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# PUBLIC HEALTH PROGRAMS AND PRACTICES

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## U.S. Drug Abuse Level Unchanged, Survey Shows

The 1993 National Household Survey on Drug Abuse by the Substance Abuse and Mental Health Services Administration of the Public Health Service showed among other things

— No reportable change in the number of Americans using illicit drugs took place between 1992 and 1993, when the number of drug abusers stood at 11.7 million.

— The number of persons who use cocaine weekly persisted at around 500,000 in 1993. This aspect of the cocaine problem has shown no signs of abating since 1985.

— Of 11 million heavy drinkers in 1993, 26 percent were also current illicit drug users. Among 50 million current smokers, 12 percent were illicit drug users.

The survey is carried out annually throughout the year to estimate the prevalence of legal and illegal drug use in the United States and to monitor the trends in use over time. It is based on a representative sample of the general U.S. population ages 12 and older, including persons living in households and in some group quarters such as dormitories and homeless shelters.

In the past 14 years, the number of Americans using illicit drugs has declined from 24 million past-month users in 1979 to less than 12 million in 1993.

### Drug Use by Older Groups

Although there was no significant change between 1992 and 1993 in rates of illicit drug use for any age group, the rates of "current" drug use (within last 30 days) have dropped dramatically since 1979 for all groups (ages 12–17, 18–25, and 26–34) except those ages 35 and older. In 1993, 28 percent of illicit drug users were in the 35 and older group, compared with only 10 percent in 1979. This shift appears to be linked to the aging of the drug using cohorts of the 1970s. (The shift in age composition is also seen in hospital emergency room data

collected by the Drug Abuse Warning Network.)

### Marijuana

Marijuana was the most commonly used illicit drug among the survey population. Sixty percent of all current illicit drug users used only marijuana, and an additional 16 percent used marijuana plus one or more other illicit drugs. About 5.1 million persons used marijuana weekly, unchanged since 1991 but down from 8.9 million in 1985.

### Cocaine

Current cocaine users numbered 1.3 million, the same as in 1992, down from a peak of 5.3 million in 1985. Occasional users (less often than monthly) numbered 3 million in 1993, down from 8.1 million in 1985. As noted previously, there was no significant change in the number of weekly cocaine users, which remained stable at around a half million (476,000). The estimated number of current crack users was less than 500,000, with no indication of increases or decreases since 1991.

### Other Drugs

There were no major changes in 1993 in current use of inhalants, hallucinogens, or heroin. Estimates of heroin use from the survey are considered very conservative, however, because of the probable undercoverage of the population of heroin users.

### Prescription Drugs

A significant decrease in the use of tranquilizers for non-medical purposes occurred from 1991 to 1993, but there were no changes in the use of sedatives, stimulants, or analgesics non-medically in those years.

### Cigarettes

Current cigarette smokers declined from 26 to 24 percent of the survey population from 1992 to 1993. Decreases were apparent in every age group but 12–17-year-olds, which remained at around 10 percent. The rate

of smoking was highest in the 26–34 year age group (30 percent) and among 18–25-year-olds (29 percent).

### Alcohol

In 1993, approximately 103 million persons were current drinkers, and 11 million were heavy drinkers (5 or more drinks on 5 or more days in the past 30 days.) Neither category had changed significantly from 1992. Of the 11 million heavy drinkers, 26 percent also were current illicit drug users.

### Sex, Race

Men continued to have a higher rate (7.4 percent) of illicit drug use than women (4.1 percent). The rate of illicit drug use was 6.8 percent for blacks, 6.2 percent for Hispanics, and 5.5 percent for whites. Seventy-four percent of all current illicit drug users were white, 13 percent black, and 10 percent Hispanic.

### Education

Illicit drug use rates remain highly correlated with educational status. Among 18–34-year-olds in 1993, those who had not completed high school had the highest rate of use, 15.4 percent, whereas college graduates had the lowest rate, 6.0 percent.

### Employment

Current employment status is also highly correlated with rates of illicit drug use, with 11.6 percent of unemployed adults (ages 18 and older) being current drug users in 1993, compared with 6.2 percent of employed adults. However, 71 percent of all current illicit drug users ages 18 and older were employed in 1993.

### Perception of Risk, Availability

In addition to data on the use of drugs, the Household Survey collects information on the respondents' perceptions of the risk of harm from using various drugs and on the availability of drugs.

In 1993, only about half of youths ages 12–17 felt there is great risk in

using marijuana occasionally or in trying cocaine, PCP, or heroin. This proportion represents little change since 1990. Seventy-seven percent of the overall population associated great risk with regular marijuana use, and the majority perceived great risk in even trying cocaine (67 percent), PCP (71 percent), or heroin (75 percent) once or twice.

Fifty-eight percent of the population in 1993 reported that they thought marijuana would be easy for them to get, and 39 percent said the same of cocaine. Twenty-six percent said they believed heroin was easy to get, 27 percent said the same of LSD, and 24 percent for PCP.

Nine percent of the population reported having been approached in the past month by someone selling drugs, and 11 percent said they had seen people selling drugs in their neighborhood occasionally or more often. Seven percent of whites, 37 percent of blacks, and 21 percent of Hispanics reported observing such drug sales.

## **Cable's Home Box Office and Johnson Foundation Join in Drugs Campaign**

Home Box Office (HBO) has been awarded a grant of more than \$3 million by the Robert Wood Johnson Foundation to produce a three-part informational television series on the far-reaching dangers of tobacco, alcohol, and drug abuse, which targets the potential adolescent user.

The grant also will fund a far-reaching distribution of the series' video with cassettes going to libraries, middle and high schools, and home video stores across the nation. HBO will make its telecast of the series available to all homes receiving cable television, even those not subscribing to the service.

HBO will receive promotional support for the project by its parent company, Time Warner, the world's largest entertainment concern. Time Warner will use a number of its media outlets and entertainment resources, from the numerous publications of its magazine group to its ownership of the Six Flags theme parks, which operates the Six Flags TV Network throughout its seven regional parks, to support the series' anti-substance abuse message.

Two novel elements of the campaign are the nature of the programs and the

extensive outreach components, according to Michael Fuchs, HBO Chairman and Chief Executive Officer.

"This isn't going to be the typical anti-drug polemic of grownups telling kids, 'Just say no.' In our research, we've talked to teenagers to find out what they respond to in terms of language and approach, in essence what makes them sit up and listen," he said.

Equally important, Fuchs explained, is an outreach effort that includes putting videocassettes of the series in the hands of school guidance counselors across the country. A total of 30,000 cassettes will go to high school counselors and another 15,000 to counselors in junior high and middle schools. Each cassette will include study guides and other support materials to support teachers' efforts to use the series effectively.

Another 16,000 cassettes and studies guides will go to public libraries, and 1,400 tapes will be distributed to the Community Anti-Drug Coalition of America.

Time Warner will back this distribution by letting people know that the tapes are available and how and where they can find them through informational messages in its magazines, at its theme parks, and through public service announcements describing the series.

## **Research Committee Views Aging Population's Effect on Future Policies**

In a new volume of individually authored papers, entitled "The Demography of Aging," a committee of the National Research Council addresses the fact that the aging of the population will be one of the world's most important social issues of the next half century.

United Nations experts predict that by the year 2025 there will be 822 million people in the world ages 65 and older, a number that exceeds the present combined populations of Europe and North America.

This dramatic shift in the world's population is causing demographers and other social scientists to begin examining its implications for a variety of social and economic policies.

The National Research Council authors of "The Demography of Aging" provide a state-of-the-art assessment of research and identify the major

gaps in data, theory, and research design. Although the focus is on the United States, each chapter includes some attention to other countries.

The papers also serve to dispel some commonly held myths about the aging of the U.S. population, such as an inevitable, proportional increase in the disabled population, a continued trend toward early retirement, and increased isolation of the elderly from their families. In contrast to these and other myths, the papers show that

- Although the trend toward early retirement was rapid and dramatic from 1950 to the mid-1980s, more recent data suggest that this trend has stopped or even reversed. Part-time employment has emerged as a new form of early retirement for some workers—withdrawal through reduced hours rather than a complete severing of ties with the labor force.

- Older Americans, as a group, have made impressive financial gains over the past 30 years, but these gains have not been shared equally across all segments of the older population. Black and Hispanic elderly are two to three times more likely than their non-Hispanic, white counterparts to be poor. In addition, poverty rates among the elderly increase dramatically with age, and elderly widows are especially disadvantaged.

- The available data indicate that the prevalence of disability among the older population decreased during the 1980s. Reductions were particularly large among the very old, those ages 85 and older. This finding suggests that tomorrow's elderly population could be healthier and less disabled than the elderly in past years, particularly with the support of well-designed health promotions and interventions.

- The relative increase of the elderly population in many midwestern States during the 1980s was not due to an influx of seniors, but rather to the departure of working-age adults who left the region to pursue jobs in other parts of the country. States that receive large numbers of senior citizens through migration may fare better than areas without that type of growth. Elderly people who move long distances tend to be younger, healthier, and wealthier than those who do not move.

- Families continue to be the mainstay of support for older people who are disabled. Of the older people who

have a disability and continue to live in the community, 70 percent rely on family members as their sole source of care. However, little is known about the trade-offs and economic consequences of family members who provide care for older relatives.

The project was funded by the National Institute on Aging.

The National Research Council is the principal operating agency of the National Academy of Sciences and the National Academy of Engineering. It is a private, nonprofit institution that provides science and technology advice under a congressional charter.

*Copies of "The Demography of Aging" may be obtained for \$39 (prepaid) plus shipping charges of \$4 for the first copy and 50 cents for each additional copy from the National Academy Press at 2101 Constitution Ave., NW, Washington, DC, 20418; tel. 202-334-3313 or 1-800-624-6242.*

## Geriatric Centers Get \$6.3 Million to Improve Care for the Elderly

The Health Resources and Services Administration (HRSA) of the Public Health Service has awarded \$6.3 million in grants to schools of the health professions to support the Geriatric Education Centers (GEC) Program, which is administered by HRSA's Bureau of Health Professions.

GECs offer short-term geriatric training to health care educators and practitioners. Since 1983, GECs have reached 225,000 faculty members, clinical preceptors, in-service educators, and primary care providers nationwide.

A primary care provider uneducated in geriatric care may misdiagnose a patient's condition or fail to urge appropriate preventive measures because elderly patients often don't have the same symptoms as younger patients, and their bodies process drugs differently.

GECs offer "mini-fellowships" and other faculty development programs to increase the number of health professionals who are knowledgeable about aging and health. GECs also maintain instructional resource centers, help design new courses or curriculum modules, and establish model training sites to acquaint students with inter-

## 1994 Geriatric Education Center Grants

| <i>GEC</i>                              | <i>School</i>                                      | <i>Award</i> |
|---|--|--------------|
| California.....                         | UCLA   | \$508,958    |
| Colorado.....                           | University of Colorado                             | 242,571      |
| New York.....                           | Columbia University                                | 290,761      |
| Pennsylvania.....                       | University of Pittsburgh                           | 352,239      |
| Upper New England.....                  | Harvard Medical School                             | 250,209      |
| Hunter-Mt. Sinai.....                   | CUNY Research Foundation                           | 314,594      |
| Illinois Network.....                   | University of Illinois, Chicago                    | 308,880      |
| Miami Area.....                         | University of Miami                                | 492,294      |
| Minnesota Area.....                     | University of Minnesota                            | 270,000      |
| Missouri Gateway.....                   | St. Louis University                               | 296,878      |
| Nevada.....                             | University of Nevada, Reno                         | 325,350      |
| New Jersey.....                         | New Jersey University of<br>Medicine and Dentistry | 239,742      |
| Ohio Valley Appalachia<br>Regional..... | University of Kentucky                             | 308,264      |
| Pacific Islands.....                    | University of Hawaii                               | 242,664      |
| Stanford.....                           | Stanford University                                | 345,373      |
| Texas Consortium.....                   | Baylor University                                  | 284,769      |
| University of Florida.....              | University of Florida<br>Washington, DC            | 247,902      |
| Consortium.....                         | George Washington University                       | 270,000      |
| Western Reserve.....                    | Case Western Reserve University                    | 297,000      |
| Wisconsin.....                          | Marquette University                               | 444,552      |
| Total.....                              |  | 6,333,000    |

UCLA = University of California at Los Angeles; CUNY = City University of New York;

disciplinary assessment and management of elderly patients. Practitioners who wish to update their geriatric skills may participate in continuing education offered by the GECs.

GECs have forged new ground in minority health and aging (ethnogeriatrics) by incorporating the relevance of culture into the health care of older Americans. Approximately 50 GEC videotapes, curriculum modules, monographs, and conference proceedings address such topics as cross-cultural communication, understanding the role of folk medicine and folk healers, and the unique health risks of elderly members of minority groups.

## Lifestyle Changes Linked to Global Increase in Diabetes, Experts Say

A dramatic rise in the prevalence of diabetes has led to an unacceptably high death toll from the disease in

many countries, according to a World Health Organization (WHO) report. Millions of cases of diabetes could be prevented and many thousands of lives saved, the report says.

The report, "Prevention of Diabetes Mellitus," predicts that the number of people with the most common form of diabetes, non-insulin-dependent diabetes mellitus (NIDDM) will increase substantially and may exceed 100 million by the end of the century.

Experts say the increase in diabetes is due to a large extent to unhealthy lifestyles, such as diets high in saturated fats, reduced physical activity, increasing obesity, and social, cultural, and economic stress. Diabetes is associated with increased mortality, a high risk of developing heart attacks and strokes, eye and nerve complications, and amputations, all of which lead to premature disability and death.

"Epidemics of NIDDM are occurring in many newly industrialized and developing countries. Evidence suggests this is closely linked to changes in

lifestyle," said Professor Paul Zimmet, one of the two co-chairmen of the WHO study group of international experts that produced the report.

"However, there is also sufficient evidence to persuade us that adopting healthy lifestyle measures will be effective in preventing this disease," Professor Zimmet, of the International Diabetes Institute, Caulfield, Australia, added.

Owing to a lack of life-saving insulin, there is an unacceptably high number of deaths from acute complications of the insulin-dependent form of the disease (IDDM) in some developing countries, according to the report. It is also in the developing and newly industrialized nations that epidemics of NIDDM are growing fastest. Generally, the incidence of IDDM also appears to be increasing, but the reason for this is less clear. About 15 per cent of all diabetes cases are insulin-dependent, and between 20 and 30 per cent of those who are not dependent on insulin receive it as part of their treatment.

The study group's other co-chairman, Professor Jorn Nerup, of the Steno Diabetes Centre, Gentofte, Denmark, said, "Although the cause or causes still elude us, there is increasing evidence that IDDM can and will be prevented, possibly even by the year 2000. We have highlighted in the report specific research strategies that should be tested for the prevention of IDDM. A number of major studies are already in progress in Europe and the United States, and we await the findings with great anticipation."

Apart from advocating further research studies to define the causes of both IDDM and NIDDM, the report calls on governments to

- launch national programs for the prevention of diabetes and its complications;
- develop more effective programs to sustain lifelong behavioral changes relating to physical activity, nutrition, weight control, and smoking reduction;
- develop national targets for reducing rates of acute hospital admissions, loss of vision, kidney failure, amputations, heart attacks, strokes, and adverse outcomes of pregnancy associated with diabetes; and
- ensure the screening of all pregnant women for diabetes to reduce health risks to the mother and fetus.

*"Prevention of Diabetes Mellitus," report of the WHO Study Group, WHO Technical Report Series 844, can be obtained for 15 Swiss francs (10.50 in Swiss francs in developing countries) from the World Health Organization, Geneva, Switzerland.*

## **NIAMS Funds Three New Skin Research Centers**

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) has funded three new Skin Disease Research Core Centers (SDRCs) and renewed funding of one of the original SDRCs, bringing the total number of these centers to six.

The four newly funded SDRCs are at Emory University in Atlanta, GA; Brigham and Women's Hospital in Boston, MA; Vanderbilt University in Nashville, TN; and Case Western Reserve University in Cleveland, OH. There are two additional SDRCs, established in 1992, at Yale University and the University of Texas Southwestern Medical Center. The SDRCs, begun in 1988, are the first federally funded research centers in dermatology.

The SDRCs take advantage of the strengths of both basic and clinical researchers and promote research collaborations that enhance productivity. Core units are established that provide shared facilities, equipment, and technical services. In addition, these research centers support short-term, innovative pilot projects that involve exploration of new research directions. These projects enable established skin disease researchers to pursue innovative ideas. They also allow new, young investigators or established investigators from other fields to apply their expertise to problems related to skin diseases.

At the new Emory University School of Medicine SDRC, researchers will focus on the physiology of dermal microvascular endothelial cells that line tiny blood vessels in human skin and their role in skin disease. These cells play an important role in skin immune and inflammatory responses.

Some of the pilot projects proposed by this group include research on the regulation of an enzyme that participates in wound healing, the study of factors that control homing of white blood cells to tiny blood vessels in the skin during inflammation, and inves-

tigation of factors that cause Kaposi's sarcoma, a type of skin cancer often found in HIV-infected patients.

Scientists at Brigham and Women's Hospital and nearby biomedical research institutions will use genetically engineered mice to investigate the fundamental mechanisms of a broad range of skin diseases. The mice will serve as experimental models that enable researchers to study the roles of various genes thought to be important in skin diseases.

The research projects to be conducted by members of this SDRC should aid in understanding diseases such as skin cancer; acute and chronic inflammatory skin disorders of both immune and nonimmune origin such as eczema, allergic reactions, and graft rejection; and the role of certain skin immune cells in the transmission of HIV-1, the virus that causes AIDS.

Research efforts at the Vanderbilt SDRC will focus on skin growth, development, and repair, and will be relevant to wound healing and proliferative diseases such as psoriasis and various skin cancers. The proposed pilot projects include study of the genetic basis of familial dysplastic nevus syndrome, an inherited disorder in which individuals are predisposed to melanoma; a model for invasion and metastasis of human melanoma; study of the molecular control of hair growth; and investigations of the role of certain cytokines and extracellular matrix components on wound healing and chronic nonhealing wounds.

The SDRC award to Case Western Reserve University represents continued funding of an existing center, which since its establishment by NIAMS in 1988, has achieved many of the goals of the SDRC program, including fostering interdisciplinary collaborations that are greatly advancing skin disease research and attracting more talented young investigators to the study of major problems in skin biology and skin diseases. Some of the collaborative projects fostered during the first 5 years of this SDRC include studies of the structural changes that occur in aging skin and work to develop a genetically engineered "biological bandage" that promotes wound healing.

A diverse group of researchers are concentrating on four themes—skin cancer, immunodermatology (the study of immune reactions in skin), structural biology, and epidemiology.