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A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

CESAR FAX Annual Volume

Volume 18 2009

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ACKNOWLEDGMENTS

CESAR is pleased to provide this 2009 Annual Volume of the *CESAR FAX*. To assist you in using this volume, the Table of Contents indexes the 2009 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 5,500 recipients worldwide. The *CESAR FAX* continues to provide timely and relevant substance abuse information in an easy-to-read format.

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Have all of the 2008 *CESAR FAX* issues at your fingertips! The bound volume contains all of the 2008 issues, indexed by issue number and subject area. Complimentary copies of the bound volume will be available on our website in late January (www.cesar.umd.edu). To purchase a hard copy, mail the form below along with a purchase order or check for \$10 to: CESAR, Attention: *CESAR FAX* 2008, 4321 Hartwick Rd, Suite 501, College Park, MD 20740. Purchase orders may also be faxed to 301-403-8342. Thank you!

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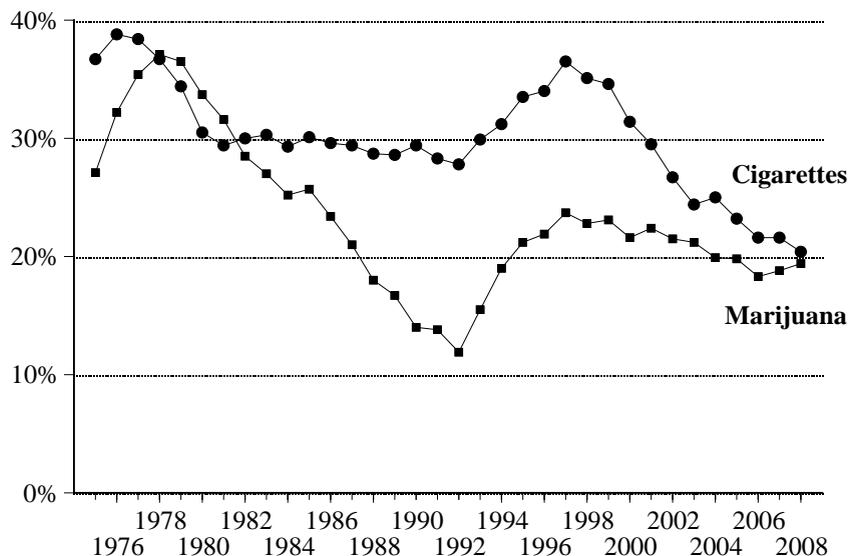
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U.S. High School Seniors Now as Likely to Be Smoking Cigarettes as Marijuana

High school seniors are as likely to smoke cigarettes in the past month as they are to use marijuana, according to the most recent data from the national Monitoring the Future survey. In 2008, 20.4% of 12th graders reported smoking cigarettes in the past month, a substantial decline from the most recent high of 36.5% in 1997. Marijuana use also had its most recent peak in 1997 (23.7%), but has declined at a slower rate, reaching 19.4% in 2008. This is the first time since the late 70s and early 80s that marijuana use has rivaled cigarette use among this population. Similar trends in cigarette and marijuana use have occurred among 8th and 10th graders.*

Percentage of U.S. 12th Grade Students Reporting Past Month Use of Cigarettes and Marijuana, 1975 to 2008



*In 2008, 6.8% of 8th graders reported smoking cigarettes in the past month and 5.8% reported using marijuana. Among 10th graders, 12.3% reported smoking cigarettes, and 13.8% reported using marijuana.

SOURCE: Adapted by CESAR from University of Michigan, "Trends in 30-Day Prevalence of Use of Various Drugs in Grades 8, 10, and 12," Monitoring the Future study, 2008. Available online at <http://www.monitoringthefuture.org/data/08data/pr08t3.pdf>.

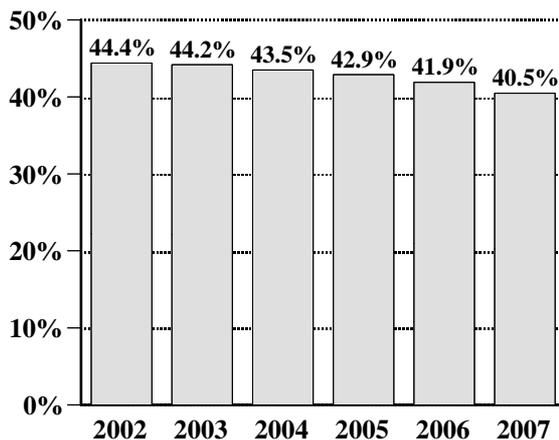
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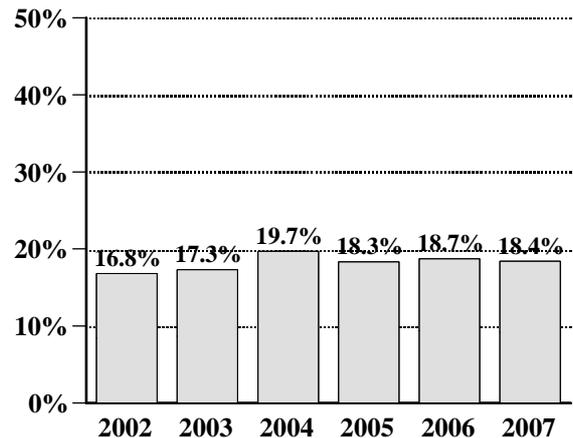
While Cigarette Smoking by Young Adult Males Has Declined, Cigar Smoking Remains Stable

Cigar smoking remains popular among young adult males, according to data from the National Survey on Drug Use and Health (NSDUH). Cigarette smoking in the past month among males ages 18 to 25 decreased from 44.4% in 2002 to 40.5% in 2007, mirroring declines in both the general population (see *CESAR FAX*, Volume 17, Issue 34), and among youth (see *CESAR FAX*, Volume 18, Issue 2). At the same time young adult males continue to smoke cigars. Nearly one in five males (18.4%) ages 18 to 25 reported smoking a cigar in the past month in 2007, compared to 16.8% in 2002 (see figure below). According to the authors, “it is important for young adults to understand—and for prevention and intervention programs to continue to emphasize—that cigar use is not a healthy alternative to cigarette smoking” (p. 3).

While Cigarette Smoking by Young Adult Males Has Declined . . .



. . . Cigar Smoking Remains Stable



SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), Cigar Use Among Young Adults Aged 18 to 25, The NSDUH Report, January 15, 2009. Available online at <http://www.oas.samhsa.gov/2k8/cigars/cigars.cfm>.

Establish a Community Services Locator in Your County or State

Since 2007, CESAR has operated the interactive Maryland Community Services Locator (MDCSL) website (www.mdcsll.org), which allows users to quickly find detailed resource listings for a variety of Maryland community resources, including substance abuse treatment, housing services, and job readiness programs. If you are interested in establishing a community services locator in your county or state, CESAR can share lessons learned, provide consultant services, or manage the development of your program. Please send inquiries to mdcsll@cesar.umd.edu.

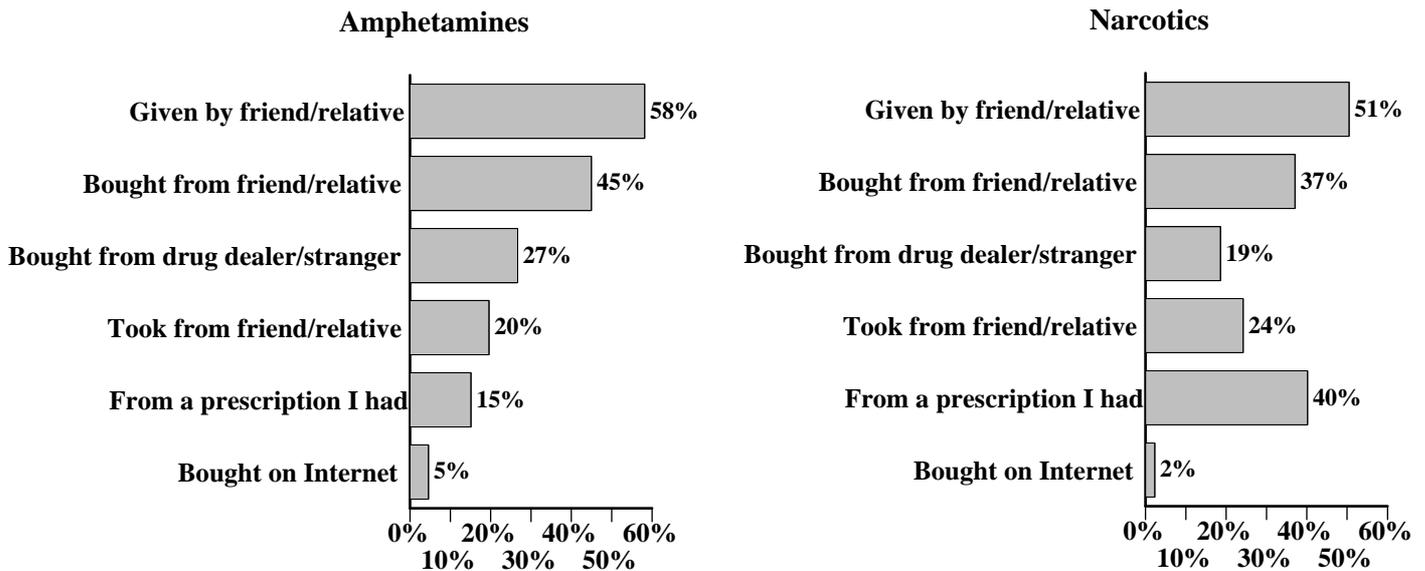
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Friends and Family Are Most Common Source of Prescription Amphetamines and Narcotics Used Nonmedically by 12th Graders

Friends and family are the most common source of prescription amphetamines and narcotics used by high school seniors without a doctor's orders, according to data from the national Monitoring the Future Survey. More than one-half of 12th graders who used these prescription drugs nonmedically in the past year reported getting them for free and more than one-third reported buying them from a friend or relative. While "clearly the informal network of relatives and friends play a major role in the distribution of these prescription drugs to young users," high school seniors also report getting prescription drugs from other sources, such as from drug dealers or buying them on the internet. Of particular interest is that 40% of 12th graders who had used their prescription narcotics nonmedically reported obtaining the drugs from a prescription they already had (see figure below), compared to only 15% of those using prescription amphetamines nonmedically.

Source of Prescription Drugs Used Nonmedically in the Past Year by U.S. 12th Graders
(2007-2008 Combined)



NOTE: Percentages sum to more than 100 because respondents could report more than one source.

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>.

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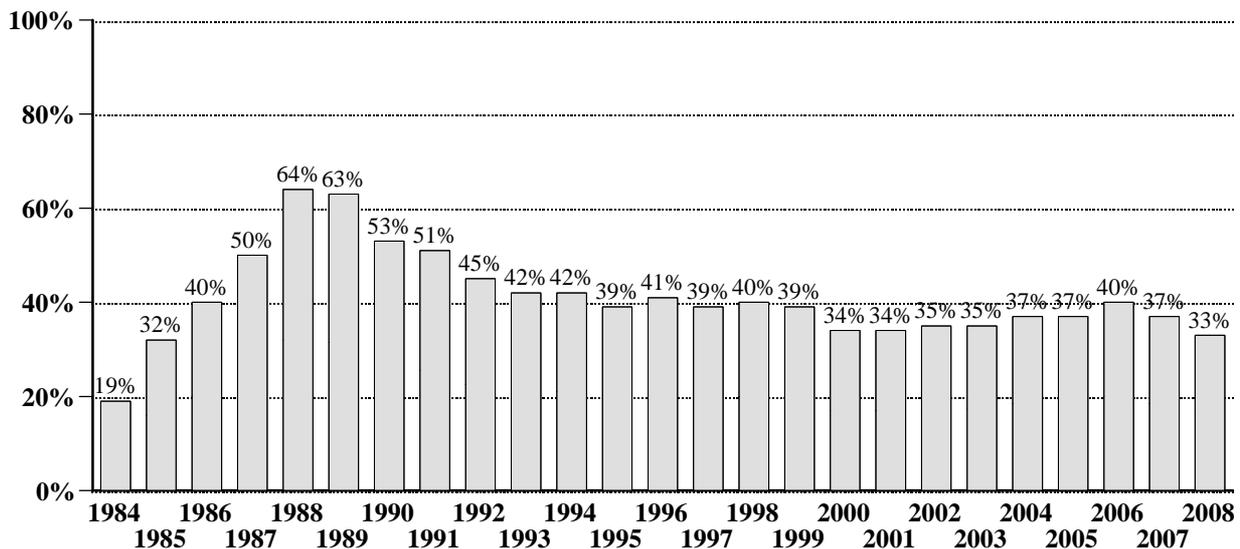
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Percentage of D.C. Adult Arrestees Testing Positive for Cocaine Lowest Since 1985

While cocaine continues to be the drug that adult arrestees in the District of Columbia test positive for most often, the most recent positive rates are well below the levels seen in the late 1980s. According to the D.C. Pretrial Services Agency, 33% of adult arrestees tested positive for cocaine in 2008, nearly half the peak of 64% reached in 1988. In fact, the 2008 rate is the lowest seen in this population since 1985 (see figure below). Several reasons may have contributed to this decline in cocaine use over the past two decades, including an aging cohort of cocaine-using arrestees and an increased awareness of the negative effects of the drug.

Percentage of Washington, D.C. Adult Arrestees Testing Positive for Cocaine, 1984 to 2008*

(N ranged from 10,990 in 1984 to 24,375 in 2008)



NOTE: The D.C. Pretrial Services Agency began drug testing arrestees in 1984.

SOURCE: Adapted by CESAR from data from the District of Columbia Pretrial Services Agency. Available online at <http://www.dcpa.gov/foia/foiaERRpsa.htm>. For more information, contact Jerome Robinson, Director of Forensic Research at the D.C. Pretrial Services Agency at jerome.robinson@csosa.gov.

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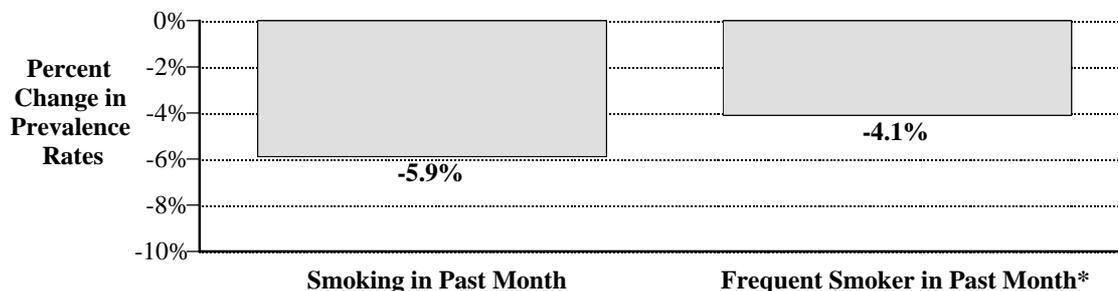
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***Federal Tobacco Tax to Increase by 62¢ Per Pack;
Increases in Tobacco Tax Have Been Shown to Reduce Youth Smoking***

Earlier this month the President enacted the State Children's Health Insurance Program (SCHIP) bill, expanding the number of children covered by SCHIP from the 7.4 million to 11 million. The SCHIP expansion is funded by a federal tax increase on tobacco products, including a 62 cent-per-pack increase on cigarettes, which is scheduled to go into effect on April 1, 2009. While the purpose of the tobacco tax increase is to generate revenue, it may also decrease youth smoking rates. An analysis of data from the 1991 to 2005 Youth Risk Behavior Surveys found that the "large state tobacco tax increases of the past 15 years were associated with significant reductions in smoking participation and frequent smoking by youths" (p. 287). The researchers estimate that every \$1.00 in increased state tax could potentially result in a 5.9% decrease in past-month smoking prevalence and a 4.1% decrease in the prevalence of frequent smoking among U.S. high school youth (see figure below). It remains to be seen how much the recently enacted federal tax increase will reduce youth smoking rates. In 2007, 20% of youth had smoked in the past month and 8% were frequent smokers.

**Estimated Potential Effect of Increasing State Cigarette Tax Rates by \$1 per Pack
on Smoking by U.S. High School Students**

(101,633 U.S. high school students surveyed from 1991 to 2005)



*Frequent smoking is defined as smoking on at least 20 of the past 30 days.

NOTE: The researchers also conducted analyses to address concerns that other state tobacco policies might be affecting the impact of taxes and concluded that "other omitted tobacco policies are unlikely to be biasing our estimated tax effects" (p. 297).

SOURCE: Adapted by CESAR from Carpenter, C. and Cook, P., "Cigarette Taxes and Youth Smoking: New Evidence from National, State, and Local Youth Risk Behavior Surveys," *Journal of Health Economics*, 27(2):287-299, 2008. For more information, contact Christopher Carpenter at kittc@uci.edu or Philip Cook at pcook@duke.edu.

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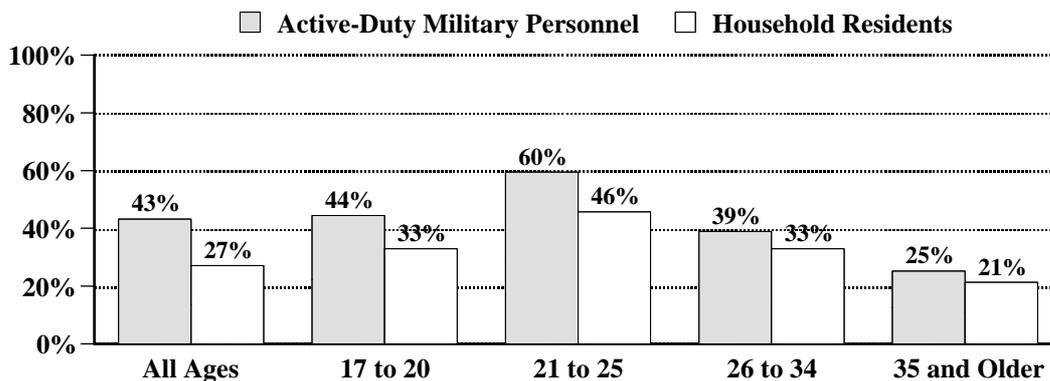
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Military Personnel More Likely to Binge Drink Than Household Residents; Largest Discrepancy Seen Among Underage Youth and Young Adults

Military personnel are more likely than household residents to report binge drinking in the past month, according to data from the Survey of Health Related Behaviors Among Military Personnel and the National Survey on Drug Use and Health. Overall, 43% of active-duty military personnel (ADMP) reported binge drinking in 2005 (the most current year for which data are available), compared to 27% of household residents*. While ADMP had higher rates across all age groups, the largest difference in binge drinking rates were found among underage youth ages 17 to 20 (44% vs. 33%) and young adults ages 21 to 25 (60% vs. 46%). Noting that “most alcohol programs in the military have tended to focus exclusively on screening and treating alcoholism,” the authors suggest that other interventions be implemented, such as increasing the price of alcoholic beverages on military bases, establishing and enforcing “rules restricting the use of alcohol in dormitories, in single housing, and onboard ships,” and offering alcohol-free activities.

Percentage of U.S. Active-Duty Military Personnel and Household Residents Reporting Binge Drinking in the Past Month, by Age, 2005



NOTE: Binge drinking is the consumption on a single occasion of 5 or more drinks for men or 4 or more drinks for women.

*Data from the National Survey on Drug Use and Health are for persons ages 17 to 64.

SOURCES: Adapted by CESAR from Stahre, M.A., Brewer, R.D., Fonseca, V.P., and Naimi, T.S. “Binge Drinking Among U.S. Active-Duty Military Personnel,” *American Journal of Preventive Medicine* 36(3):208-217, 2009. For more information contact Mandy Stahre at mstahre@cdc.gov; and Substance Abuse and Mental Health Services Administration, *Results from the 2005 National Survey on Drug Use and Health: Detailed Tables, 2006*. Available online at <http://www.oas.samhsa.gov/NSDUH/2k5nsduh/tabs/2k5tabs.pdf>

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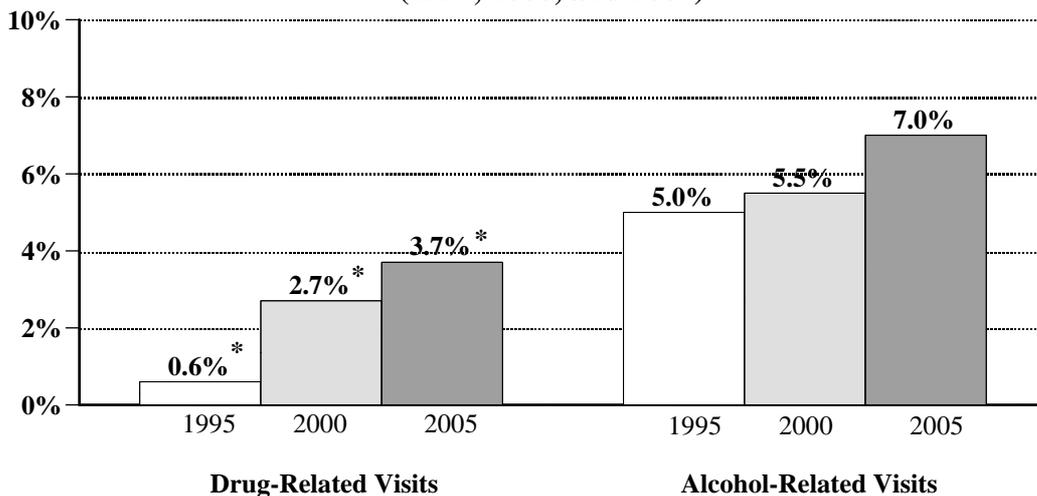
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University of Maryland, College Park

U.S. Drug-Related Emergency Department Visits by Adults Increased Significantly Since 1995; Alcohol-Related Visits Stable

“Drug-related ED visits have significantly increased over the last decade,” according to a recent analysis of data from the National Alcohol Surveys. In 1995, less than one percent (0.6%) of adults reported obtaining ED treatment for an illness or injury for which they reported drug use within 6 hours of the event, compared to 3.7% in 2005. Alcohol-related ED visits, however, did not change significantly, ranging between 5% and 7% over the period. According to the authors, these data suggest that “ED continues to be an important site for initiating screening, brief intervention and referral to treatment for both alcohol- and drug-related problems” and that the “Healthy People 2010 objectives which call for a reduction in alcohol and drug-related ED visits may not be reached” (p. 582).

Percentage of U.S. Adults Reporting Drug- and Alcohol-Related Emergency Department Visits (1995, 2000, and 2005)



*linear trend significant at $p < .01$

NOTES: Drugs are defined as illicit or nonprescription psychoactive drugs.

SOURCE: Adapted by CESAR from Cherpitel, C.J. and Ye, Y. “Trends in Alcohol- and Drug-Related ED and Primary Care Visits: Data from Three U.S. National Surveys (1995-2005),” *The American Journal of Drug and Alcohol Abuse* 34(5):576-583, 2008. For more information, contact Cheryl Cherpitel at ccherpitel@arg.org.

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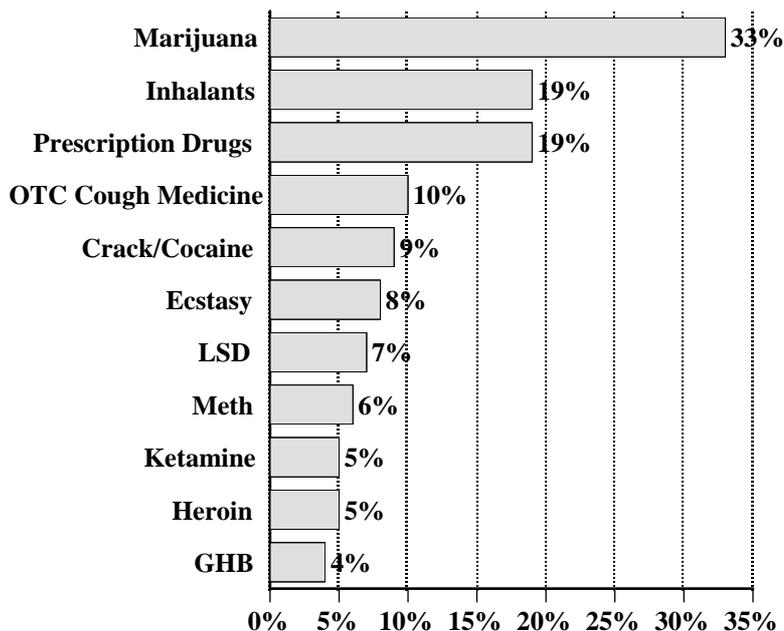
University of Maryland, College Park

Marijuana, Inhalants, and Prescription Drugs Are Top Three Substances Abused by Teens

More teens report abusing prescription drugs and inhalants than any illicit drug except marijuana, according to data from the recently released Partnership Attitude Tracking Study (PATS). Marijuana continues to be the most prevalent drug used among this population, with nearly one-third of teens reporting having ever tried marijuana in their lifetime. The next two most prevalent substances abused, however, are substances that are not illegal when used as directed, and are often readily available in teens' households. Nearly one in five (an estimated 4.7 million) teens have ever abused inhalants and the same number report abusing prescription drugs. In addition, 10% of teens (an estimated 2.5 million) have ever abused over-the-counter cough medicines—approximately the same percentage who have ever used crack/cocaine or ecstasy (see figure below). Perceived risk and availability may help explain the prevalence of prescription drug abuse—41% of teens thought that prescription drugs are much safer to use than illegal drugs and 61% reported that prescription drugs are easier to get than illegal drugs (data not shown).

Percentage of U.S. Teens (Grades 7 to 12) Reporting Ever Trying Drugs, 2008

(N=6,518)



NOTES: Abuse of inhalants and OTC cough medicine is defined as using the substance to get high. Abuse of prescription drugs is defined as use without a doctor's prescription. The margin of error is +/- 1.3%.

SOURCE: Adapted by CESAR from The Partnership for a Drug-Free America, *The Partnership Attitude Tracking Study (PATS): Teens 2008 Report*, 2009. Available online at http://www.drugfree.org/Files/full_report_teens_2008. For more information, contact the Partnership at 212-922-1560.

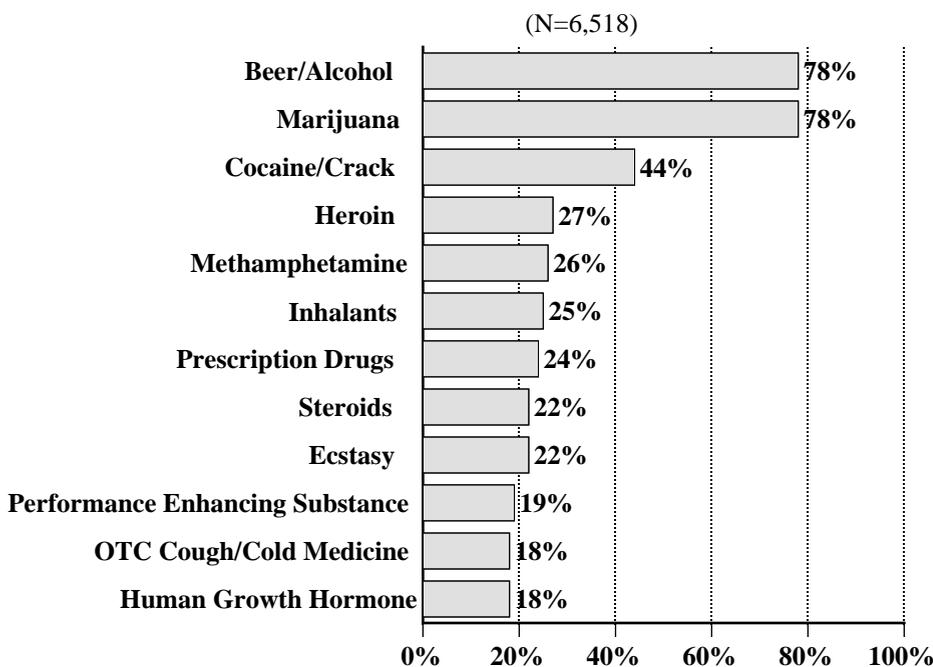
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Parents Most Likely to Discuss Alcohol, Marijuana, and Cocaine Use with Their Children; Less Likely to Discuss Inhalants and Prescription Drugs

Parents are most likely to discuss the risks of alcohol, marijuana, and cocaine use with their children, according to data from the 2008 Partnership Attitude Tracking Study (PATS). The majority of teens (78%) reported that their parents had discussed the risks of using beer, other alcoholic beverages, or marijuana with them. Forty-four percent of teens reported that their parents had discussed the dangers of cocaine and crack use with them. Significantly less teens, however, reported that their parents discussed the risks of inhalant (25%) and prescription drug abuse (24%), despite the fact that these substances were the most prevalent substances used by teens, after marijuana (see *CESAR FAX*, Volume 18, Issue 9). Other substances less commonly discussed included performance enhancing drugs used without a prescription (such as steroids and human growth hormone), ecstasy, and over-the-counter cold or cough medicines used to get high.

Percentage of U.S. Teens (Grades 7 to 12) Reporting That Their Parents Discussed the Risk of Substance Use/Abuse with Them, 2008



NOTES: Abuse of inhalants and OTC cough medicine is defined as using the substance to get high. Abuse of prescription drugs, steroids, performance enhancing substances, and human growth hormone is defined as use without a doctor's prescription. The margin of error is +/- 1.3%.

SOURCE: Adapted by CESAR from The Partnership for a Drug-Free America, *The Partnership Attitude Tracking Study (PATS): Teens 2008 Report*, 2009. Available online at http://www.drugfree.org/Files/full_report_teens_2008. For more information, contact the Partnership at 212-922-1560.

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“Time to Talk” and New “Time to Act” Websites Provide Helpful Information for Parents

Recent research shows that less than half of teens report that their parents discuss drugs other than alcohol or marijuana with them (see *CESAR FAX*, Volume 18, Issue 10). *Time to Talk* (www.timetotalk.org), a website sponsored by the Partnership for Drug Free America, provides information and multimedia tools to help parents with the often difficult task of talking about alcohol and other drugs with their children. In addition, the Partnership, in collaboration with the Treatment Research Institute, recently launched a companion site, *Time to Act* (www.timetoact.drugfree.org), “a new, first-of-its-kind resource to help parents spot signs and symptoms, have productive conversations with their teens, and find outside help if they need it.” Both websites provide straightforward, science-based information and recommendations grounded in the belief that parents are an influential force in their children’s lives.

Information Found on *Time To Talk* and *Time To Act* Websites

 <p>www.timetotalk.org</p>	<p>TIME TO ACT!</p> <p>www.timetoact.drugfree.org</p>
<ul style="list-style-type: none"> • Examples of scenarios of abuse, including helpful tips on how to talk with your child about the risks and how to safeguard that may arise, with age-appropriate suggestions on how to start a conversations. 	<ul style="list-style-type: none"> • Videos of experts in the field providing tips on how, when, and what to ask if you think your child may be using drugs.
<ul style="list-style-type: none"> • How to teach your children to say no to drugs, including sample scenarios and possible responses. 	<ul style="list-style-type: none"> • Information on the signs and risk factors of drug abuse.
<ul style="list-style-type: none"> • How to answer the question, “Did you do drugs?” 	<ul style="list-style-type: none"> • How to prepare before talking to your child—and tips on what to say to them—when you know they are using drugs.
<ul style="list-style-type: none"> • Podcasts on prescription drug your medications at home. 	<ul style="list-style-type: none"> • How to set limits, rules, and consequences for your drug-using child.
<ul style="list-style-type: none"> • Tips on how to help your teens slow down and stress less 	<ul style="list-style-type: none"> • Advice on getting outside help.

SOURCE: Adapted by CESAR from The Partnership for a Drug-Free America, *Time to Talk* website, www.timetotalk.org and *Time to Act* website, www.timetoact.drugfree.org.

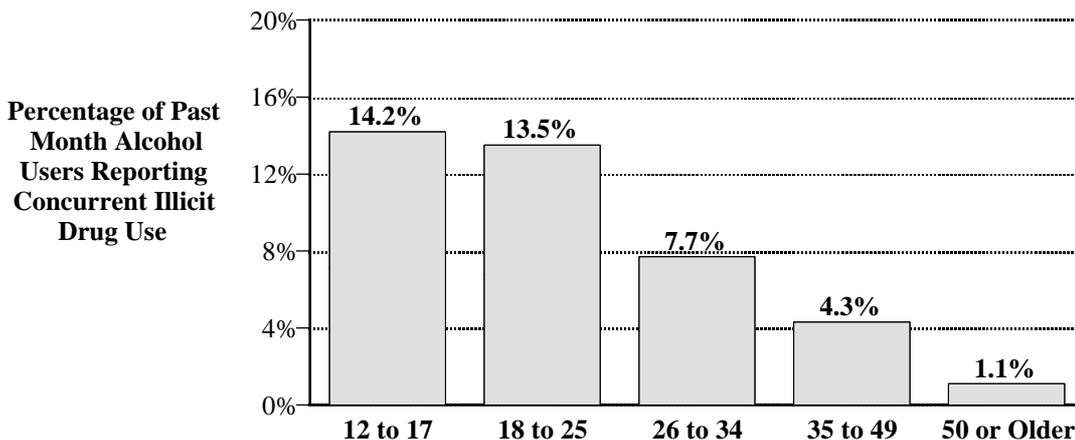
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Youths and Young Adults More Likely Than Older Persons to Have Used Alcohol and Illicit Drugs Together in the Past Month

An estimated 7.1 million current alcohol users reported using illicit drugs (primarily marijuana) at the same time they last used alcohol, according to an analysis of data from the National Survey on Drug Use and Health (NSDUH). Youths ages 12 to 17 and young adults ages 18 to 25 were most likely to report concurrent alcohol and illicit drug use (14.2% and 13.5%, respectively), compared to 7.7% of adults ages 26 to 34 and less than 5% of older adults (see figure below). Concurrent alcohol and illicit drug use was also more prevalent among males (7.1% vs. 3.9% for females) and among binge drinkers (13.9% vs. 3.8% for non-binge drinkers; data not shown). The authors suggest that “prevention and treatment providers should continue to emphasize the risks of using alcohol and illicit drugs together, with targeted messages for those groups at greatest risk for this behavior” (p. 3).

Percentage of Past Month Alcohol Users Reporting Concurrent Illicit Drug and Alcohol Use, by Age Group
(2006 and 2007 data combined)



NOTES: Marijuana was the drug most frequently used concurrently with alcohol (4.8%). All other illicit drugs (cocaine/crack, inhalants, hallucinogens, heroin, and prescription-type drugs used nonmedically) were each used concurrently with alcohol by less than 1% of respondents.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), “Concurrent Illicit Drug and Alcohol Use,” *The NSDUH Report*, March 19, 2009. Available online at <http://www.oas.samhsa.gov/2k9/alcDrugs/alcDrugs.cfm>.

Want to Establish a Community Services Locator in Your County or State?

Since 2007, CESAR has operated the interactive Maryland Community Services Locator (MDCSL) website (www.mdcsll.org), which allows users to quickly find detailed resource listings and directions to a variety of Maryland community resources, including substance abuse treatment, housing services, and job readiness programs. If you are interested in establishing a community services locator in your county or state, CESAR can share lessons learned, provide consultant services, or manage the development of your program. Please send inquiries to mdcsll@cesar.umd.edu.

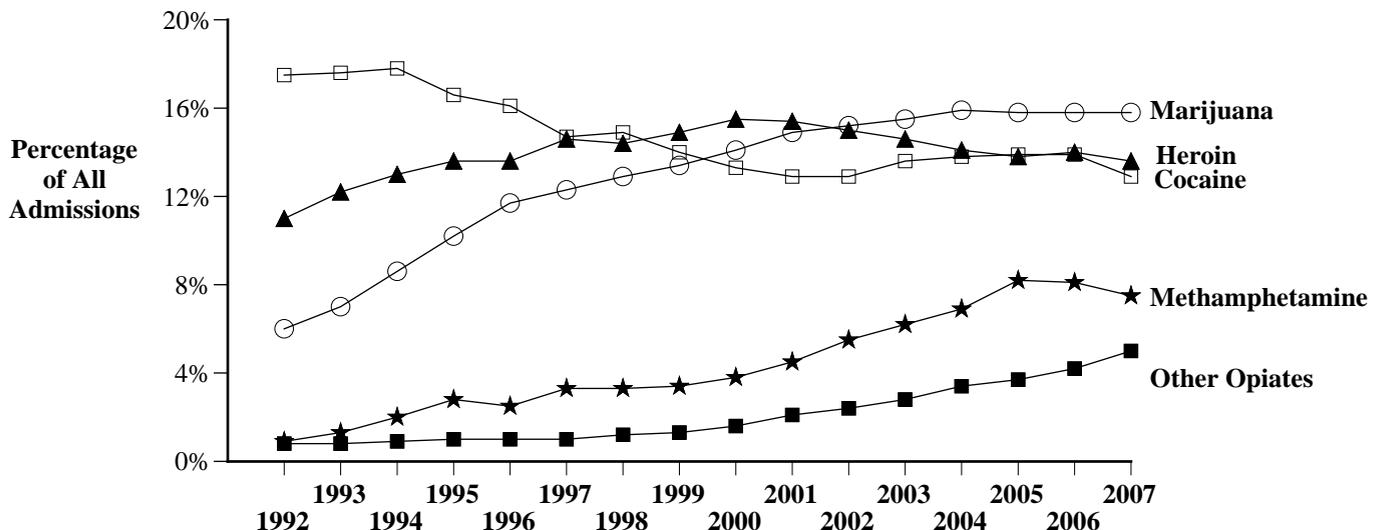
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National Treatment Admissions for Methamphetamine as the Primary Drug of Abuse Decrease; Admissions for Opiates Other Than Heroin Continue to Increase

The percentage of national admissions to state-funded substance abuse treatment facilities citing methamphetamine as a primary substance of abuse decreased slightly from a recent peak of 8.2% in 2005 to 7.5% in 2007, according to recently released data from the national Treatment Episode Data Set (TEDS). These findings are consistent with other reports of declining methamphetamine use.* In contrast, admissions for the primary abuse of opiates other than heroin, such as the prescription painkiller oxycodone, have increased five-fold since data collection began in 1992, reaching a high 5.0% in 2007. Admissions for the primary abuse of other drugs have remained relatively stable over the past few years (see figure below).

Primary Substance of Abuse at Admission to U.S. State Licensed or Certified Substance Abuse Treatment Facilities, 1992 to 2007



*e.g., National Household Survey on Drug Use and Health, Monitoring the Future, Community Epidemiology Work Group.

SOURCE: Adapted by CESAR from the Office of Applied Studies, SAMHSA, *Treatment Episode Dataset (TEDS) Highlights—2007, National Admissions to Substance Abuse Treatment Services*, 2009. Available online at <http://www.oas.samhsa.gov/dasis.htm#teds2>.

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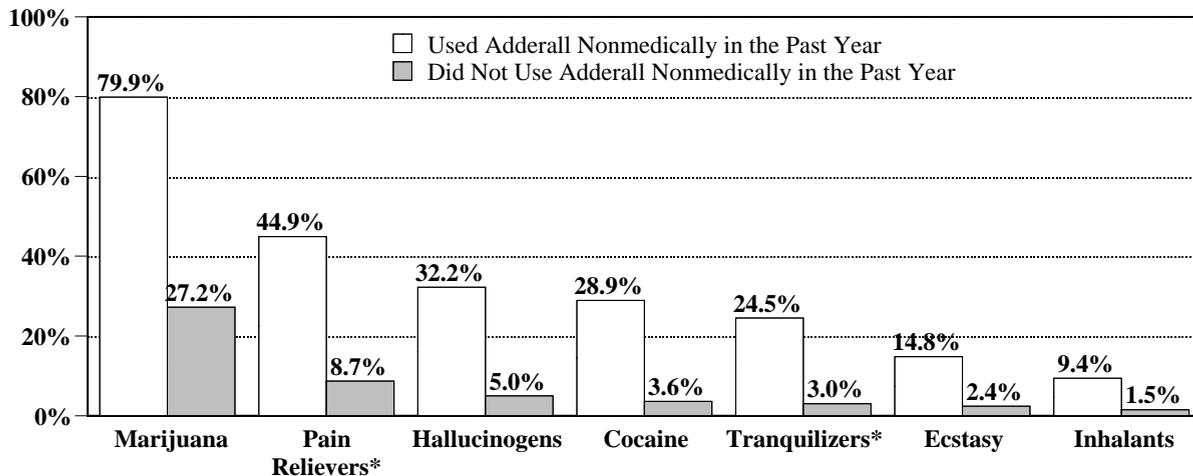
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College Students Who Have Used Adderall® Nonmedically in the Past Year More Likely to Have Also Used Other Drugs

Full-time college students who used the prescription stimulant Adderall® nonmedically in the past year were more likely than those who had not used Adderall nonmedically to have also used other drugs, according to an analysis of data from the National Survey on Drug Use and Health. College students who used Adderall nonmedically were nearly three times more likely to have used marijuana in the past year, five to six times more likely to have used prescription pain relievers*, hallucinogens, ecstasy, and inhalants, and eight times more likely to have used cocaine or prescription tranquilizers* (see figure below). These findings are consistent with prior research on the nonmedical use of stimulants and polydrug use among college students.†

**Past Year Drug Use Among Full-Time College Students (Ages 18 to 22),
by Past Year Non-Medical Use of Adderall®**
(2006 and 2007 data combined)



†e.g., Arria, AM, Caldeira, KM, O'Grady, KE, et al., "Nonmedical Use of Prescription Stimulants Among College Students: Associations with Attention-Deficit-Hyperactivity Disorder and Polydrug Use," *Pharmacotherapy* 28(2):156-169, 2008; McCabe, SE and Teter CJ, "Drug Use Related Problems Among Nonmedical Users of Prescription Stimulants: A Web-Based Survey of College Students from a Midwestern University," *Drug and Alcohol Dependence*, 91(1):69-76, 2007.

*Refers to nonmedical use, which is defined as the use of prescription-type drugs not prescribed for the respondent by a physician or used only for the experience or feeling they caused.

SOURCE: Adapted by CESAR from the Office of Applied Studies, SAMHSA, "Nonmedical Use of Adderall® among Full-Time College Students," *The NSDUH Report*, April 7, 2009. Available online at <http://www.oas.samhsa.gov/2k9/adderall/adderall.cfm>.

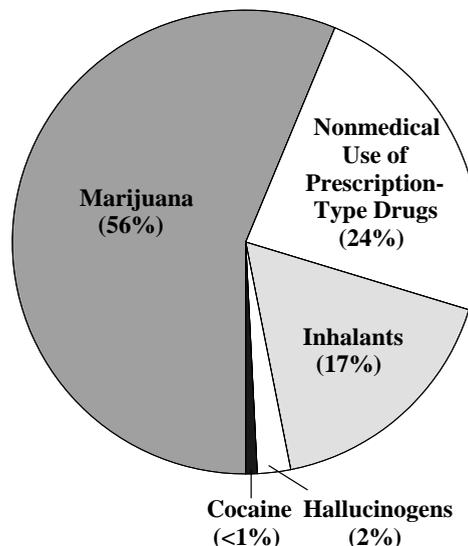
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University of Maryland, College Park

56% of Youths Who First Started Using Drugs in the Past Year Began with Marijuana; Around One-Fourth Started with Nonmedical Use of Prescription-Type Drugs

An estimated 1.5 million youths ages 12 to 17—an average of more than 4,000 per day—used a drug other than alcohol for the first time in the past year, according to data from the 2007 National Survey on Drug Use and Health. The majority of youths reported that marijuana was the first drug they tried (56%), followed by prescription-type drugs used nonmedically (24%), and inhalants (17%). Very few youths reported that their first use of drugs involved hallucinogens or cocaine (see figure below). The relative distribution of first-drug used has remained consistent over the past five years (data not shown).

Specific Drug Used When First Starting to Use Drugs, Among Youths Who First Started Using Drugs in the Past Year, 2007

(Estimated N=1,471,000)



*Prescription-type drugs includes stimulants, sedatives, tranquilizers, and pain relievers. Nonmedical use is defined as use without a prescription belonging to the respondent or use that occurred simply for the experience or feeling the drug caused.

SOURCE: Adapted by CESAR from the Substance Abuse and Mental Health Services Administration (SAMHSA), "Trends in Adolescent Inhalant Use: 2002-2007," *The NSDUH Report*, March 16, 2009 (available online at <http://www.oas.samhsa.gov/2k9/inhalantTrends/inhalantTrends.cfm>); and SAMHSA, *Results from the 2007 National Survey on Drug Use and Health: National Findings*, 2008 (available online at <http://www.oas.samhsa.gov/nsduhLatest.htm>).

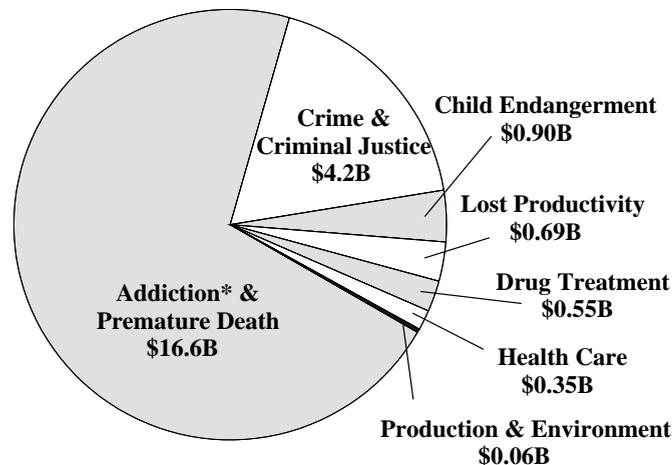
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Methamphetamine Cost Society an Estimated \$23.4 Billion in 2005; Majority of Costs Related to Addiction, Premature Death, Crime, & Criminal Justice

Methamphetamine cost the United States an estimated \$23.4 billion in 2005, according to the first national estimate of the economic burden of meth use. The majority (71%) of these costs—an estimated \$16.6 billion—were related to the “intangible burden that addiction places on dependent users and to premature mortality” (p. xiii). The costs associated with processing offenders for the possession and sale of meth, meth-induced violent and property crimes, and parole and probation violations for meth offenses represent 18%, or an estimated \$4.2 billion, of the total costs. Other costs associated with methamphetamine use include child endangerment, lost productivity, drug treatment, health care, and harms resulting from production. According to the authors, “it is probably not the recreational meth user who imposes the greatest burden on our society, but rather those who become addicted, engage in crime, need treatment or emergency assistance, cannot show up for work, lose their jobs, or die prematurely” (p. xvi). It should be noted that indicators show that methamphetamine use has been declining in recent years, after peaking in 2005 (see *CESAR FAX*, Volume 18, Issue 13).

Social Costs of Methamphetamine in the United States, 2005
(Estimated Total Cost=\$23.4 billion)



*The estimate of the cost of methamphetamine addiction is based on the number of people dependent on the drug and the monetary value of the lost quality of life, measured by a reduction in quality-adjusted life-years.

NOTE: The authors acknowledge that many of the estimates are “subject to substantial uncertainty” so they provide lower- and upper-bound estimates, as well as “best estimates,” for each component. For example, they estimate the total economic burden of methamphetamine to be in the range of \$16.2 billion to \$48.3 billion, with \$23.4 billion being the best estimate. Data presented are the best estimates.

SOURCE: Adapted by CESAR from Nicosia, N., Pacula, R.L., Kilmer, B., Lundberg, R., and Chiesa, J., *The Economic Cost of Methamphetamine Use in the United States, 2005*. Drug Policy Research Center, RAND Corporation, 2009. Available online at <http://www.rand.org/pubs/monographs/MG829>.

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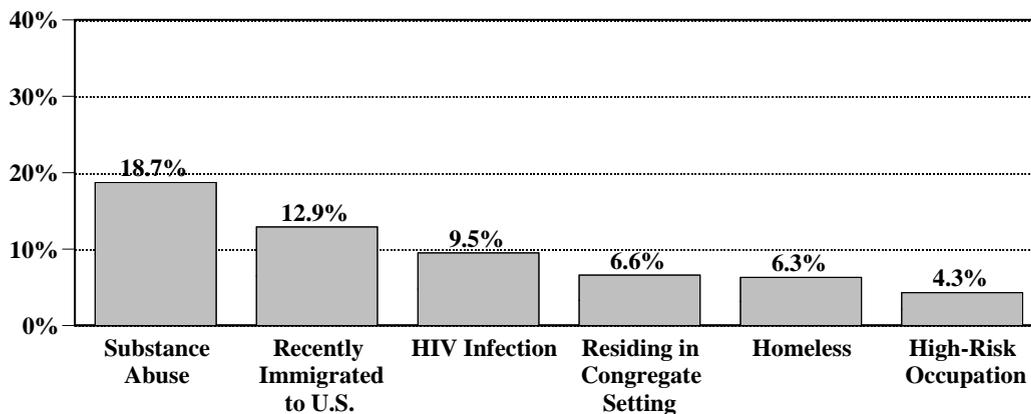
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Substance Abuse Is the Most Commonly Reported Risk Factor Among TB Patients in the U.S.

“Substance abuse is the most commonly reported modifiable behavior impeding TB elimination efforts in the United States,” according to a recent analysis of tuberculosis cases reported to the Centers for Disease Control and Prevention (CDC) from 1997 to 2006. Nearly one-fifth (18.7%) of TB patients reported substance abuse—either alcohol abuse, noninjection drug use, or injection drug use—in the year before TB diagnosis. Other established TB risk factors reported to a lesser extent by patients included recently immigrating to the U.S. (12.9%), having HIV infection (9.5%), residing in a congregate setting (6.6%), being homeless (6.3%), or having a high-risk occupation, such as a being health care worker, correctional facility employee, or migrant worker (4.3%). The authors suggest multiple reasons for the relationship between substance abuse and TB, including increased likelihood of TB transmission (e.g., substance use often occurs in enclosed spaces with limited ventilation; prolonged use of inhaled or smoked drugs may lead to increased coughing), delayed diagnosis, and difficulty in identifying, screening, and treating at-risk persons. While there are currently no guidelines for the treatment of TB among patients who abuse substances, the CDC has commissioned a working group that is “developing integrated guidelines to provide more comprehensive services for people addicted to substances” (p. 196).

Percentage of U.S. Patients with Tuberculosis Reporting TB Risk Factor, 1997-2006

(N=153,268 TB patients ages 15 and older)



NOTE: The study population consisted of all incident TB cases in persons 15 years or older reported to the Centers for Disease Control and Prevention National Tuberculosis Surveillance System (NTSS) from all 50 states and the District of Columbia in from 1997 to 2006.

SOURCE: Adapted by CESAR from Oeltmann, J.E., Kammerer, S., Pevzner, E.S., Moonan, P.K., “Tuberculosis and Substance Abuse in the United State, 1997-2006,” *Archives of Internal Medicine* 169(2):189-197. For more information, contact Dr. John Oeltmann at jeo3@cdc.gov.

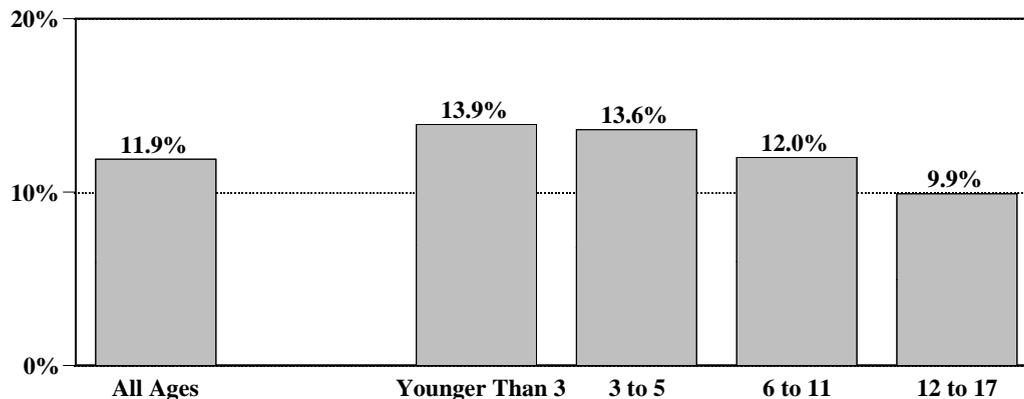
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***More Than One in Ten Children in the U.S.
Live with a Substance-Abusing or Substance-Dependent Parent***

An estimated 8.3 million children—11.9%—live with at least one parent (biological, step-, adoptive, or foster) who had abused or was dependent on alcohol or an illicit drug in the past year, according to a recent analysis of data from the National Survey on Drug Use and Health. Younger children were slightly more likely than older children to live with a substance-abusing or –dependent parent (14% vs. 10%; see figure below). Since “substance use disorders can have a profound influence on the lives of individuals and their families, particularly their children,” the authors believe that these findings “highlight the potential breadth of needs for the whole family—from substance abuse treatment for the affected adults to prevention and supportive services for the children” (p. 3).

**Percentage of U.S. Children Living with One or More Parents with Past Year
Alcohol or Illicit Drug Abuse or Dependence, by Age**
(2002 to 2007 Data Combined)



NOTES: Children under 18 years of age who were not living with one or more parents were excluded from this analysis (approximately 4% of children). Abuse and dependence were defined using DSM-IV criteria.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), “Children Living with Substance-Dependent or Substance-Abusing Parents: 2002 to 2007,” *The NSDUH Report*, April 16, 2009. Available online at <http://www.oas.samhsa.gov/2k9/SAParents/SAParents.cfm>.

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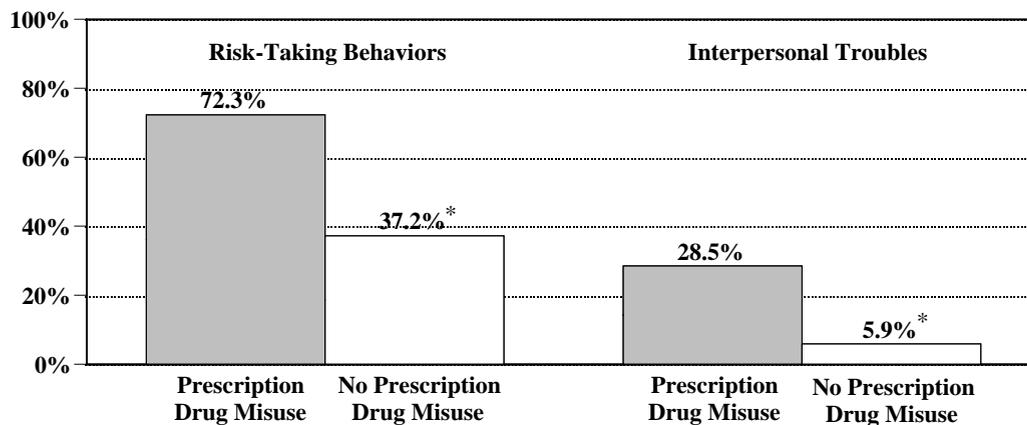
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Drinkers Ages 18 to 34 Who Misuse Prescription Drugs More Likely to Experience Alcohol-Related Problems

“Among young drinkers, misuse of prescription drugs...may be an important risk factor for increasing alcohol problems,” according to a recent analysis of data from the National Epidemiologic Survey of Alcohol and Related Conditions. Nearly three-fourths (72.3%) of U.S. drinkers ages 18 to 34 who also misused prescription drugs reported experiencing one or more alcohol-related risk-taking behaviors in their lifetime—such as driving while drinking, getting involved in a physical fight during or after drinking, and being arrested or having legal problems due to drinking—compared to 37.2% of drinkers who had never misused prescription drugs. Drinkers who misused prescription drugs were also nearly five times more likely to report having alcohol-related interpersonal troubles (28.5% vs. 5.9%), including job or school problems due to drinking. These elevated risks remained significant even after taking into account demographics, family histories of alcohol or drug problems, age of drinking onset, heavy or dependent drinking, and cannabis use.

Percentage of U.S. Young Adult Drinkers (Current and Former) Ages 18 to 34 Reporting Alcohol-Related Behaviors and Problems, by Prescription Drug Misuse



*P<.001

NOTES: Drinkers were defined as those who drank 12 or more drinks in at least one year of their life. Prescription drug misuse was defined as use of prescription drugs used without a doctor’s prescription, in greater amounts, more often, or longer than prescribed, or for a reason other than a doctor said they should be used.

SOURCE: Adapted by CESAR from Hermos, J., Winter, M., Heeren, T., and Hingson, R. “Alcohol-Related Problems Among Younger Drinkers Who Misuse Prescription Drugs: Results from the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC),” *Substance Abuse* 30:118-126, 2009. For more information, contact Dr. Hermos at jhermos@bu.edu.

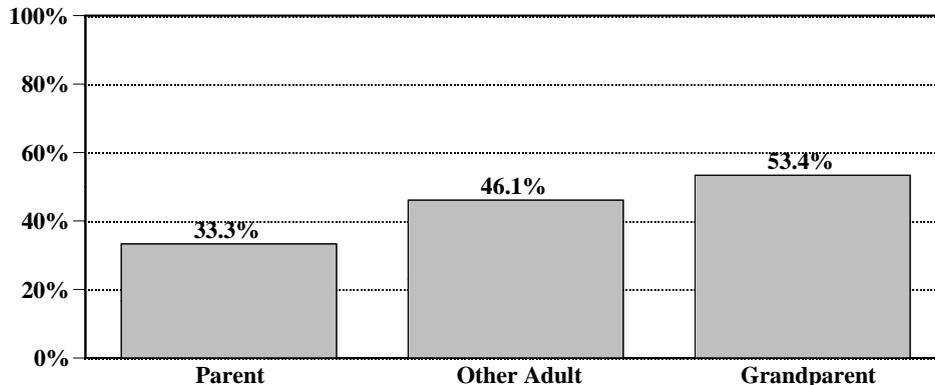
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Binge Drinking More Common Among Younger Adults, Males, Whites, and Those with Higher Incomes

“Binge drinking is common among U.S. adults, especially among whites, males, persons aged 18-34 years, and those with household incomes \geq \$50,000,” according to an analysis of data* from the Behavioral Risk Factor Surveillance System. Binge drinking was three times higher among men (24.3%) than women (7.9%), and was significantly higher among non-Hispanic whites (17.5%) than Hispanics (14.4%) and non-Hispanic blacks (10.9%). In addition, binge drinking decreased with age and increased with income (see figure below). According to the authors, “these sociodemographic characteristics stand in contrast to characteristics for many other health risk factors (e.g., smoking and obesity), where prevalence tends to be higher among minorities and persons with lower education and income” (p. 303). Reasons suggested by the authors for these findings include differences in disposable income, cultural factors, differences in state and local laws that affect price, availability, and marketing of alcoholic beverages, and that binge drinking has not been widely recognized as a health risk.

Percentage of U.S. Adults in 14 States Reporting Binge Drinking in the Past 30 Days, 2004 (n=62,684)



*Data are based on 14 states that administered the optional binge drinking module of the Behavioral Risk Factor Surveillance System survey and are not necessarily representative of all 50 states. Race and income prevalence are adjusted for age and sex. Binge drinking is defined as consuming five or more alcoholic drinks on one occasion.

SOURCE: Adapted by CESAR from Centers for Disease Control and Prevention, “Sociodemographic Differences in Binge Drinking Among Adults—14 States, 2004,” *Morbidity and Mortality Weekly Report* 58(12):301-304. Available online at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5812a1.htm>.

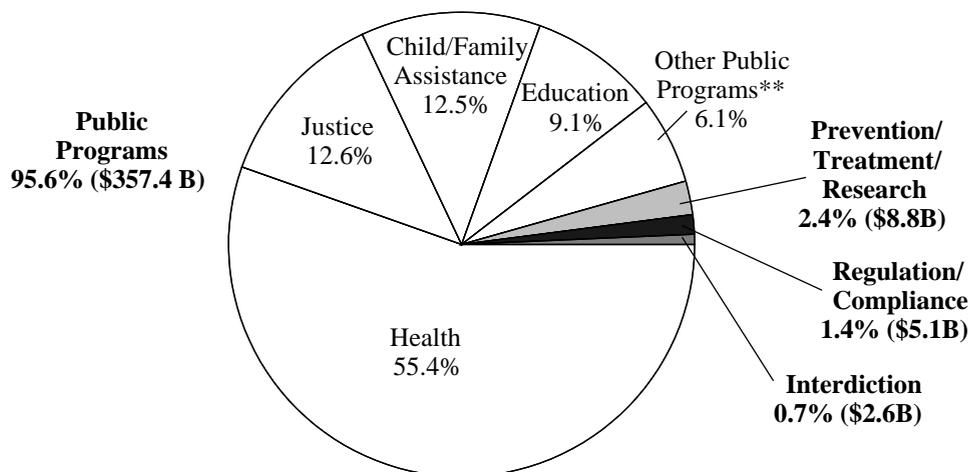
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Less Than 3% of Federal and State Substance Abuse Spending Goes to Prevention, Treatment, or Research

In 2005 federal and state governments spent more than \$373 billion on tobacco, alcohol, and prescription and illegal drug abuse, according to the first comprehensive analysis of substance abuse spending across all levels of government*. Only 2.4% was spent on prevention and treatment programs or substance abuse-related research, despite a “large and growing body of scientific evidence that substance use disorders are diseases for which effective treatments exist” (p. 59). In contrast, nearly all (95.6%) of substance abuse spending—an estimated \$357.4 billion—paid for the increased costs associated with substance abuse and addition on public programs such as health care, justice, child and family assistance, and education. (see figure below). The authors recommend that governments make more cost-effective investments in 1) prevention and early intervention; 2) treatment and disease management; 3) tax and regulatory policies; and 4) expanded research.

Federal and State Spending on Substance Abuse, 2005
(N=\$373.9 Billion)



*Spending data are from 2005 because “that was the most recent year for which data were available over the course of the study, but there is nothing to suggest that anything in this area has changed since then” (p. ii). Percentages and numbers do not add to total due to rounding.

**Mental Health/Developmental Disabilities, Public Safety, and Federal and State Workforce.

SOURCE: Adapted by CESAR from The National Center on Addiction and Substance Abuse at Columbia University, “Shoveling Up II: The Impact of Substance Abuse on Federal, State and Local Budgets,” May 2009. Available online at <http://www.casacolumbia.org/ViewProduct.aspx?PRODUCTID=3594d7eb-1e01-4c31-bf01-e363d92053ed>.

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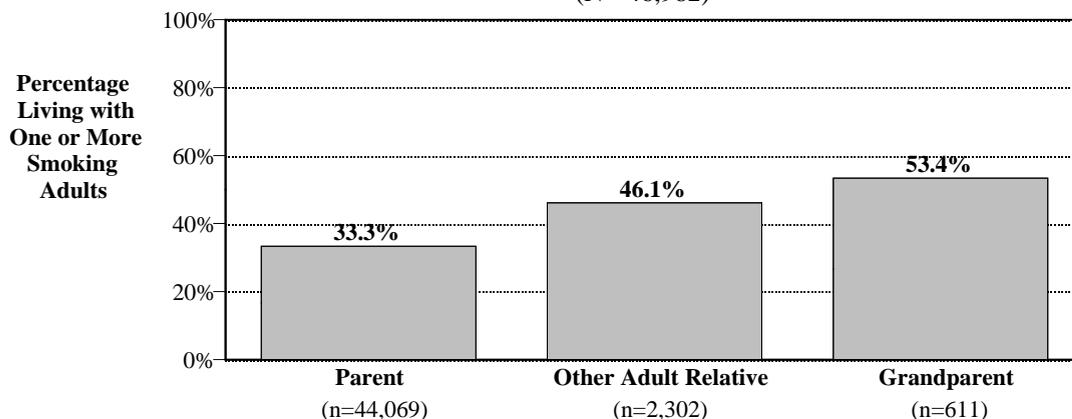
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One-Third of Children Live with One or More Adult Smokers; Children Living in Nonparental Homes More Likely to Live with Smokers

Overall, slightly more than one-third (34.4%) of children in the U.S. live with at least one adult smoker, according to an analysis of data from a national representative household survey. Children who lived in nonparental homes—households headed by an adult other than their parents—were significantly more likely to live with smokers and thus be exposed to second hand smoke (SHS). More than half (53.4%) of children who lived in their grandparents' homes lived with one or more adult smokers, as did 46.1% of children who lived in the homes of other adult relatives, compared with 33.3% of children in parental homes. Children who lived in nonparental homes were also more likely to live with multiple smokers—9.5% of children living in their grandparents' homes and 7.8% of those living in the homes of other adult relatives lived with three or more adult smokers, compared to 2.6% of children living in parental homes (data not shown). According to the authors, “the large number of children who live with smokers, along with the complexity of the homes in which these children live, reinforces the urgent need for strategies to help protect children from the harms of exposure to adult tobacco use” (p. e563).

Percentage of U.S. Children Living with One or More Smoking Adults, by Relationship of Head of Household to Child, 2000-2004

(N=46,982)



*Data are from the 2000-2004 concatenated Medical Expenditure Panel Surveys (MEPS), a nationally representative survey of the civilian, noninstitutionalized U.S. population, sponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

SOURCE: Adapted by CESAR from King, K., Martynenko, M., Bergman, M., Liu, Y-H, Winickoff, J. and Weitzman, M., “Family Composition and Children’s Exposure to Adult Smokers in Their Homes,” *Pediatrics* 123(4): e559-e564, 2009. Available online at <http://www.pediatrics.org/cgi/content/full/123/4/e559>. For more information, contact Michael Weitzman at michael.weitzman@nyumc.org

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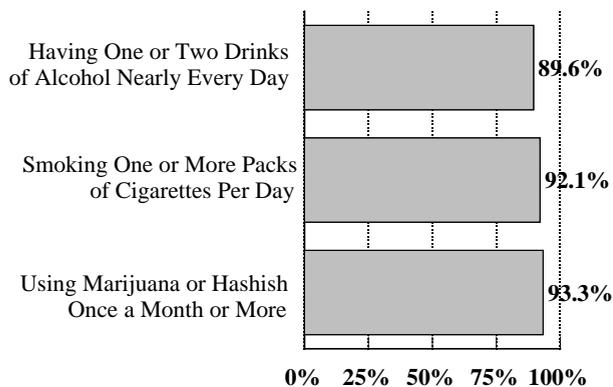
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Majority of Youths Say Their Parents Are Involved in Their Lives and Would Disapprove of Their Substance Use

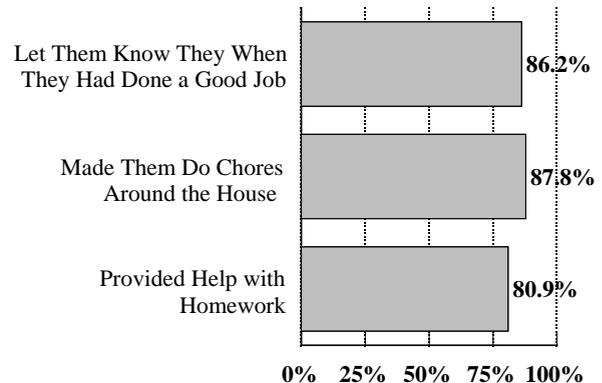
Between 89% and 93% of youths say that their parents would strongly disapprove of their drinking alcohol, smoking cigarettes, or using marijuana, according to an analysis of data from the 2007 National Household Survey on Drug Use and Health. The majority of youths also report that their parents are actively involved in their lives, as shown by the fact that their parents always or sometimes let them know when they had done a good job (86.2%), made them do chores around the house (87.8%), and provided help with homework (80.9%). However, perceived disapproval of substance use and parental involvement decreased as youths got older. For example, 93.8% of youths ages 12 or 13 report that their parents would strongly disapprove of their alcohol use, compared to 85.2% of youths ages 16 or 17 (data not shown). According to the authors, “previous research shows that youths who perceive that their parents disapprove of substance use and who report that their parents are involved in their day-to-day activities are less likely than those who do not to use alcohol, tobacco, or illicit drugs” (p. 3). That these factors decreased as youths got older indicates a need for increased parental communication and involvement in the later teen years.

Youths’ Perceptions of Their Parents’ Disapproval of Substance Use and Involvement in Day-to-Day Activities, 2007

Parents Strongly Disapprove of . . .



Parents Always or Sometimes . . .



SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), “Parental Involvement in Preventing Youth Substance Use,” *The NSDUH Report*, May 28, 2009. Available online at <http://www.oas.samhsa.gov/2k9/159/ParentInvolvement.cfm>.

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Study Identifies Five Types of NC College Student Smokers

The traditional definition of a smoker is someone who reports smoking on at least one of the past 30 days, which groups smokers who only smoke 1 or 2 days in a month together with smokers who smoke every day of the month. However, a recent web-based study of smokers from 10 North Carolina colleges found that college students who smoke are not one homogenous group. The study found five types of college student smokers based on smoking behaviors and contexts (see table below). Slightly more than one-fourth (28%) of the smokers were “heavy smokers” or “puffers” (26%). Twenty-two percent of the college smokers were “moderate smokers,” 19% were “social smokers”, and an additional 4% were “no-context smokers.” According to the authors, “future research should evaluate the efficacy of different types of interventions, including environmental- and individual-level interventions, among the different subclasses of smokers” (p. 452).

Types of NC College Student Smokers
(N=1,102 past month smokers from 10 NC colleges)

Smoker Type	%	Smoking Behavior		Smoking Context
		Days per Month	Cigarettes per Day	
Heavy Smoker	28%	Daily	6 to 10	weekends and weekdays; social and nonsocial
Puffer	26%	1 or 2 days	1 or fewer	no specific context except while drinking alcohol
Moderate Smoker	22%	10 to 19 days	2 to 5	weekends and weekdays; slightly more in social than nonsocial
Social Smoker	19%	3 to 5 days	2 to 5	weekends; social
No-Context Smoker	4%	10 to 19 days	2 to 5	no specific context

NOTE: The authors note that while regional variations in tobacco use among college students may limit the ability to generalize the results of this study to college students outside of North Carolina, the demographic profile of this sample generally reflects that of undergraduate students in the United States.

SOURCE: Adapted by CESAR from Sutfin, E., Reboussin, B., McCoy, T., Wolfson, M. “Are College Student Smokers Really a Homogeneous Group? A Latent Class Analysis of College Student Smokers,” *Nicotine & Tobacco Research* 11(4):444-454, 2009. For more information, contact Dr. Erin Sutfin at esutfin@wfubmc.edu.

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Food and Drug Administration Given Authority to Regulate Tobacco Products

The Family Smoking Prevention and Tobacco Control Act, signed by President Obama on June 22, grants the Food and Drug Administration (FDA) authority to regulate the manufacturing, marketing and sale of tobacco products. The Act establishes a new FDA Center for Tobacco Products, which is fully funded through fees from U.S. tobacco manufacturers and importers. Below are some of the primary provisions of the Act that the Center for Tobacco Products will oversee.

Primary Provisions of the Family Smoking Prevention and Tobacco Control Act

Provision	Details
Tobacco Standards	Allows the FDA to require changes in current and future tobacco products, including the reduction or elimination of ingredients, additives, if the changes will protect public health. Gives the FDA authority to regulate nicotine yields.
Ingredient Disclosure	Requires tobacco companies to provide the FDA with a listing of all ingredients in their products, including additives, nicotine content, and smoke constituents.
Reduced Harm Claims	Bans the use of descriptors such as “light”, “mild”, and “low” on labels or in advertising. Manufacturers must get approval before marketing or selling any product as a “modified risk” product.
Warning Labels	Requires warning labels that cover the top 50% of the front and rear panels of a cigarette pack and 20% of an advertisement area. Within 24 months, warning labels must also include color graphics depicting the negative health consequences of smoking.
Additive Restrictions	Prohibits the use of artificial or natural flavor other than menthol
Research Disclosure	Requires tobacco companies to provide all of their research on the effects of tobacco products and marketing research.

SOURCE: Adapted by CESAR from 111th Congress, *Family Smoking Prevention and Tobacco Control Act*, H.R. 1256 (enacted), 2009. Available online at <http://hdl.loc.gov/loc.uscongress/legislation.111HR1256>.

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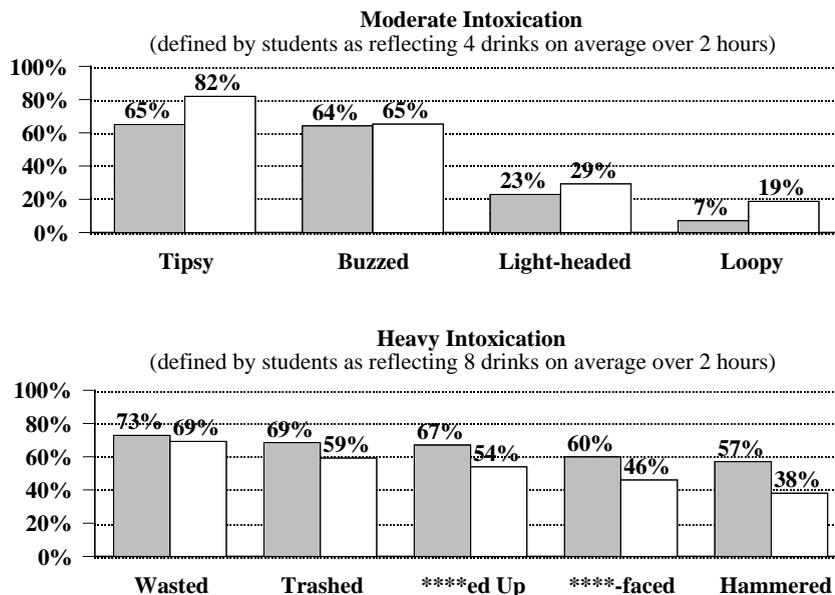
Study Suggests Replacing “Drunk” and “High” with More Generational-Appropriate Terms for Alcohol Intoxication in College Student Self-Report Research

While there are many terms for intoxication, alcohol researchers often rely on the terms “drunk” or “high” to assess the self-reported subjective effects of heavy alcohol use. These terms, however, may not adequately represent the actual terms used by college students to describe perceived levels of intoxication. A recent online survey at a large Midwestern university found that the majority of students were not familiar with the term “high” in relation to alcohol intoxication and the term “drunk” was associated with a generalized level of intoxication that could not be easily categorized as moderate or heavy intoxication, as could the other terms used by college students. Instead, students used multiple other terms to describe moderate and heavy levels of alcohol intoxication, and these terms varied slightly according to gender (see figure below). The authors suggest that self-report surveys may be more effective if they include multiple intoxication-related terms that are 1) often used by drinkers as self-descriptors and 2) represent both moderate (e.g., buzzed, tipsy, light-headed) and heavy intoxication (e.g., trashed, wasted, hammered). They also suggest that researchers “periodically assess current intoxicated-related vocabulary considering demographic, generational, and socio-cultural differences” (p. 448).

Percentage of College Students Reporting Use of Terms to Describe Themselves While Intoxicated

(N=290 undergraduate students at a large Midwestern University)

■ Men □ Women



SOURCE: Adapted by CESAR from Levit, A., Sher, K.J., and Bartholow, B.D. “The Language of Intoxication: Preliminary Investigations,” *Alcohol Clinical and Experimental Research* 33(3):448-454, 2009. For more information, contact Ash Levit at adlgd5@mizzou.edu.

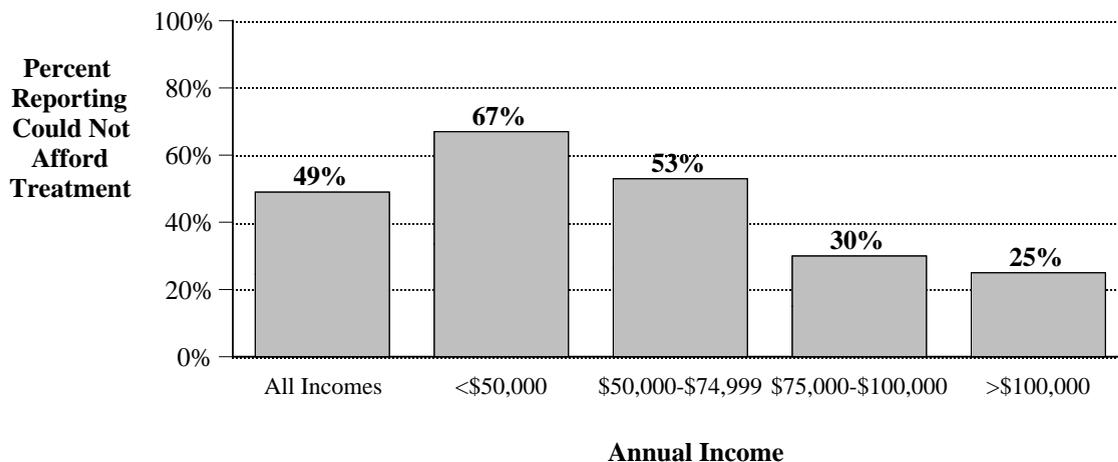
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Americans of All Incomes Say They Could Not Afford Alcohol or Drug Treatment If They Needed It

Nearly half of U.S. adults say that they would not be able to afford alcohol or drug treatment if they or someone in their family needed it, according to a telephone survey conducted this past June. While adults with annual incomes under \$50,000 are most likely to say they would not be able to afford treatment (67%), more affluent adults also perceive an inability to pay for treatment. Thirty percent of those with incomes between \$75,000 and \$100,000 and one-fourth of those with incomes above \$100,000 didn't think they would be able to afford treatment if they needed it. R. Gil Kerlikowske, Director of the Office of National Drug Control Policy, recently stated that his office will be "working to ensure drug abuse treatment services are incorporated into our national health care reform process."^{1*}

Percentage of U.S. Adult Household Residents Reporting That They Could Not Afford the Costs of Alcohol or Drug Treatment If They or Someone in Their Family Needed It, by Annual Income
(N=1,001 adult U.S. household residents)



NOTE: Data is from a nationwide telephone survey of 1,001 adults ages 18 and older conducted by telephone, using RDD probability sample, May 29 to June 1, 2009. Data were weighted by gender, age, race, and region. The margin of error is ± 3.1 percentage points.

*R. Gil Kerlikowske, Director, Office of National Drug Control Policy, *Remarks at Release of the 2009 World Drug Report*, June 24, 2009.

SOURCE: Adapted by CESAR from Lake Research Partners, "New Poll Shows Majority of Americans Support Efforts to Make Alcohol and Drug Addiction Treatment More Accessible, Affordable," June 16, 2009 Press Release. Poll conducted by Lake Research Partners for the Closing the Addiction Treatment Gap program, an initiative of the Open Society Institute.

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ONDCP Brings Back Arrestee Drug Abuse Monitoring (ADAM) Program as ADAM II

Historically, illicit drug use epidemics first appear among the arrestee population. From 1987 to 2003, arrestee drug use was monitored through self-report and urinalysis under NIJ's Arrestee Drug Abuse Monitoring (ADAM) program, a revision of the Drug Use Forecasting (DUF) program. The ADAM program was discontinued in 2003 due to financial constraints (see *CESAR FAX*, Volume 13, Issue 11). In 2007, a new, scaled-back arrestee drug use monitoring program, ADAM II, was launched by ONDCP. Following the same protocols as its predecessor, ADAM II collects data about arrestee drug use from a probability sample of arrestees booked into booking facilities at 10 sites selected from the original 39 ADAM sites. Data from the recently released 2008 ADAM II report show that there continue to be regional variations in the types of drugs for which arrestees test positive. For example, the percentage of arrestees testing positive for methamphetamine is highest in the two western sites, Sacramento (35%) and Portland (15%) and is lowest in some eastern sites, such as New York (0.1%) and Atlanta (0.4%). A copy of the report is available online at <http://www.whitehousedrugpolicy.gov/publications/pdf/adam2008.pdf>.

Estimated Percentage of U.S. Adult Male Arrestees Testing Positive by Urinalysis for Illicit Drugs, 2008

(N=3,924 specimens)

ADAM II Site	Any Drug*	Marijuana	Cocaine	Opiates	Methamphetamine
Atlanta	60%	32%	41%	2%	<1%
Charlotte	69%	51%	30%	1%	<1%
Chicago	87%	49%	44%	29%	<1%
Denver	68%	42%	33%	4%	3%
Indianapolis	64%	46%	21%	5%	2%
Minneapolis	65%	48%	23%	6%	2%
New York	69%	42%	30%	7%	<1%
Portland	64%	41%	21%	8%	15%
Sacramento	78%	47%	17%	4%	35%
Washington, D.C.	49%	31%	27%	12%	2%
Range	49%-87%	31%-51%	17%-44%	1%-29%	0.1%-35%

*Urinalysis specimens are tested for marijuana, cocaine, opiates, barbiturates, PCP, amphetamine (including methamphetamine), methadone, oxycodone, propoxyphene, and benzodiazepines.

SOURCE: Adapted by CESAR from Office of National Drug Control Policy, *ADAM II 2008 Annual Report*, 2009.

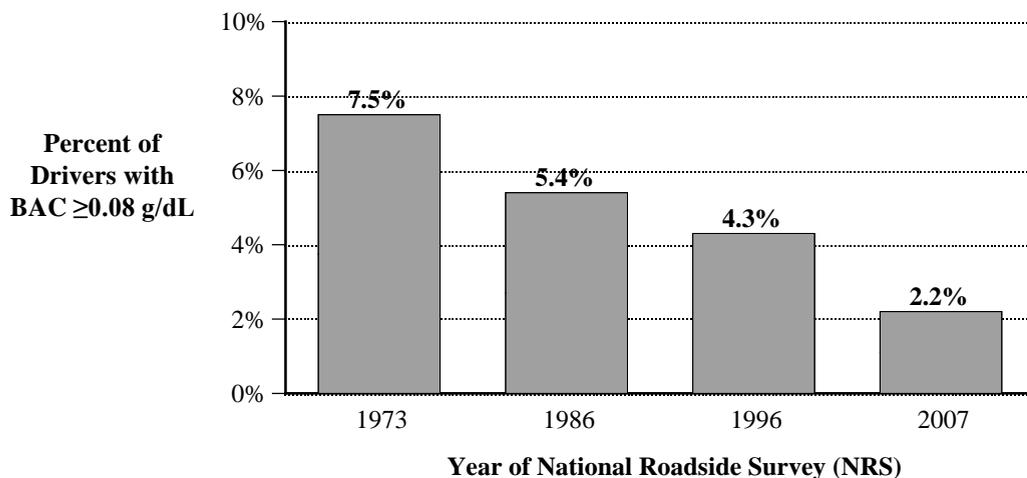
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National Roadside Survey Finds Decline in DWI Rates

There has been a dramatic decline in U.S. driving while intoxicated (DWI) rates, according to data from the four National Roadside Surveys* conducted since 1973. In 1973, 7.5% of weekend nighttime drivers had a BAC over the current legal limit of 0.08 g/dL, compared to 2.2% in the most recent survey conducted in 2007 (see figure below). Males were significantly more likely than females to have a BAC over the legal limit, as were drivers surveyed during late nighttime hours (1 a.m. to 3 a.m.) compared to earlier hours (10:00 p.m. to midnight). The 2007 survey also included for the first time the collection of saliva and blood samples to test for other potentially impairing drugs, including illegal, prescription, and over-the-counter products. Overall, 16.3% of nighttime drivers tested positive for such drugs. The authors caution, however, that “drug presence does not necessarily imply impairment. For many drugs, “drug presence can be detected long after any impairment that might affect driving has passed” (p. 3).

Estimated Percentage of Weekend Nighttime Drivers with BACs \geq 0.08 g/dL



*The National Roadside Survey (NRS) is a stratified random sample of weekend nighttime drivers in the contiguous 48 states conducted by either the National Highway Traffic Safety Administration and/or the Insurance Institute for Highway Safety. In the 2007 survey, breath-alcohol measurements were obtained from 9,413 drivers.

SOURCE: Adapted by CESAR from data from National Highway Traffic Safety Administration (NHTSA), “Results of the 2007 National Roadside Survey of Alcohol and Drug Use by Drivers,” *Traffic Safety Facts Research Note*, July 2009. Available online at <http://www.nhtsa.gov/staticfiles/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/811175.pdf>.

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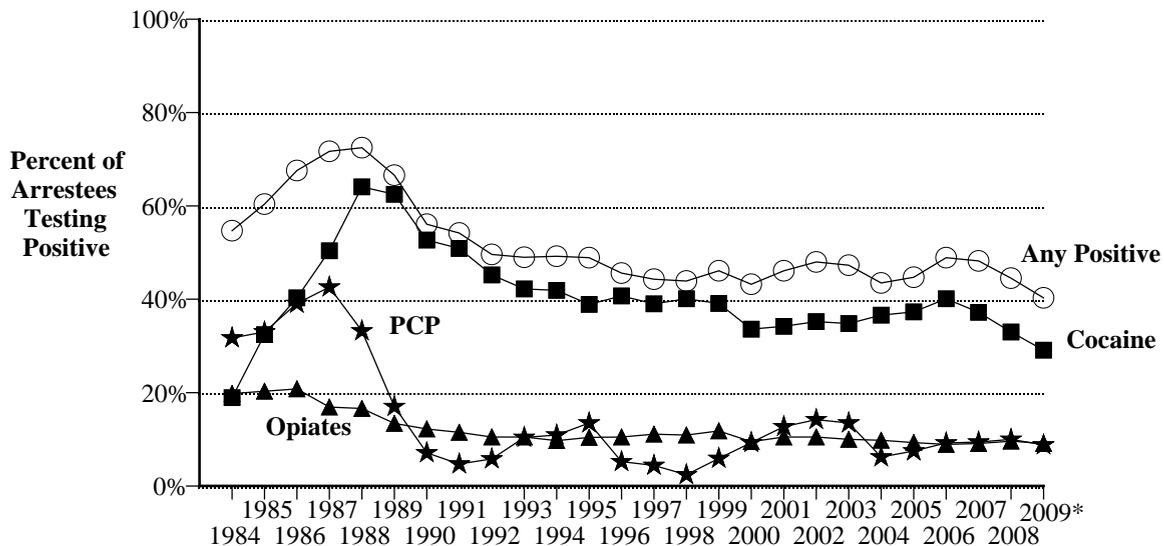
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***Percentage of D.C. Adult Arrestees Testing Positive for Cocaine Declining;
PCP and Opiate Positives Stable at Low Levels***

While cocaine continues to be the drug that adult arrestees in the District of Columbia test positive for most often, cocaine positive rates have decreased in the past few years. According to data from the D.C. Pretrial Services Agency, the percentage of arrestees testing positive for cocaine decreased from 40% in 2006 to 29% in the first six months of 2009. These rates are far below the peak of 64% reached in 1988. After peaking in the mid-80s, the percentage of arrestees testing positive for PCP and for opiates has remained between 9% and 10% during much of the past decade. The D.C. Pretrial Services Agency is one of the sites participating in the national Arrestee Drug Abuse Monitoring Program II (ADAM II) collection sites (see *CESAR FAX*, Volume 18, Issue 28).

Percentage of Washington, D.C., Adult Arrestees Testing Positive, by Drug, 1984 to 2009*

(N ranged from 10,990 to 24,375 tests)



*Data for 2009 are from the first six months. Data are not shown for amphetamines. The D.C. Pretrial Services Agency stopped reporting on amphetamines in 1995 and resumed reporting results for these drugs in August 2006. The percentage of arrestees testing positive for amphetamines was 3.7% in 2007, 2.1% in 2008 and 1.5% for the first six months of 2009.

SOURCE: Adapted by CESAR from data from the District of Columbia Pretrial Services Agency. Available online at <http://www.dcpsa.gov/foia/foiaERRpsa.htm>. For more information, contact Jerome Robinson, Director of Forensic Research at the D.C. Pretrial Services Agency at jerome.robinson@csosa.gov.

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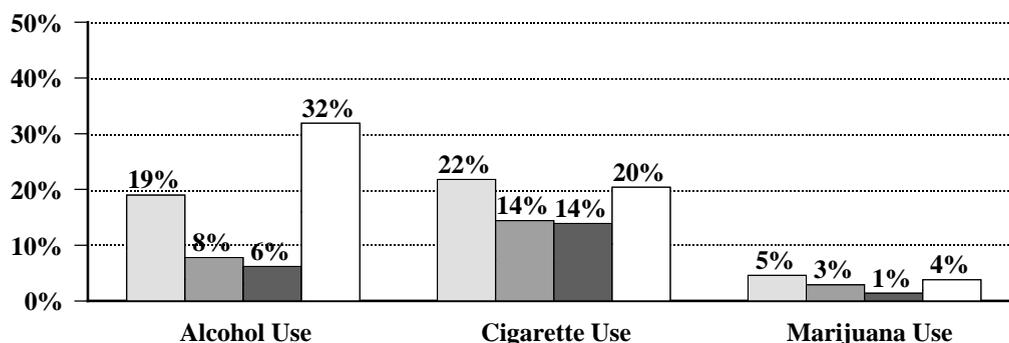
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National Survey Finds Relatively Low Rates of Substance Use Among Pregnant Women; Apparent Resumption of Use After Pregnancy

Approximately 20% of women in their first trimester of pregnancy used alcohol and/or cigarettes and 5% used marijuana in the past month,* according to data from the National Household Survey on Drug Use and Health (NSDUH). Substance use decreased among women in their second and third trimesters of pregnancy, suggesting that many women are abstaining from substance use during the later stages of pregnancy (see figure below). However, nonpregnant women with children under 3 months old in the household had much higher rates of past month substance use compared to women in their second and third trimesters. Nearly one-third of nonpregnant women with children under 3 months old reported using alcohol in the past month, one-fifth reported cigarette use, and 4% reported marijuana use. According to the authors, “this increase implies a resumption of substance use following childbirth because new initiation of substance use among postpartum women is too rare to account for the observed differences” (p. 2). The authors suggest that “effective interventions for women to further reduce substance use during pregnancy and to prevent postpartum resumption of use could improve the overall health and well-being of mothers and infants” (p. 3).

Percentage of U.S. Women (Ages 18 to 44 Years) Reporting Past Month Alcohol, Cigarette, or Marijuana Use, by Pregnancy Trimester and Age of Youngest Child, 2002-2007

□ 1st Trimester ■ 2nd Trimester ■ 3rd Trimester □ Not Pregnant, Child <3 Months Old



*These rates are relatively low compared to women who are not pregnant and have no children: 63% of women who were not pregnant and had no children reported past month alcohol use; 33% reported past month cigarette use, and 11% reported past month marijuana use.

SOURCE: Adapted by CESAR from the Substance Abuse and Mental Health Services Administration, “Substance Use Among Women During Pregnancy and Following Childbirth,” *The NSDUH Report*, May 21, 2009. Available online at <http://oas.samhsa.gov/2k9/135/PregWoSubUse.cfm>.

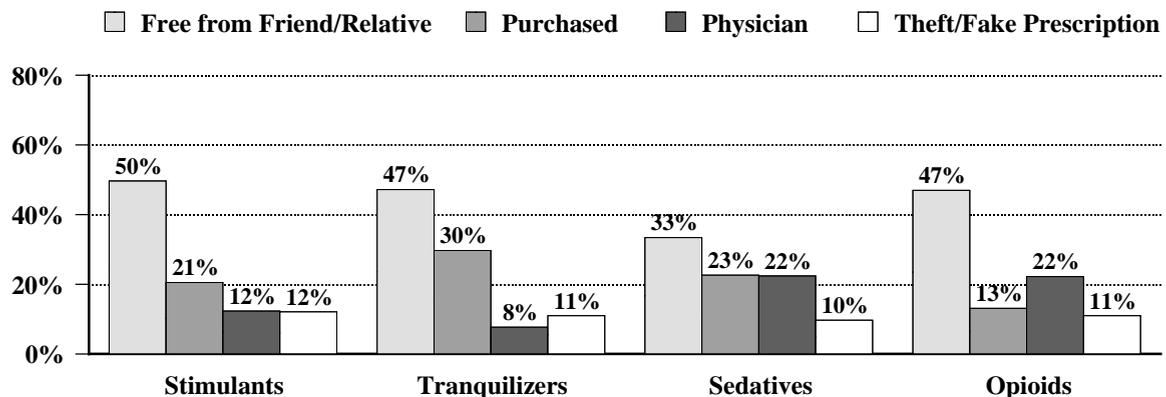
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Friends and Family Are Most Common Source of Prescription Drugs Misused by Youths

Friends and family are the most common source of prescription drugs misused* by youths in the U.S., according to an analysis of data from the National Survey on Drug Use and Health (NSDUH). Around one-half of youths who reported misusing prescription stimulants (50%), tranquilizers (47%), or sedatives (47%) in the past year said that they most recently obtained the medication for free from friends or family, as did one-third of those who reported the misuse of prescription opioids. The second most common source for obtaining stimulants, tranquilizers, and sedatives was purchasing from a friend/relative, drug dealer/stranger, or the internet, while the second most common source for obtaining prescription opioids was acquiring it from a physician (see figure below). Youths who obtained the medication by buying it were more likely to have concurrent substance use and to have ten or more misuse episodes than those who obtained the medications other ways (data not shown). According to the authors, “these results may help identify subgroups of adolescent prescription misusers who are most vulnerable to consequences from misuse or other substance use” (p. 828).

Most Recent Source of Prescription Medicines Misused in the Past Year Among Youths (Ages 12 to 17), 2005 and 2006



*Misuse was defined as “any intentional use of a medication with intoxicating properties outside of a physician’s prescription for a bona fide medical condition, excluding accidental misuse.”

NOTES: Respondents also reported that prescription medicines were obtained “some other way” (stimulants 5%; tranquilizers 4%; sedatives 12%; opioids 7%). Data are from 36,992 adolescents ages 12 to 17 participating in the 2005 and/or 2006 National Survey on Drug Use and Health. Of these youth, 8.3% reported any prescription drug misuse in the past year; 7% reported opioid misuse; 2% reported tranquilizer misuse; 2% reported stimulant misuse; and 0.4% reported sedative misuse.

SOURCE: Adapted by CESAR from Schepis, T.S., and Krishnan-Sarin, S., “Sources of Prescriptions for Misuse by Adolescents: Differences in Sex, Ethnicity, and Severity of Misuse in a Population-Based Study,” *Journal of the American Academy of Child and Adolescent Psychiatry* 48(8):828-836, 2009. For more information, contact Dr. Ty Schepis at ty.schepis@yale.edu.

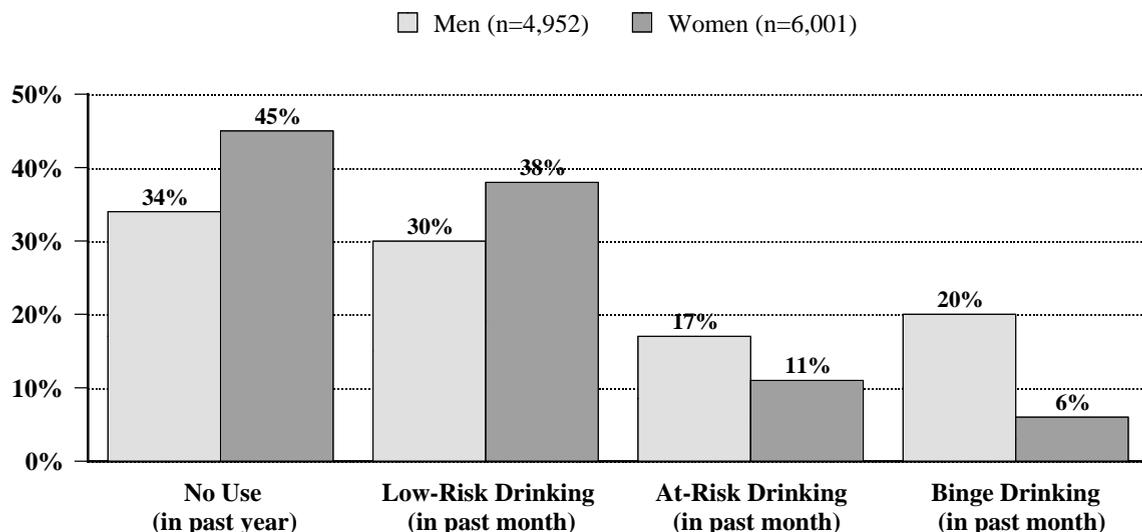
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Binge Drinking Not Just a Youth Problem; One-Fifth of Men Ages 50 and Older Report Binge Drinking

While binge drinking is typically thought of as a problem among youth, data from the National Survey on Drug Use and Health show that this behavior is also prevalent among older adults. One-fifth of men and 6% of women reported binge drinking, defined as consuming five or more drinks on the same occasion on at least one day in the past month. The survey also found that 17% of men and 11% of women ages 50 and older reported at-risk drinking in the past month, defined as consuming two or more drinks per day (see figure below). Since many alcohol screening instruments used to assess alcohol problems in older adults (such as the CAGE questionnaire), do not address binge drinking, the authors suggest that “clinicians working with middle-aged and older adults who screen for alcohol problems would be well advised to specifically ask about binge drinking” (p. 8).

Percentage of Men and Women Ages 50 and Older Reporting Alcohol Use, 2005 and 2006



SOURCE: Adapted by CESAR from Blazer, D.G. and Wu, L.-T., “The Epidemiology of At-Risk and Binge Drinking Among Middle-Aged and Elderly Community Adults: National Survey on Drug Use and Health,” *American Journal of Psychiatry* (published online August 17, 2009; doi:10.1176/appi.ajp.2009.09010016), 2009. For more information, contact Dr. Dan Blazer at blaze001@mc.duke.edu.

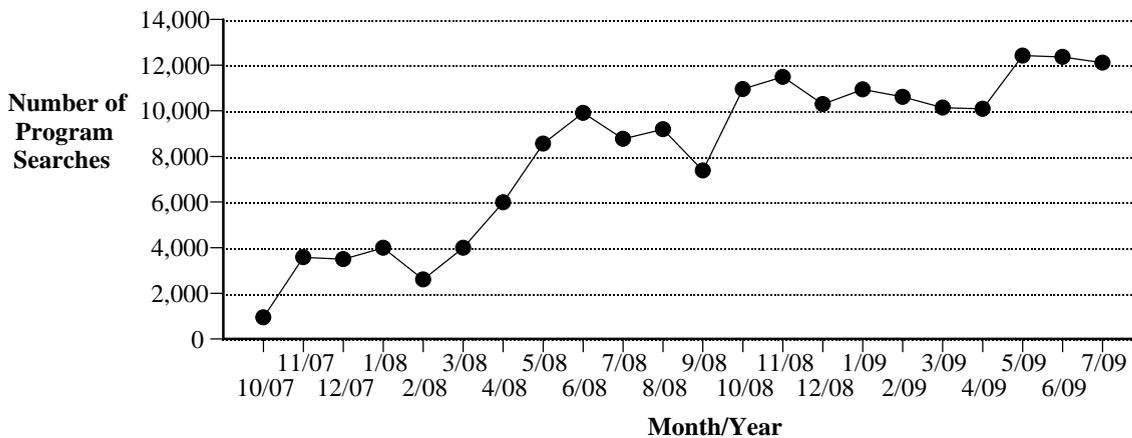
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***Maryland Community Services Locator Now Includes More Than 8,800 Resources;
Number of Monthly Searches Increases to More Than 12,000***

The Maryland Community Services Locator (MDCSL) (www.mdcscl.org) is a free online directory developed to assist professionals in making referrals for clients to community services. Launched in October 2007, the MDCSL originally focused on services in Baltimore City (see *CESAR FAX*, Vol. 17, Iss. 32). After a year-long expansion, the MDCSL now includes contact information, locations, directions, and other details for over 8,800 social service, health service and criminal justice programs across the State of Maryland. Usage data show that the MDCSL is being utilized by providers and residents. The number of monthly searches has increased from around 4,000 in the first few months after the MDCSL was launched to more than 12,000 in recent months (see figure below). MDCSL is now working to expand the level of detail offered to users for programs already listed on the site. Additionally, MDCSL staff continue to update and expand resources on the site.

Number of MDCSL Website Program Searches Per Month, October 2007 to July 2009



Community services locators like the MDCSL can be a valuable and time-saving resource for professionals who need to make referrals to social service programs, as well as for residents looking for help. CESAR can share lessons learned and provide development and management consultation services to other organizations looking to develop a similar program in their county or state. For more information, please contact the Amy Billing at mdcscl@cesar.umd.edu or 301-405-9796.

SOURCE: CESAR, The Maryland Community Services Locator (MDCSL). Funded by the Governor's Office of Crime Control and Prevention under grant number BJAG-2008-1365. For more information, or to share resource information, please contact Amy Billing at 301-405-9796 or mdcscl@cesar.umd.edu.

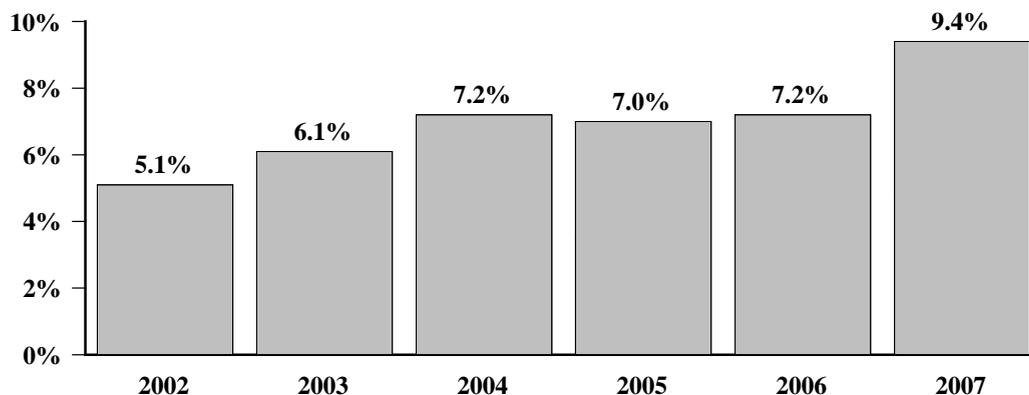
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Illicit Drug Use Increases Among Adults Ages 50 to 59; Trend Driven by Aging Baby Boom Generation

Illicit drug use among older adults has increased in recent years, according to data from the National Survey on Drug Use and Health (NSDUH). The percentage of adults ages 50 to 59 who reported using at least one illicit drug* in the past year—primarily marijuana and nonmedical use of prescription drugs—increased from 5.1% in 2002 to 9.4% in 2007 (the most recent year for which data are available). Additional analyses show that this trend was driven by the aging of the baby boom generation—those born between 1946 and 1964. This cohort has a much higher lifetime illicit drug use rate than earlier cohorts and represents an increasing proportion of persons ages 50 to 59. The rate of illicit drug use among this age group, however, remains lower than that of other age groups. For example, 33% of adults ages 18 to 25 and 19% of youths ages 12 to 17 reported past year illicit drug use in 2007 (data not shown). Noting that the future treatment needs of this population has become a growing public health concern, the authors stress the importance of developing effective primary care screening and intervention strategies and expanding substance abuse treatment programs to address the growing needs of this population.

Percentage of Adults Ages 50 to 59 Reporting Past Year Illicit Drug Use, 2002 to 2007



*Illicit drug use: Any use of marijuana, cocaine, heroin, hallucinogens, inhalants, or nonmedical use of pain relievers, tranquilizers, stimulants, or sedatives.

SOURCE: Adapted by CESAR from Han, B., Gfroerer, J., and Colliver, J., Office of Applied Studies, Substance Abuse and Mental Health Services Administration, "An Examination of Trends in Illicit Drug Use Among Adults Aged 50 to 59 in the United States," *OAS Data Review*, August 2009. Available online at http://oas.samhsa.gov/2k9/OlderAdults/OAS_data_review_OlderAdults.pdf. For more information, contact Beth Han at beth.han@samhsa.hhs.gov.

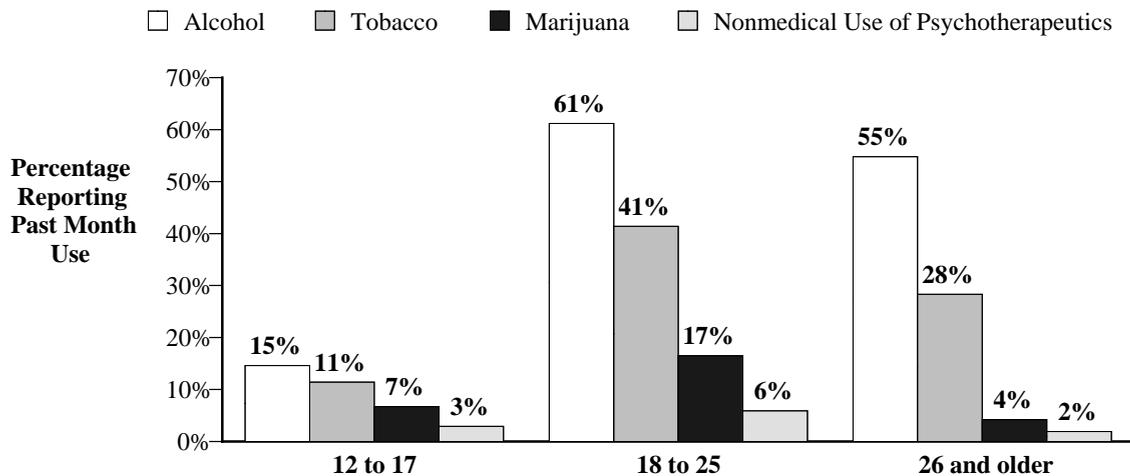
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University of Maryland, College Park

Alcohol, Tobacco, Marijuana, and Prescription Drugs Most Prevalent Substances Used Across All Groups in U.S.

The most popular substances used by U.S. residents is the same at all ages, according to data released last week from the 2008 National Survey on Drug Use and Health (NSDUH). Alcohol is the most prevalent substance, followed by tobacco, marijuana, and the nonmedical use of psychotherapeutics* (primarily pain relievers). Among 18 to 25 year olds—the age group with the highest rates of substance use—61% reported using alcohol in the past month, 41% reported tobacco use, 17% reported marijuana use and 6% reported the nonmedical use of psychotherapeutic drugs. All other drugs were used by less than 1% of each age group, with the exception of cocaine use among 18 to 25 year olds (1.5%). The 2008 NSDUH report is available online at <http://www.oas.samhsa.gov>.

Most Prevalent Substances Used in the Past Month by U.S. Residents, by Age Group, 2008
(N=68,736)



*Nonmedical use of prescription-type psychotherapeutics includes the nonmedical use of pain relievers, tranquilizers, stimulants, or sedatives and does not include over-the-counter drugs.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Results from the 2008 National Survey on Drug Use and Health: National Findings*, 2009.

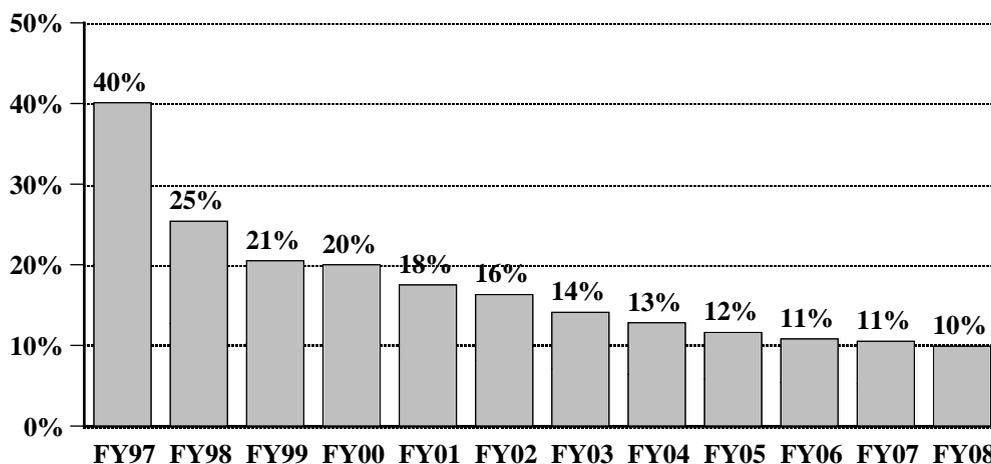
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Tobacco Sales to Minors Continue to Decline; Reach Record Low in FY08

The Synar Amendment requires states to have laws prohibiting the sale of tobacco products to those younger than 18 and to conduct annual random, unannounced inspections of a valid sample of tobacco retailers to ensure compliance with these laws. The average national retailer violation rate* from these inspections has decreased steadily, from 40% in FY97 (when regulations from the Synar Amendment were implemented by SAMHSA) to a new low of 10% in FY08 (see figure below). In FY08, violation rates ranged from 4% (Montana) to 17% (Ohio). The report notes that States with low violation rates are most likely to have a comprehensive, well-coordinated, and diverse tobacco access control program and that SAMHSA will continue to provide technical assistance to the States, “with the goal of eliminating the availability of tobacco products to minors, and so spare future generations the long-term disease and death attributable to tobacco use” (p. 15).

Tobacco Retailer Violation Rate, National Weighted Average, FY97 to FY08



*The average national retailer violation rate was calculated by weighting each State’s reported retailer violation rate by that State’s population.

NOTE: Tobacco retailer inspection years are in federal fiscal years, which run from 10/1 to 9/30.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), *FFY 2008 Annual Synar Reports: Youth Tobacco Sales, 2009*. Available online at <http://prevention.samhsa.gov/tobacco/synarreportfy2008.pdf>.

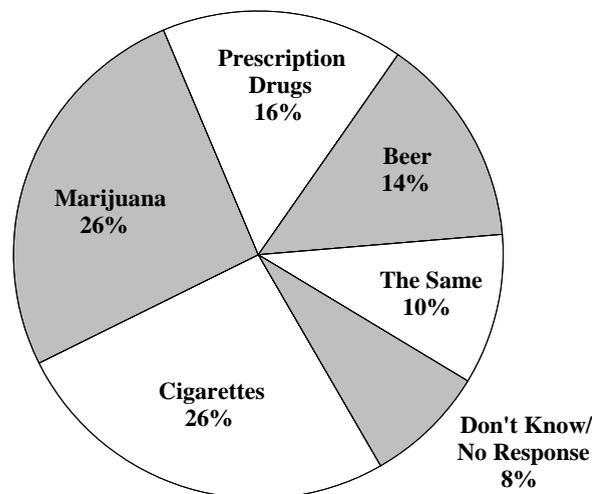
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Teens Cite Cigarettes and Marijuana as the Easiest Substances for Them to Buy

Teens are equally likely to say that cigarettes or marijuana are the easiest for them to buy, according to data from the 2009 National Survey on American's Attitudes on Substance Abuse. Slightly more than one-fourth (26%) of teens said that cigarettes were the easiest for someone their age to buy and the same percentage cited marijuana. The third most prevalent response was prescription drugs (16%), followed by beer (14%). Ten percent of teens reported that they thought all four substances were equally easy to buy. When the parents of these teens were asked which substance they thought was easier for teens their child's age to buy, more than one-third reported cigarettes (37%), 22% reported marijuana, 12% reported beer, and only 9% reported prescription drugs (data not shown).

Percentage of Teens (Ages 12 to 17) Reporting Which Substance Is the Easiest for Someone Their Age to Buy*, 2009

(n=1,000 teens)



*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..."

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 March 2 and April 5, 2009 with 1,000 teens and between March 21 and April 10, 2009 with 452 parents of interviewed teens. The margin of error is +/-3.1 percent for the teen survey and +/-4.6 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 XIV: Teens and Parents*, August 2009. Available online at <http://www.casacolumbia.org/absolutenm/articlefiles/380-2009%20Teen%20Survey%20Report.pdf>.

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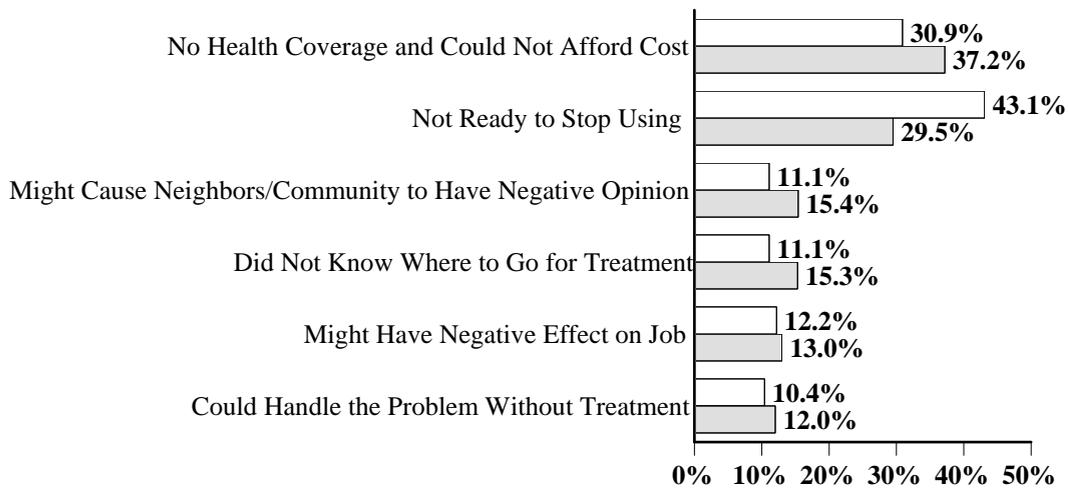
***Lack of Health Coverage and Not Being Ready to Stop Using
Top Reasons for Not Receiving Needed Alcohol or Drug Treatment***

An estimated 17.4 million people who needed alcohol treatment in the past year and 6.4 million who needed illicit drug treatment did not receive it, according to data from the 2008 National Survey on Drug Use and Health (NSDUH). Of those who were diagnosed as needing but did not receive treatment, only a small percentage also felt that they needed treatment for their alcohol (3.7%) or illicit drug (6.3%) use problem. The most commonly reported reasons for not receiving treatment among those who were classified as needing—and felt they needed—treatment were 1) not having health coverage and not being able to afford the cost* and 2) not being ready to stop using alcohol or illicit drugs. 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 and/or Illicit Drug Treatment in the Past Year, 2005 to 2008 Annual Averages

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

Alcohol Treatment (n=estimated 673,000) Illicit Drug Treatment (n=estimated 511,000)



*Another health coverage-related reason cited was “had health coverage but did not cover treatment or did not cover cost” (4.9% alcohol; 6.7% illicit drug).

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. Responses to the categories are not mutually exclusive because respondents could indicate multiple reasons.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), *Results from the 2008 National Household Survey on Drug Use and Health: National Findings*, 2009. Available online at <http://www.oas.samhsa.gov/nsduhLatest.htm>.

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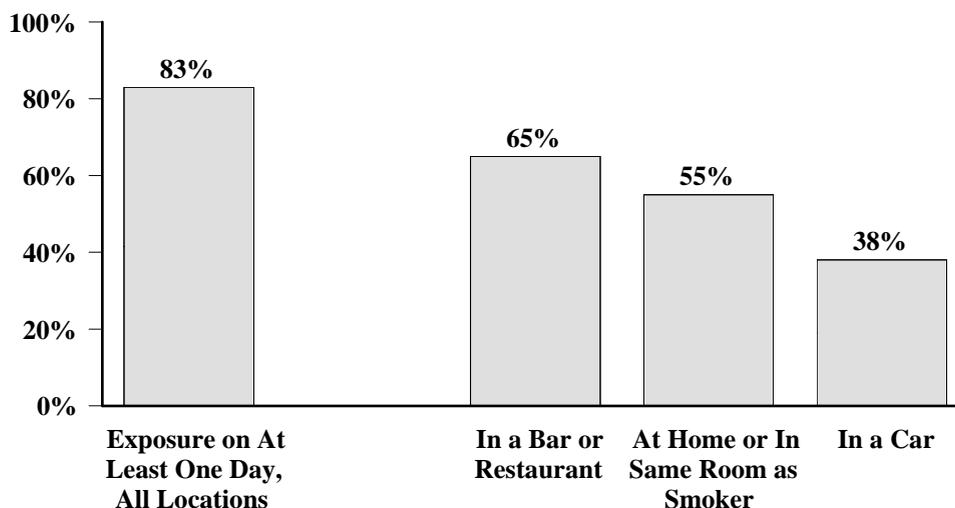
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Study Finds High Rates of Secondhand Smoke Exposure Among NC College Students

Exposure to secondhand smoke is common among North Carolina undergraduate college students, according to the first study to provide evidence of the high rates of secondhand smoke exposure among U.S. college students. Overall, 83% of undergraduate students at ten North Carolina universities reported being exposed to secondhand smoke in the seven days prior to the survey. The most common place of exposure reported was in a restaurant or bar (65%), followed by exposure at home or in the same room as a smoker (55%), and exposure in a car (38%). While smokers comprised only around one-fourth of the students surveyed, they were more likely to report exposure to secondhand smoke, most likely because they are apt to have friends who smoke and to hang out or live in places where smoking occurs. Other factors that were associated with exposure included female gender, binge drinking, and attending a public (rather than private) university (data not shown). The authors note that while “administrators may be limited in their ability to affect exposure in some locations—such as off-campus housing and bars and restaurants—they can take steps to reduce smoking and concomitant exposure to SHS among college students” such as enacting smoke-free campus policies and offering smoking cessation services (p. 982).

Percentage of North Carolina College Students Reporting Exposure to Secondhand Smoke on at Least One Day in the Past Seven Days, 2006

(N=4,223 undergraduate students at 10 public and private North Carolina universities)



SOURCE: Adapted by CESAR from Wolfson, M., McCoy, T.P., and Sutfin, E.L. “College Students’ Exposure to Secondhand Smoke,” *Nicotine & Tobacco Research* 11(8):977-984, 2009. For more information, contact Dr. Mark Wolfson at mwolfson@wfubmc.edu.

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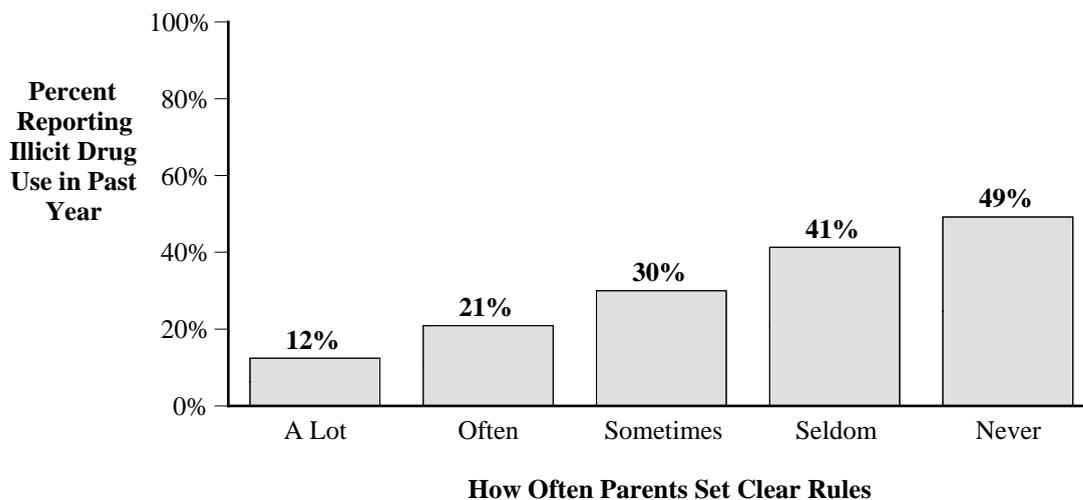
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Students with Parents Who Set and Enforce Clear Rules Less Likely to Report Illicit Drug Use

Youths whose parents set clear rules for them are less likely to report using illicit drugs, according to data from the 2008-09 PRIDE Survey. Middle and high school students* whose parents set clear rules for them “a lot” or “often” were less likely to report using illicit drugs in the past year (12% and 21%, respectively) than students whose parents never set clear rules (49%). Similar results were found for having parents who punish them for breaking these rules (data not shown). Previous studies have found that youths living in households where parents kept track of their whereabouts and set curfews were less likely to report heavy drinking (see *CESAR FAX*, Volume 17, Issue 31).

Percentage of Students (Grades 6 to 12) Reporting Illicit Drug Use in the Past Year, by How Often Their Parents Set Clear Rules, 2008-09

(N=122,243 students sampled from 25 states)



*The 2009 Pride Survey National Summary is based on the responses of 122,243 students selected from 447,532 students from 25 states who completed the Pride Survey for Grades 6 to 12 during the school year from August 2008 to June 2009. These students, while not drawn through a formal probability sampling process, do represent a broad cross-section of American youth. Results from previous years national summaries have tracked closely with nationwide surveys such as *Monitoring the Future*.

SOURCE: Adapted by CESAR from PRIDE, *Questionnaire Report for Grades 6 to 12, 2008-09 National Summary – Grades 6 thru 12, 2009*. Available online at <http://www.pridesurveys.com/customercenter/us08ns.pdf>.

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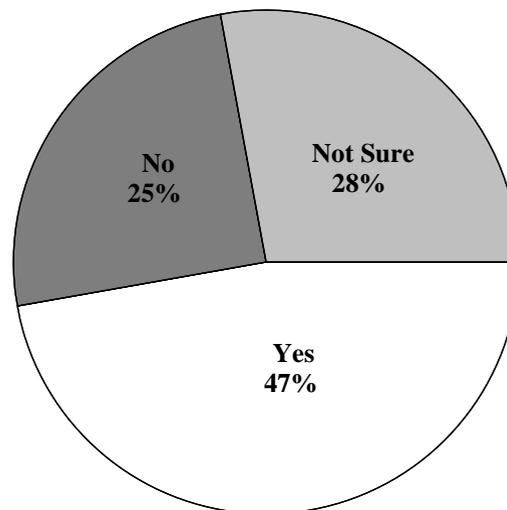
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Nearly Half of U.S. Residents Want E-Cigarettes Available as a Smoking Cessation Device; 28% Undecided

Electronic cigarettes, also known as e-cigarettes, are devices that deliver nicotine without tobacco or combustion. When the user drags on the device, nicotine is heated by an atomizer that is powered by a rechargeable battery, vaporized, and inhaled. Cartridges with different flavors and concentrations of nicotine are available. Proponents argue that e-cigarettes are less harmful than regular cigarettes and should be available as smoking cessation aids, similar to nicotine patch or gum. A recent poll of U.S. adults found that slightly less than one-half of U.S. adults believe that e-cigarettes should be an option available to people trying to quit smoking (47%) while nearly one-third (28%) were undecided (see figure below). Critics say that e-cigarettes have not been proven to be a safe and effective form of nicotine replacement therapy, health claims are unproven, and that their use may lead to an increase in nicotine addiction and tobacco use in young people.

Do You Think Electronic Cigarettes Should Be An Option Available to People Trying to Quit Smoking, Similar to the Patches, Gum, and Lozenges Currently on the Market?

(N=4,611 U.S. Adult Residents, 2009*)



*Results are from an online survey of 4,611 adults conducted between 8/28/09 and 8/31/09 by Zogby International. A sampling of Zogby International's online panel, which is representative of the adult population of the U.S., was invited to participate. Slight weights were added for region, party, age, race, religion, gender, and education to more accurately reflect the population. The margin of error is +/- 1.5 percentage points.

SOURCE: Adapted by CESAR from Zogby International, *Zogby Interactive Survey of Likely Adults – 8/28/09 thru 8/31/09, 2009.*

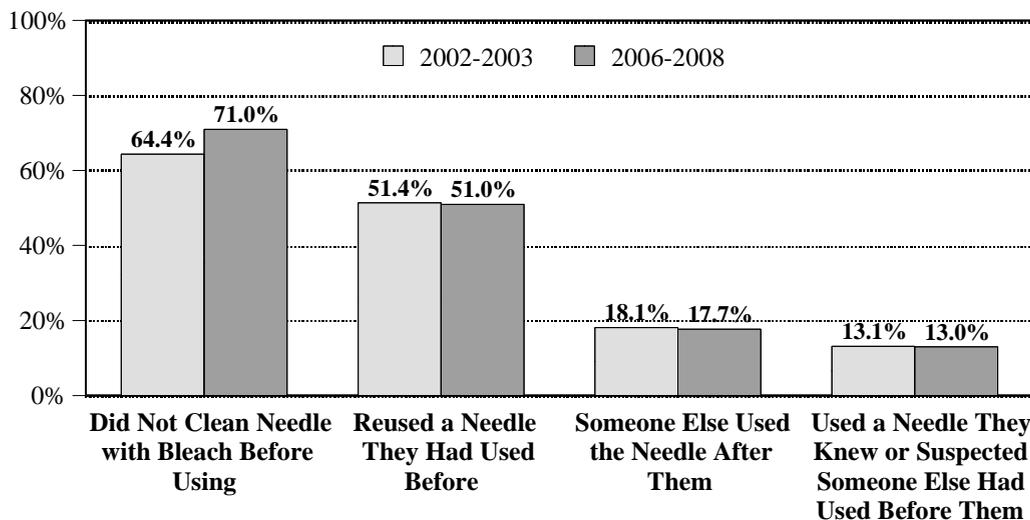
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Risky Needle Practices Persist Among U.S. Injection Drug Users

An estimated 425,000 U.S. residents aged 12 or older used a needle to inject heroin, cocaine, methamphetamine, or other stimulants during the past year, according to combined data from the 2006, 2007, and 2008 National Survey on Drug Use and Health (NSDUH). Many of these injection drug users reported engaging in unsafe needle practices the last time they injected drugs. The majority (71.0%) did not clean their needle with bleach before using it. Approximately one-half (51.0%) reused a needle they had used before and 17.7% reported that someone else used their needle after them. More than one in ten (13.0%) reported using a needle they know or suspected someone else had used before them. Despite the fact that “HIV prevention and education programs targeted at out-of-treatment injection drug users have been in effect for nearly two decades,” these findings remain unchanged or have worsened from those reported in 2002-2003 (see figure below). Research has shown a strong association between injection drug use and the transmission of blood-borne infections (e.g. HIV, hepatitis B, and hepatitis C), particularly when needles are reused, shared, or not cleaned with bleach after each use.

Percentage of Past Year Injection Drug Users Who Reported Engaging in Risk Behaviors the Last Time They Used a Needle to Inject Drugs, 2002-2003 and 2006-2008



NOTES: Estimates are based on responses from 135,910 persons ages 12 or older surveyed in the 2002 and 2003 NSDUH and on responses from 204,408 persons surveyed in the 2006, 2007, and 2008 NSDUH.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), “Injection Drug Use and Related Risk Behaviors,” *The NSDUH Report*, 2009. Available online at <http://www.oas.samhsa.gov/2k9/139/139IDU.cfm>.

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***Alcohol Policy Information System (APIS) Provides
Detailed Information on State and Federal Alcohol-Related Policies***

The Alcohol Policy Information System (www.alcoholpolicy.niaaa.nih.gov) is an online resource that provides user-searchable access to authoritative, detailed, and comparable information on alcohol-related policies in the United States, at both State and Federal levels. While designed primarily as a tool to encourage and facilitate research on the effects and effectiveness of alcohol-related policies, the APIS is also an invaluable resource for anyone looking for accurate information on state alcohol-related policies. The APIS currently has information on four main policy topics (see below). Each policy topic contains a brief description; a summary of relevant Federal law; tables comparing statewide policies in effect on a particular date or over a period of time; and other detailed information, such as maps, charts, and relevant statutory and regulatory citations. Information on the APIS is regularly updated. The most recent update, completed this past September, includes the addition of underage internal possession laws as a policy topic and reports on changes in state alcohol policy statutes and regulations that took effect on or before January 1, 2009.

Alcohol Policy Information System (APIS) Policy Topics

(as of 11/9/2009)

Alcoholic Beverage Control

- Retail and wholesale distribution
- Keg registration
- Beverage service training
- Sunday sales

Transportation, Crime, and Public Safety

- Blood alcohol concentration (BAC) limits
- Underage drinking
- Open container policies

Health Care Services and Financing

- Insurance exclusion (“UPPL”)
- Health insurance parity

Alcohol and Pregnancy

- Mandatory warning signs
- Criminal prosecution
- Civil commitment
- Priority treatment
- Child abuse/neglect
- Reporting requirements

SOURCE: Adapted by CESAR from National Institute on Alcohol Abuse and Alcoholism (NIAAA), Alcohol Policy Information System (APIS), www.alcoholpolicy.niaaa.nih.gov. Accessed 11/6/09.

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FDA to Evaluate Safety and Legality of Alcoholic Beverages Containing Caffeine

“The increasing popularity of consumption of caffeinated alcoholic beverages by college students and reports of potential health and safety issues necessitates that we look seriously at the scientific evidence as soon as possible.”

--Dr. Joshua Sharfstein, Principal Deputy Commissioner of Food and Drugs, FDA

What are alcoholic energy drinks? Also known as caffeinated alcoholic beverages, alcohol energy drinks are alcoholic beverages with caffeine and/or other stimulants that are metabolized as caffeine (e.g., guarana) added. An increasing number of companies are producing these beverages, with young people as the apparent marketing target. The reported prevalence among U.S. college students is high as 28%.

What are the potential health concerns with caffeinated alcoholic beverages? Studies have shown that people who drink caffeinated alcoholic beverages drink larger quantities of alcohol. Caffeine can mask the negative effects of alcohol intoxication, increasing the chance that users will engage in potentially risky behaviors, such as drinking and driving, because they do not feel that they are intoxicated. Users of caffeinated alcoholic beverages are also more likely to experience alcohol-related consequences, such as being taken advantage of or taking advantage of someone else sexually. Consuming these beverages may also be associated with adverse effects on heart rhythm, most likely in individuals with pre-existing cardiovascular conditions.

Is caffeine approved by the FDA for use in alcoholic beverages? A food additive is presumed by the FDA to be unsafe unless its particular use has been approved by federal regulation or is Generally Recognized as Safe (GRAS) under the conditions of its intended use. The FDA has approved caffeine as GRAS for use only in non-alcoholic cola-type beverages. The FDA has not approved caffeine for use at any level in alcoholic beverages.

What is the FDA doing about this? On November 13, 2009, the FDA issued a mandate to nearly 30 manufacturers of caffeinated alcoholic beverages to produce their rationale and supporting data concluding that the use of caffeine in alcoholic beverages is either GRAS or prior sanctioned. To be GRAS, the burden is on the manufacturers to show that 1) the use of caffeine is safe for use in alcoholic beverages based on publicly available scientific evidence and 2) there is a consensus among qualified experts regarding the safety of caffeine for this use.

What will happen next? If the FDA determines that the use of caffeine in an alcoholic beverage is not GRAS, they will take appropriate action to ensure that the product is removed from the marketplace.

SOURCES: Adapted by CESAR from the following documents available on the FDA website at <http://www.fda.gov/Food/FoodIngredientsPackaging/ucm190366.htm>: “FDA to Look Into Safety of Caffeinated Alcoholic Beverages; Agency Sends Letters to Nearly 30 Manufacturers,” *FDA Press Release*, 11/13/09; FDA, *Questions & Answers on Caffeine in Alcoholic Beverages*, 2009; *CAB Letter to FDA from Attorneys General*, 9/25/09; *CAB Letter to FDA from Scientists*, 9/21/09.

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What are caffeinated alcoholic beverages? Caffeinated alcoholic beverages are alcoholic beverages to which the manufacturer has intentionally added caffeine and/or other stimulants that are metabolized as caffeine (e.g., guarana). An increasing number of companies are producing these beverages, with young people as the apparent marketing target. The reported prevalence of combined caffeine and alcohol use among U.S. college students is high as 28%.

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What is the FDA doing about this? On November 13, 2009, the FDA issued a mandate to nearly 30 manufacturers* of caffeinated alcoholic beverages to produce within 30 days their rationale and supporting data concluding that their use of caffeine in an alcoholic beverage is either GRAS or prior sanctioned.** To be GRAS, the burden is on the manufacturers to show that 1) the use of caffeine is safe for use in alcoholic beverages based on publicly available scientific evidence and 2) there is a consensus among qualified experts regarding the safety of caffeine for this use. In their letter to manufacturers of caffeinated alcoholic beverages, the FDA states that, “If FDA determines that the use of caffeine in your alcoholic beverage is not GRAS or subject to a prior sanction, FDA will take appropriate action to ensure that this product is removed from the marketplace.”

*In the past year, Anheuser-Busch and Miller agreed to discontinue their caffeinated alcoholic beverages and agreed to not produce any caffeinated alcoholic beverages in the future.

**A substance is considered prior-sanctioned if its specific use in food was authorized by the FDA or the Department of Agriculture prior to September 6, 1958.

SOURCES: Adapted by CESAR from the following documents available on the FDA website at <http://www.fda.gov/Food/FoodIngredientsPackaging/ucm190366.htm>: “FDA to Look Into Safety of Caffeinated Alcoholic Beverages; Agency Sends Letters to Nearly 30 Manufacturers,” *FDA Press Release*, 11/13/09; FDA, *Questions & Answers on Caffeine in Alcoholic Beverages*, 2009; *CAB Letter to FDA from Attorneys General*, 9/25/09; *CAB Letter to FDA from Scientists*, 9/21/09.

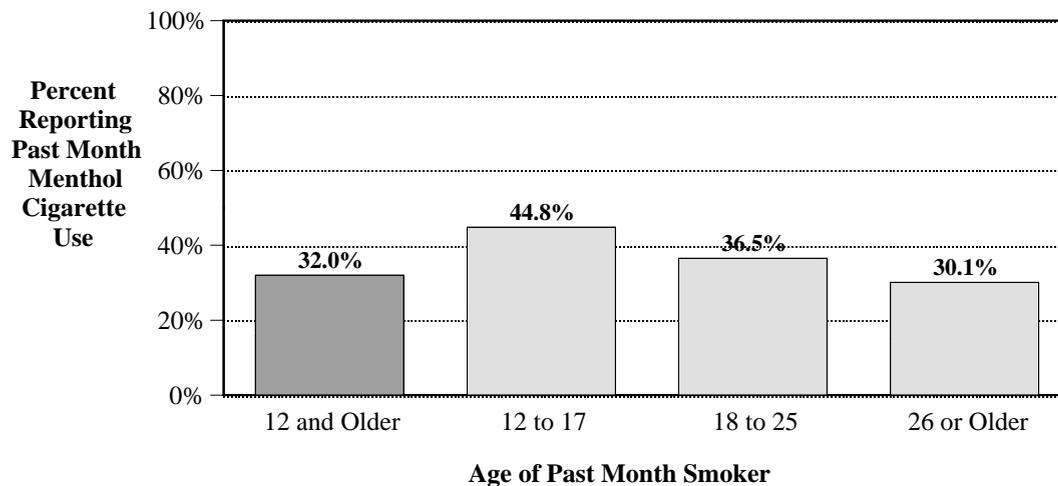
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Nearly One-Third of Current U.S. Smokers Smoked Menthol Cigarettes in the Past Month

Nearly one-third (32%) of current smokers reported that they smoked menthol cigarettes in the past month, according to combined data from the 2004 to 2008 National Surveys on Drug Use and Health. Younger smokers were more likely to report using menthol cigarettes—44.8% of smokers ages 12 to 17 reported such use, compared to 36.5% of young adults ages 18 to 25 and 30.1% of adults ages 26 or older (see figure below). Use of menthol cigarettes in the past month was also more likely among smokers who had first started smoking in the past 12 months than among longer term smokers (44.6% vs. 31.8%; data not shown). The authors suggest that prevention specialists “may wish to consider prevention strategies for adolescents that are more targeted at the initiation of menthol cigarette use and the attractions of a ‘cooler’ taste” (p. 5). The Family Smoking Prevention and Tobacco Control Act enacted earlier this year (see *CESAR FAX*, Volume 18, Issue 25) bans all cigarette flavorings except menthol and requests research on the impact of the use of menthol in cigarettes on the public health.

Percentage of Current U.S. Smokers Ages 12 and Older Reporting Smoking Menthol Cigarettes in the Past Month, 2004 to 2008 Data Combined



NOTE: The combined 2004 to 2008 data are based on information obtained from 340,476 persons aged 12 or older. Current smokers are those who reported smoking part or all of at least one cigarette in the past 30 days.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), Use of Menthol Cigarettes, The NSDUH Report, November 19, 2009. Available online at <http://www.oas.samhsa.gov/2k9/134/134MentholCigarettes.cfm>.

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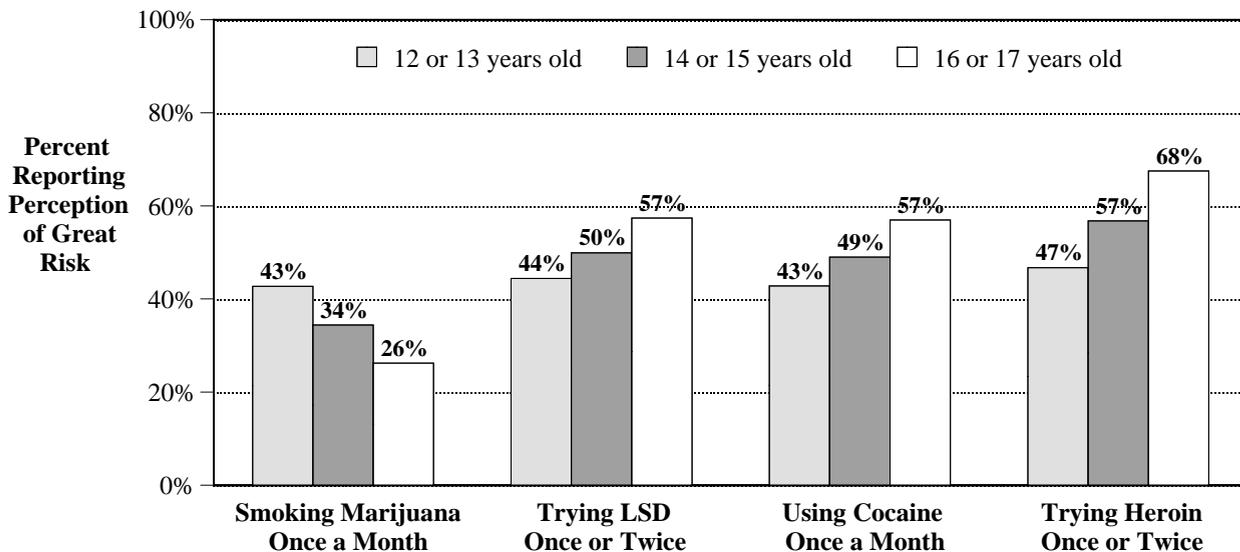
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Perception of Risk Associated with Marijuana Use Decreases with Age While Perceived Risk from Using LSD, Cocaine, or Heroin Increases with Age

Older youth perceive less risk in marijuana use, according to an analysis of combined data from the 2007 and 2008 National Survey on Drug Use and Health (NSDUH). Forty-three percent of 12- or 13-year-olds reported that they perceived a great risk in smoking marijuana once a month, compared to 34% of 14- or 15-year olds and 26% of 16- or 17-year-olds. The opposite was true of LSD, cocaine, or heroin use, with perceived risk increasing with age (see figure below). The authors suggest that “understanding the different patterns of risk perceptions that emerge during adolescent development may help to better target health communication messages and increase the effectiveness of prevention and intervention programs” (p. 1).

Perception of Great Risk of Using Selected Substances, by Age

(2007 and 2008 data combined; n=44,979)



SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), “Perceptions of Risk from Substance Use Among Adolescents,” *The NSDUH Report*, November 26, 2009. Available online at <http://www.oas.samhsa.gov/2k9/158/158RiskPerceptions.cfm>.

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*Study Finds 45% of Cocaine-Positive Specimens from D.C. Arrestees
Also Contain Potentially Fatal Drug Levamisole*

What is levamisole? Levamisole is an anti-parasitic drug currently approved for use in the U.S. by veterinarians. Its use with humans in the U.S. was discontinued in 2000 because of serious side-effects in some people. In September, 2009, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued a public health alert about the risk that substantial levels of cocaine may be adulterated with levamisole.

How often is it found in cocaine? Data from the Drug Enforcement Administration (DEA) and State testing labs indicate that the percentage of cocaine seizures containing levamisole has increased steadily since 2002. Levamisole was found in 30% of illicit cocaine samples analyzed by the DEA in October, 2008 and 70% of the illicit cocaine analyzed in July, 2009. Urinalysis monitoring has also proven helpful in identifying the use of this drug as an adulterant. A recent analysis by the D.C. Pretrial Services Agency found that 45% of 75 randomly selected cocaine-positive specimens taken from the D.C. defendant/offender population were also positive for levamisole.

What are the health effects of levamisole ingestion? Ingestion of levamisole can lead to agranulocytosis, a serious condition in which white blood cells are dramatically reduced and the body's immune system is dangerously suppressed. The person is then vulnerable to rapidly developing life-threatening infections. There have been approximately 20 confirmed or probable cases of agranulocytosis, including two deaths, associated with cocaine adulterated with levamisole.

What are the warning signs of agranulocytosis? The warning signs are high fever, chills, weakness, swollen glands, painful anal or oral sores, thrush, skin infections and abscesses, and any infection that won't go away or worsens quickly, including sore throat and pneumonia.

What should be done? Any individual who has used cocaine and is experiencing any of the above symptoms should seek medical help immediately. Suspected and confirmed cases of agranulocytosis associated with cocaine abuse should be reported to state health departments or local poison control centers (1-800-222-1222).

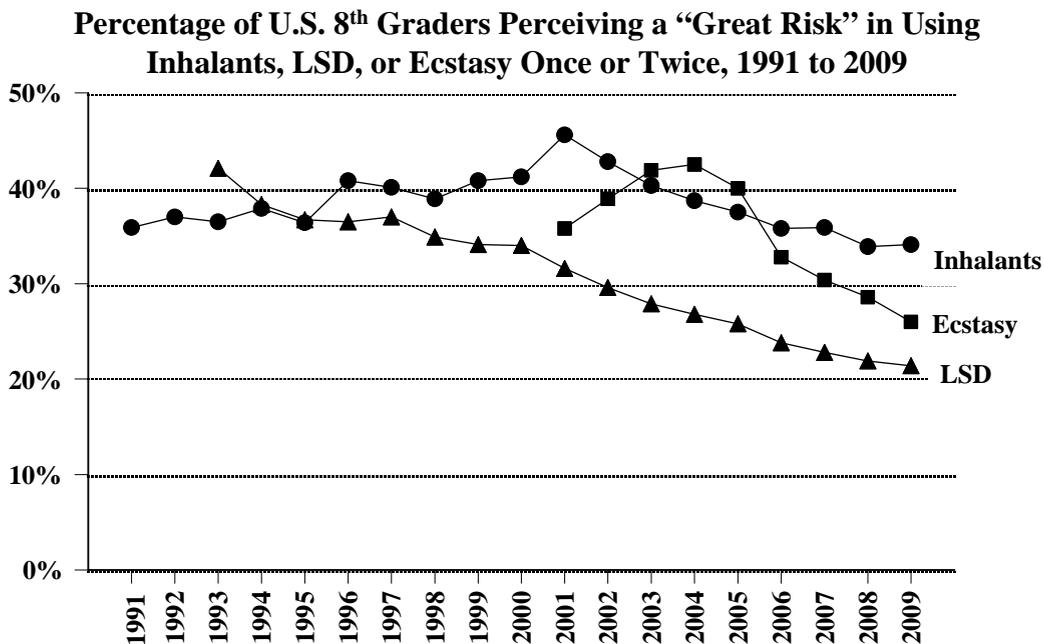
SOURCES: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), "Nationwide Public Health Alert Issued Concerning Life-Threatening Risk Posed by Cocaine Laced with Veterinary Anti-Parasite Drug," *SAMHSA News Release*, 9/21/09 (online at <http://www.samhsa.gov/newsroom/advisories/090921vet5101.aspx>); U.S. Drug Enforcement Administration, "Identification of Levamisole Impurities Found in Illicit Cocaine Exhibits," *Microgram Journal*, 6(3-4):82-89, 2008 (online at www.justice.gov/dea/programs/forensicsci/microgram/journal_v6_num34/journal_v6_num34.pdf); D.C. Pretrial Services Agency, "Presence of Levamisole in Cocaine Positive Specimens," Memo from Jerome J. Robinson, Director, Office of Forensic Research, D.C. Pretrial Services Agency to CESAR, 11/10/09. For more information on the D.C. Pretrial Services Agency findings, please contact Jerome R. Robinson at Jerome.Robinson@psa.gov.

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Perceived Risk of Inhalant, LSD, or Ecstasy Use Continues to Decline Among U.S. 8th Graders

Eighth graders' perceived risk of using inhalants, LSD, or ecstasy continues to decline, according to data from the 2009 Monitoring the Future survey. The percentage of 8th graders perceiving a great risk from using ecstasy once or twice decreased from 43% in 2004 to 26% in 2009. The perception of harm from inhalant use began to decline in this population in 2001 (from 46% to 34% in 2008 and 2009). The most substantial decline, however, has occurred in the perceived risk of LSD use. In 1993, 42% of 8th grade students in the U.S. perceived a great risk in using LSD once or twice. In 2009, half as many students (21%) reported that using LSD once or twice posed a great risk. According to lead MTF researcher Lloyd Johnston, this decline removes "a major obstacle to experimentation. We have seen LSD make a comeback before, clearly it could happen again" (p. 2).



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

SOURCE: Adapted by CESAR from University of Michigan, "Teen Marijuana Use Tilts Up, While Some Drugs Decline in Use," Press Release, 12/14/09. Available online at <http://www.monitoringthefuture.org/data/09data.html#2009data-drugs>.

CESAR Wishes You a Very Happy Holiday Season!

This is the final issue of the *CESAR FAX* for 2009. The *CESAR FAX* will resume with Volume 19, Issue 1 on January 11th, 2010. Thank you for your support during the past year!