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FAREWELL TO THE 1998 GRANTEES!

It is always difficult to say goodbye to colleagues who have worked closely with you for an extended period of time. It is like saying goodbye to old friends. So, it is with a heavy heart that we say farewell to some of the 1998 grantees. On behalf of your communities and CSAT, we sincerely thank you for your efforts.

**METHAMPHETAMINE USE IN THE WESTERN UNITED STATES:
AN IN-DEPTH LOOK**

Over the past several years, the Office of National Drug Control Policy's Pulse Check series has reported the increase and spread of methamphetamine use in west coast states. To gain more in-depth information concerning this trend, a special Pulse Check study was conducted in six states that appear to have been affected the most by methamphetamine - Arizona, California, Hawaii, New Mexico, Oregon, and Washington. Drug ethnographers, law enforcement officials, and treatment providers in each state were interviewed to determine the nature and extent of methamphetamine use in this region of the country.

What is the Level of Methamphetamine Use?

Ethnographers, law enforcement officials, and treatment providers in all six states reported that methamphetamine use was a high-priority problem. On average, 27 percent to 55 percent of treatment admissions in each of the states were methamphetamine users. In several areas, methamphetamine has surpassed alcohol and cocaine as the primary drugs of abuse among treatment admissions. Interestingly, all states reported that the primary reason for methamphetamine clients' entry into treatment was legal problems, such as "aggressive behaviors like fighting or bizarre or inappropriate behaviors which prompt others to call the police" (p. X).

Who is Using Methamphetamine?

In five of the six states, the majority of methamphetamine users are described by sources as white males in their 20s and 30s who are blue collar workers or unemployed. However, there have been recent increases in use among youth, Native American, and Hispanic populations. Hawaii was the only one of the six states to report a wide range in the types of users; "while many [treatment] programs report that users are young (teens and twenties), there is a range of jobs, ethnicities, and education levels reported" (p. IX).

How is Methamphetamine Being Used?

Patterns of use varied across the six states. According to treatment data, snorting and smoking were the most common modes of ingestion in California and Arizona, while the majority of treated users in Oregon and New Mexico preferred snorting or injecting the drug. In Hawaii, no treatment programs reported that clients injected; 81 percent reported that clients smoked the drug. Treatment providers in Washington State reported that clients were equally likely to smoke, snort, or inject methamphetamine. Some unique modes of ingestion were also reported. In California, "putting methamphetamine into coffee is what is termed 'biker's coffee' is reported by ethnographic sources as popular among young professionals interested in the drug's energizing and appetite suppressant effects" (p. III). Eating methamphetamine (putting methamphetamine on paper or food and chewing it) was reported by a law enforcement source in Washington State.

Source: Adapted by CESAR from data from the Office of National Drug Control Policy (ONDCP), Pulse Check: National Trends in Drug Abuse, Summer 1997. To receive a complimentary copy, call the ONDCP Drugs and Crime Clearinghouse at 1-800-666-3332. For more information, contact Dr. Dana Hunt of Abt Associates at 617-492-7100.

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R E M I N D E R

QUARTERLY REPORTS should be submitted on time. Any delays must be cleared with your CSAT Project Officer. We look forward to receiving your reports by January 31, 2002. If you need assistance in any way, please call Aaron Benton at (703) 575-4995. Thank You.
 ACS Federal Healthcare/Birch & Davis Associates, Inc.
 CSAT Team

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CSAT'S TRACKING AND LOCATING TRAINING LAUNCHED

In an effort to satisfy the grantees' technical assistance requests for help with finding clients and conducting GPRA 6- and 12-month follow-up interviews, CSAT offered regional Follow-up Tracking and Locating trainings to the Targeted Capacity Expansion (TCE), TCE HIV, and HIV Outreach grantees. During October and November 2001, CSAT held a total of 15 trainings in twelve cities for projects funded in FY 1999 and 2000. They scheduled additional trainings for the continuing FY 1998 grantees in December 2001 and for the FY 2001 grantees in February 2002.

The Follow-up Tracking and Locating training was developed and conducted by ACS Federal Healthcare, Inc. (FHC), in conjunction with the University of California, Los Angeles Drug and Alcohol Research Center (UCLA DARC), and other experts in the field. The trainers include researchers and program staff with years of experience in tracking and locating, and with excellent follow-up rates. The training offers concrete strategies for obtaining useful client locator information at intake, as well as strategies for tracking clients electronically, by telephone, through criminal justice records, and through numerous other public documents and records. From a smorgasbord of techniques and strategies, participants are encouraged to select, use, and tailor strategies to fit their target populations, projects, agencies, and communities. The training also covers confidentiality, safety in the field, adequate planning (e.g., resources, staffing, training) for successful follow-up, and tips for motivating staff responsible for tracking and locating clients.

Training staff distributed CSAT's manual, *Staying In Touch: A Fieldwork Manual of Tracking Procedures for Locating Substance Abusers for Follow-up Studies*, to one staff member from each project. Developed by the UCLA DARC and the National Evaluation Data and Technical Assistance Center (NEDTAC), the manual detailed all the techniques covered in the training, as well as additional techniques, sample forms, and contact information for tracking and locating resources.

Overall, the feedback and evaluations from the trainings have been very positive. Although the training participants' levels of experience and success varied widely, an overwhelming majority of the participants reported learning new strategies and techniques that they planned to implement in their projects. Even the participants with a great deal of follow-up experience reported that they learned something new and that the training validated some of the follow-up strategies that they were already using. Quite a few participants remarked that they wished the training had been offered earlier.

CSAT's *Staying In Touch: A Fieldwork Manual of Tracking Procedures for Locating Substance Abusers for Follow-up Studies* may be downloaded from the NEDTAC Web site: www.neds.calib.com/products

Written by Miriam E. Phields, PhD

FACTS ABOUT PRESCRIPTION DRUG ABUSE AND ADDICTION

Prescription drugs can help patients manage chronic or severe pain, restore emotional or behavioral balance, control sleep disorders, or fight obesity. When prescription medications are abused, however, the consequences—including addiction—can be dangerous, even deadly. The National Institute on Drug Abuse's (NIDA) newest Research Report focuses on the risks associated with abuse of three classes of commonly abused prescription drugs: opioids; central nervous system (CNS) depressants, including sedatives and tranquilizers; and stimulants.

What Are Opioids And What Are The Potential Consequences Of Their Use And Abuse?

Opioids, include morphine, codeine, and related drugs such as oxycodone (OxyContin), hydrocodone (Vicodin), and meperidine (Demerol) and are commonly prescribed to relieve pain. Opioids can produce drowsiness and, in higher doses, depress respiration. Opioid drugs also can cause euphoria.

Taken as prescribed, opioids can be used to manage pain effectively without untoward side effects. Chronic use of opioids can result in tolerance, which means that users must take higher doses to achieve the same effects. Long-term use also can lead to physical dependence and addiction; withdrawal can occur when an individual discontinues use of the drugs. Withdrawal symptoms may include restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps, and involuntary leg movements. Individuals who are addicted to opioids are more likely to overdose on the drugs, which could be fatal.

What Are CNS Depressants and What Are The Potential Consequences of Their Use and Abuse?

Among the most commonly prescribed CNS depressants are barbiturates, such as mephobarbital (Mebaral) and pentobarbital sodium (Nembutal), which are prescribed to treat anxiety, tension, and sleep disorders; and benzodiazepines, such as diazepam (Valium) and alprazolam (Xanax), which typically are prescribed to treat anxiety, acute stress reactions, and panic attacks. Other

benzodiazepines, such as triazolam (Halcion) and estazolam (ProSom), are prescribed for short-term treatment of sleep disorders.

Although the various classes of CNS depressants work differently, they all produce a beneficial drowsy or calming effect in individuals suffering from sleep disorders or anxiety. If one uses these drugs over a long period of time, the body will develop tolerance, and larger doses will be needed to achieve the initial effects. In addition, continued use can lead to physical dependence and, when use is reduced or stopped, withdrawal. Both barbiturates and benzodiazepines have the potential for abuse and should be used only as prescribed. As with opioids, overdose of these drugs can be fatal.

What Are Stimulants and What Are The Potential Consequences of Their Use and Abuse?

Stimulants enhance brain activity, increasing alertness, attention, and energy, raising blood pressure, and elevating heart rate and respiration. Stimulants such as methylphenidate (Ritalin) and dextroamphetamine (Dexedrine) are prescribed for the treatment of narcolepsy, attention-deficit/hyperactivity disorder, and depression that has not responded to other treatments. They also may be used for short-term treatment of obesity.

Individuals may become addicted to the sense of well-being and enhanced energy that stimulants can generate. Taking high doses of stimulants repeatedly over a short time, however, can lead to feelings of hostility or paranoia. Additionally, taking high doses of stimulants may result in dangerously high body temperatures and an irregular heartbeat.

To Receive This Resource

Copies of the NIDA Research Report "Prescription Drugs: Abuse and Addiction" may be ordered from the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686 or TDD 1-800-487-4889 for the hearing impaired. Additional information on prescription drug abuse can be obtained through NIDA's Web site at www.drugabuse.gov.

WHAT'S NEW?

Scientists Show Marijuana Use Affects Learning, Other Memory Skills

Researchers at the McLean Hospital/Harvard Medical School have found that heavy, long-term marijuana use produces memory impairment for days or even weeks after users stop smoking.

To ascertain the effects of marijuana use on memory and other cognitive skills, the Harvard research team recruited 180 individuals between the ages of 30 and 55 years. About one-third of the subjects were current heavy users who had smoked marijuana at least 5,000 times in their lives (equivalent to using the drug at least once a week for 13 or more years) and who were smoking daily at the time they entered the study; another third were former heavy users. Individuals in the control group had used marijuana at least once but fewer than 50 times in their lives.

All of the subjects were asked to abstain from marijuana for 28 days, and their drug abstinence was confirmed by urine samples. They were administered a battery of tests to assess general intellectual function, abstraction ability, attention span, verbal fluency, and ability to learn and to recall new verbal and visuospatial information just before and then on the 1st, 7th, and 28th days of abstinence. At days 0, 1, and 7, current heavy users of marijuana scored significantly lower than the control subjects on recall of word lists, but by day 28, there were virtually no differences among the groups on any of the tests. Cognitive deficits were detectable at least seven days after heavy marijuana use, but these changes appeared to dissipate within a few weeks, after tetrahydrocannabinol (THC), the active ingredient of marijuana, and its metabolites have cleared the body.

WHAT IT MEANS: This study clearly points out that marijuana is not a benign substance. By impairing memory and other cognitive functions, smoking marijuana can negatively affect academic achievement and other life skills.

Lead investigator Dr. Harrison G. Pope, Jr. published the study in the October 2001 issue of *Archive of General Psychiatry*.

Early Age at First Drink May Reflect Genetic Risk For Later Substance Abuse

The age at which an individual takes his/her first drink is strongly predictive of a broad range of future problem behaviors, including alcoholism, abuse of illicit drugs, conduct and antisocial personality disorders, nicotine addiction, underachievement in school, and poor impulse control, according to researchers from the University of Minnesota.

The head of the Minnesota research team, Dr. Matt McGue, says the team's findings indicate that there may be a common genetic basis for a number of behavioral problems, and an early age for the first use of alcohol could be a "marker" for a genetic risk for these problems.

The researchers also found that early use of alcohol tends to run in families, and, at least in males, it is an inheritable trait. There were significantly more conduct disorders and other behavioral problems in the sons than in the daughters of parents whose age at first drink came before age 15. For girls, shared environmental

factors, rather than age at first drink, appeared to be more of a determining factor.

WHAT IT MEANS: Age at first drink may prove to be helpful in identifying teens who are at risk for future substance abuse and other programs, permitting them to be targeted for early, intensive prevention and intervention programs.

The research is published as two separate papers in the August 15, 2001 issue of *Alcoholism: Clinical and Experimental Research*.

Adult Male Mice Exposed to Methamphetamine in Utero Have Increased Neurotoxicity Risk

Researchers at the University of Chicago, in experiments with mice, have found that prenatal exposure to methamphetamine increases response to the toxic effects of the drug in adult males. Some effects of prenatal methamphetamine exposure were observed in female offspring, but were much less than those seen in the males.

The investigators say these findings may raise concerns for male methamphetamine abusers whose mothers used the drug while pregnant. The neurotoxic risk from using methamphetamine as adults may be greater for men who were exposed prenatally. Methamphetamine toxicity is characterized by persistent decreases in the levels of dopamine and serotonin in certain brain regions. It is known that in humans, dopamine deficits are associated with symptoms of Parkinson's disease.

WHAT IT MEANS: This finding, coupled with the increasing use of club drugs, such as methamphetamine, by women of childbearing age, makes this issue a potential public health concern.

The researchers, led by Dr. Alfred Heller, published their findings in the August 2001 issue of the *Journal of Pharmacology and Experimental Therapeutics*.

EEG Shown to Reliably Predict Drug and Alcohol Relapse Potential

A University of Connecticut School of Medicine researcher has found that use of quantitative electroencephalography (EEG) is a reliable tool to predict which patients with histories of abuse of alcohol, cocaine, cocaine and alcohol, or opioid dependence are prone to relapse.

EEGs were given to 107 substance-dependent patients enrolled in a treatment program and to 22 controls with no history of substance abuse. An electroencephalogram was administered when the patients had been free of alcohol or drug use for an average of 3 months. The patients were then monitored for the next 6 months to see if they resumed alcohol or drug use.

The researcher observed that the 48 patients who relapsed to substance abuse shared a similar characteristic - their EEGs showed an increased amount of high-frequency activity, compared to the 59 patients who maintained abstinence and to the 22 control subjects. This high-frequency on the EEGs was found to far outweigh clinical and demographic variables as a predictor of relapse.

WHAT IT MEANS: EEGs may prove to be a sensitive and specific screening test that can be used to identify those substance abuse patients with the highest risk of relapse. This would be an important advance for treatment planning because it would permit prevention and treatment efforts to be directed toward those at the highest risk for relapse. EEG technology is more practical and affordable than other neuroimaging technologies, including FMRI, PET, or SPECT, and it can realistically be implemented into a variety of treatment settings.

The study by Dr. Lance Bauer, Professor of Psychiatry and Director of the Neural Dynamics Laboratory at the University of Connecticut, was published in the July 2001 issue of the *Journal of Neuropsychopharmacology*.

Study Finds Combination Therapy May Help Those With a History of Recurrent Depression to Quit Smoking
Researchers at the Brown University School of Medicine have found that smokers with a history of recurrent major depressive disorder (MDD) who received standard treatment for smoking cessation - combined with behavioral coping therapy for depression - were more likely to be successful in quitting than those receiving standard treatment alone. Interestingly, heavy smokers also benefitted from the inclusion of therapy for depression in their stop-smoking treatment regimen, regardless of their history of depression.

The researchers recruited 179 smokers, more than half of whom were women, between the ages of 18 and 70 years. All had a history of MDD; some had experienced a single episode, while others had experienced recurrent bouts of depression. Participants were currently smoking an average of 27 cigarettes per day and on average had been smokers for more than 27 years. A year after a 6-week treatment program, 24.7 percent of the standard therapy group - compared to 32.5 percent of the combination therapy group - had stopped smoking. The study found that individuals with a history of recurrent episodes of depression had poorer treatment outcomes than did those with only a single episode of depression.

WHAT IT MEANS: This study indicates that incorporating treatment for depression into standard smoking cessation therapy may be beneficial for smokers with a history of recurrent MDD and for those who smoke