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MORBIDITY AND MORTALITY WEEKLY REPORT

National Drunk and Drugged Driving Prevention Month — December 1995

Persons who drive while impaired by alcohol or other drugs are a public health hazard to themselves and to others. Although the injuries, disabilities, and deaths associated with impaired driving are preventable, in 1994, alcohol-related motor-vehicle crashes resulted in 16,600 deaths in the United States; approximately one third occurred among persons aged ≤25 years. Such crashes remain a leading cause of death for teenagers and young adults.

December has been designated National Drunk and Drugged Driving Prevention Month by the National Drunk and Drugged Driving Prevention Month Coalition, a nationwide public- and private-sector coalition for the prevention of crashes related to impaired driving. The theme of the 1995 campaign is "Take a Stand Against Impaired Driving." On December 15, "Lights on for Life," a 1-day nationwide observance, will be held; the coalition requests that drivers drive with their headlights on even during daylight hours in remembrance of persons killed and injured in alcohol-related crashes and as a reminder not to drink and drive. In addition, during the holiday season, law-enforcement activities nationwide will especially target drivers impaired by alcohol and other drugs.

Additional information about National Drunk and Drugged Driving Prevention Month is available from the Office of Alcohol and State Programs (NTS-22), National Highway Traffic Safety Administration, 400 7th Street, SW, Washington, DC 20590, telephone (202) 366-2728.

Update: Alcohol-Related Traffic Crashes and Fatalities Among Youth and Young Adults — United States, 1982–1994

Approximately one third of deaths among persons aged 15–24 years result from motor-vehicle crashes (*1*). Although alcohol use increases the risk for motor-vehicle crashes for all drivers, for young drivers the risk begins to increase at very low blood alcohol concentrations (BACs) (*2*). In addition, in young persons who drive after drinking, the relative risk for crash involvement is greater at all BACs than for older drivers

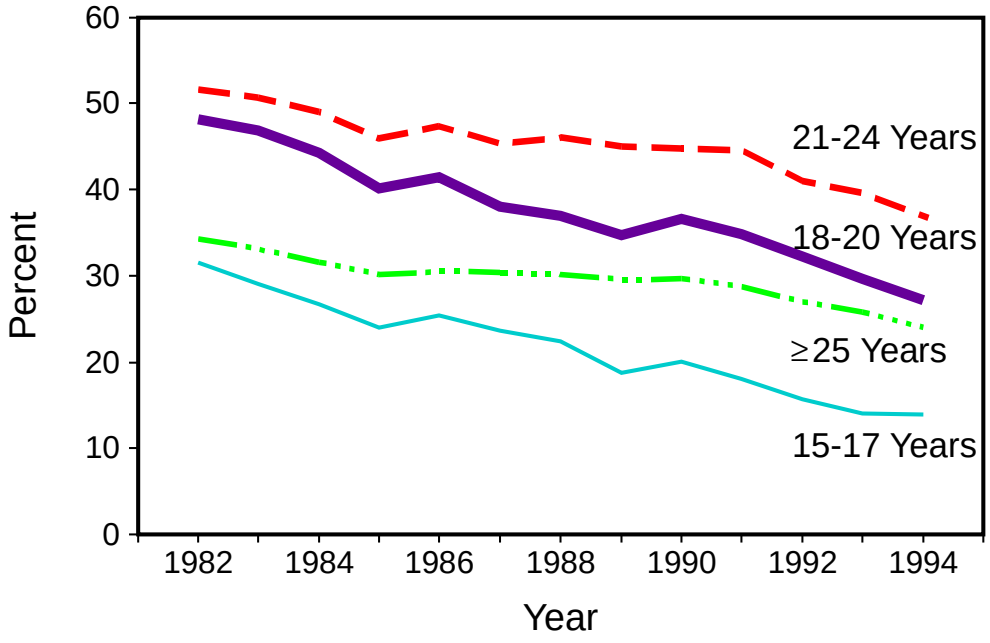
Alcohol-Related Traffic Fatalities — Continued

who drink (*3*). This report is based on data from the Fatal Accident Reporting System of the National Highway Traffic Safety Administration (NHTSA) and describes trends in alcohol involvement among drivers in fatal traffic crashes and trends in all alcohol-related traffic fatalities (ARTFs) in the United States from 1982 through 1994 among youth and young adults.

NHTSA refers to drivers with a BAC ≥0.01 g/dL in a police-reported traffic crash as alcohol-involved; drivers with a BAC ≥0.10 g/dL (the legal level of intoxication in most states) are considered intoxicated. NHTSA considers a fatal traffic crash to be alcohol-related if either a driver or nonoccupant (e.g., pedestrian) had a BAC ≥0.01 g/dL in a police-reported traffic crash. Because BACs are not available for all persons involved in fatal crashes, NHTSA estimates the number of ARTFs based on a discriminant analysis of information from all cases for which driver or nonoccupant BAC data are available (*4*). Statistics about drivers refer only to drivers involved in fatal crashes; the driver may or may not have been killed in the crash. Data are presented for youth (persons aged 15–17 years and 18–20 years), young adults (21–24 years), and other adults (≥25 years).

During 1982–1994, the estimated percentage and total number of alcohol-involved drivers in fatal crashes (i.e., crashes in which at least one person was killed) decreased for all four age groups (Table 1). Decreases in the proportion of alcohol-involved drivers were greater for persons aged 15–17 years (56%) and 18–20 years (44%) than for persons aged 21–24 years (28%) and ≥25 years (30%). However, the proportion of alcohol-involved drivers aged 18–20 years was higher than the proportion of alcohol-involved drivers aged ≥25 years each year from 1982 through 1994 (Figure 1). In

FIGURE 1. Percentage of drivers who had a blood alcohol concentration ≥0.01 g/dL and were involved in crashes in which at least one person was killed,* by age group of driver and year — United States, 1982–1994



*The driver may or may not have been killed in the crash.

Source: Fatal Accident Reporting System, National Highway Traffic Safety Administration.

TABLE 1. Estimated number of total drivers and estimated number and percentage of alcohol-involved drivers* in crashes in which at least one person was killed,† by year and age group of driver — United States, 1982–1994

	Age group											
	15–17 years			18–20 years			21–24 years			≥25 years		
	Total	Alcohol-involved		Total	Alcohol-involved		Total	Alcohol-involved		Total	Alcohol-involved	
Year	drivers	No.	(%)	drivers	No.	(%)	drivers	No.	(%)	drivers	No.	(%)
1982	2,892	909	(31.5)	7,188	3,468	(48.2)	9,018	4,646	(51.6)	35,586	12,168	(34.2)
1983	2,840	825	(29.1)	6,707	3,141	(46.8)	8,432	4,269	(50.7)	35,418	11,723	(33.1)
1984	2,989	799	(26.7)	7,057	3,128	(44.3)	8,963	4,393	(49.0)	37,255	11,742	(31.5)
1985	3,063	734	(23.9)	6,596	2,652	(40.2)	9,046	4,156	(45.9)	37,890	11,452	(30.2)
1986	3,583	910	(25.4)	6,887	2,850	(41.4)	9,129	4,313	(47.3)	39,396	12,008	(30.5)
1987	3,606	853	(23.7)	6,587	2,508	(38.1)	8,808	4,004	(45.4)	41,111	12,457	(30.3)
1988	3,472	776	(22.4)	6,943	2,562	(36.9)	8,555	3,935	(46.1)	41,932	12,625	(30.1)
1989	3,134	589	(18.7)	6,537	2,269	(34.7)	7,723	3,475	(45.0)	41,705	12,270	(29.5)
1990	2,882	577	(20.1)	6,170	2,255	(36.6)	7,195	3,230	(44.8)	41,377	12,297	(29.7)
1991	2,650	479	(18.1)	5,570	1,938	(34.8)	6,748	3,003	(44.5)	38,257	10,985	(28.7)
1992	2,644	416	(15.7)	4,759	1,536	(32.2)	6,323	2,594	(41.0)	37,167	10,057	(27.0)
1993	2,654	373	(14.1)	4,830	1,431	(29.6)	6,406	2,527	(39.5)	38,418	9,842	(25.7)
1994	2,910	403	(13.9)	5,047	1,369	(27.1)	6,280	2,346	(37.3)	39,184	9,345	(23.9)

* Drivers with a blood alcohol concentration ≥0.01 g/dL.
† The driver may or may not have been killed in the crash.

Source: Fatal Accident Reporting System, National Highway Traffic Safety Administration.

Alcohol-Related Traffic Fatalities — Continued

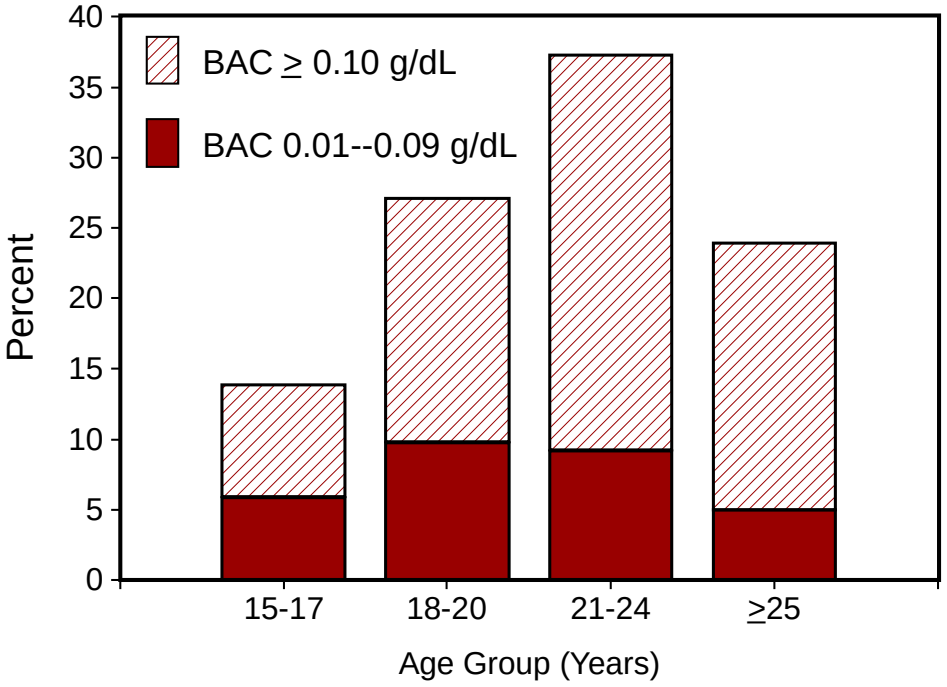
addition, following the rapid decline from 1982 through 1989 in the proportion of alcohol-involved drivers aged 15–17 years, the proportion declined more slowly from 1990 through 1994 (Figure 1).

In 1994, the percentage of alcohol-involved drivers in fatal crashes who were intoxicated increased with age: of persons aged 15–17 years who were alcohol-involved drivers in fatal crashes, 57% were intoxicated, compared with 64% of persons aged 18–20 years, 75% of persons aged 21–24 years, and 79% of persons aged ≥25 years (Figure 2).

Reported by: JB Wright, Office of Alcohol and State Programs, Traffic Safety Programs, National Highway Traffic Safety Administration. Div of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC.

Editorial Note: The findings in this report document that the overall decline in alcohol involvement among drivers in fatal crashes during 1982–1989 (*5*) continued through 1994. However, a substantial proportion of young drivers in fatal crashes had a BAC ≥0.01 g/dL. The decline in alcohol involvement among drivers is consistent with the decline in the number and percentage of all ARTFs in the United States during 1982–1994 (Table 2). However, in 1994, 29% of crash-related deaths among persons aged 15–17 years and 44% of those among persons aged 18–20 years were alcohol-related. In addition, the prevalence of drinking and driving increases substantially among youth and young adults with the frequency of alcohol use and is strongly associated with binge drinking (*1,6*). These findings highlight the need for additional prevention measures targeted specifically to young drivers.

FIGURE 2. Distribution of blood alcohol concentrations (BACs) among alcohol-involved drivers in crashes in which at least one person was killed,* by age group of driver — United States, 1994



*The driver may or may not have been killed in the crash.

Source: Fatal Accident Reporting System, National Highway Traffic Safety Administration.

TABLE 2. Estimated number of total traffic fatalities* and estimated number and percentage of alcohol-related traffic fatalities†, by year and age group — United States, 1982–1994

	Age group											
	15–17 years			18–20 years			21–24 years			≥25 years		
	Total	Alcohol-related		Total	Alcohol-related		Total	Alcohol-related		Total	Alcohol-related	
Year	fatalities	No.	(%)	fatalities	No.	(%)	fatalities	No.	(%)	fatalities	No.	(%)
1982	2,906	1,556	(53.6)	5,602	3,824	(68.2)	6,404	4,593	(71.7)	25,607	14,093	(55.0)
1983	2,748	1,343	(48.8)	5,166	3,405	(65.9)	6,020	4,330	(71.9)	25,378	13,576	(53.5)
1984	2,869	1,354	(47.1)	5,232	3,364	(64.3)	6,293	4,398	(69.9)	26,566	13,675	(51.5)
1985	2,834	1,270	(44.8)	4,829	2,914	(60.3)	6,187	4,182	(67.6)	26,593	13,400	(50.4)
1986	3,399	1,515	(44.6)	5,154	3,127	(60.6)	6,262	4,308	(68.8)	27,863	14,126	(50.7)
1987	3,322	1,400	(42.1)	4,891	2,811	(57.4)	5,917	3,937	(66.5)	28,861	14,563	(50.5)
1988	3,082	1,240	(40.2)	5,200	2,947	(56.7)	5,866	3,936	(67.1)	29,495	14,571	(49.4)
1989	2,797	1,028	(36.8)	4,706	2,511	(53.4)	5,184	3,454	(66.6)	29,578	14,522	(49.2)
1990	2,744	1,027	(37.4)	4,564	2,532	(55.5)	5,049	3,298	(65.3)	29,239	14,448	(49.4)
1991	2,468	833	(33.8)	4,175	2,273	(54.4)	4,782	3,138	(65.6)	27,189	12,908	(47.5)
1992	2,405	750	(31.2)	3,445	1,727	(50.1)	4,298	2,655	(61.8)	26,333	12,044	(45.7)
1993	2,416	708	(29.4)	3,495	1,649	(47.2)	4,400	2,612	(59.4)	26,950	11,782	(43.7)
1994	2,610	752	(28.8)	3,616	1,590	(44.0)	4,229	2,351	(55.6)	27,224	11,225	(41.2)

* Driver or nonoccupant.
† Crash-related deaths in which either a driver or nonoccupant (e.g., pedestrian) had a blood alcohol concentration ≥0.01 g/dL in a police-reported crash.

Source: Fatal Accident Reporting System, National Highway Traffic Safety Administration.

Alcohol-Related Traffic Fatalities

Factors that may have contributed to the decline in both impaired driving and total ARTFs among young persons include prompt license suspension for persons who drive while intoxicated; increasing the minimum drinking age (since 1988, the minimum drinking age has been 21 years in all states); and the initiation of public education, community awareness, and media campaigns about the dangers of alcohol-involved driving (*7*). NHTSA efforts to prevent alcohol-involved driving among youth and young adults include supporting enforcement of minimum drinking age laws; providing grants to states to implement graduated licensing systems that both allow new drivers to accumulate driving experience in low-risk settings and gradually relax restrictions until an unrestricted license is earned (*8*); reducing legally permissible BACs to 0.08 g/dL for drivers aged ≥21 years; promoting "zero-tolerance" laws, which lowers the legal BAC for drivers aged <21 years*; and developing workshops for judges and police officials to address the special problems associated with alcohol-related offenses among youth.

CDC is evaluating the effectiveness of mandatory substance-abuse assessment and treatment to reduce the risk for repeat arrests for driving while impaired among drivers of all ages and the effectiveness of intervention strategies to reduce both alcohol intake and future alcohol-related injuries among young adults hospitalized for motor-vehicle–crash-related injuries. Although additional efforts are necessary to evaluate the effectiveness of interventions to prevent alcohol-impaired driving, the findings in this report indicate the need for intensified measures—including stronger state legislation (e.g., zero-tolerance laws)—to prevent ARTFs among youth and young adults.

References

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*As of November 1995, 27 states and the District of Columbia had established a BAC of ≤0.02 g/dL as the legal limit for intoxication for drivers aged <21 years.

Progress Toward Global Eradication of Dracunculiasis

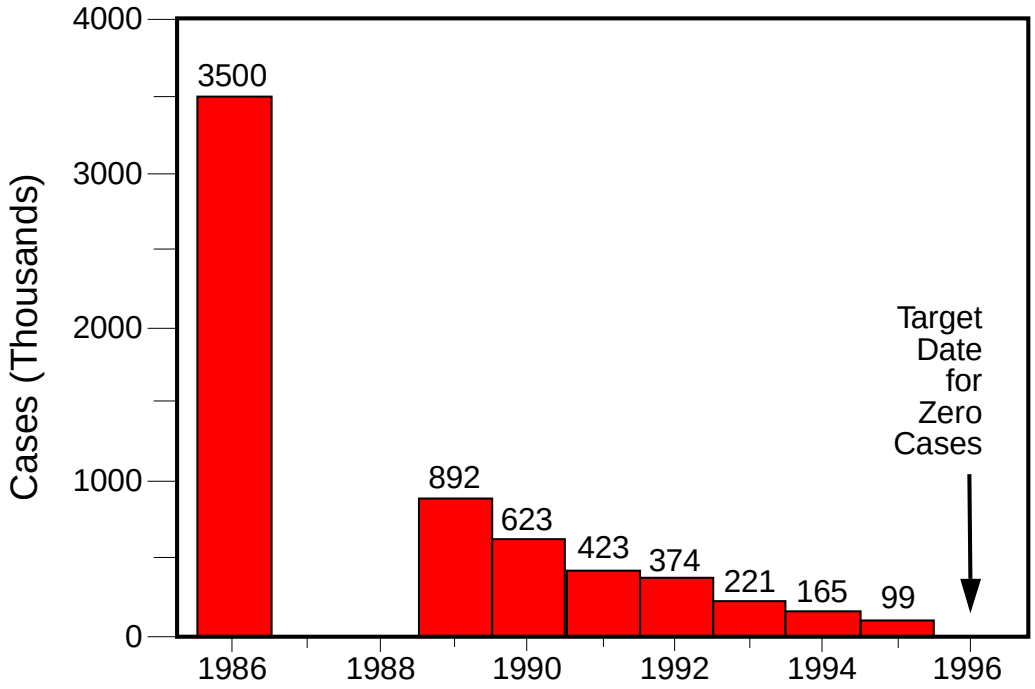
The plan for the global eradication of dracunculiasis (i.e., Guinea worm disease) was developed in October 1980, when dracunculiasis was known to be endemic in 16 African countries, India, and Pakistan. In 1991, the World Health Assembly adopted a resolution to eradicate dracunculiasis by the end of 1995. This report summarizes the substantial progress toward eradication of dracunculiasis since the beginning of this effort.

From 1986 through 1995, the total number of dracunculiasis cases will have declined by 97%, from approximately 3.5 million (*1*) to a projected 100,000 (Figure 1). This decline occurred even though only four of 19 countries began eradication programs before 1990. During January–September 1995, a total of 89,739 cases were reported (Figure 2), a decrease of 32% from the 131,607 cases reported during the same period in 1994 (*2*). In addition, the number of villages with endemic disease decreased from approximately 23,000 in 1992 to approximately 8000 in 1995.

A total of 19 countries reported on cases of dracunculiasis during January–September 1995 (Figure 2). Pakistan has reported no cases since October 1993 (*3*), and Kenya has reported no indigenous cases since April 1994. Local transmission

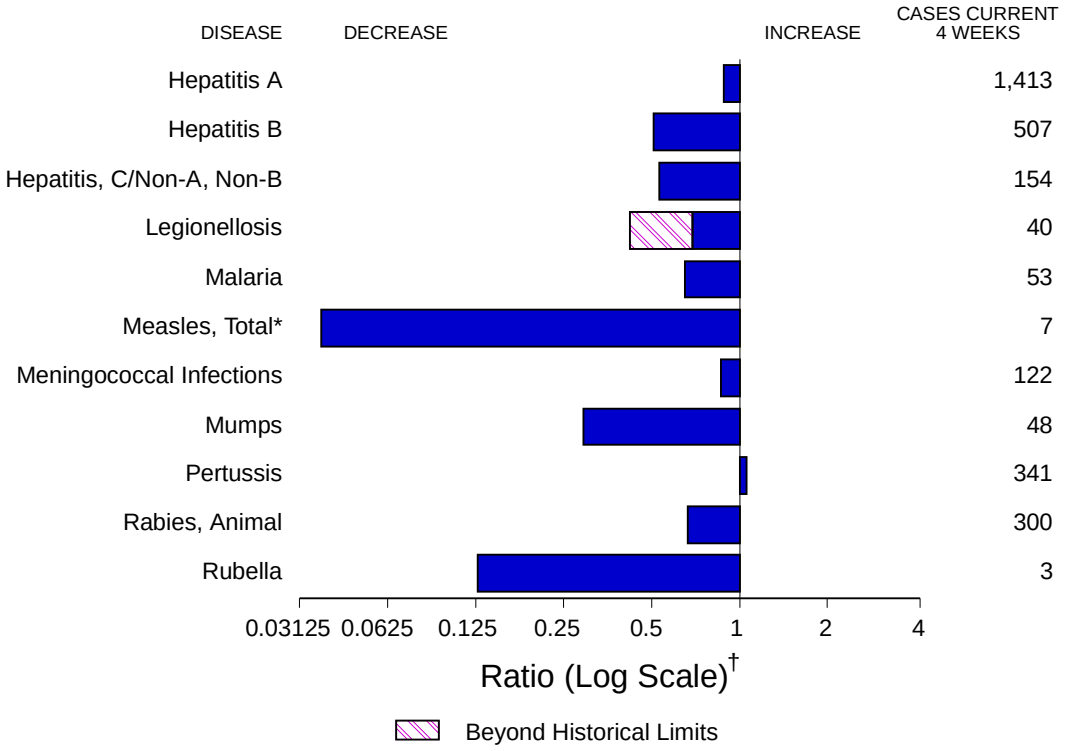
(Continued on page 881)

FIGURE 1. Reported cases of dracunculiasis, by year* — worldwide, 1986†, 1989–1994§ and 1995¶



*Data for 1987 and 1988 were incomplete.
†Reference 1.
§*Weekly Epidemiological Record* global surveillance summaries.
¶Annual estimate based on data reported to the World Health Organization during January–September 1995.

FIGURE I. Notifiable disease reports, comparison of 4-week totals ending November 25, 1995, with historical data — United States



*The large apparent decrease in the number of reported cases of measles (total) reflects dramatic fluctuations in the historical baseline.

†Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary — cases of specified notifiable diseases, United States, cumulative, week ending November 25, 1995 (47th Week)

	Cum. 1995		Cum. 1995
Anthrax	-	Psittacosis	63
Brucellosis	77	Rabies, human	2
Cholera	15	Rocky Mountain Spotted Fever	520
Congenital rubella syndrome	6	Syphilis, congenital, age < 1 year†	469
Diphtheria	-	Tetanus	30
*Haemophilus influenzae**	1,037	Toxic shock syndrome	163
Hansen Disease	118	Trichinosis	26
Plague	7	Typhoid fever	301
Poliomyelitis, Paralytic	-		

*Of 1,013 cases of known age, 241 (24%) were reported among children less than 5 years of age.
†Updated quarterly from reports to the Division of STD Prevention, National Center for Prevention Services. This total through third quarter 1995.
-: no reported cases

TABLE II. Cases of selected notifiable diseases, United States, weeks ending November 25, 1995, and November 26, 1994 (47th Week)

Reporting Area	AIDS*	Gonorrhea		Hepatitis (Viral), by type						Legionellosis	
				A		B		C/NA,NB			
	Cum. 1995	Cum. 1995	Cum. 1994	Cum. 1995	Cum. 1994	Cum. 1995	Cum. 1994	Cum. 1995	Cum. 1994	Cum. 1995	Cum. 1994
UNITED STATES	59,806	310,470	364,653	26,055	22,418	8,707	10,398	3,279	3,688	1,043	1,414
NEW ENGLAND	2,862	5,608	7,520	288	267	189	309	19	133	34	72
Maine	81	78	86	28	24	12	11	-	-	6	5
N.H.	79	102	99	11	16	20	25	12	10	2	-
Vt.	30	59	34	5	12	1	11	-	14	-	-
Mass.	1,245	2,595	2,945	126	96	82	168	-	89	21	51
R.I.	210	485	429	33	25	8	8	7	20	5	16
Conn.	1,217	2,289	3,927	85	94	66	86	-	-	N	N
MID. ATLANTIC	16,251	29,140	40,147	1,562	1,531	1,159	1,404	415	419	173	238
Upstate N.Y.	1,978	3,853	9,757	432	499	357	344	232	201	50	56
N.Y. City	8,425	10,588	14,508	718	596	337	358	1	2	5	7
N.J.	3,885	3,464	4,631	215	264	292	344	143	183	24	40
Pa.	1,963	11,235	11,251	197	172	173	358	39	33	94	135
E.N. CENTRAL	4,463	65,601	74,340	2,773	2,304	912	1,077	238	298	282	402
Ohio	884	18,238	20,229	1,657	897	100	153	15	23	140	185
Ind.	473	7,378	8,170	159	344	206	198	5	9	66	43
Ill.	1,877	18,781	22,408	446	562	182	283	58	78	16	38
Mich.	923	16,127	16,454	340	283	366	355	160	188	30	76
Wis.	306	5,077	7,079	171	218	58	88	-	-	30	60
W.N. CENTRAL	1,415	17,325	20,233	1,687	1,102	538	604	117	83	105	95
Minn.	303	2,609	3,157	173	218	59	57	4	16	6	3
Iowa	91	1,429	1,360	56	57	43	24	12	13	20	30
Mo.	646	9,947	11,147	1,169	563	357	462	75	23	49	38
N. Dak.	6	26	36	24	5	4	-	8	1	4	4
S. Dak.	18	206	211	72	35	2	2	1	-	4	1
Nebr.	93	757	1,060	46	119	29	28	6	13	14	13
Kans.	258	2,351	3,262	147	105	44	31	11	17	8	6
S. ATLANTIC	15,414	94,432	97,009	1,212	1,183	1,325	1,887	315	409	166	336
Del.	266	2,042	1,841	8	22	8	14	-	1	2	31
Md.	2,305	8,524	16,471	206	171	236	316	4	20	30	74
D.C.	894	4,267	6,441	21	23	19	50	-	1	5	7
Va.	1,210	9,244	12,134	191	174	101	122	18	25	18	9
W. Va.	96	599	744	24	21	51	44	43	40	4	4
N.C.	898	21,574	25,361	98	120	273	259	57	53	31	25
S.C.	814	11,079	11,904	44	39	49	31	16	10	30	16
Ga.	1,990	18,404	U	54	39	62	540	13	192	14	110
Fla.	6,941	18,699	22,113	566	574	526	511	164	67	32	60
E.S. CENTRAL	1,922	37,321	42,135	1,725	599	717	1,091	828	842	43	81
Ky.	245	4,417	4,687	40	152	60	73	22	29	10	9
Tenn.	763	12,403	13,884	1,420	275	557	937	804	795	24	43
Ala.	523	14,921	13,452	78	100	100	81	2	18	6	13
Miss.	391	5,580	10,112	187	72	-	-	-	-	3	16
W.S. CENTRAL	5,162	29,012	44,691	4,226	2,840	1,326	1,181	294	294	17	39
Ark.	223	3,406	6,095	576	177	69	24	4	7	1	8
La.	880	9,718	10,846	130	140	199	153	139	166	3	13
Okla.	235	4,883	4,279	1,074	337	202	124	63	54	5	11
Tex.	3,824	11,005	23,471	2,446	2,186	856	880	88	67	8	7
MOUNTAIN	1,827	7,351	9,231	3,753	4,505	713	598	364	419	104	86
Mont.	20	63	84	154	23	21	19	13	13	4	16
Idaho	41	108	79	296	326	80	69	41	67	2	2
Wyo.	13	48	82	101	29	25	23	147	161	12	5
Colo.	571	2,545	3,208	486	520	125	90	54	72	38	18
N. Mex.	148	935	963	729	999	262	191	40	45	4	3
Ariz.	555	2,735	2,972	1,165	1,817	97	75	42	27	9	12
Utah	113	131	263	630	567	65	76	10	18	17	7
Nev.	366	786	1,580	192	224	38	55	17	16	18	23
PACIFIC	10,490	24,680	29,347	8,829	8,087	1,828	2,247	689	791	119	65
Wash.	785	2,381	2,613	756	978	173	212	200	246	20	12
Oreg.	387	364	925	2,133	1,008	109	141	31	41	-	-
Calif.	9,051	20,501	24,355	5,744	5,846	1,521	1,855	454	499	94	50
Alaska	62	627	820	51	200	10	13	2	-	-	-
Hawaii	205	807	634	145	55	15	26	2	5	5	3
Guam	-	66	127	5	23	1	4	-	-	1	1
P.R.	1,967	540	456	86	80	466	361	18	180	-	-
V.I.	30	6	41	-	3	2	8	-	1	-	-
Amer. Samoa	-	35	31	6	9	-	-	-	-	-	-
C.N.M.I.	-	42	46	18	12	13	1	-	-	-	-

N: Not notifiable U: Unavailable -: no reported cases C.N.M.I.: Commonwealth of Northern Mariana Islands

*Updated monthly to the Division of HIV/AIDS Prevention, National Center for Prevention Services, last update October 26, 1995.

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending November 25, 1995, and November 26, 1994 (47th Week)

Reporting Area	Lyme Disease		Malaria		Measles (Rubeola)						Meningococcal Infections		Mumps	
					Indigenous		Imported*		Total					
	Cum. 1995	Cum. 1994	Cum. 1995	Cum. 1994	1995	Cum. 1995	1995	Cum. 1995	Cum. 1995	Cum. 1994	Cum. 1995	Cum. 1994	Cum. 1995	Cum. 1994
UNITED STATES	8,042	11,515	1,131	973	-	257	-	26	283	886	2,641	2,442	738	1,293
NEW ENGLAND	1,803	2,639	47	71	-	8	-	2	10	27	130	118	11	20
Maine	26	26	7	6	-	-	-	-	-	5	10	19	4	3
N.H.	24	28	2	3	-	-	-	-	-	1	23	8	1	4
Vt.	8	16	1	3	-	-	-	-	-	3	11	4	-	-
Mass.	188	190	18	33	-	2	-	1	3	7	42	55	2	3
R.I.	285	455	4	9	-	5	-	-	5	7	-	-	1	3
Conn.	1,272	1,924	15	17	-	1	-	1	2	4	44	32	3	7
MID. ATLANTIC	5,127	7,051	306	203	-	7	-	5	12	222	298	266	105	106
Upstate N.Y.	2,641	4,378	61	48	-	1	-	-	1	26	96	85	25	31
N.Y. City	223	27	163	73	-	2	-	3	5	14	42	32	15	9
N.J.	1,137	1,377	58	48	-	4	-	2	6	173	76	55	13	13
Pa.	1,126	1,269	24	34	-	-	-	-	-	9	84	94	52	53
E.N. CENTRAL	85	516	119	98	-	9	-	4	13	102	362	359	153	234
Ohio	51	43	11	15	-	1	-	1	2	17	108	105	51	68
Ind.	19	18	15	13	-	-	-	-	-	1	65	48	5	7
Ill.	10	23	53	41	-	-	-	2	2	56	81	114	45	101
Mich.	5	25	26	26	-	6	-	1	7	25	68	55	52	44
Wis.	-	407	14	3	-	2	-	-	2	3	40	37	-	14
W.N. CENTRAL	253	279	25	43	-	2	-	-	2	170	177	160	45	65
Minn.	174	150	5	14	-	-	-	-	-	-	27	20	6	4
Iowa	14	16	2	5	-	-	-	-	-	7	30	19	10	16
Mo.	40	98	8	12	-	1	-	-	1	160	73	74	23	40
N. Dak.	-	-	2	1	-	-	-	-	-	-	1	1	1	4
S. Dak.	-	-	2	-	-	-	-	-	-	-	7	9	-	-
Nebr.	3	3	3	5	-	-	-	-	-	2	15	13	4	1
Kans.	22	12	3	6	U	1	U	-	1	1	24	24	1	-
S. ATLANTIC	498	775	229	208	-	11	-	1	12	72	493	355	98	188
Del.	23	105	1	3	-	-	-	-	-	-	6	5	-	-
Md.	282	290	60	76	-	-	-	1	1	4	34	32	20	59
D.C.	2	9	16	14	-	-	-	-	-	-	7	6	-	-
Va.	53	126	52	33	-	-	-	-	-	3	59	65	25	41
W. Va.	22	24	4	-	-	-	-	-	-	37	8	12	-	3
N.C.	70	76	16	11	-	-	-	-	-	3	78	48	16	36
S.C.	16	7	2	5	-	-	-	-	-	-	57	28	11	8
Ga.	14	118	37	33	-	2	-	-	2	4	101	72	10	9
Fla.	16	20	41	33	-	9	-	-	9	21	143	87	16	32
E.S. CENTRAL	45	43	22	31	-	-	-	-	-	28	161	171	17	27
Ky.	9	24	2	11	-	-	-	-	-	-	52	35	-	-
Tenn.	20	13	9	10	-	-	-	-	-	28	39	35	3	8
Ala.	9	6	8	9	-	-	-	-	-	-	39	70	4	10
Miss.	7	-	3	1	-	-	-	-	-	-	31	31	10	9
W.S. CENTRAL	109	121	48	42	-	31	-	3	34	19	321	292	53	226
Ark.	9	8	2	3	-	2	-	-	2	1	30	40	10	6
La.	7	2	5	9	-	17	-	1	18	1	48	39	13	31
Okla.	48	72	1	7	-	-	-	-	-	-	37	32	-	23
Tex.	45	39	40	23	-	12	-	2	14	17	206	181	30	166
MOUNTAIN	12	17	58	32	-	68	-	2	70	165	177	163	25	154
Mont.	-	-	3	-	-	-	-	-	-	-	3	6	1	-
Idaho	-	3	1	2	-	1	-	1	2	1	10	17	3	10
Wyo.	3	5	-	1	-	-	-	-	-	-	7	9	-	3
Colo.	1	1	26	14	-	26	-	-	26	19	45	34	2	4
N. Mex.	1	5	6	3	-	30	-	1	31	-	35	15	N	N
Ariz.	1	-	12	6	-	10	-	-	10	2	53	54	2	96
Utah	1	2	6	4	-	-	-	-	-	134	15	19	11	26
Nev.	5	1	4	2	-	1	-	-	1	9	9	9	6	15
PACIFIC	110	74	277	245	-	121	-	9	130	81	522	558	231	273
Wash.	10	4	21	30	-	16	-	4	20	4	83	85	13	18
Oreg.	13	6	22	16	-	-	-	1	1	2	99	129	N	N
Calif.	87	64	221	183	-	105	-	3	108	61	324	335	195	233
Alaska	-	-	3	2	-	-	-	-	-	10	12	3	13	4
Hawaii	-	-	10	14	-	-	-	1	1	4	4	6	10	18
Guam	-	-	-	-	U	-	U	-	-	228	3	-	3	7
P.R.	-	-	1	5	-	11	-	-	11	11	23	7	2	2
V.I.	-	-	-	-	U	-	U	-	-	-	-	-	2	4
Amer. Samoa	-	-	-	-	-	-	-	-	-	-	-	-	-	3
C.N.M.I.	-	-	1	1	U	-	U	-	-	29	-	-	-	2

*For imported measles, cases include only those resulting from importation from other countries.
N: Not notifiable U: Unavailable -: no reported cases

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending November 25, 1995, and November 26, 1994 (47th Week)

Reporting Area	Pertussis			Rubella			Syphilis (Primary & Secondary)		Tuberculosis		Rabies, Animal	
	1995	Cum. 1995	Cum. 1994	1995	Cum. 1995	Cum. 1994	Cum. 1995	Cum. 1994	Cum. 1995	Cum. 1994	Cum. 1995	Cum. 1994
UNITED STATES	79	3,763	3,675	-	139	211	13,247	18,893	18,028	19,737	6,169	7,063
NEW ENGLAND	7	517	434	-	49	129	239	200	451	447	1,386	1,734
Maine	1	44	18	-	1	-	2	4	12	27	45	-
N.H.	-	46	81	-	1	-	1	4	18	14	140	196
Vt.	-	64	42	-	-	-	-	-	4	8	166	135
Mass.	6	332	252	-	7	124	62	84	251	226	393	666
R.I.	-	4	6	-	-	3	4	13	45	43	307	40
Conn.	-	27	35	-	40	2	170	95	121	129	335	697
MID. ATLANTIC	3	356	595	-	14	7	720	1,259	3,693	4,065	1,174	1,895
Upstate N.Y.	3	200	223	-	5	6	44	158	477	554	458	1,416
N.Y. City	-	33	165	-	8	-	355	555	1,946	2,325	-	-
N.J.	-	14	15	-	1	1	139	218	702	714	310	251
Pa.	-	109	192	-	-	-	182	328	568	472	406	228
E.N. CENTRAL	47	429	541	-	5	9	2,290	2,779	1,766	1,869	89	65
Ohio	4	152	146	-	-	-	787	1,054	255	300	12	4
Ind.	-	58	63	-	1	-	265	231	212	167	12	13
Ill.	-	98	99	-	1	1	820	955	883	941	15	21
Mich.	43	109	90	-	3	8	262	263	348	408	39	12
Wis.	-	12	143	-	-	-	156	276	68	53	11	15
W.N. CENTRAL	-	246	195	-	1	2	670	1,072	513	516	325	202
Minn.	-	127	87	-	-	-	36	43	124	122	23	16
Iowa	-	12	19	-	-	-	43	59	55	56	118	79
Mo.	-	53	42	-	-	2	554	904	203	223	23	24
N. Dak.	-	8	5	-	-	-	-	1	4	9	28	13
S. Dak.	-	12	20	-	-	-	-	2	22	22	86	37
Nebr.	-	11	9	-	-	-	11	11	20	17	5	-
Kans.	U	23	13	U	1	-	26	52	85	67	42	33
S. ATLANTIC	10	319	329	-	25	15	3,406	4,911	2,910	3,416	1,927	1,845
Del.	-	10	3	-	-	-	16	25	46	40	74	61
Md.	2	38	68	-	-	-	180	291	259	311	282	492
D.C.	-	6	8	-	-	-	97	193	94	103	11	2
Va.	6	31	36	-	-	-	540	725	255	292	406	397
W. Va.	-	-	4	-	-	-	10	9	64	73	110	73
N.C.	-	110	79	-	1	-	1,024	1,507	394	447	430	156
S.C.	1	27	13	-	1	-	528	728	286	340	117	165
Ga.	1	29	30	-	-	2	661	745	319	603	259	344
Fla.	-	68	88	-	23	13	350	688	1,193	1,207	238	155
E.S. CENTRAL	1	267	128	-	-	-	3,393	3,567	1,424	1,467	265	212
Ky.	-	24	60	-	-	-	185	192	285	288	28	25
Tenn.	1	205	22	-	-	-	808	957	372	519	90	71
Ala.	-	35	34	-	-	-	598	601	361	395	138	112
Miss.	-	3	12	N	N	N	1,802	1,817	406	265	9	4
W.S. CENTRAL	1	280	185	-	8	13	1,742	4,065	2,572	2,552	521	640
Ark.	1	41	27	-	1	-	97	431	208	225	-	34
La.	-	17	10	-	-	-	950	1,560	105	15	43	63
Okla.	-	31	27	-	-	4	179	136	326	218	28	35
Tex.	-	191	121	-	7	9	516	1,938	1,933	2,094	450	508
MOUNTAIN	7	522	484	-	5	5	206	223	580	506	161	146
Mont.	5	9	10	-	-	-	4	3	10	9	43	21
Idaho	1	95	77	-	-	-	-	1	14	11	3	3
Wyo.	-	1	-	-	1	-	1	2	4	8	25	19
Colo.	-	102	218	-	-	-	100	111	66	70	9	18
N. Mex.	1	134	30	-	-	-	34	21	72	66	6	7
Ariz.	-	149	111	-	3	-	34	44	293	195	49	56
Utah	-	27	35	-	1	4	4	11	37	41	15	13
Nev.	-	5	3	-	-	1	29	30	84	106	11	9
PACIFIC	3	827	784	-	32	31	581	817	4,119	4,899	321	324
Wash.	-	300	106	-	2	-	15	30	217	234	7	15
Oreg.	-	53	99	-	2	4	9	34	66	90	-	13
Calif.	3	415	560	-	24	23	556	746	3,614	4,281	310	263
Alaska	-	1	-	-	-	-	1	3	63	78	4	33
Hawaii	-	58	19	-	4	4	-	4	159	216	-	-
Guam	U	1	2	U	-	1	8	3	38	75	-	-
P.R.	-	14	2	-	-	-	288	290	195	189	46	73
V.I.	U	-	-	U	-	-	2	28	-	-	-	-
Amer. Samoa	-	-	1	-	-	-	-	1	5	4	-	-
C.N.M.I.	U	-	-	U	-	-	12	2	16	30	-	-

U: Unavailable -: no reported cases

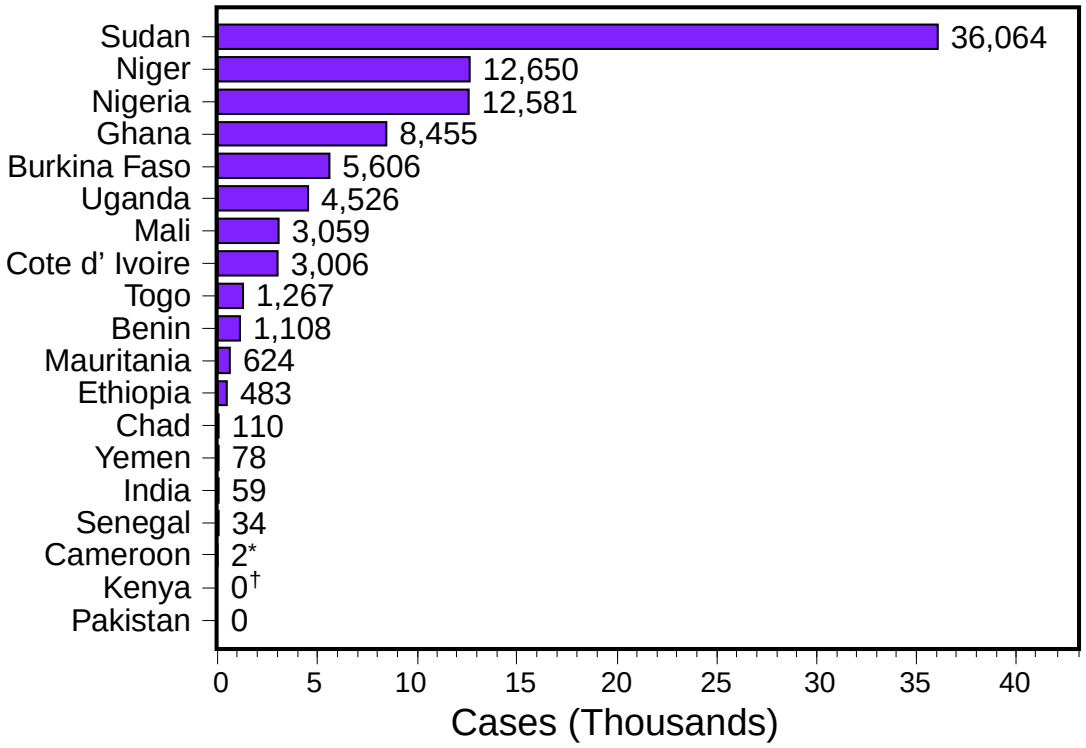
TABLE III. Deaths in 121 U.S. cities,* week ending November 25, 1995 (47th Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	475	333	72	41	13	16	41
Boston, Mass.	146	92	30	11	3	10	18
Bridgeport, Conn.	32	20	7	4	-	1	-
Cambridge, Mass.	22	12	3	4	3	-	1
Fall River, Mass.	24	20	3	1	-	-	-
Hartford, Conn.	50	32	9	5	3	1	-
Lowell, Mass.	30	26	-	4	-	-	3
Lynn, Mass.	5	5	-	-	-	-	1
New Bedford, Mass.	24	23	1	-	-	-	4
New Haven, Conn.	30	21	5	2	-	2	1
Providence, R.I.	U	U	U	U	U	U	U
Somerville, Mass.	6	4	-	2	-	-	-
Springfield, Mass.	39	30	7	1	-	1	8
Waterbury, Conn.	16	13	1	1	-	1	-
Worcester, Mass.	51	35	6	6	4	-	5
MID. ATLANTIC	2,252	1,498	428	262	38	25	117
Albany, N.Y.	50	39	8	3	-	-	4
Allentown, Pa.	31	22	7	1	1	-	2
Buffalo, N.Y.	106	85	13	7	-	1	-
Camden, N.J.	28	13	10	4	1	-	-
Elizabeth, N.J.	14	13	1	-	-	-	2
Erie, Pa.§	32	27	1	3	1	-	1
Jersey City, N.J.	30	19	6	2	3	-	-
New York City, N.Y.	1,253	782	266	174	15	16	42
Newark, N.J.	65	32	20	12	1	-	11
Paterson, N.J.	14	9	3	1	1	-	2
Philadelphia, Pa.	300	206	48	32	10	3	14
Pittsburgh, Pa.§	46	35	3	6	-	2	5
Reading, Pa.	10	7	2	1	-	-	3
Rochester, N.Y.	86	68	13	3	2	-	14
Schenectady, N.Y.	21	18	2	-	1	-	2
Scranton, Pa.§	27	20	4	3	-	-	3
Syracuse, N.Y.	82	62	10	7	1	2	9
Trenton, N.J.	39	27	8	2	1	1	3
Utica, N.Y.	18	14	3	1	-	-	-
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	1,802	1,178	363	157	55	48	134
Akron, Ohio	28	19	6	-	1	2	-
Canton, Ohio	29	24	4	1	-	-	3
Chicago, Ill.	435	258	95	55	15	11	32
Cincinnati, Ohio	87	55	22	5	2	3	12
Cleveland, Ohio	154	91	39	11	4	9	2
Columbus, Ohio	172	110	31	21	4	6	13
Dayton, Ohio	90	63	17	4	2	4	5
Detroit, Mich.	159	96	38	16	6	3	8
Evansville, Ind.	39	31	5	1	1	1	1
Fort Wayne, Ind.	40	29	8	2	1	-	7
Gary, Ind.	15	6	3	2	3	1	-
Grand Rapids, Mich.	52	38	6	3	1	4	5
Indianapolis, Ind.	128	70	35	15	6	2	23
Madison, Wis.	41	29	8	4	-	-	1
Milwaukee, Wis.	88	63	16	7	1	1	4
Peoria, Ill.	40	30	9	1	-	-	3
Rockford, Ill.	35	31	3	-	1	-	4
South Bend, Ind.	25	18	5	1	1	-	2
Toledo, Ohio	102	82	10	5	4	1	8
Youngstown, Ohio	43	35	3	3	2	-	1
W.N. CENTRAL	655	445	121	52	12	18	33
Des Moines, Iowa	47	37	4	1	2	3	3
Duluth, Minn.	24	15	9	-	-	-	-
Kansas City, Kans.	30	19	4	5	2	-	1
Kansas City, Mo.	87	55	16	5	1	3	5
Lincoln, Nebr.	22	18	4	-	-	-	1
Minneapolis, Minn.	206	132	48	18	3	5	16
Omaha, Nebr.	68	51	9	4	-	4	3
St. Louis, Mo.	78	53	11	9	3	2	-
St. Paul, Minn.	33	22	6	4	1	-	3
Wichita, Kans.	60	43	10	6	-	1	1
S. ATLANTIC	1,156	713	243	151	31	18	80
Atlanta, Ga.	144	77	37	24	3	3	8
Baltimore, Md.	249	153	47	34	11	4	25
Charlotte, N.C.	101	61	26	9	3	2	8
Jacksonville, Fla.	99	64	22	12	1	-	8
Miami, Fla.	102	60	24	14	4	-	-
Norfolk, Va.	54	30	14	8	1	1	4
Richmond, Va.	43	28	7	5	1	2	2
Savannah, Ga.	46	34	7	5	-	-	10
St. Petersburg, Fla.	65	47	9	8	-	1	5
Tampa, Fla.	150	105	28	12	4	1	6
Washington, D.C.	84	40	20	17	3	4	4
Wilmington, Del.	19	14	2	3	-	-	-
E.S. CENTRAL	717	478	142	51	24	18	52
Birmingham, Ala.	91	57	14	10	5	4	3
Chattanooga, Tenn.	49	31	12	3	2	1	-
Knoxville, Tenn.	74	52	14	5	3	-	4
Lexington, Ky.	61	43	15	3	-	-	7
Memphis, Tenn.	221	141	48	16	8	8	23
Mobile, Ala.	78	52	16	7	1	2	5
Montgomery, Ala.	39	29	6	3	-	1	-
Nashville, Tenn.	104	73	17	4	5	2	10
W.S. CENTRAL	1,011	648	188	116	39	20	71
Austin, Tex.	48	31	7	7	3	-	4
Baton Rouge, La.	17	14	2	1	-	-	-
Corpus Christi, Tex.	32	21	5	3	1	2	3
Dallas, Tex.	152	90	32	20	5	5	6
El Paso, Tex.	80	52	17	6	4	1	12
Ft. Worth, Tex.	51	34	12	4	-	1	1
Houston, Tex.	222	137	42	28	12	3	18
Little Rock, Ark.	55	38	6	6	2	3	7
New Orleans, La.	93	55	18	15	3	2	-
San Antonio, Tex.	117	83	15	13	4	2	10
Shreveport, La.	48	33	9	5	-	1	5
Tulsa, Okla.	96	60	23	8	5	-	5
MOUNTAIN	700	438	147	67	35	12	52
Albuquerque, N.M.	64	43	9	8	4	-	-
Colo. Springs, Colo.	U	U	U	U	U	U	U
Denver, Colo.	140	78	33	18	8	3	17
Las Vegas, Nev.	115	67	30	12	6	-	3
Ogden, Utah	17	12	4	1	-	-	4
Phoenix, Ariz.	119	69	22	17	3	7	12
Pueblo, Colo.	18	12	5	1	-	-	2
Salt Lake City, Utah	115	77	19	6	12	1	8
Tucson, Ariz.	112	80	25	4	2	1	6
PACIFIC	840	587	135	78	23	17	83
Berkeley, Calif.	12	7	3	1	-	1	2
Fresno, Calif.	55	42	6	4	1	2	6
Glendale, Calif.	U	U	U	U	U	U	U
Honolulu, Hawaii	57	39	15	1	2	-	8
Long Beach, Calif.	60	42	14	4	-	-	7
Los Angeles, Calif.	U	U	U	U	U	U	U
Pasadena, Calif.	18	15	1	-	1	1	3
Portland, Oreg.	116	84	16	10	4	2	7
Sacramento, Calif.	U	U	U	U	U	U	U
San Diego, Calif.	79	50	14	11	2	2	9
San Francisco, Calif.	84	57	13	13	-	1	12
San Jose, Calif.	123	93	16	9	3	2	10
Santa Cruz, Calif.	31	22	5	2	2	-	2
Seattle, Wash.	84	49	16	10	6	3	1
Spokane, Wash.	56	41	6	7	1	1	11
Tacoma, Wash.	65	46	10	6	1	2	5
TOTAL	9,608¶	6,318	1,839	975	270	192	663

*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.
†Pneumonia and influenza.
§Because of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.
¶Total includes unknown ages.
U: Unavailable -: no reported cases

Dracunculiasis — Continued

FIGURE 2. Indigenous cases of dracunculiasis, by country — Africa and Asia, January–September 1995



*Reported six imported cases.
†Reported 21 imported cases.

appears to have been interrupted in Cameroon (from which two indigenous cases were reported in 1995), India (59 cases), and Senegal (33 cases). Chad, Ethiopia, Mauritania, and Yemen each are projected to report <800 cases in 1995. Dracunculiasis remains most endemic in Niger, Nigeria, and Sudan; these countries accounted for 68% of reported cases (*4,5*).

By September 1995, all countries with endemic disease were implementing the "case-containment" strategy (*6,7*) in which village-based health workers (VBHWs) attempt to detect each person with an infection and initiate control measures within 24 hours of emergence of the worm. As of July 1995, workers in approximately 80% of villages with known endemic disease had been trained and provided with resources for implementing this strategy, compared with 52% in December 1994. From January through September 1995, approximately 33% of reported cases had been contained, although the criteria used to measure such containment varied among the countries. In addition, trained VBHWs are present in approximately 90% of villages with endemic disease. Except in Sudan, most villages with endemic disease provide monthly reports of cases of dracunculiasis. Because Abate®* (temephos) is not suitable for use in all affected villages, only approximately 15% of villages with endemic disease are using this intervention for vector control.

*Use of trade names and commercial sources is for identification only and does not imply endorsement by the Public Health Service or the U.S. Department of Health and Human Services.

Dracunculiasis — Continued

Reported by: Global 2000, The Carter Center, Atlanta. Dracunculiasis Eradication Unit, Div of Control of Tropical Diseases, World Health Organization. World Health Organization Collaborating Center for Research, Training, and Eradication of Dracunculiasis, Div of Parasitic Diseases, National Center for Infectious Diseases, CDC.

Editorial Note: Most national programs for eradicating dracunculiasis can rapidly detect and contain residual cases. The findings in this report indicate that, because of intensified surveillance and case-containment efforts during 1995, the number of incident cases should be reduced even further during 1996.

Although the primary target dates for both the global Smallpox Eradication Program and the regional Polio Eradication Program in the Americas were not achieved (1976 and 1990, respectively), these programs succeeded in eradication within 10 and 8 months of the goals, respectively. In the absence of a specific therapy to cure the infection and because of the prolonged incubation period (12 months), eradication of dracunculiasis is likely to be delayed even more beyond the target date. Factors associated with the duration to eradication include the willingness of countries to intensify their commitment and the timely deployment of appropriate technical, financial, and diplomatic resources.

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Increasing Morbidity and Mortality Associated with Abuse of Methamphetamine — United States, 1991–1994

Methamphetamine (also known as "speed," "crystal," "crank," "go," and "ice") is the most widely illegally manufactured, distributed, and abused type of amphetamine, a class of stimulant drugs. An estimated 4 million persons in the United States have abused methamphetamine at least once (*1*). Information from several sources—including medical examiners, hospital emergency departments (EDs), substance-abuse–treatment facilities, and community epidemiologists—suggests a recent increase in morbidity and mortality associated with abuse of methamphetamine in the United States, primarily in the West but also in the South and Midwest. To characterize trends in methamphetamine-associated morbidity and mortality during 1991–1994, the Substance Abuse and Mental Health Services Administration (SAMHSA) compiled

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and analyzed data from the Drug Abuse Warning Network (DAWN) and the Treatment Episode Data Set (TEDS). This report summarizes the results of these analyses.

DAWN

DAWN comprises 1) data on drug-abuse–related deaths reported by medical examiners in participating metropolitan areas (42 in 1994) (*2*) and 2) data on drug-related episodes from a national probability sample of participating hospital EDs (496 in 1994) (*3,4*).

From 1991 to 1994, the number of methamphetamine-related deaths reported by medical examiners nearly tripled from 151 to 433 (Table 1). The number of methamphetamine-related deaths increased by 850% in Phoenix, 238% in San Diego, 144% in San Francisco, and 113% in Los Angeles. In 1994, most of the 433 decedents were aged 26–44 years (284 [66%]), male (345 [80%]), and white (343 [80%]). Nearly all the deaths (398 [92%]) involved methamphetamine in combination with at least one other drug, most often alcohol (128 [30%]), heroin (98 [23%]), or cocaine (92 [21%]).

Methamphetamine-related ED episodes more than tripled from 4900 in 1991 to 17,400 in 1994; the largest percentage increases occurred in Phoenix, Denver, Minneapolis/St. Paul, and Seattle (Table 2). In addition, methamphetamine-related ED episodes increased in cities in the South and Midwest, including Atlanta, St. Louis, and Dallas. The numbers of methamphetamine-related ED episodes increased 267% among males (from 3057 to 11,214) and 238% among females (from 1810 to 6123).

TEDS

TEDS comprises data about client admissions to specialty (primarily publicly funded) substance-abuse–treatment facilities (*5*).

For both 1992 and 1993, a total of 42 states and the District of Columbia reported data on the number of admissions for publicly funded substance-abuse treatment, for which methamphetamine was mentioned as the primary drug of abuse. In these states, the number of admissions increased 43%, from 13,886 in 1992 to 19,797 in

TABLE 1. Number of deaths associated with methamphetamine abuse,* by year — selected U.S. metropolitan areas, 1991–1994

Metropolitan area	1991	1992	1993	1994	Total
Los Angeles	63	55	126	134	**378**
San Diego	34	71	77	115	**297**
San Francisco	27	31	54	66	**178**
Phoenix	8	16	37	76	**137**
Philadelphia	10	18	25	17	**70**
Dallas	2	7	5	9	**23**
St. Louis	2	1	5	7	**15**
Other†	5	6	6	9	**26**
Total	**151**	**205**	**335**	**433**	**1124**

*Excludes deaths in which acquired immunodeficiency syndrome was reported, deaths in which "drug unknown" was the only substance mentioned, and homicides.

†The following metropolitan areas each reported ≤10 deaths during 1991–1994: Atlanta; Baltimore; Buffalo; Chicago; Cleveland; Denver; Detroit; Indianapolis; Kansas City; Miami; Minneapolis; New Orleans; New York; Newark; Norfolk; San Antonio; Seattle; and Washington, D.C.

Source: Drug Abuse Warning Network, Office of Applied Studies, Substance Abuse and Mental Health Services Administration.

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TABLE 2. Estimated number and rate* of methamphetamine-related emergency department episodes — United States and selected U.S. metropolitan areas, 1991–1994

Metropolitan area	1991		1992		1993		1994		1991 to 1994	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	% Change	p value
Total U.S.	**4887**	**2.2**	**6563**	**2.9**	**9926**	**4.3**	**17,397**	**7.6**	**+256**	**0.01**
Phoenix	164	8.6	279	14.5	481	24.7	770	39.3	+370	<0.01
Denver	38	2.6	31	2.1	55	3.7	143	9.5	+276	<0.01
Minneapolis/ St. Paul	22	1.0	42	1.9	42	1.9	69	3.0	+214	0.01
Seattle	90	5.0	99	5.5	177	9.6	259	14.0	+188	<0.01
Los Angeles/ Long Beach	506	6.4	828	10.3	1227	15.2	1418	17.4	+180	<0.01
Atlanta	38	1.5	21	0.8	55	2.1	100	3.8	+163	0.01
St. Louis	27	1.2	15	0.7	29	1.3	54	2.4	+100	0.03
San Diego	515	22.9	931	41.1	929	40.6	966	42.1	+ 88	<0.01
Dallas	99	4.3	68	2.9	79	3.4	155	6.6	+ 57	<0.01
San Francisco	839	56.5	688	45.8	992	65.3	1150	75.4	+ 37	<0.01
Philadelphia	92	2.1	142	3.2	110	2.4	86	1.9	– 7	0.83
Other†	154	NA§	105	NA	122	NA	126	NA	– 18	

*Per 100,000 population.
†The following metropolitan areas each reported <100 cases during 1991–1994: Baltimore; Boston; Buffalo; Chicago; Detroit; Miami/Hialeah; New Orleans; New York; Newark; and Washington, D.C.
§Not available.

Source: Drug Abuse Warning Network, Office of Applied Studies, Substance Abuse and Mental Health Services Administration.

1993. Increases occurred in 23 of the 29 states with ≥10 methamphetamine-related admissions in both years. Most (15,695 [80%]) reported admissions for treatment of primary methamphetamine abuse were from California, followed by Nevada (630), Hawaii (482), and Colorado and Washington (444 each). The percentage increases from 1992 to 1993 were greatest in Washington (179 to 444 [148%]), Utah (66 to 154 [133%]), Minnesota (102 to 232 [128%]), and Idaho (77 to 166 [116%]). In addition, among metropolitan areas, percentage increases were greatest in Minneapolis/ St. Paul (62 to 152 [145%]), Los Angeles (655 to 1245 [90%]), Seattle (67 to 118 [76%]), and San Diego (1601 to 2253 [41%]). The primary reported routes of methamphetamine administration were "snorting" in Los Angeles and San Diego and injection in Denver, San Francisco, and Seattle.

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Editorial Note: Methamphetamine is often abused with other drugs (e.g., alcohol, cocaine, or heroin) and can be "snorted," injected, or smoked. One mode of administration may dominate in a particular area (*6*). Methamphetamine abusers have reported physical symptoms that include weight loss, tachycardia, tachypnea, hyperthermia, insomnia, and muscle tremors. The behavioral and psychiatric symptoms reported most often include violent behavior, repetitive activity, memory loss, paranoia, auditory hallucinations, and confusion or fright (*7*).

The analyses in this report document recent dramatic increases in methamphetamine-related deaths, ED episodes, and persons seeking treatment for

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methamphetamine abuse. In comparison, during 1979–1982, cocaine-related ED episodes increased 134% (from 5300 to 12,400), and by 1994, the number of episodes increased to 142,400. However, in some areas, methamphetamine is more popular than cocaine, possibly because of its increasing availability in many western cities, relatively inexpensive cost, more immediate and sustained effect than powdered cocaine or crack, and multiple routes of administration (i.e., injection, "snorting," ingestion, and smoking). In addition, unlike cocaine and marijuana, methamphetamine is relatively easily manufactured in large quantities from materials available in the United States or obtained from abroad.

The findings in this report are subject to at least three limitations. First, drug-abuse–related deaths included in DAWN are reported by medical examiner facilities in selected metropolitan areas and are not representative of all such deaths that occur in the United States. Second, only cases that resulted in death and subsequently were identified as drug-abuse–related by a medical examiner facility were reported. In addition, procedures used to identify drug-abuse–related deaths and their associated drugs may vary by facility. Third, TEDS included reports primarily from publicly funded treatment facilities, which account for approximately half of all admissions to substance-abuse treatment in the United States. Only 45 states participate in TEDS, and some participating states do not separately identify abusers of methamphetamine from those of other stimulants.

In addition to the direct adverse health effects of methamphetamine, other risks may be associated with abuse of this drug. For example, based on data for June 1990–March 1993 from 11 city and state health departments, 16% of 1147 drug injectors with human immunodeficiency virus (HIV) infection or acquired immunodeficiency syndrome (AIDS) reported amphetamine as the primary drug injected (*8*). The proportion of drug injectors with HIV infection or AIDS who reported amphetamines as their primary drug varied substantially by location and were highest at sites in the West (Washington, 56%; Denver, 31%; Arizona, 25%; and Los Angeles, 23%). In all regions of the United States, men having sex with men were substantially more likely than heterosexuals to report amphetamines as the primary drug they injected (*8*). These variations and the findings in this report indicate the importance of evaluating local drug-abuse patterns for planning prevention and treatment services.

SAMHSA reports are available to Internet users through ftp://ftp.samhsa.gov and http://www.samhsa.gov, and on the following bulletin boards: The University of Maryland's CESAR, CSAP's PREVLINE, and CompuServe's Public Health Forum. SAMHSA reports also may be obtained from the Office of Applied Studies, RM16C-06, 5600 Fishers Lane, Rockville, MD 20857; telephone (301) 443-7980.

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Alcohol Involvement in Fatal Motor-Vehicle Crashes — United States, 1993–1994

The following figure compares alcohol involvement in fatal motor-vehicle crashes for 1993 and 1994. A fatal crash is considered alcohol-related by the National Highway Traffic Safety Administration (NHTSA) if either a driver or nonoccupant (e.g., pedestrian) had a blood alcohol concentration (BAC) of ≥0.01 g/dL in a police-reported traffic crash. Because BACs are not available for all persons in fatal crashes, NHTSA estimates the number of alcohol-related traffic fatalities based on a discriminant analysis (*1*) of information from all cases for which driver or nonoccupant BAC data are available.

Overall, the number of alcohol-related traffic fatalities decreased 4.9% from 1993 to 1994. Moreover, for BACs of ≥0.10 g/dL, the legal limit of intoxication in most states, the number decreased by 6.1%.

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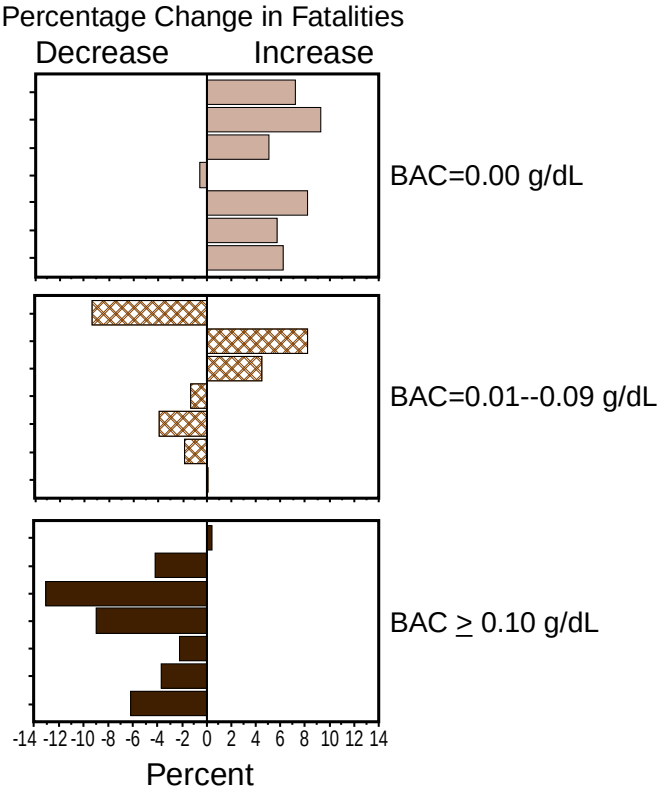
Fatal Motor-Vehicle Crashes — Continued

Changes in the number and percentage of traffic fatalities (including drivers, occupants, and nonoccupants), by age group and highest blood alcohol concentration (BAC)* of driver† or nonoccupant in crashes — United States, January 1–December 31, 1993, compared with January 1–December 31, 1994

Age (Yrs)	1993	1994
0-14§	2,112	2,264
15-20	3,554	3,883
21-24	1,788	1,878
25-34	3,102	3,086
35-64	6,487	7,016
≥65	5,579	5,896
Total¶	**22,622**	**24,023**
0-14	214	194
15-20	699	756
21-24	465	486
25-34	780	769
35-64	991	952
≥65	335	329
Total	**3,484**	**3,486**
0-14	423	425
15-20	1,657	1,587
21-24	2,147	1,865
25-34	4,099	3,730
35-64	4,846	4,742
≥65	731	704
Total	**13,903**	**13,053**



*BAC distributions as estimates for drivers and nonoccupants involved in fatal crashes. Fatalities include all occupants and nonoccupants who died within 30 days of a motor-vehicle crash on a public roadway and whose age was known.

†Driver may or may not have been killed.

§Although usually too young to drive legally, persons in this age group are included for completeness of the data set.

¶The total number of fatalities for each BAC category is rounded to the nearest whole number.

Source: Fatal Accident Reporting System, National Highway Traffic Safety Administration.

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