESAR Wishes You a Very Happy Holiday Season!**

This is the final issue of the *CESAR FAX* for 2008. The *CESAR FAX* will resume with Volume 18, Issue 1 on January 12<sup>th</sup>, 2008. Thank you for your support during the past year!

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