I. Youth Drug Use

More than 40% of Maryland high school seniors used an illicit drug in the past year.

Maryland seniors use illicit drugs at rates similar to those of seniors across the country. Research studies tell us that about one in seven alcohol users will become alcohol dependent and one in six who try cocaine will develop cocaine dependence.1 These estimates indicate that more than 5,000 of the 58,000 seniors who graduated in 2001 will develop alcohol dependence; more than 400 will develop cocaine dependence.

Has youth drug use changed in Maryland in recent years?

Alcohol and marijuana remain the substances most likely to be used by Maryland youths.2 However, ecstasy has become increasingly popular among youths. Initially available primarily at raves, ecstasy has since spread to more mainstream settings (i.e., house parties, campuses).3,4 Maryland surveys, like national studies, show an increase in the use of drugs such as GHB, ketamine, and the non-medical use of prescription drugs.5,6

Why are some youths more at risk for drug use than others?

**INDIVIDUAL**
Research has identified individual characteristics that increase the risk for drug use.7
Having a family history of drug or alcohol use raises one’s risk for developing problems.8

**FAMILY**
Parents play a vital role. Children who grow up in supportive and enriching environments with clear boundaries are less likely to initiate drug use.9 Parental monitoring and supervision are important deterrents for youth drug use.10

**PEER**
Peers clearly play a significant role in youth drug use.11 Sustained involvement in structured peer activities decreases the likelihood of substance use.12

**SCHOOL**
Drug use is associated with poor academic performance,13 but it is difficult to say which comes first — drug-using students should be carefully assessed to understand their needs for intervention and/or other services.

**COMMUNITY**
Studies show that the more disadvantaged a neighborhood is, the higher the level of youth drug use.14 Prevention programs that focus on fostering a connection between youths and the community have been shown to reduce drug use.15
2. Drug-Related Suspensions in Public Schools

More than 4,400 drug-related suspensions occurred in Maryland public schools (K-12) in ’01-’02.

Youths who are suspended for any reason need help – whether it be through mentoring, tutoring, or mental health services – to get back on track toward success. Getting suspended for drugs is only the tip of the iceberg for most students – the point is early identification, assessment, and action.

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In the academic year ’01-’02, there were 123,011 incidents that resulted in suspensions in Maryland public schools; more than 4,400 were drug-related. Major reasons for suspension included being highly disruptive and fighting or attacking another student or a staff member. It is clear that alcohol and drug use are common among children who are disruptive, fight, carry weapons, and have poor school attendance. Understanding the role of early alcohol and other drug use in these behaviors is critical for improving the educational lives of these students and the quality of the educational environment in general.

Among the more than 4,400 incidents resulting in a drug-related suspension, almost half (47%) involved illicit drugs; another 37% involved tobacco.

3. Drug Use and Crime

Across Maryland, on average, more than half of adult arrestees test positive for illicit drugs.

Percentage of Maryland adult arrestees testing positive for illicit drugs

- Washington: 44%
- Prince George’s: 59%
- Charles: 35%
- Baltimore City: 77%
- Anne Arundel: 46%
- Wicomico: 55%


Maryland’s Alcohol and Drug Abuse Administration (ADAA) and CESAR successfully competed for federal funds to conduct a family of studies to estimate drug treatment needs in Maryland. One of the studies, the Substance Abuse Need for Treatment Among Arrestees (SANTA) Study, obtained diagnostic interviews and urine specimens from samples of more than 500 adult male and female arrestees in six Maryland regions. The findings indicated that more than one-half of all arrestees were dependent on alcohol or another drug and that one-third to one-half used drugs, primarily heroin and cocaine, 2-3 days prior to arrest.  

Researchers have documented the pervasive link between drug use and crime throughout the United States. Drug abusers are likely to commit crimes because: they may need money to purchase drugs; they may be involved in the violent drug distribution network; or they may be influenced by the drug action itself. Drug use may be part of a broader criminal lifestyle. An important study showed that heroin addicts in Baltimore committed six times as many crimes when they used heroin frequently than when they used it less often. Other studies have shown that offenders mandated by the court to receive treatment stay in treatment and succeed. The criminal justice system therefore provides an extraordinary opportunity to identify a community’s dysfunctional drug abusers, and to manage their referral to and progress in treatment.
**4. Driving While Impaired (DWI)**

*For the past two years, alcohol-related traffic fatalities in Maryland have risen.*

![Alcohol-related traffic fatalities in Maryland](image)


During the 1980s, drunk driving fatalities fell significantly. Starting in 1991, this trend leveled off for several years. In 2001, for the second year in a row, the percentage of alcohol-related traffic fatalities increased in Maryland to 290, or 44% of all fatal traffic crashes. As shown below, arrests for DWI were at their peak in the early 1990s when fatalities began to decline, and recently have been on a downward trend as fatalities have started to rise. Whether the recently enacted 0.08 law will help reduce drunk driving and fatalities in Maryland remains to be seen. This policy has been shown to be effective in other states to reduce drunk driving and associated injuries and deaths.

![Adult DWI arrests in Maryland, 1990-2001](image)

5. Costs of the Drug Problem

Alcohol abuse is estimated to cost Maryland $3.4 billion; illicit drug abuse $2.2 billion.

Source: Harwood, et al., (2000). Updating estimates of the economic costs of alcohol abuse in the United States. Note: Because many persons have both alcohol and drug problems, one should not combine the two estimates.

Source: Arria, A. (2003). Economic impact of alcohol and drug use. Note: More information on the derivation of these estimates, including a full description of the categories of costs and the dollar amounts for each of the categories, can be found in a CESAR report (Arria, 2003).
6. The Treatment Gap

Only one in four drug abusers in Maryland receives treatment.

A recent CESAR study estimated that 285,994 Maryland adults need alcohol or drug treatment. In 2002, there were 79,073 admissions to treatment, representing 28% of the total who needed treatment, an increase from 22% the previous year. Some interesting facts about treatment in Maryland include:

- Admissions involving heroin, which more than tripled in the past 15 years, were fairly level from 1999-2001.
- About 40% of cocaine and 43% of heroin mentions at admission to treatment during 2001 involved females.
- Admissions related to other opiates and synthetics increased by 133% from 1998 to 2002.
- Only 18% of treatment admissions were to residential facilities; most clients received outpatient treatment (44%). Many experts agree that more long-term residential treatment is needed.

According to several conservative estimates, every $1 invested in addiction treatment programs yields a return of between $4 and $7 in reduced drug-related crime, criminal justice costs, and theft alone. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.

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### The Benefits of Drug Treatment

- Reduced Drug Use and Medical Costs
- Increased Employment
- Decreased Crime
- More Stable Living Arrangements
### 7. Health Consequences

_A majority of drug users have other serious physical or mental health problems._

<table>
<thead>
<tr>
<th>Overdoses</th>
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<tbody>
<tr>
<td>- According to a recent CESAR report, drug overdose deaths in Maryland</td>
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<tr>
<td>increased 16% over the past five years. In 2001, 559 people died from drug</td>
</tr>
<tr>
<td>overdoses, a figure that increased 8% to 605 in 2002.</td>
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<tr>
<td>- Two-thirds of overdose deaths are due to a single drug, most frequently</td>
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<tr>
<td>narcotics (e.g., opiates). Narcotic overdoses increased 47% from 1997 to 2002.</td>
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<tr>
<td>- Significant regional variation in overdose deaths exists: Baltimore City had the highest rates; however, every county in Maryland had at least one overdose death.</td>
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<th>HIV and Other Infections</th>
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<tr>
<td>- Nationally, half of all new HIV infections occur among injection drug users.</td>
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<tr>
<td>- In Maryland, injection drug use is the leading cause of new HIV infections.</td>
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<tr>
<td>- In a recent study of six U.S. cities, including Baltimore, 79% of injection drug users in treatment tested positive for Hepatitis C; 70% will go on to develop chronic liver disease, for which there is no cure except liver transplantation.</td>
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<tr>
<td>- Sexually transmitted diseases are highly prevalent among drug users, and injection drug users in particular.</td>
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<tr>
<th>Mental Health Problems</th>
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<td>- Depression is one of the most common psychiatric disorders coexistent with alcohol and drug abuse.</td>
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<td>- Youths who reported past year use of any illicit drug other than marijuana were three times more likely to be at risk for suicide than non-users (29% vs. 10%).</td>
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<tr>
<td>- Experts agree that treatment of underlying depression and other psychiatric disorders aids in recovery from substance abuse.</td>
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8. Baltimore City: Continuing Challenges

In response to the persistent substance abuse problem in Baltimore City, many important steps have been taken.

Substance abuse in Baltimore City is not an isolated problem. The City has been faced with tremendous challenges rooted in economic hardship and disparities in access to health care. Several important steps have been taken, but challenges still remain. Highlighted below are some of the more pressing issues facing Baltimore and some of the steps that have been taken by community leaders and other stakeholders.

More than two-thirds of adult arrestees in Baltimore City tested positive for at least one illicit drug in 2001.

Baltimore City ranks third in the nation for heroin-related emergency department (ED) mentions, down from #1 in 1994 - 1999.

52% of Maryland’s 15,425 HIV/AIDS cases reside in Baltimore City; 56% were injection drug users.

East Baltimore is a community facing serious socioeconomic challenges.

The past few years have witnessed an unprecedented increase in drug treatment slots; still, a treatment gap exists (see Problem 7, The Treatment Gap). Baltimore Substance Abuse Systems, Inc. (BSAS), helps to prevent and reduce drug abuse and its adverse health and social consequences via treatment referral and community programs (e.g., Baltimore Believe).

Under the leadership of the Health Department, Baltimore City uses DrugStat, a computer-tracking tool, for ensuring the effective use of treatment dollars by holding providers accountable.