

Drugs

Nov 2005

TEENS CITE CARS AS A TOP PLACE TO USE MARIJUANA

Each day, more than 9,000 new driver's licenses are issued to 16- and 17-year-olds nationwide, the very same age group that is at greatest risk for marijuana use, and a 2005 survey reveals that these teens say that cars are the second most popular place for smoking marijuana.

The Office of National Drug Control Policy's National Youth Anti-Drug Media Campaign is partnering with the American College of Emergency Physicians, The Driving School Association of the Americas, The Emergency Nurses Association and GEICO to warn parents of the prevalence and dangers of drugged driving and to provide information to help teens "Steer Clear of Pot." These partners will distribute drugged driving and marijuana prevention materials to driver's education teachers, teens, and parents nationwide.

In your community, the Media Campaign is calling on coalition partners to help provide parents and teens with information about the risks of drugged driving through a renewed "Steer Clear of Pot" initiative. This is what you can do in your community to get the message out:

* You can distribute the "Steer Clear of Pot: New Driver's Kit." The kit contains the following resources which can be downloaded by visiting <http://www.theantidrug.com/steerclear/kit.asp>:

- "Teach Teens to Steer Clear of Pot" Car Glove Box Card
- "Can I Borrow the Car?" Brochure
- "Top 10 Tips for Preventing Teen Accidents"
- "Steer Clear of Pot" Teen Postcard
- "Steer Clear of Pot" Teen Poster
- "Wake Up to the Risks of Marijuana: A Guide for Parents"

* Order hard copies of Can I Borrow the Car?, Top 10 Tips for Preventing Teen Accidents, the "Steer Clear of Pot" poster and postcard, as well as Wake Up to the Risks of Marijuana: A Guide for Parents. Please send your bulk order requests to nyac@theantidrug.com and include quantities desired for each item and a shipping address or visit <http://www.theantidrug.com/news/get-resources.aspx?from=home> to view a complete listing of all available resources from the National Youth Anti-Drug Media Campaign. Please allow four weeks for delivery.

More than 2.9 million driving-age teens reported lifetime use of marijuana, and last year more than 750,000 16- and 17-year-olds reported driving under the influence of illicit drugs. According to the 2004-2005 PRIDE Surveys, one in seven (14%) high school seniors said smoking marijuana “in a car” was second only to a friend’s house (20.4%) as a place where they get high.

Experts say parental supervision and setting clear rules are associated with less risky teen behavior. Parents can take action and help their teen “steer clear of pot” with simple steps such as:

- checking the car for signs of drug paraphernalia;
 - setting limits on driving in risky conditions;
 - knowing where their teen is going and what route they intend to drive;
- and
- reinforcing safe driving practices by driving together and being a good role model.

Statistic of the Week

8-5-05

In 1999, 55% of high school seniors reported having used an illegal drug at least once. Among adolescents ages 12 to 17, the average ages of first use of marijuana, cocaine, and heroin were 14, 15, and 14 years, respectively.

Teenagers and marijuana - Scientists uncover risk factors for marijuana use

17 Mar 2005

What risk factors influence teenagers to start experimenting with marijuana or to move from experimental to regular use?

Involvement with other substances (alcohol and cigarettes), delinquency and school problems have been established as the three most important risk factors in identifying teenagers at risk of continued involvement with marijuana by a Cardiff University scientist, in collaboration with a colleague in the USA.

The study, Risk Factors Predicting Changes in Marijuana Involvement, led by Dr Marianne van den Bree, Department of Psychological Medicine, School of Medicine and Dr Wallace Pickworth, National Institute on Drug Abuse (NIDA) in the USA assessed over 13,700 school students at high schools throughout the USA (aged 11-21 years). The students were participating in the National Longitudinal Study of Adolescent Health in the USA twice (in 1995 and in 1996) over a one year period.

Over half of the students in the study who indicated use of marijuana in 1995 were still using it one year later. Twenty-one well-established risk factors of adolescent substance use/abuse, including personality, family variables and religion, were used to predict five stages of marijuana

involvement: (1) initiation of experimental use, (2) initiation of regular use, (3) progression to regular use, (4) failure to discontinue experimental use, and (5) failure to discontinue regular use.

Dr van den Bree said: "We found assessment of use of other substances and peer substance use, school, and delinquency factors to be key to identifying individuals at high risk for continued involvement with marijuana. The combined presence of these three risk factors greatly increased risk of experimental (by 20 times) and regular marijuana use (by 87 times) over the next year. Prevention and intervention efforts should focus on these areas of risk."

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Marijuana Withdrawal Reported By Teens Seeking Treatment

BURLINGTON, Vt. -- Often considered a relic of the 1970's culture, marijuana is no longer a baby boom generation issue. Today, nearly 50 percent of U.S. teenagers try marijuana before they graduate high school, and by 12th grade, about 21 percent are regular users. Consequently, treatment for marijuana dependence is on the rise, but, researchers have discovered, there's a catch -- withdrawal symptoms, much like those experienced by people quitting cigarettes, cocaine or other drugs, may make abstinence more difficult to achieve. A new study in today's edition of the journal *Drug and Alcohol Dependence* shows that teens that use marijuana frequently also may face the same withdrawal symptoms that have been found to challenge adult marijuana users trying to quit.

Ryan Vandrey, a graduate student in psychology, and Alan Budney, Ph.D., associate professor of psychiatry and psychology at the University of Vermont, studied 72 adolescent marijuana users seeking outpatient treatment for substance abuse. Participants in the study were heavy marijuana users ages 14 to 19, who were primarily male Caucasians, and who completed study questionnaires. Nearly two-thirds of the participants reported experiencing four or more symptoms of marijuana withdrawal, including anxiety, aggression, and irritability. More than one-third of participants reported four or more symptoms that occurred at a moderate or greater severity level.

"In the adolescents who provided information, we observed a lot of variability regarding the presence and severity of withdrawal symptoms, which is consistent with what we have seen in several studies of adults who use marijuana frequently," said Vandrey. "Overall, our research indicates that the majority of people who abruptly stop daily or near daily marijuana use experience some withdrawal symptoms. Though there is anecdotal evidence that withdrawal

makes it more difficult to quit using marijuana and that people use marijuana to suppress withdrawal effects, we still need to more carefully investigate how withdrawal impacts the quitting process."

Budney's future research aims to address this and other questions related to the clinical importance of marijuana withdrawal and more generally to develop and test more effective methods for helping those who seek to stop using marijuana.

Inhalant use tops among 10- to 12-year-old age group

By Matt Whetstone, Cadillac News

For one in every five children, inhalants mark the first experimentation with drugs, according to the U.S. Drug Enforcement Agency.

The highest occurrence is seen among 10- to 12-year-old children, with rates of use declining with age. Abuse can lead to serious health problems and, in some cases, death.

In an effort to reduce inhalant use, the state of Michigan declared May as inhalant awareness month.

"A large part of a prevention awareness campaign such as this, is making sure that people - especially parents - get the facts," said Yvonne Blackmond, director of the Office of Drug Control Policy in Michigan.

The ongoing "Monitoring the Future" study conducted by the University of Michigan showed a significant increase of inhalant use by eighth-graders in 2004. Investigators at the university believe use is about to rebound following nearly a decade of decline.

The popularity of inhalants among younger age groups is attributable to their availability. Items like glue, aerosols, butane, paint thinner, gasoline and nail polish remover are cheap and can be purchased over the counter.

"This turnaround in their use continues to suggest the need for greater attention to the dangers of inhalant use in our media message and in-school prevention programs," said U of M researcher Lloyd Johnston.

Although he is not as active in inhalant prevention as in the past, Listen America Executive Director George Corliss said parents can prevent abuse by being vigilant.

"Parents are the No. 1 detriment for kids using alcohol, tobacco and other drugs," Corliss said. "But a lot of times, parents aren't aware of things that are out there. There are 20 new things that come down the pipe every week."

Inhalant users may store items in their bedroom, such as camping fuel, that should not be there. A

"huffer" may have paint or stains on the body or clothing, sores around the mouth, red or runny eyes or nose, chemical breath, a dazed or dizzy appearance, nausea or anxiety, excitability or irritability.

A "huffer" can die the first, 10th or 100th time of abuse, according to the National Inhalant Prevention Coalition.

"Be vigilant," Blackmond said. "If inhalant containers are discovered in places where they are not normally stored, this should be a trigger for concern. Unfortunately, death from inhalant use can be instantaneous and can occur during a first-time use."
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Get Real About Teenage Drinking

Part Three: Truth and Consequences

by Stephen G. Wallace, M.S.Ed.

January 16, 2005

At the center of the great debate that characterizes America's ambivalence toward youth and alcohol lies a profound lack of awareness of the costs of underage drinking and the physical, social, and emotional toll it can take on those who engage in this illegal, and thus inherently irresponsible, behavior.

In a recent report, the National Research Council and Institute of Medicine of the National Academies note \$53 billion a year in losses from traffic deaths, violent crime, and other destructive behavior related to underage drinking. And that doesn't account for the falling grades and failing relationships that often go hand in hand with teens and booze.

Getting real on underage drinking means getting the facts.

Alcohol use by teens affects still-developing cognitive abilities and impairs memory and learning.

Teens who drink are more likely to commit or be the victim of violence (including sexual assault) and to experience depression and suicidal thoughts.

Alcohol-related automobile crashes kill thousands of teens each year and injure millions more.

It's also a fact that young people use alcohol more frequently, and more heavily, than all other drugs combined. *Teens Today* research from SADD and Liberty Mutual Group reveals that drinking increases significantly between the 6th and 7th grades; that the average age for teens to start drinking is thirteen years old; and that by 12th grade, more than three in four teens are drinking.

Unfortunately, many young people fall prey to the "Myth of Invincibility," believing that there are no real, or lasting, effects of alcohol use. They're wrong.

In turn, many of their parents subscribe to the "Myth of Inevitability," convinced that drinking is a rite of passage and that there's not much they can do to influence their child's choices (according to *Teens Today*, more than half of parents believe that "drinking is part of growing up" and teens "will drink no matter what").

They're wrong, too.

More than a third of middle and high school students say they have not consumed alcohol.

Parents who talk with their teens about underage drinking, set expectations, and enforce consequences are significantly less likely to have children who drink. (This influence holds true for other teen behaviors as well, such as drug use and early sexual activity.)

A majority of young people say they want parental guidance in making decisions about personal behavior, including alcohol use.

There are some who hold that "teaching" teens to drink at home will keep them safe. And there are others who advocate for lowering the drinking age, citing as rationale examples of "responsible" drinking by teens in European countries with fewer alcohol restrictions.

Here's the truth.

The younger a child is when he starts to drink, the higher the chances he will have alcohol-related problems later in life.

It is estimated that more than 20,000 lives have been saved by minimum drinking age laws since 1975, due to a decrease in automobile crashes.

About half of Europe's countries have intoxication rates among young people that are higher than such rates in the United States.

Agreeing to disagree about this important issue obscures an alarming indifference about youth and alcohol. But it does nothing to keep teens safe and alive. Not until our society speaks with one, clear, unambiguous voice about the perils of underage drinking, as the National Academies suggest, will we successfully shatter the myths of invincibility and inevitability that propel it.

Our highways and hospitals are lined with young people who made poor, even fatal, choices about alcohol. Still many more suffer silently, unable to meet their own life goals or to realize the promise their friends, parents, and other caring adults see in them.

Sadly, that is what's real about underage drinking.

Stephen Wallace, national chairman and chief executive officer of SADD, Inc. (Students Against Destructive Decisions), has broad experience as a school psychologist and adolescent counselor.

Drugs lure teen brains

Parents must be vigilant; healthy self-esteem, plan for future best deterrents

Thursday, June 02, 2005

By KAY CAMPBELL Times Staff Writer, kayc@htimes.com

Your teenage son can give you a list of reasons not to try drugs or hang out with dangerous people, but he does it anyway.

Your teenage daughter can tell you that it's a bad idea to drive too fast, but she does it anyway.

How do you help these almost-adults make good choices, even when you're not looking?

First, try understanding them, experts say.

Thanks to David Elkin, a professor of child psychology at Tufts University, parents now have a word for a teen's ability to list facts and still not act on them: "pseudostupidity," meaning that a teenager can think of several choices, but cannot decide which alternative is more appropriate.

Teenagers do not think like adults, agree the experts, including Rosalind Marie, a certified school psychologist and educational planner who has a private practice in Madison.

"Teens have undeveloped brains and they are prone to impulsivity," Marie said. "They can walk out of the house saying all the right things - and believing them, too - but once they are in their own teen culture, they are as far away from you as if they were on the other side of the world smoking dope with a swami."

Marie advocates immediate action - moving a teen to another school or sending the kid to a relative's for the summer - to separate a child from destructive friends. Those choices, she says, are much cheaper than drug treatment programs.

Parents who protect their teens from drug use are those who say "no" to unsupervised parties, to TVs or telephones in the teen's room, to unrestricted driving at 16, to part-time jobs during the school year. And those parents seek - and follow - medical and psychiatric advice if unhealthy personality characteristics show up, Marie said.

"Parents have to, at all times, be on the job," said Kitson Francis, a family therapist and chairman of the board of Partnership for a Drug-Free Community. "If parents don't raise them, children will raise themselves - or someone else will."

But drug prevention doesn't work, Francis said. What works is life affirmation: giving children from infancy a lifestyle that keeps them pointed toward health and productivity, toward defining themselves proudly as different from the crowd.

Parents must raise children who consider what they can bring to a situation, not take from it.

"If I teach my child to have something good to give to someone else, that inoculates him," Francis said. "It's the children who feel they have nothing to give that are more prone to these drugs. They are in pain, and they use drugs to deal with the pain."

"Drug abuse is not a matter of intellect, it's emotions," Francis said.

Drug Nazis

Emotions drove a concentrated effort at Huntsville High School this year to get students drug-proofed. Popular tennis player Hunter Stephenson, 16, died a few days before school started after trying methadone.

His death opened the eyes of a lot of parents who had not been aware of how widespread the use of drugs and alcohol were among their well-parented, well-behaved, honor-student children.

"It's so hard to be diligent, to not stick your head in the sand," said Jannie Chapman.

Chapman, along with Cindy Bendall and other parents of Huntsville High School students, including Hunter's parents, attacked the problem.

Candy Stephenson, Hunter's mother, talked to every class and distributed cards with the number for Hunter's Hot Line, an anonymous drug-activity tip line. Chapman helped organize Safe Kids, Safe Schools, a program that helps parents with questions and resources, including home drug testing kits.

Bendall helped start the local chapter of SADD, Students Against Destructive Decisions, to help students find a peer group interested in good decisions.

The programs have had an impact on students, according to several who stopped by school nurse Paula Peterson's office on one of the last days of school this spring.

"It's made a huge difference," one sophomore said. "Last year, pills were real big and all, and this year - seriously? - I think I could name like only a handful of people. And a lot more are getting drug tested by their parents."

School policy prevents using students' remarks in a news story without their parents' permission.

Chapman said that parents can use their own random drug tests to give their teens one more way to resist peer pressure.

"It's not about not trusting them," Chapman said. "It's to let them know, so if they're somewhere and someone pressures them, they can say, 'No, my mother is a drug Nazi and she drug tests me.' Most of the time, what a child needs is just a little nudging to make the right decision."

Too much to lose

Teenagers who have been members of the youth advisory board for the local Partnership for a Drug-Free Community say the nudging from parents does help. But even more than that push from behind is a draw to the future.

"The reason why my friends and I never use drugs is because we have goals we have set and want to accomplish," Courtney Griffith said. "We know how drugs can destroy not only your life, but everyone who cares about you."

Reggie Cross, who has found success both in the classroom and on the basketball court as a stand-out star at New Hope High School, has too much at stake, he says, to try drugs.

"The fact that I want to be somebody in my life - I want to make it in basketball - keeps me far from it," Reggie said. "Kids need something to keep their minds occupied."

Courtney, who just graduated from Bob Jones, has already known several kids who have messed up or ended their lives with drunk-driving wrecks or veered close to self-destruction with drugs.

One of those friends, she said, made it back.

"He finally realized that what he was doing was wrong," Courtney said. "He was making himself sick for something that made him happy only a few hours when he had so much more going for him in life."

"One bad thing I don't understand is how his parents didn't know," she said. "But I guess no one wants to admit their kid is messed up."

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Meet the Snoopers

Parenting, Privacy, Common Sense, and Communication

by Stephen G. Wallace, M.S.Ed.

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In what *The Associated Press* (AP) called, "a victory for rebellious teenagers," the Washington State Supreme Court recently ruled as illegal a mother's listening in on her "out of control" daughter's phone conversation with an older boy suspected by police of involvement in an assault and robbery. Predictably, the case has rallied both privacy and parental rights advocates to their respective causes. For the rest of us, it begs the question, "How far should we go to protect our children?"

That is more easily asked than answered.

While federal law applies a broader interpretation of rightful parental intervention, Washington and ten other states require the consent of all parties before a phone conversation can be intercepted or recorded, according to the AP. No less contentious on the privacy scale are such detection devices as Breathalyzers, drug tests, and property searches, at school or at home.

As is often the case when such divides exist, a common-sense middle ground can be found in the voices of those with a dog in the fight. This time it's parents and teens.

Few parents dispute the importance, if not the right, of privacy for teens ... up to a point. And few teens quibble with parental inquisitiveness in the face of reasonable suspicion ... unless they have something to hide. Indeed, parents tend to feel that building and maintaining trust with their teen means accepting, even fostering, a degree of independence and privacy. And most teens seem to agree that parents who believe their child is involved in, or headed toward, illegal or dangerous behavior have a duty to act – even if doing so entails investigative techniques that, under different circumstances, would be deemed intrusive and unacceptable.

For Mom or Dad, finding the proper balance between trust and truth can be a vexing task. And teens don't always help. According to a *Teens Today* study from SADD (Students Against Destructive Decisions) and Liberty Mutual Group, 80 percent of teens report that it is important to have their parents' trust, but only 28 percent are honest and forthcoming when it comes to issues such as drinking and other drug use.

Enter the Snoopers. In a teenage world filled with dangerous decisions and destructive behaviors, parents must make difficult choices in parsing privacy issues, balancing adolescent independence with common sense supervision. After all, according to *Teens Today*, 70 percent of high school students say they drink alcohol and 41 percent say they have used marijuana.

To make matters worse, many of these teens mix that substance use with driving. In the same *Teens Today* study, only 30 percent of teens cited driving as a reason not to drink and only 18 percent as a reason not to use drugs. The results? Impaired driving remains one of the leading causes of death among young people.

While there is no debate that teens have easy access to alcohol and drugs, not to mention frequent exposure to forces that glamorize and promote them, there is animated discussion about how best to keep them safe. Surprisingly, teens themselves offer insights into the parenting strategies that are most effective in steering them away from alcohol and drugs: set and enforce curfews; stay up until they return home; require that they call to "check in" from time to time; talk with friends' parents to ensure supervision; and restrict overnights away from home.

In short, stay involved. Young people who avoid alcohol and drugs are more likely than those who don't to report that they have a close relationship with their parents. They are also more likely to say that their parents exercise a lot of "control" over various aspects of their lives, including where they go, what they do, and whom they are with. Seem obvious? Painfully so. Still, only about one quarter of parents do so. And that's a shame because the truth is that the

majority of young people say they want parental guidance in making decisions about personal behavior.

SADD's *Contract for Life* and *Opening Lifesaving Lines* brochure, along with the SADD/Liberty Mutual *Family Communication Tips*, offer free, constructive, and easy to use advice for parents looking to get the ball rolling in talking to their teen about the important issues of alcohol and drug use. So, too, does the Office of National Drug Control Policy (ONDCP), which advises parents to take the following steps.

Make a plan. Organize your thoughts. Decide what you want to say to your teen.

Listen. Ask your teens for their response to the information you've presented.

Discuss. Discuss the shared information. Don't get lulled into "looking the other way" because it's easier.

Set rules. Make it very clear that you will not tolerate drug or alcohol use.

Establish clear consequences and reward good behavior. Let your teens know that you will be holding them accountable for their actions and that there will be consequences for not following the rules.

We are likely a long way from reaching consensus on telephone taps, urine tests, and drug dogs, but the evidence makes clear that parents who stay in the loop may not have reason to snoop. And that's a better solution all the way around.

Stephen Wallace, national chairman and chief executive officer of SADD, Inc., has broad experience as a school psychologist and adolescent counselor. SADD is a partner in the Office of National Drug Control Policy's Steer Clear of Pot campaign (www.theantidrug.com). For more information about SADD, call toll-free 877-SADD-INC. The SADD/Liberty Mutual *Teens Today* research can be found at www.sadd.org or www.libertymutualinsurance.com.

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Short Circuit

Hormones, hobgoblins and adolescent neurochemistry

By Stephen G. Wallace

Parents everywhere are no doubt puzzling over recent high profile displays of horrific adolescent behavior, fearing for their own children and wondering what in the world is going on. Let's take a look.

Northbrook, Illinois: Fueled by alcohol, a gang of 12th grade girls lead a violent, demeaning hazing of their 11th grade classmates, punching and kicking them, covering them with feces and

forcing them to eat dirt and pig intestines.

Sarasota, Florida: Influenced by the movie Jackass, three trespassing teens leap from atop a condominium building aiming for the pool. Two make it. One hits the side, fracturing both legs and an arm and cracking his pelvis.

Red Lion, Pennsylvania: Brandishing his stepfather's 44-caliber Magnum, an 8th grade boy stands up in his school's cafeteria and shoots the principal in the chest, killing him. He then uses a 22-caliber weapon to kill himself.

Kingston, Massachusetts: Cheered on by classmates, an 8th grade girl engages in a sex act with a 10th grade boy on the school bus.

Just as figuring out the implausible seems all the more impossible, information is emerging about some serious neurological rewiring taking place during adolescence. In her new book, *The Primal Teen*, Barbara Strauch illuminates startling advances in science that may help to explain teen behavior heretofore chalked up simply to immaturity, hormones or hobgoblins. Recent research at UCLA's Lab of Neuro Imaging suggests that, during adolescence, boys and girls undergo significant neuronal transformation, affecting such functions as self-control, emotional regulation, organization and planning. This research, in tandem with studies performed at the National Institute of Mental Health and at McLean Hospital in Massachusetts, challenges traditional thinking that brain development is complete by age eight or ten. Now, some quixotic adolescent behaviors are being linked to a natural, even predictable, neurochemical process.

Of course, this doesn't mean that teens are scientifically destined to make poor choices. But it may mean that they are even more predisposed to do so than previously thought. Why? Because the massive reorganization of gray matter at puberty seems to impact areas of the brain most closely associated with judgment. And judgment shades choices. Understanding the antecedents of those choices, be they biological, chemical or social, underscores the value of parental involvement in teen decision-making and best positions adults to short circuit destructive teen behavior ... or at least to try their hand at persuasion. A calm, clear voice of reason can go a long way toward slowing speeding synapse-driven impulses if not – at least occasionally – substituting adult judgment for adolescent enterprise.

Perhaps most important in helping young people identify sensible solutions to life's challenges is defining the potential short-term and long-term consequences of behaviors ... consequences their still-evolving brains may not yet fully embrace or even slow down long enough to notice. This can be especially the case when the behavior includes alcohol and other drugs. After all, the flip side of the effects of neurological development on teen behavior is the effect of teen behavior on neurological development. It's not too hard to imagine the impact of substance use and abuse, not to mention scores of other unhealthy experiences, on a transforming cerebral cortex.

While that impact may be hard to see, there are other more immediate, and more identifiable, ramifications of alcohol and drug use. Both have been repeatedly linked to increased rates of automobile crash deaths, risky sexual behavior, sexual assaults, depression, suicide and declining

school performance.

Try as we might, we will never successfully transform teen thoughts and actions into those that mirror our own. Nature has a different plan (something Strauch calls "crazy by design"). The best we can do is to drill deeper into the adolescent brain and psyche seeking to understand what drives their decisions and what influencers can be brought to bear to keep them safe and alive. And there's no time like the present. According to original Teens Today research conducted by SADD (Students Against Destructive Decisions/Students Against Driving Drunk) and Liberty Mutual Group:

A majority of teens (63%) say they drink, including 16% of sixth graders, 41% of eighth graders and 75% of eleventh graders;

More than one-third of teens (35%) say they use drugs, including 34% of ninth graders and 42% of tenth graders;

More than one-half of teens (58%) say they have engaged in sexual activity, including 35% of seventh graders and 78% of twelfth graders.

Still, most young people want to make good decisions. And, believe it or not, they welcome, and respond to, parents who help them translate illogical thought into responsible action. The Teens Today research revealed that adolescents want parents to offer their opinions; say it is important to them to live up to their parents' expectations regarding drinking, drug use, and sex; and are much less likely to engage in destructive behavior when they share a close, open relationship with their parents.

Recent events around the country make clear that our work is cut out for us. As one of the pool-plunging Sarasota teens told the Associated Press, "It's adolescent independence and taking risks, like kids taking drugs or doing pot. Adolescence comes with stupidity and arrogance." At least now we're closer to knowing why.

Stephen Wallace is the national chairman/chief executive officer of SADD, Inc. He has extensive experience working with youth as a school psychologist, camp director, and public speaker in addition to his many years with SADD. SADD sponsors school-based education and prevention programs nationwide and makes available at no charge the *SADD Contract for Life* and the *Opening Lifesaving Lines* brochure, both designed to facilitate effective parent-child communication. Toll-free: 877-SADD-INC. For more information on the *SADD/Liberty Mutual Teens Today* research, visit www.saddonline.com or www.libertymutualinsurance.com.

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Cat and Mouse

Trust, truth and drug testing teens

By Stephen G. Wallace

February 6 , 2004

President Bush's call for increased federal funding of school drug testing programs has already reignited debate over the efficacy and ethics of intrusive remedies for a country at war with drugs. Given the easy availability of illegal substances, and their widespread use by teens, it's a debate worth watching.

Random drug testing in schools began with student athletes and a "pay to play" philosophy holding that participation in sports is a privilege extended on the condition of abstinence from substance use. In a practice upheld by the US Supreme Court, this privilege principle quickly migrated to other competitive activities, from cheering to chess. And now, in its latest iteration, drug testing is being applied more broadly to students enrolled in some private and parochial schools.

The current debate, anchored on one side by conservatives and on the other by civil libertarians, threads age-old arguments of privacy with newfangled applications of technology poised to detect and designed to deter. In the middle remain a vast number of "undecideds" and the fundamental question of effectiveness. And here the data conflict.

University of Michigan researchers found virtually identical rates of drug use in the schools that have drug testing and the schools that do not (although a study author concedes that one "could design a drug testing program that could deter drug use").

A Ball State University/Indiana University researcher reported that 73% of Indiana high school principals with random drug testing programs in their schools reported a decrease in drug usage (compared to a period without such a program) among students subject to the policy.

Supporters of random drug testing argue both the ethics (if we expect students to study and test them to find out, can't we also expect them to remain drug-free and test them to make sure?) and the outcomes (the Office of National Drug Control Policy cites the results of drug testing programs in Oregon and New Jersey as proof positive that they work). They also note the positive role that testing can play by giving young people "an out," blunting negative peer pressure with the threat of being caught. Not enforcement but, rather, reinforcement.

Detractors, on the other hand, claim that such programs are ineffective as deterrents and fly in the face of civics classes on the appropriate balance between authority and individual rights.

In *Making Sense of Student Drug Testing, Why Educators are Saying No*, the American Civil Liberties Union (ACLU) and the Drug Policy Alliance maintain that not only is testing ineffective in deterring young people from using drugs, it also can undermine relationships of trust between adults and children. While that could be true, *Teens Today* research from SADD and Liberty Mutual Group suggests that the undermining may already be well underway: while 95% of parents say they trust their teens in making decisions about drugs, only 28% of teens report being completely honest with parents on the issue. And that says nothing of the often elaborate steps teens will take to conceal, not just lie about, their drug use.

In more than a few families, evasion blends with obfuscation – commencing a high-stakes game of Cat and Mouse that pits parents against teens and cripples the very trust and truth on which those relationships are based.

What seems to be lost in this debate is the perspective of those with the most at stake: the students themselves. Encouragingly, most teens (70%) say they are concerned about drug use. Yet, understandably, many see drug testing as a violation, not so much of civil liberties as much as of trust – at least absent some evidence of wrongdoing. They also seem to doubt its saliency as a deterrent, even when applied by Mom or Dad. In one Teens Today study, only 8% of students said that testing by parents would be effective in keeping them away from drugs, while 93% indicated that other parental measures would be effective.

The good news in all of this is that young people recognize the dangers of drug use and seem to share adults' urgency in finding answers that keep teens safe. The better news is a solution that's been right in front of us all along: parents who talk regularly with their children about drugs.

According to *Teens Today*, adolescents in grades 6-12 say that parents are their biggest influence not to use drugs. And the methods they report as most effective are, perhaps, the simplest: discuss the dangers and explain the expectations. Indeed, teens who have open and honest communication with their parents are more likely to avoid drugs, to try to live up to their parents' expectations regarding drug use, and to say that their parents' methods of keeping them away from drugs are effective. These teens also report that they are less likely to use drugs when their parents make clear that such behavior won't be tolerated.

Whatever the outcome of the spirited public discourse over random drug testing in schools, a surer bet may be some not-so-random drug prevention at home. Open communication and clear expectations are already proven deterrents to drug use among teens – just ask them. So too is good old-fashioned vigilance. After all, while the cat's away ...

Stephen Wallace, national chairman and chief executive officer of SADD, Inc., has broad experience as a school psychologist and adolescent counselor. SADD sponsors school-based education and prevention programs nationwide and makes available at no charge the *SADD Contract for Life* and the *Opening Lifesaving Lines* brochure, both designed to facilitate effective parent-child communication. Toll-free: 877-SADD-INC For more information on the SADD/Liberty Mutual Teens Today research, visit www.saddonline.com or www.libertymutualinsurance.com.

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Marijuana most common drug in America

By Ashley Dziuk

Pot, hash, Mary Jane, weed and countless other terms are all used to describe the drug marijuana.

According to the National Institute on Drug Abuse, marijuana is the most commonly used illicit

drug in the United States.

There are cultural perceptions about the drug that affect people's use, said David Sprick, interim chief of University Police.

"People may think it's harmless, that everybody does it or that it's no big deal," he said.

But marijuana use can cause problems for some students on a personal level, Sprick said.

"For some people, at the very least, pot is a distraction," he said. "The worst-case scenario is it becomes an addiction problem."

According to the Bureau of Justice Statistics, in 2003, 33.7 percent of college students had used marijuana in the past year, and 19.3 percent in the past month.

Although those numbers indicate that young adults use marijuana, many, like junior Dawn Snyder, choose not to.

"I've been around enough second-hand smoke in my life," she said. "I don't think I need to put anymore (smoke) into my body."

There are both short- and long-term physical effects of using marijuana, Sprick said.

These include a higher chance of lung cancer and other smoking-related illnesses.

"There is damage to white blood cells in the lungs," he said, "which reduces the ability to fight lung infections and illness."

According to NIDA, marijuana has the potential to promote cancer of the lungs and other parts of the respiratory tract, due to irritants and carcinogens in the smoke.

For men, it causes decreased testosterone levels and lower sperm counts, Sprick said.

Marijuana also can affect a person psychologically, he said.

"It can cause loss of short term memory and loss of motivation," Sprick said.

The short-term effects also include "distorted perception, difficulty thinking and problem solving, loss of coordination and increased heart rate," according to NIDA.

Long-term effects indicate changes in the brain, similar to those seen after prolonged use of other major drugs, according to NIDA.

Marijuana use cannot only affect the health of those smoking it, but those around them as well.

In 2002, marijuana was the third most commonly abused drug mentioned in drug-related hospital emergency room visits, according to NIDA.

Marijuana use doesn't seem to slow down, even with statistics showing the harmful consequences.

According to NIDA, "taking changes in population into account, marijuana mentions (in accidents) increased 139 percent from 1995 to 2002."

Snyder said she has had a couple of friends who have smoked marijuana.

"I think for some people, it's kind of an escape," she said. "College can get a little crazy and stressful and it's an escape."

Yet, the health risks just aren't worth it, she said.

"I just can't justify putting that into my body," Snyder said.

"I like my brain cells and I want to keep them."

Finder: T

he surveys say steroids affect kids more and more

Sunday, March 20, 2005

By Chuck Finder, Pittsburgh Post-Gazette

Amid the 11 1/2-hour theatrical release Thursday of Mr. 'Roid Goes To Washington -- made you laugh at baseball's arrogance and Congress' contempt, made you cry over Mark McGwire's shrinking status and families losing sons to drug-infused suicide -- the harsh glare seemed to miss the most devastated underclass, the most important focus group.

Boys.

And, yes, girls.

This isn't merely a Major League Baseball problem when two schoolchildren in every four *eighth-grade* classrooms have tried steroids.

This isn't merely the fault of Bud Selig, Don Fehr or so-called author Jose Canseco when slightly more than one student in every *high-school* classroom has used the junk -- a statistic, 1 in 16, that increased almost three-fold over the past decade.

Members of the House Committee on Government Reform, inviting baseball stars and national media and rubber-necking America into Room 2154 of the Rayburn Building on Capitol Hill, kept stressing that they wanted to attack the epidemic from the top down, but everybody's overlooking

the growing little people at the bottom. Our sons. Our daughters.

"And I'm the one who came up with the half-million figure in 1988," Chuck Yesalis was saying the day after from his home in State College. He is a Penn State professor of health policy and administration plus exercise and sports science, a former strength coach, an author of three books on the subject. He is, after 27 years of study, an expert in the performance-enhancing field.

So trust him when he tells you that this screaming statistic about teen-aged steroid users has more than doubled since his initial research a kid's lifetime ago: "It's sure a hell of a lot more than a million now."

Yesalis is such an expert that he was called to the Hill the Thursday before St. Patrick's Day in the warmup to the Selig-Canseco circus. That House Energy and Commerce Committee hearing by contrast was so unimportant, so nationally unpublicized, that Selig, NFL commissioner Paul Tagliabue, NBA commissioner David Stern and NCAA president Myles Brand deigned instead to send underlings of underlings. It marked the fourth time Yesalis had testified on Capitol Hill, including to a Senate panel last March. If you go back, back, back, these same halls of power have been entertaining steroid-ingesting witnesses since 1973.

"The biggest problem I've had over the last quarter-century," began Yesalis, has been convincing pols, educators and coaches that both the use of performance-enhancing drugs and drug tests were issues worthy of their time and money.

"If I had a hundred bucks for every time a coach or a school administrator told me, 'Yeah, it's a problem, but not in my school,' or 'not in my college,' or 'not on my pro team,' I'd have a Ferrari in my driveway."

Numbers prove them wrong. According to the 2003 Youth Risk and Behavior Surveillance System, 6.8 percent of boys and 5.3 percent of girls in U.S. high schools used anabolic steroids at least once in their lives -- 66-percent and 165-percent increases over a study a half-dozen years earlier. Kids are 'roiding up younger, down to eighth grade (2.5 percent). Kids who try such performance-enhancing drugs are far more likely to abuse alcohol, marijuana and the like.

Oh, and at that age a user can grow addicted to steroids.

What a toxic statistical cocktail. Yesalis particularly gets distressed over the female usage.

"What you're talking about is a girl putting into her body the primary male hormone, testosterone, *and she could grow a beard*," he said. "None of the trends make you happy. This is big-time stuff."

Forget about the positive-testing 1.7 percent of millionaire baseball players and the theater of the hearings Thursday. Fact is, the most compelling testimony of the day came from the mouths of the Garibaldis about their late son Rob, a McGwire fan, and Don Hooton about his late son, Taylor -- and from the faces behind them of the family, the Marreros, who didn't testify because their late son, Efrain, was a steroid-using football player who shot himself and not a baseball tragedy.

Hooton, who started a non-profit organization in Taylor's name, and Boston's Curt Schilling at least offered the best counsel: Start at the scholastic level with educational programs, coaching certification and drug-testing.

Such testing is a flawed process, scientifically speaking. Yet the athletes who cannot afford the finest in drug-masking agents and expert advice, the athletes who don't possess the knowledge to cheat the urinalysis -- our children -- need it more than pros.

"Drug-testing is far more beneficial for kids who can't hire somebody like me," Yesalis said. "And I've had four offers. I turned them all down, to the chagrin of my wife. Even though some would figure out how to beat the system, the deterrent value would be even greater for kids."

Over the years, I have spoken to my boys about the dangers of alcohol and drugs. While watching such theater Thursday, it dawned on me: Never once did the discussion entail steroids. Never (to quote Rafael Palmeiro). Luckily, my sixth-grader informed me the day after, they had that talk at his school recently.

It's a comfort every parent deserves, from McGwire to Hooton to every one of us: To know that somebody has your back in this crisis with our sons and daughters.

(Chuck Finder can be reached at cfinder@post-gazette.com or 412-263-1724.)

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Other Dangerous Drugs

The Other Dangerous Drugs (ODD) category includes club drugs, hallucinogens, and illegally diverted pharmaceuticals. ODD are available nationwide, but--with the notable exception of club drugs--they generally have not been considered as great a threat as other illegal drugs. However, information provided to NDIC by law enforcement agencies nationwide suggests that ODD pose a much greater threat than is currently perceived. Moreover, given the popularity of "raves," the dramatic increases in the availability and use of club drugs may pose a greater immediate threat to adolescents and young adults than any other illegal drug.

More than half of the 412 agencies responding to the National Drug Threat Survey identify increases--sometimes dramatic--in the availability and use of club drugs, particularly MDMA (3,4-methylenedioxymethamphetamine) and GHB (gamma hydroxybutyrate). Over 10 percent of respondents note the appearance of club drugs in their jurisdictions within the past year, and many agencies note increased use among junior high and elementary schoolchildren. Many agencies express great concern over the perception that club drugs are "safe" and note increases in overdoses and deaths that directly coincide with the rising availability of club drugs. In 1999, the National Institute on Drug Abuse (NIDA) reported that "a number of our Nation's best monitoring mechanisms are detecting alarming increases in the popularity of some very dangerous substances known collectively as club drugs." Those same monitoring mechanisms show similar increases in 2000.

Club Drugs

The club drug category comprises both stimulants such as MDMA and PMA (paramethoxyamphetamine, an MDMA lookalike that is much more potent) and depressants such as GHB, ketamine, and Rohypnol. A recent resurgence in the availability of some hallucinogens--LSD (lysergic acid diethylamide), PCP (phencyclidine), psilocybin, and peyote or mescaline--at raves and dance clubs may necessitate their inclusion in the club drug category as well.

International criminal organizations are responsible for much of the production, transportation, and wholesale distribution of club drugs, especially MDMA. But information from state and local law enforcement agencies clearly indicates that young adult Caucasians are primarily responsible for introducing, distributing, and using club drugs nationwide.

The primary outlets for club drugs are raves and dance clubs in larger metropolitan areas, but similar activity is occurring at clubs and teen parties in smaller cities and towns across the nation, particularly those with colleges and universities. In addition to serving as markets for MDMA and GHB, raves are providing an outlet for the introduction of new drugs and for the reintroduction of hallucinogens to a new group of users--today's youth. The wide range of drugs available at raves and parties also provides opportunities for the dangerous use of drugs in combination--for example, MDMA and heroin or MDMA and peyote or mescaline, which some agencies refer to as "new age speedballs."

Raves are held in permanent dance clubs or in temporary clubs set up in abandoned warehouses, open fields, or empty buildings for a single event. Raves are often promoted through flyers and advertisements distributed at other clubs, in record shops and clothing stores, on college campuses, and over the Internet. Many club owners sell specialty items to dancers in a way that arguably promotes the use of drugs, although there is no direct evidence that they are taking part in MDMA sales or earning any direct profit from drug sales within their clubs. They sell bottled water and sports drinks to manage hyperthermia and dehydration as well as pacifiers to prevent involuntary teeth clenching--all frequently caused by MDMA use. They also sell menthol inhalers, chemical lights, and neon glow sticks, necklaces, and bracelets to enhance the hallucinogenic effects of MDMA. Club owners only rarely sell alcohol. They usually advertise raves as "alcohol free"--most attendees are not old enough to purchase alcohol legally--which may lead to parents' perception that raves are safe for their children to attend. Club owners may be protecting themselves by not offering alcohol because MDMA reacts negatively with alcohol and there is less scrutiny of clubs without liquor licenses.

MDMA or "Ecstasy"

MDMA is a synthetic drug that acts simultaneously as a stimulant and mild hallucinogen. MDMA is produced as a white powder that has a slightly sweet scent; it is usually ingested in tablet, powder, or capsule form. Other names for MDMA include "ecstasy," "Adam," "X," "E," "XTC," and "empathy." Users risk exhaustion from a combination of the drug's effects and the physical exertion of all-night dancing. NIDA findings indicate that long-term use of MDMA causes significant, irreparable damage to the brain.

No drug in the ODD category represents a more immediate threat than MDMA. Detailed

information from law enforcement agencies documenting dramatic, nationwide increases in the availability and use of MDMA, as well as the involvement of international organized crime groups in production, transportation, and wholesale distribution, places MDMA at the top of the ODD category.

Nearly 150 of 412 agencies responding to the National Drug Threat Survey identify MDMA as readily available in their areas. Of those, over 100 report increases in availability, frequently referring to the increases as "dramatic" or "alarming." Over 10 percent of responding agencies note the appearance of MDMA within their jurisdictions in the past year, and many associate the drug with local colleges and universities.

Federal agencies report dramatic increases in MDMA trafficking. Between 1993 and 1998, the number of MDMA tablets submitted to DEA laboratories for testing increased from just under 200 to almost 145,000. Seizures have gone from approximately 400,000 in 1997 to 750,000 in 1998 to more than 3 million in 1999. U.S. Customs information indicates an increase in the size of individual shipments; for example, a December 1999 seizure in San Bernardino, California, netted approximately 700 pounds of MDMA, and 1,100 pounds of MDMA were seized at Los Angeles International Airport in July 2000. In the past, MDMA was smuggled in shipments averaging just 2-4 kilograms (4-9 lb).

There are no estimates of the demand for MDMA or the total number of users, but national abuse indicators suggest that demand is growing at an alarming rate. NHSDA data show that the number of respondents 12 and older who reported lifetime MDMA use rose from an estimated 2.7 million in 1994 to almost 3.4 million in 1998, the last year for which MDMA data were available

According to the 1999 MTF Study, reported lifetime, past year, and current use of MDMA increased significantly among twelfth graders between 1998 and 1999. Past year MDMA use increased among tenth graders between 1998 and 1999, while lifetime and current use remained constant. Use in all three categories remained constant among eighth graders. MTF data also show a substantial increase in lifetime MDMA use (from 5.1 to 7.2 percent) among young adults aged 19 to 28 between 1997 and 1998, but from 1998 to 1999 the lifetime rate of MDMA use in this age group remained stable.

Although some MDMA production occurs in the United States, 1990 regulations making it illegal to purchase or possess safrole, isosafrole, or piperonal--the primary MDMA precursors--without a permit seem to have thwarted large-scale domestic production. Western Europe is generally considered the primary source of the world's supply of MDMA. Well-organized MDMA production groups have established operations in the rural regions of the Benelux countries--Belgium, the Netherlands, and Luxembourg--driven primarily by the availability of chemicals and international multimodal commercial transportation. Clandestine laboratories in the Benelux countries now produce at least 80 percent of the MDMA consumed worldwide.

According to DEA's Special Testing and Research Laboratory, the chemicals and equipment necessary to produce a kilogram of MDMA can be purchased for as little as \$500. When first produced, MDMA is a nearly 100 percent pure powder with a licorice-like scent. The powder

normally is pressed into pills and stamped with distinct, identifying designs. The DEA estimates that over 90 percent of the MDMA smuggled into the United States is in capsule or pill form; the remainder is powder. Although pill presses vary widely in speed, the best presses can process as many as 500,000 tablets per hour. The pills, which cost between 20 and 25 cents to produce, are normally sold to wholesale organizations for \$1 to \$2 apiece.

Israeli and Russian drug trafficking organizations, which often cooperate with one another, have dominated MDMA smuggling to the United States since the mid-1990s, establishing distribution hubs in Los Angeles, Miami, New York, Philadelphia, and Washington, D.C. Both employ similar techniques, using couriers, express mail services, and sea containers to smuggle large quantities of MDMA into the United States. Couriers frequently smuggle at least 10,000 pills in each shipment. The DEA believes, however, that express mail services may now be the most popular smuggling method. Information provided to NDIC by state and local law enforcement agencies indicates that express mail services also are the preferred method to move MDMA within the United States. The number of seizures from sea containers is low compared with those involving other smuggling methods, but the DEA expects maritime smuggling to increase as wholesale distribution organizations become more sophisticated and seek to move larger shipments to meet the growing U.S. demand for MDMA.

Analysts at DEA Headquarters believe that the use of the Caribbean as a transshipment point by MDMA trafficking organizations is a distinct possibility. MDMA destined for the United States is predominantly transported directly via airfreight and express mail or carried by couriers traveling on commercial airlines. But the Caribbean's numerous and established drug transportation groups, abundance of couriers, historic cultural and political connections to Europe, and frequent commercial flights from Europe provide trafficking organizations with the means to route synthetic drugs through the Caribbean.

Although Israeli and Russian groups dominate MDMA smuggling, the involvement of domestic groups appears to be increasing. Some groups based in Chicago, Phoenix, Florida, and Texas have secured their own sources of supply in Europe. Domestic groups generally are less sophisticated and less disciplined than their Israeli and Russian counterparts and more likely to take risks when smuggling. They often attempt to smuggle more pills in a single trip than can be transported undetected.

Once inside the United States, MDMA is sold to midlevel wholesale distribution groups who in turn sell to retail distribution groups or individual distributors. Most MDMA is pressed into pills before entering the distribution system, limiting both the opportunities to cut the MDMA and the number of distribution levels characteristic of many other drugs.

Midlevel wholesale distribution groups link retail distributors with wholesale suppliers. Midlevel groups normally purchase at least 1,000 pills at a time from wholesalers. Some groups purchase 30 to 100 pounds (500,000 pills) at a time, and there is a trend toward larger deliveries to midlevel distribution groups.

Retail distributors, usually young adult Caucasian males, normally purchase 1,000 to 2,000 pills at

a time from midlevel distributors. Most retail distributors are independent dealers seeking to take advantage of the growing market and high profit margins. Retail distributors maintain consistent patterns, normally selling at the same clubs on specific nights. Some retail distributors have direct sources of supply within Israeli and Russian criminal organizations and may sell MDMA in Russian-owned clubs. Other retail distributors have stated that they can sell up to 1,000 pills a night at raves, since many users buy several pills in the course of an evening. Each pill sold can net retail distributors \$10 to \$30. Retail prices range from \$15 to \$40.

MDMA users, particularly dancers at raves, employ a variety of methods to disguise or conceal MDMA tablets. Among the more popular methods are stringing the tablets on candy necklaces, wrapping them in cellophane candy packages, and stacking them in straws.

GHB

GHB is a central nervous system depressant that was initially used by bodybuilders to stimulate muscle growth. In recent years, it has become popular among young adults who attend raves. Agencies in Boston, Detroit, Los Angeles, Miami, Phoenix, and Seattle have reported the use of GHB as a "date rape drug." It is odorless, tasteless, and virtually undetectable if slipped into a drink. Medical and law enforcement experts say victims can lose consciousness within 20 minutes of ingesting GHB and often have no memory of events following ingestion. It is difficult to trace, usually leaving the body within 24 hours. GHB is available as a liquid or powder and can be manufactured in home laboratories with industrial cleaning solvents and other commonly available ingredients.

Calls to poison centers and emergency department episodes involving GHB have increased in many areas throughout the nation. Over 70 percent of emergency department episodes for GHB in 1998 involved Caucasians, almost 70 percent involved males, and 65 percent involved persons aged 18 to 25.

Information from federal, state, and local law enforcement agencies documents dramatic increases in the availability and use of GHB nationwide. Almost 130 of 412 agencies responding to the National Drug Threat Survey identify GHB as readily available and 49 note the appearance of GHB within their areas in the past year. Most agencies note dramatic increases in availability, attributing the increases to a concurrent rise in rave activity. Despite reports of the availability of GHB and its use as a date rape drug, national studies and law enforcement data provide few details on the production, trafficking, and abuse of GHB.

Combining GBL (gamma butyrolactone) with either sodium hydroxide or potassium hydroxide produces GHB. Unlike with other drugs, independent laboratory operators produce GHB almost exclusively in the areas in which it is sold. Law enforcement agencies draw a direct correlation between GHB production and distribution locations and colleges and universities. Many attribute increases in local production to the availability of recipes on the Internet. As with MDMA, the primary distributors of GHB are young adult Caucasian males, particularly college students.

On February 18, 2000, President Clinton signed the "Hillary J. Farias and Samantha Reid Date

Rape Drug Prohibition Act of 1999" (Public Law 106-172), legislating GHB a Schedule I controlled substance and GBL a List I controlled chemical. This law became effective on March 12, 2000, and should significantly limit the availability of GBL.

Although available in both liquid and powdered forms, GHB is most frequently encountered in liquid form. GHB users conceal the drug in empty bottles of breath freshener, eye drops, water, and contact solution. They sometimes place the drug on candy, especially lollipops.

GBL and BD (1,4-butanediol) are chemicals used in industrial cleaners and are closely related to GHB. Both chemicals are precursors to GHB and both, when ingested alone, are metabolized into GHB. GBL and BD have been sold as dietary supplements and marketed under a variety of exaggerated health claims, from the treatment of insomnia to the reversal of baldness.

Source: NDIC National Drug Threat Survey, January 10, 2000.

Ketamine

Ketamine, or ketamine hydrochloride, also known as "Special K," "K," "Vitamin K," "ket," or "kit-kat," is a commercially produced prescription drug available only to medical practitioners. It is primarily a veterinary preoperative anesthetic, but it is neither manufactured nor approved for medical use in the United States. Ketamine is found most frequently in liquid form, but allowing it to evaporate can produce a white powder similar in appearance to cocaine. Liquid ketamine can be injected, applied to cigarettes and smoked, or ingested. Powdered ketamine can be snorted, smoked, or ingested. Ketamine's effects, in either form, can last up to 2 hours and include hallucinations similar to those caused by PCP. Law enforcement agencies report that like GHB, ketamine has been used as a date rape drug. Its popularity as a club drug has increased as raves and related activity have spread from large metropolitan areas to smaller cities and towns.

Law enforcement agencies nationwide document increases in the availability and use of ketamine that directly coincide with increases in local rave and dance club activity. Almost 10 percent of the 412 agencies responding to the National Drug Threat Survey identify ketamine as readily available. Ten agencies note the appearance of ketamine in the past year. Several agencies report increases in the number of break-ins at veterinary clinics to steal ketamine.

National studies and law enforcement data provide few details on the trafficking and abuse of ketamine, but as with GHB, state and local law enforcement information indicates a correlation between the availability and use of ketamine and the presence of college and university students.

Rohypnol

Rohypnol, also known as "roofies," "rophies," "ruffies," "R2," "roofenol," "Roche," "roachies," "La Rocha," "rope," and "rib," is a powerful, commercially manufactured depressant containing flunitrazepam hydrochloride. It belongs to a family of drugs known collectively as benzodiazepines. Rohypnol is not licensed for sale nor approved for medical use in the United States. It is manufactured primarily in Europe and Latin America and is readily available and

inexpensive in Mexico, the primary source area. Significant increases in Rohypnol use for San Diego and Imperial Counties probably are due to the counties' proximity to Mexico.

Rohypnol is about 10 times stronger than Valium and reportedly is one of the more commonly used date rape drugs. Like GHB and ketamine, it is undetectable in the drink of an unsuspecting victim, although the principal manufacturer of Rohypnol now adds a blue dye to aid detection. Rohypnol produces sedation, amnesia, and muscle relaxation within 30 minutes of ingestion and can cause blackouts that last from 8 to 24 hours. It is popular at raves and frequently is used with alcohol, which intensifies its effects.

Only 9 agencies of 412 responding to the National Drug Threat Survey identify Rohypnol as readily available in their areas. Many others note a decline in the availability and use of Rohypnol. Recent surges in the production, availability, and use of GHB seem to have prompted a decline in the availability and use of Rohypnol. Although past year Rohypnol use declined slightly among eighth graders from 1998 to 1999, lifetime and current use remained stable. The rate of use in all categories remained stable among tenth and twelfth graders.

Hallucinogens

Hallucinogens include a broad range of drugs that induce hallucinations. Among them are LSD, PCP, and psilocybin--a substance found in varieties of mushrooms that are frequently referred to as "magic mushrooms" or "psychedelic mushrooms." The popularity of hallucinogens seems to have grown, and many agencies attribute the resurgence to increased rave and dance club activity.

According to data from the 1999 NHSDA, approximately 25 million people aged 12 or older used hallucinogens sometime in their lifetime. Some 3 million reported past year hallucinogen use, and 1 million reported current use. Admissions for the abuse of hallucinogens remained constant from 1994 to 1997, accounting for only 0.2 percent of all TEDS admissions in each year, and dropped to 0.1 percent in 1998. Those admitted for the abuse of hallucinogens were primarily white, male, and of high school and college age. Of admissions for hallucinogens, 51 percent were between the ages of 15 and 19, and 23 percent were between 20 and 24; 86 percent of admissions for hallucinogens used other drugs as well.

The PRIDE Survey shows an overall decline in hallucinogen use among junior and senior high school students, from 6.7 percent in the 1995-1996 school year to 4.9 percent in the 1999-2000 school year. Between the 1998-1999 and 1999-2000 school years, past year hallucinogen use declined among all three groups surveyed by PRIDE (junior high school, senior high school, and twelfth graders alone).

Independent producers and suppliers are the primary source of hallucinogens. Like club drugs, hallucinogens are distributed and used primarily by young adult Caucasians, which probably best explains the appearance of these drugs at raves.

LSD

LSD is a powerful synthetic hallucinogen produced primarily in California, though some reports

suggest limited production in other areas. The potency of the LSD available today (20-80 micrograms) is considerably lower than the levels of the 1960s and 1970s (100-300 micrograms). Production is time-consuming and complex, requiring some degree of expertise in chemistry. The primary precursor chemicals are either ergotamine tartrate or lysergic acid amide, both of which are controlled by federal regulations. The control of precursor chemicals undoubtedly limits widespread LSD production in the United States.

Reports of increased availability and use of LSD are supported by national demand indicators. NHSDA data for 1999 indicate that approximately 19 million individuals aged 12 or older reported lifetime LSD use, approximately 2 million reported past year use, and approximately 500,000 reported current use.

Source: NDIC National Drug Threat Survey, January 10, 2000.

According to MTF data, LSD use rose substantially among eighth, tenth, and twelfth graders between 1991 and 1997. Use has remained relatively stable since 1997 except for a decline in past month use by eighth graders between 1997 and 1998. Although the rate of lifetime use for all three grades in 1999 is lower than the high reported in 1996, it remains well above 1992 levels, especially among tenth and twelfth graders.

Despite reports of increased LSD use, DAWN emergency department mentions of LSD remained relatively stable between 1994 and 1998, averaging just over 5,100 per year.

Information from federal, state, and local law enforcement agencies also documents significant increases in the availability and use of LSD nationwide. Over 200 of 412 agencies responding to the National Drug Threat Survey identify LSD as readily available. Many agencies associate increases in LSD availability with college students and increases in rave activity. LSD is available in more forms than ever before, most commonly in liquid, crystal, or gel form but also in blotter paper, microdots, gel tabs, sugar cubes, and liquid vials. As with club drugs, the primary distributors of LSD are young adult Caucasian males.

Most LSD users are young adults, usually college students, but a number of agencies report increases in LSD use by high school students. Law enforcement agencies also report the use of a wider variety of methods to administer and conceal the drug than at any time in the past, including the application of liquid LSD to candy and chewing gum and concealment in bottles of breath freshener.

Psilocybin

Psilocybin is the active ingredient in a number of mushrooms, but potency varies widely by species. Independent growers cultivate mushrooms indoors and frequently harvest those that grow wild. Doses normally range from 20 to 60 milligrams, and the effects generally last from 5 to 6 hours.

Psilocybin mushrooms have undergone a resurgence in popularity that, like club drugs and other

hallucinogens, can be attributed to young adults and the rave culture. Over 100 agencies that responded to the National Drug Threat Survey identify psilocybin mushrooms as readily available, and many note significant increases in availability and use in the past year. Many also note increased use among high school students.

Information from the NHSDA shows a significant increase in the estimated number of lifetime psilocybin users between 1997 (10,200) and 1998 (12,321). The overall increase includes statistically significant increases in reported lifetime psilocybin use in the 18 to 25 and 35 and over age groups.

The average price for psilocybin is \$150 an ounce, which apparently has lured newcomers to mushroom cultivation and distribution. The most frequently identified sources of mushrooms are Oregon, California, and Washington State, although agencies in Georgia, Mississippi, and Tennessee report collection of wild mushrooms or indoor cultivation. Almost every agency that identifies a source of mushrooms outside the state identifies the mail or parcel delivery services as the primary means of transportation.

Source: NDIC National Drug Threat Survey, January 10, 2000.

PCP

PCP is a hallucinogen directly associated with street gangs, particularly in the Los Angeles area. PCP is relatively easy to manufacture and requires little knowledge of chemistry. Precursor chemicals are readily available and inexpensive. Street gangs primarily are associated with PCP production, distribution, and use, but there are reports of PCP being sold at raves and dance clubs. Over 10 percent of agencies responding to the National Drug Threat Survey identify PCP as readily available, but only the Austin (TX) Police Department notes substantial increases in availability.

Between 1997 and 1998, reported lifetime use of PCP among all respondents to the NHSDA increased from 3.0 percent to 3.5 percent. Lifetime use declined among respondents aged 12 to 17, but increased for all other age groups. According to TEDS, PCP was reported as a primary substance of abuse by only 0.1 percent of admissions for treatment in 1998. Almost two-thirds of admissions for PCP were male, 36 percent were black, 29 percent were white, and 31 percent reported daily use of PCP.

Pharmaceuticals

The abuse of pharmaceuticals has not received as much publicity as the abuse of club drugs and other illegal drugs, but it is a significant and growing problem in many areas of the United States. Almost 200 of the 412 agencies that responded to the National Drug Threat Survey identify a problem with pharmaceutical abuse in their jurisdictions, and over half of those note dramatic increases in pharmaceutical diversion and abuse. Many agencies consider the problem very underrated and attribute it to the ease with which abusers can obtain prescription drugs over the

Internet, by phone, and at drive-through pharmacies.

Among the pharmaceuticals most frequently identified by law enforcement agencies as abused in their areas, diazepam (Valium) and hydrocodone top the list. Others frequently mentioned as abused include Xanax, Vicodin, OxyContin, Lorcet, Dilaudid, Percocet, Soma, alprazolam, Darvocet, and morphine.

Prescription fraud, the sale of prescriptions by unscrupulous medical professionals, and outright theft are the most frequent means of obtaining or diverting pharmaceuticals for illegal use. A number of agencies identify increases in the incidents of schoolchildren selling prescription drugs, particularly Ritalin, to classmates. Several agencies note increases in the abuse of pharmaceuticals by heroin addicts and users of MDMA and other illegal drugs. The pharmaceuticals are taken to ease the effects of those other drugs.

Key Developments

The ODD situation continues to worsen, spurred by the expansion of the rave culture throughout the nation. Law enforcement agencies are clearly more concerned with club drugs, particularly MDMA and GHB, than other drugs in the ODD category, and their concern seems to be justified.

The Maine Drug Enforcement Agency, whose agents frequently speak to schoolchildren and their parents on drug abuse issues, reports that increasingly, students and parents ask more questions about MDMA, GHB, ketamine, and Rohypnol than any other subject.

The Los Angeles Police Department reports that the sale of MDMA, GHB, and ketamine, formerly restricted almost exclusively to raves, has moved to open-air street sales. Many agencies note significant increases in MDMA investigations and seizures.

The Phoenix Police Department reports tremendous increases in rave activity in the past year and notes recent investigations of several local MDMA laboratories. The department also reports that MDMA trafficking organizations are becoming more sophisticated and more organized.

The Fairfax County (VA) Police Department reports that MDMA seizures increased from approximately 200 dosage units in 1998 to over 30,000 in 1999. The MDMA was shipped from New York, Philadelphia, and Baltimore. The department reports that at least two MDMA tablets reportedly contained heroin, which was later verified through specialized field tests.

The DEA Field Divisions in Chicago, Miami, New York, and Philadelphia also report the availability of tablets allegedly containing both heroin and MDMA, but these reports have yet to be substantiated by laboratory testing. The combination tablets, known by the street names of "space," "roll," and "bean," are reportedly identifiable by stamps--such as a three-pointed star or a Batman logo--used to signify the potency and content of MDMA, heroin, and sometimes cocaine or methamphetamine.

Significant increases in the availability and use of MDMA and increases in investigations and

seizures of MDMA were reported by law enforcement in Alabama, Connecticut, Delaware, Florida, Maryland, Minnesota, Missouri, North Dakota, Ohio, Rhode Island, Texas, and Virginia.

Information from the DEA Chicago Field Division documents the appearance of PMA, a potent and potentially lethal amphetamine analog, in the United States. The DEA documents other PMA seizures in Prince George County, Virginia, and Broward County, Florida. The highly publicized deaths of two teens in Chicago, who believed they were using MDMA, were attributed to PMA.

Traffickers in countries outside Western Europe may be developing the capability to produce MDMA. Analysts and Special Agents at DEA's Special Operations Division warn that the recent seizure of two laboratories in China and one in Colombia, as well as large-scale methamphetamine production in Mexico, mark traffickers in these countries as potential sources of MDMA.

The Wyoming Division of Criminal Investigation reports the recent seizure of a major GHB laboratory in Cheyenne. The laboratory was capable of producing multiple pounds of GHB, based on the equipment and the amounts of precursors found.

Information generated by a multiagency investigation in Phoenix and subsequent analysis of seized documents by NDIC analysts has revealed the widespread use of the Internet to market GBL to GHB producers nationwide. Postseizure analysis shows that thousands of gallons of GBL were shipped from a single Internet distributor to over 1,000 potential GHB producers in 47 states. Many of the primary destinations for large shipments of the GBL were cities and towns with colleges and universities. Follow-up investigation revealed that some purchasers of GBL are convicted pedophiles.

Information provided by the Gainesville (FL) Police Department, Genesee County (MI) Sheriff's Department, Lee County (MS) Sheriff's Department, Maine Drug Enforcement Agency, Marietta/Cobb/Smyrna (GA) Organized Crime Unit, and Wyandot County (OH) Sheriff's Office document the recent appearance of LSD gel tabs. The Gainesville Police Department further reports recent seizures of thousands of gel tabs. Gel tabs may be gaining popularity because they are easy to administer and look less like an illegal drug. The availability of gel tabs indicates the use of new and possibly more sophisticated production methods.

Projections

The rave culture, which has spurred the introduction of a variety of drugs to a new group of users, will continue to grow and negatively affect teens and young adults throughout the nation. The widespread availability and use of drugs at raves will place greater demands on already overburdened law enforcement agencies and treatment facilities well into the future.

The demand for MDMA has not peaked as evidenced by major increases in the number of seizures and in the use of MDMA by high school students and young adults. As demand increases, MDMA use likely will expand beyond raves and dance clubs to other social settings. Large-scale domestic MDMA production likely will remain impracticable because of the chemistry background required and regulations restricting the availability of precursors in the United States. Nevertheless, law enforcement agencies are likely to encounter increasing numbers

of small-scale MDMA laboratories operated locally by independent producers attempting to skirt wholesale suppliers and midlevel distributors to maximize their profits.

End Notes

According to the National Institute on Drug Abuse, the term "club drugs" refers to drugs used by young adults at all-night parties, dance clubs, or raves. Club drugs include MDMA, GHB, Rohypnol, ketamine, and LSD.

The use of trademarked names, such as Rohypnol and Valium, in this assessment does not imply any criminal activity on the part of the companies that manufacture these drugs.

National monitoring indicators do not yet include information on GHB, but the MTF Study has added questions on GHB for the 2000 study.

TEDS reporting on hallucinogens includes LSD, DMT (dimethyltryptamine), STP (4 methyl 2,5 dimethoxyamphetamine, or synthetic mescaline), psilocybin, mescaline, and peyote.