



# The Addiction and Behavioral Health Newsletter

A publication of JRW Behavioral Health Services

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VOLUME 2, NUMBER 1

Welcome to Volume 2, Number 1 of the Addiction and Behavioral Health Newsletter. In our featured article this month, we discuss a number of significant changes in alcohol and other drug use patterns among adolescents. In the newsletter you will also find information regarding new training opportunities, available on-site workshop and in-service topics, regional and national conferences, news from the world of addiction science, and featured links to other resources for the substance dependency treatment and prevention community.

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## Changes in Adolescent Alcohol and Other Drug Use

In recent months, a number of new or changing trends in adolescent alcohol and other drug use have been identified:

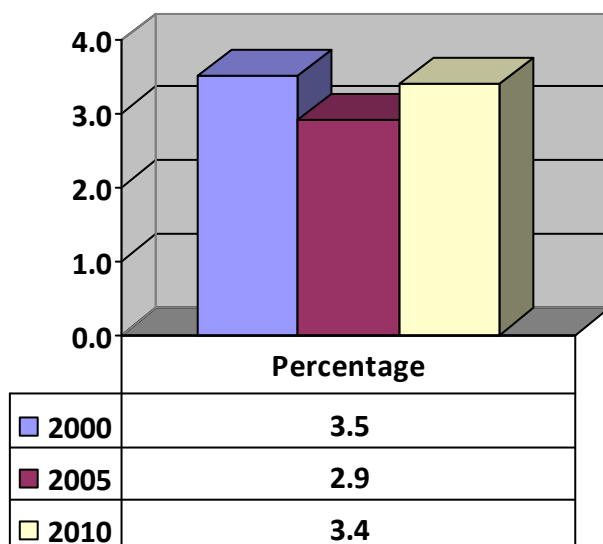
1. Heavy marijuana use has increased
2. Alcohol binge drinking is down to a historic low
3. "Herbal Incense" has been adopted as a legal alternative to marijuana
4. The use of new, legal hallucinogenic drugs has begun

### Marijuana Use

Each year since 1975, the University of Michigan's "Monitoring the Future" (MTF) study has collected information from 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders regarding their use of alcohol and other drugs. Four frequency questions are asked: lifetime, annual, past month and daily past month use. The resulting data can be confusing, since there are a total of 12 different types of information that are published. That is, all four frequency questions are asked of youth in the three grade levels.

Perhaps of greatest concern are adolescents who use alcohol, tobacco or another drug on a daily basis, since this pattern of consumption often characterizes substance use disorders. Figure 1 shows the percentage of students from all three grade levels who reported the daily of marijuana over the month preceding the survey in three years: 2000, 2005 and 2010. As indicated, this percentage declined from 2000 through 2005 before rising again in 2010\*.

**Figure 1:**  
**Daily Marijuana Use in the Past 30 Days**  
**8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> Graders combined**



\* In the case of 12<sup>th</sup> graders, to the highest level in the last 20 years

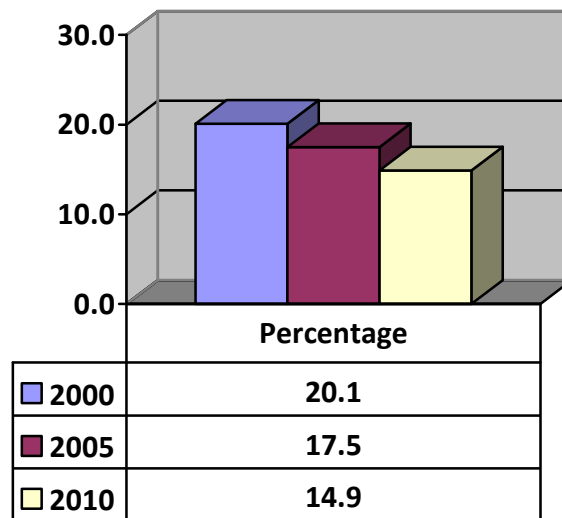
## Alcohol Use

The National Institute on Alcohol Abuse and Alcoholism has stated that:

*Each year, approximately 5,000 young people under the age of 21 die as a result of underage drinking; this includes about 1,900 deaths from motor vehicle crashes, 1,600 as a result of homicides, 300 from suicide, as well as hundreds from other injuries such as falls, burns, and drowning.*<sup>†</sup>

Perhaps the most dangerous pattern of alcohol consumption for adolescents is binge drinking, defined here as having consumed five or more drinks at one time within the last two weeks. According to the MTF study, however, the percentage of all 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders who engage in binge drinking has declined significantly since the turn of the century. As Figure 2 shows, this percentage has fallen from 20.1% in 2000 to 17.5% in 2005 and finally to a historic low of 14.9% in 2010.

**Figure 2:**  
**Consumed 5 or more drinks in the past 2 weeks:**  
**8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders combined**



## Herbal Incense

Popular in Europe for the past several years (and now illegal in many countries in the European Union), "herbal incense" products arrived in the United States in 2010. A blend of non-psychoactive herbs/plant matter treated with synthetic cannabinoids,<sup>‡</sup> these products are especially popular among adolescents. They vary in their specific effects and potency, but are said to produce a "high" that is similar to the stronger types of marijuana and cannot be detected by routine urine screening. However, five of the synthetic cannabinoids were banned (i.e., placed on the list of controlled substances) by the federal Drug Enforcement Administration (DEA) on January 1, 2011. Thus, brands such as "K2", "Spice", "Black Mamba" and others are not longer sold in the U.S. Different cannabinoids are now used to treat the newer ("second generation") herbal incense blends such as "K3". "Splice" and "Cloud Ten." As of today, little information is available regarding these new products, but reports of serious and sometimes persistent psychological and physical distress related to the use of the "first generation" brands of herbal incense have recently surfaced, and at least some of these seem credible. Panic attacks, generalized anxiety, insomnia and headache are some examples of these unwelcome

<sup>†</sup> National Institute on Alcohol Abuse and Alcoholism (2006). Underage Drinking: Why Do Adolescents Drink, What Are the Risks, and How Can Underage Drinking Be Prevented? *Alcohol Alert, Number 67*. Retrieved February 15, 2011 from <http://pubs.niaaa.nih.gov/publications/aa67/aa67.htm>

<sup>‡</sup> Synthetic cannabinoids are similar in many ways to  $\Delta$ -9 THC, the psychoactive chemical in marijuana and hashish.

effects. Because no human research on the synthetic cannabinoids, let alone the herbal incense products, has been published in major (peer reviewed) scientific journals, it is unknown whether these effects are associated with cannabinoid use or withdrawal (the latter due to the unavailability of "K2" and similar products).

## New Age Hallucinogens

In this section, we discuss methylmethcathinone and 3, 4 – Methylenedioxypropylvalerone. *Please note that both of these have reportedly been sold under the name "bath salts" and "plant food" and both of which have been associated with the slang name "MCAT".*

MDMA ("ecstasy") and similar substances such as MDA belong to a class of drugs known as substituted amphetamines. These substances are related to both amphetamines and the group of hallucinogens that includes mescaline. Now a new group of substituted amphetamines has appeared "on the street." Of interest is the fact that several of these drugs were first synthesized in the earlier years of the 20<sup>th</sup> century but did not become popular until decades later.

**Mephedrone** (4-methylmethcathinone (4-MMC) or 4-methylphenedrone, first synthesized in 1929), is related to both the amphetamines (as is MDMA) and cathinone.<sup>§</sup> Slang names for this substance include "meph" and "drone", and "MCAT"<sup>\*\*</sup>. It is a synthetic stimulant that is said to have entactogen (empathy-inducing), euphoric and aphrodisiac<sup>††</sup> properties. It also appears to have an abuse potential similar to or even higher than cocaine. In a 2010 study, 54.6% of the 2295 mephedrone-using subjects who had also used cocaine reported that the quality of the high was better than cocaine. Negative effects have also been reported (by both users and medical/scientific professionals), such as headache, nausea, overly rapid pulse rate and heart palpitations, excessive sweating, hyperreflexia (overly brisk reflexes), blue/cold fingertips and toes; bruxism (teeth grinding) reduced attention span, impaired short-term memory, insomnia, hallucinations and paranoid ideation. The "crash" (fading and termination) is reported to include dizziness, fatigue and dysphoria (e.g., sadness, depression and, in this case, boredom). These feelings result in a strong desire to extend the period of intoxication.

An ad for mephedrone, describing it as "plant food" can be found at <http://www.plantfeedshop.com/>

**3, 4-Methylenedioxypropylvalerone (MDPV/ MDPK)** is sold under as "bath salts" and under such brand names as Cloud 9<sup>‡‡</sup>, Ivory Wave, Ocean, Charge Plus, White Lightning, Scarface, Hurricane Charlie, Red Dove and White Dove). Like mephedrone and the herbal incense products, it is labeled "not for human consumption" in order to evade FDA controls. Although it is related to MDMA and mephedrone, MDPV has no entactogen qualities but instead acts as a pure stimulant with powerful aphrodisiac qualities. It was reported by the company that created it to be approximately four times more potent as methylphenidate (Ritalin<sup>®</sup>, Concerta<sup>®</sup>)<sup>§§</sup>. Its effects persist for 3-4 hours and include elevated pulse and blood pressure, constriction of blood vessels, sweating, increased alertness, euphoria, reversal of fatigue, insomnia and anorexia<sup>\*\*\*</sup>. In addition, users report anxiety and panic attacks as well as the prototypical stimulant psychosis typical of

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<sup>§</sup> Cathinone is a psychoactive substance found in the Khat bush, native to Ethiopia, Somalia, Kenya and Yemen. Khat (or Qat) is chewed by the peoples of those countries in much the same way that coca leaves are chewed by the indigenous peoples of the Andes.

<sup>\*\*</sup> "Cat" (methcathinone) is a street name for methcathinone, a drug similar to cathinone and that was briefly popular in the 1990s, particularly in Michigan and Wisconsin.

<sup>††</sup> Sexual stimulation/increase in libido.

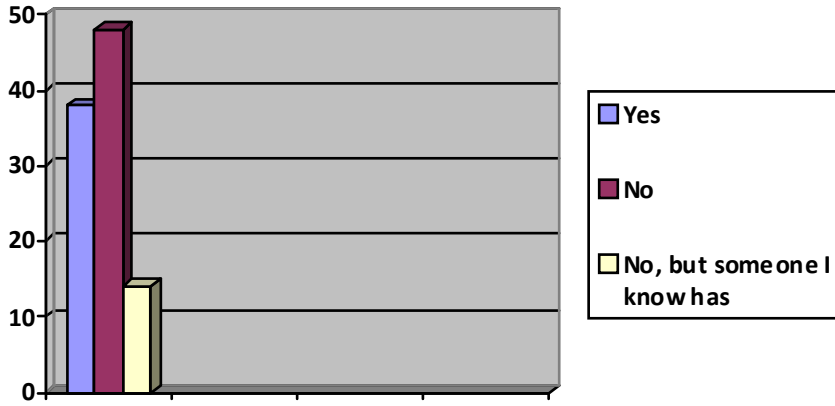
<sup>‡‡</sup> Note that there is an herbal incense product sold as "Cloud Ten". This can easily be a source of confusion of the kind that is typical of street drugs.

<sup>§§</sup> 1-[(3, 4-Methylenedioxy)phenyl]-2-pyrrolidino-1-alkanones as stimulants. (Boehringer Ingelheim Study) 1969. Reference retrieved February 11, 2011 from Yohannan, J.C. & Bozenko, J.S. (2010). The Characterization of 3, 4-Methylenedioxypropylvalerone (MDPV) *Microgram Journal*, 7(1).

<sup>\*\*\*</sup> Reduction in appetite

extended and/or heavy amphetamine and cocaine use<sup>+++</sup>. In one informal poll taken by [www.drug-forum.com](http://www.drug-forum.com), MDPV users were asked if they had "Ever hallucinated/have paranoid delusions/full blown psychosis from (preban) Ivory Wave?" 47% said no, 38% said yes, and 15% said that they had never experienced these effects, but knew someone who had.

**Figure 3:**  
**Have you ever experienced (psychotic symptoms) as the result of using Ivory Wave?**



Like mephedrone, MDPV appears to have a high potential for abuse and dependence. Recently, a private company developed a method of screening for MDPV in urine. The subjects in the research that culminated in the successful completion of this work were 34 individuals who were enrolled as clients in opiate substitution therapy (i.e., methadone-assisted opiate dependency treatment). 9 of these clients tested positive for MDPV. In 3 of these cases, amphetamine was also detected. The authors report that this group of 3 used MDPV with or as a supplement to amphetamines.

Herbal incense, mephedrone and MDPV are all street drugs, regardless of how and where they are obtained. As such, they are characterized by one or more of the following:

1. Inconsistent ingredients/adulteration
2. Unregulated manufacture
3. Multiple slang names
4. Difficulty in predicting effects
5. Inflated prices

In addition, there are few reports in scientific or medical journals regarding the effects of these drugs on humans. Clients should be advised that they are, in effect, human "guinea pigs" who may experience "positive" or "good" effects, but also are also subject to unpredictable, inconsistent and unwanted effects.

#### Sources:

1-[(3, 4-Methylenedioxy)phenyl]-2-pyrrolidino-1-alkanones as stimulants. (Boehringer Ingelheim Study) 1969. Reference retrieved February 11, 2011 from Yohannan, J.C. & Bozenko, J.S. (2010). The Characterization of 3, 4-Methylenedioxypropylvalerone (MDPV) *Microgram Journal*, 7(1).

Brunt, T.; Poortman, A.; Niesink, R.; Van Den Brink, W. (2010). "Instability of the ecstasy market and a new kid on the block: mephedrone" (abstract only). *Journal of psychopharmacology* (no volume or issue date provided). Retrieved February 12, 2011 from <http://jop.sagepub.com/content/early/2010/09/07/0269881110378370.abstract>.

Ojanperä, Ilkka Antero; Heikman, Pertti Kalevi; Rasanen, Ilpo Juhani (2010). "Urine Analysis of 3, 4-Methylenedioxypropylvalerone in Opioid-Dependent Patients by Gas Chromatography-Mass Spectrometry". *Therapeutic*

<sup>+++</sup> Such reports are abundant on websites such as [www.drugs-forum.com](http://www.drugs-forum.com).

*Drug Monitoring*, (published ahead of time, February 9, 2011 and retrieved on February 14, 2011 from [http://journals.lww.com/drug-monitoring/Abstract/publishahead/Urine\\_Analysis\\_of\\_3,4\\_Methylenedioxypropylvalerone.99726.aspx](http://journals.lww.com/drug-monitoring/Abstract/publishahead/Urine_Analysis_of_3,4_Methylenedioxypropylvalerone.99726.aspx) [abstract only])

Winstock, A.R., Micheson, L.R., Deluca, P., Corazza, O. & Schifano, F. (2010). "Mephedrone, New Kid for the Chop?" *Addiction Report*, 106(1): 154-161.

Yohannan, J.C. & Bozenko, J.S. (2010). "The Characterization of 3, 4-Methylenedioxypropylvalerone (MDPV)." *Microgram Journal*, 7(1).

## **On-line Training Announcements**

### **Free IAODAPCA-Approved Courses!**

We are still offering a free IAODAPCA-approved course entitled "DUI: The Effects of Drugs Other than Alcohol".

We are also offering a free IAODAPCA-approved webinar\*, "Herbal Incense: The New Marijuana" from 10:00-11:00 A.M. (Central time) on the third Thursday of each month. Upcoming webinars will occur on March 17 and April 21, 2011. On the first, second and fourth Thursday of each month, the webinar is available for \$10.

To register for free courses, go to [www.randallwebber.com](http://www.randallwebber.com) and click on "Free Courses". Please register for only one course at a time.

\* To participate in a webinar, all you need is an Internet-connected computer and a pair of speakers or earphones/headphones.

**\* For additional information or to register for any of our courses or webinars, visit our website at: <http://www.randallwebber.com>**

**Contact us for information on group, series and multi-workshop discounts**

### **Webinars\*\***

#### **Special Populations Series**

#### **Preparing for the Future: Treating Substance Dependent Baby Boomers and other Older Clients**

March 1, 2011  
10:00 A.M.-12:15 P.M.  
Or  
2:00-4:15 P.M.  
2 IAODAPCA CEUs  
\$20

#### **Childhood Trauma and Adolescent Substance Abuse**

March 2, 2011  
10:00 A.M.-12:15 P.M.  
Or  
2:00-4:15 P.M.  
2 IAODAPCA CEUs  
\$20

## **Treatment of Heroin and Other Opiates Dependency-A Four Part Series**

### **Module I: Introduction to the Opiate Substances**

March 9, 2011  
10:00 A.M.-12:15 P.M.  
OR  
2:00-4:15 P.M.  
2 IAODAPCA CEUs  
\$20

### **Module II: Psychosocial Strategies**

March 16, 2011  
10:00 A.M.-12:15 P.M.  
OR  
2:00-4:15 P.M.  
2 IAODAPCA CEUs  
\$20

### **Module III: Medication-Assisted Treatment with Methadone**

March 23, 2011  
10:00 A.M.-12:15 P.M.  
OR  
2:00-4:15 P.M.  
2 IAODAPCA CEUs  
\$20

### **Module IV: Medication-Assisted Treatment with Buprenorphine and Naltrexone**

March 30, 2011  
10:00 A.M.-12:15 P.M.  
OR  
2:00-4:15 P.M.  
2 IAODAPCA CEUs  
\$20

## **Evidence-Based Treatment Series**

### **Using Cognitive-Behavioral Therapy in the Treatment of Substance Dependent Clients**

March 29, 2011  
10:00 A.M.-12:15 P.M.  
OR  
2:00-4:15 P.M.  
2 IAODAPCA CEUs  
\$20

## **Home Study Courses**

- ◆ Street Drug Pharmacology (8 IAODAPCA CEUs)
- ◆ Advanced Street Drug Pharmacology (8 IAODAPCA CEUs)
- ◆ Pharmacology and Physiology of Alcohol and Alcoholism (6 IAODAPCA CEUs)

## **Other On-Site Workshops Available from JRW Behavioral Health Services**

### **This is a Partial List of Our Individualized Workshops, Seminars and In-Services**

- ◆ Childhood Trauma and Adolescent Substance Abuse
- ◆ Preparing for the Future: Treating Baby Boomers and Other Older Americans with Substance Disorder Problems
- ◆ Street Drug Pharmacology
- ◆ Advanced Street Drug Pharmacology
- ◆ The Physiology and Pharmacology of Alcohol and Alcohol Dependency
- ◆ The Neuroscience of Addiction
- ◆ Using Addiction Science to Guide Treatment Planning
- ◆ Medication Assisted Treatment of:
  - Heroin and Prescription Opiates
  - Alcohol
- ◆ Understanding and Treating Dependence on:
  - Methamphetamine
  - Heroin and Prescription Opiates
  - Cocaine
  - Cannabis
- ◆ Cognitive Behavioral Therapy in the Treatment of Substance Use Disorders
- ◆ Criminal Thinking and Substance Dependency Treatment
- ◆ Recovery and Re-Entry for Criminal Justice Offenders

**For information on our workshops, in-service presentations  
and consultation services, call (847) 563-8900**

**OR**

**Go to [www.randallwebber.com](http://www.randallwebber.com) and click on "Contact Us"**

## Upcoming National and Regional Conferences

Students for Sensible Drug Policy Training Conference and Lobby Day

March 17-19, 2011, College Park, MD.

<http://www.ssdp.org/events/conference>

Illinois Alcohol and Other Drug Abuse Professionals Certification Association Spring Conference

March 28-April 1, 2011, Itasca, IL.

[http://www.iaodapca.org/pdfs/2011\\_springBroch.pdf](http://www.iaodapca.org/pdfs/2011_springBroch.pdf)

American Society of Addiction Medicine

42nd Annual Medical-Scientific Conference

April 14-17, 2011, Washington, DC.

<http://www.asam.org/AnnualMeeting.html>

45th Annual Conference of the Wisconsin Association on Alcohol and Other Drug Abuse, "A New Perspective: The Changing Face of Addiction Prevention, Treatment and Recovery Services"

May 16-18, 2011, Waukesha, WI.

<http://www.waaoda.org/conference.html>

73rd Annual Meeting of the College on Problems of Drug Dependence

June 18-23, 2011

&

The International Narcotics Research Conference

June 21-25, 2011, Hollywood, FL.

<http://www.cpdd.vcu.edu>

Northwest Alcohol Conference/The 4th Annual Alcohol & Substance Abuse Conference

July 14-15, 2011, Scottsdale, AZ.

<http://www.northwestalcoholconference.org>

7th Annual Drug Court Training Conference

July, 17-20, 2011, Washington, D.C.

[http://nadcp.org/2011\\_Training\\_Conference](http://nadcp.org/2011_Training_Conference)

2011 National Alliance for Drug Endangered Children Conference, "Putting the Pieces Together for Children and Families: The National Conference on Substance Abuse, Child Welfare, and the Courts"

September 14 - 16, 2011, National Harbor, MD.

<http://www.nadec-conf.org/>

American Society of Addiction Medicine

42nd Annual Medical-Scientific Conference

April 14-17, 2011, Washington, DC.

<http://www.asam.org/AnnualMeeting.html>

Would you like to see your conference listed free-of-charge in this newsletter?

Contact us at <http://www.randallwebber.com>

## News from the World of Addiction Science

### **The Association of Cannabis (marijuana, hashish) Use with Earlier Onset of Psychosis**

A recent study published in the *Archives of General Psychiatry* provides further data to suggest that cannabis (marijuana, hashish) use may be associated with an earlier onset of psychosis. A meta-analysis (analysis of a wide range of previous studies) yielded evidence that of patients with psychotic symptoms (most commonly those with schizophrenia), those who had used cannabis heavily developed their symptoms between 2 and 2.7 years earlier than those who were non-users.

Previous studies have reached similar conclusions, but many in the substance disorders field have often been incredulous of these findings. However, studies in The Netherlands, Denmark, the United Kingdom and the United States have all concluded that for some heavier users of cannabis, the risk of developing a psychotic disorder is higher than among those who are non-users, and that when psychotic symptoms manifest themselves, they do so at an earlier age within heavy cannabis use populations. Research has also found that the symptoms of schizophrenics who smoke cannabis become more severe and that cannabis influences brain levels of dopamine, a neurotransmitter that play a prominent role in the development of schizophrenia.

#### *Sources:*

Arendt, M., Rosenberg, R., Foldager, L., Perto, G. & Munk-Jørgensen, P. (2005). "Cannabis-induced psychosis and subsequent schizophrenia-spectrum disorders: follow-up study of 535 incident cases." *British Journal of Psychiatry*, 187: 510-515.

Deepak, C.D., Abi-Saab, W., Madonick, S., Forselius-Bielen, K., Doersch, A., et. al. (2005). "Delta-9-tetrahydrocannabinol effects in schizophrenia: Implications for cognition, psychosis, and addiction." *Biological Psychiatry*, 57(6): 594-608.

Large, M.; Sharma, S.; Compton, M.T.; Slade, T. and Nielssen, O. (2011). Cannabis Use and Earlier Onset of Psychosis. *Archives of General Psychiatry*, published online February 7, 2011. <http://archpsyc.ama-assn.org/cgi/content/full/archgenpsychiatry.2011.5>

Liem-Moolenaar, M., de Kam, M.L., Franson, K.L., Kahn, R.S., Hijman, R., et. al. (2010). "Central Nervous System Effects of Haloperidol on THC in Healthy Male Volunteers." *Journal of Psychopharmacology*, 24: 1697-1708.

### **Dependence and Withdrawal Associated with "Herbal Incense"**

Few well-documented clinical reports exist related to the use of synthetic cannabinoids (in the form of "herbal incense" smoking products). However, a paper in the German language journal *Deutsches Ärzteblatt* provides insight into the potential of one of these products ("Spice Gold") for dependence and physical withdrawal.

This report describes a case of "Spice" dependence as confirmed by the five DSM-IV-TR criteria of:

- Tolerance
- Withdrawal
- Persistent desire or unsuccessful efforts to cut down or control substance use\*\*
- Important social, occupational, or recreational activities are given up or reduced because of substance use
- The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance

In addition, the specific symptoms of anxiety, nervousness and "internal unrest" have been self-reported by a number of "herbal incense" users. In one case, the individual experienced continued and persistent (more than four weeks) anxiety after discontinuing use of these substances. In another, the person also reported severe headaches that could not be relieved by a variety of physician-initiated interventions.

A confounding factor in the case of both scientifically observed and anecdotally reported symptoms of herbal incense use and discontinuation is the inconsistency of ingredients within these products. A further complication is that five of the synthetic cannabinoids (see the following article) are now controlled (illicit) substances, and new cannabinoids and perhaps other ingredients are now appearing in "second generation" herbal incense products such as "K3" and "Splice." Continued observation and scientific study is needed in order to gain a clearer understanding of the "herbal incense" use phenomenon.

*Source:* Zimmermann, U.S.; Winkelmann, P.R.; Pilhatsch, M.; Spanagel, R. & Schulz, K. (2009). *Deutsch Arztebl International*, 106(27): 464–467. Translated from the original German by Rodney A. Yeates, M.A., Ph.D, and retrieved February 2, 2011 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2719097/>.

### **New "Herbal Incense" Products**

On November 24, 2010, the federal Drug Enforcement Administration used its emergency scheduling power to ban JWH-018, JWH-073, JWH-200, CP-47,497, and cannabicyclohexanol, synthetic cannabinoids used to make such "herbal incense" products as K2, Spice and Black Mamba. This ban took effect on December 24, 2010 and will last for at least one year. During this time, the DEA and the federal Department of Health and Human Services will investigate the properties of these cannabinoids and make a final ruling regarding their status at the end of that period.

To fill the void left by this ban, new herbal incense products have been created and are being sold at various locations around the country, including several places in the Chicago area. These products have been presumably treated with one or more of the many synthetic cannabinoids that remain legal. Some of the brand names for new herbal incense products are "Destiny", "K3", "Splice", "Cloud Ten" and "Apocalypse"\*. The effects of these substances are to be seen since no human research has ever been conducted on any of the synthetic cannabinoids.

Additional information concerning "herbal incense" will appear here as it becomes available.

### **Employee Drug Tests Indicate Changes in Drug Consumption Patterns**

Newly released information has provided support to the idea that patterns of psychoactive drug use consumption are rapidly changing in the United States. In 2009, Quest Diagnostics (<http://www.questdiagnostics.com>) analyzed more than 5.5 million urine drug tests collected from workers across the country. Of the 3.6% of drug tests that were positive for an illicit drug, cannabis\* was the most commonly encountered, with 43.7% of tests indicating use of that substance. However, this represents a decline from the 62.2% of tests positive for cannabis in 1999. In addition, positive cocaine tests decreased from 16.2% to 7.3% during the same period. In contrast, positive sedative tests rose from 6.5% to 11.2% and tests indicating the use of amphetamines and opiates from 4.5% to 13.1% and 7.5% to 20.1% respectively.

What can alcohol and other drug counselors do in response to these epidemiological changes? First, know your enemy. Clinicians who are used to treating cannabis- and cocaine-dependent clients may not understand the role that physical dependence plays in recovery from drugs such as opiates and sedatives. Secondly, know your friends. Medications such as methadone, buprenorphine and naltrexone can be a helpful and important part of treatment for opiates dependent clients. Finally, educate your clients, especially those who may not understand that

the use of pharmaceutical substances carry many of the same risks and produce the same effects as illicitly-produced substances. This knowledge may serve to overcome the sense among those dependent on prescription drugs that they are "different" from street drug "addicts".

\* Actually cannabis metabolites

*Sources:*

CESAR FAX, Vol. 19, Issue 46, November 29, 2010. Retrieved 12/3/10 from <http://www.cesar.umd.edu/cesar/cesarfax/vol19/19-46.pdf>

Webber, Randall & White, William L. (2003). "The Future of Substance Abuse." *Counselor*, 4(4): 18-21.

White, William L. & Webber, Randall. (2003). "Substance Use Trends: History and Principles." *Counselor*, 4(3): 18-20.

### **FDA Warning Letters issued to four makers of caffeinated alcoholic beverages**

*These beverages present a public health concern*

The U.S. Food and Drug Administration today warned four companies that the caffeine added to their malt alcoholic beverages is an "unsafe food additive" and said that further action, including seizure of their products, is possible under federal law.

The companies receiving Warning Letters and their products are:

- Charge Beverages Corp.: Core High Gravity HG, Core High Gravity HG Orange, and Lemon Lime Core Spiked
- New Century Brewing Co., LLC: Moonshot
- Phusion Projects, LLC (doing business as Drink Four Brewing Co.): Four Loko  
United Brands Company Inc.: Joose and Max

The FDA's action follows a scientific review by the Agency. FDA examined the published peer-reviewed literature on the co-consumption of caffeine and alcohol, consulted with experts in the fields of toxicology, neuropharmacology, emergency medicine, and epidemiology, and reviewed information provided by product manufacturers. FDA also performed its own independent laboratory analysis of these products.

"FDA does not find support for the claim that the addition of caffeine to these alcoholic beverages is 'generally recognized as safe,' which is the legal standard," said Dr. Joshua M. Sharfstein, Principal Deputy Commissioner. "To the contrary, there is evidence that the combinations of caffeine and alcohol in these products pose a public health concern."

Retrieved 11/17/2010

from <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm234109.htm>

**Read more on these articles at [www.randallwebber.com](http://www.randallwebber.com).  
Click on "Addiction Science News".**

## Internet Links

Each month, we provide a list of Internet links in addition to those important to readers from Illinois, our home state. Here are this month's links:

### LOS SITIOS WEB DE LA LENGUA ESPAÑOLA (Spanish Language Sites)

LaAntiDroga <http://laantidroga.com>

Instituto Nacional en la Drogadicción/Sección de la Lengua Española  
<http://www.drugabuse.gov/nidaespanol.html>

### NATIONAL SUBSTANCE ABUSE TREATMENT LOCATOR

Substance Abuse and Mental Health Services Administration Treatment Locator  
<http://findtreatment.samhsa.gov/>

### PROFESSIONAL ASSOCIATIONS AND CERTIFICATION BODIES

Illinois Alcoholism and Other Drug Abuse Professionals Certification Association  
<http://www.iaodapca.org>

Illinois Alcoholism and Drug Dependence Association <http://www.iadda.org>

NAADAC-The Association for Addiction Professionals <http://www.naadac.org>

Employee Assistance Society of North American <http://www.easna.org/>

### RECOVERY MANAGEMENT RESOURCES

<http://www.bhrm.org/>

<http://www.attcnetwork.org/learn/topics/rosc/docs/RecMgmt.pdf>

### SCIENTIFIC JOURNALS

Addiction <http://www.addictionjournal.org/>

Alcohol  
<http://www.elsevier.com/wps/find/journaldescription.agents/525453/description#description>

Alcohol and Alcoholism <http://alcalc.oxfordjournals.org/>

Alcohol, Research and Health  
<http://www.niaaa.nih.gov/Publications/AlcoholResearch/Pages/default.aspx>

Journal of Psychoactive Drugs <http://www.journalofpsychoactivedrugs.com/>

Journal of Studies on Alcohol and Drugs <http://www.jsad.com/>

Journal of Substance Abuse Treatment  
[http://www.elsevier.com/wps/find/journaldescription.cws\\_home/525475/description#description](http://www.elsevier.com/wps/find/journaldescription.cws_home/525475/description#description)

### STATE AND FEDERAL AGENCIES

Center on Drug Abuse Treatment <http://csat.samhsa.gov>

Center on Drug Abuse Prevention <http://prevention.samhsa.gov>

Illinois Department of Human Services, Division of Alcoholism and Substance Abuse  
[www.dhs.dasa.il.us.gov](http://www.dhs.dasa.il.us.gov)

Drug Enforcement Administration <http://www.justice.gov/dea/index.htm>

National Institute on Alcohol and Alcoholism <http://www.niaaa.nih.gov>

National Institute on Drug Abuse <http://drugabuse.gov/nidahome.html>

### **SUBSTANCE ABUSE AND DEPENDENCE PREVENTION PROGRAMS**

Prevention First <http://www.prevention.org>

Mother Against Drunk Driving <http://www.madd.org>

**To Find More Links to Substance Use Disorder Resources, Visit Us at  
[www.randallwebber.com](http://www.randallwebber.com) and Click on “Links”**