

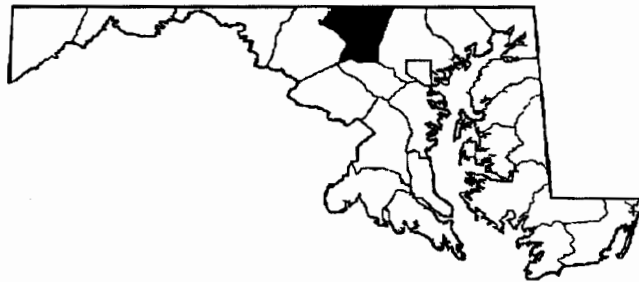
Drug Early Warning System

Working Together to Identify Emerging Drug Trends in Maryland

Juvenile Offender Population Urinalysis Screening Program (OPUS)

Intake Study

Findings from Carroll County



November 1999 - Revised

CESAR
Center for Substance Abuse Research
University of Maryland
4321 Hartwick Road, Suite 501
College Park, MD 20740
301-403-8329 Fax: 301-403-8342

Juvenile OPUS is a component of the DEWS Program. Juvenile OPUS and other findings are disseminated in DEWS Faxes. The DEWS Fax is published monthly. To receive DEWS Faxes, please contact CESAR: 301-403-8329, 1-877-234-DEWS (toll-free), 301-403-8342 (fax), dews@cesar.umd.edu, www.cesar.umd.edu/dews.htm.

Supported by the Cabinet Council on Criminal and Juvenile Justice, Lt. Governor Kathleen Kennedy Townsend, Chair, and the Governor's Office of Crime Control & Prevention.

Juvenile Offender Population Urinalysis Screening (OPUS)

PROJECT OVERVIEW

Juvenile OPUS is one component of Maryland's Drug Early Warning System (DEWS), an initiative of the Cabinet Council on Criminal and Juvenile Justice, Lt. Governor Kathleen Kennedy Townsend, Chair. DEWS is supported by a grant from the Governor's Office of Crime Control & Prevention.

The Juvenile OPUS Study was implemented by the Center for Substance Abuse Research (CESAR) in June 1998 as a urinalysis monitoring program for juveniles processed by the Department of Juvenile Justice (DJJ). The project goals are to monitor changes in drug use and to identify emerging drugs of abuse among the juvenile offender population.

The Juvenile OPUS Project takes place in two venues: Intake and Detention. The Intake Study obtains interviews and urine specimens from youth being assessed in DJJ county offices. Twice a year the Detention Study obtains urine specimens only from youths newly admitted to DJJ's five detention facilities.

This report presents results from the Intake Study conducted in Carroll County between May 1999 and July 1999.

OPUS is designed to provide insight into emerging drug trends among the juvenile offender population. It should be noted that OPUS drug use patterns may not be typical of the general youth population. However, prior research has indicated that offender urinalysis results provide advance warning of drug epidemics in the general population.

METHOD

- Interviewers requested informed consent from youths (intake referrals and probationers) and their parents.
- Interviewers administered a 10-15 minute, semi-structured interview. The interview provided youths the opportunity to talk about drug use by their peers and in their communities. Youths were not asked about their own drug use.
- A voluntary and anonymous urine specimen was also collected and screened for 10 drugs: amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, phencyclidine (PCP), and propoxyphene. The amphetamine-positive tests were confirmed for amphetamines and methamphetamines.
- A candy bar was offered to respondents as an incentive for participation.

FINDINGS

Response Rates

- Of the 99 youths approached, 100% agreed to be interviewed.
- 67% (46 males, 20 females) of the interviewed juveniles provided a urine specimen.

Urine Test Results

- Males were more likely to test positive for any drug than females, 30% vs. 20% (Table 1).
- Males were more likely to test positive for marijuana and amphetamines; females were more likely to test positive for opiates (Table 1).
- Five youths tested positive for amphetamines. One of the youths was a 15-year-old male charged with assault with a deadly weapon. Another youth was a 16-year-old male charged with theft. The third youth was a 15-year-old male charged with drug possession. A fourth youth was a 17-year-old male charged with possession of alcohol and theft. The last youth who tested positive for amphetamines was an 11-year-old male charged with assault who stated he was taking the prescription medications Adderall and Serzone.
- Two youths tested positive for cocaine. One was a 17-year-old male charged with theft; the other was a 15-year-old male charged with a tobacco violation.
- One youth tested positive for opiates. The youth was an 18-year-old female charged with possession of a controlled dangerous substance.
- One youth tested positive for both cocaine and opiates. The youth was a 15-year-old female charged with second-degree assault.

Table 1
Urine Test Results, by Gender

	Males (N=46)		Females (N=20)		Total (N=66)	
	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>	<u>f</u>	<u>%</u>
<u>Positive For:</u>						
Marijuana	9	20%	2	10%	11	17%
Cocaine	2	4%	1	5%	3	5%
Opiates	0	0%	2	10%	2	3%
Amphetamines	5	11%	0	0%	5	8%
Any Drug (of 10)	14	30%	4	20%	18	27%

Note: Urine specimens were analyzed for 10 drugs: amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, PCP, and propoxyphene. The amphetamine-positive tests were confirmed for amphetamines, methamphetamines, and phenylpropanolamine.

Source: Center for Substance Abuse Research (CESAR), University of Maryland, College Park, Juvenile OPUS Intake Study Report, November 1999-Revised.

What Carroll County Youths Are Saying about Emerging Drugs

One of the driving forces behind the creation of DEWS was a series of heroin overdoses among youths in Carroll County and the resulting concern about a potential heroin outbreak in the area (*DEWS Fax*, Volume 1, Issue 8). Interviews with youth suggest varied perceptions of the heroin problem:

Heroin use is increasing:

- “The trendy drug is heroin.” (17-year-old male)
- “It’s like an epidemic...everyone thinks it is cool.” (19-year-old female)
- “Everyone used to smoke weed; now they all use heroin.” (14-year-old male)
- “Heroin - 50/50 - snort and shoot...move to shooting when snorting isn’t good enough.” (17-year-old male)
- “Heroin made a really bad comeback. It’s the most popular drug because once you do it, you’re hooked for life, unless you get out. I lost five friends—overdosed. Even when you go to funerals, you still go out after and get high—it’s the worst drug anyone can do.” (18-year-old female)

Heroin use is decreasing:

- “People are scared.” (17-year-old male)
- “Heroin use is going down...no one really wants to mess with it.” (15-year-old male)
- “Heroin isn’t as big a problem now; it was a big problem last year.” (16-year-old female)
- “Never noticed any heroin use. Heard of one overdose...Heroin has a trash reputation.” (18-year-old male)

It is noteworthy that while there were conflicting perceptions of heroin use trends in Carroll County, 3% of juvenile offenders in this study tested positive for opiates.

Emerging drugs

Youths in Carroll County reported ecstasy, LSD, and amphetamines as drugs emerging in their schools and communities.

Ecstasy

- “Ecstasy makes its rounds every couple of years around here. It’s making a bigger comeback than normal.” (16-year-old female)
- “...Cut with heroin, cocaine, acid—mostly heroin. If it’s brown, then there’s heroin in it. ‘X’ pills come in tie-dye, brown, white, has designs on it—*Mercedes, Mitsubishi, Elephants*, lots of different stuff.” (17-year-old male)
- “‘E’, because everyone here goes to try it and it is great...Someone says, ‘Here try this’ and boom, it was awesome...’E’ is used in the experimentation context. But you can be an addict. It got everything in it: meth, dope, K, coke. It’s dangerous.” (17-year-old male)
- “Pills go for \$25. Some names of pills are *Tweety Bird, Rolls Royce, 007*. A lot of people are using ecstasy (ages 15-21), not just at raves...lots of different people, when they’re at someone’s house or something.” (17-year-old male)

LSD

- “Gel tabs and sugar cubes are big—sugar cubes get double- or triple-dipped. Acid is known as *Blotter, Comic Book, Aeon Flux*.” (17-year-old male)
- “Most do it on their tongue, or put it in their eye after using for a long time. Cubes used to be real popular...\$5 single dip, \$7 double dip.” (14-year-old female)
- “LSD is big now. People come up to me in school and say, ‘I’m trippin.’” (17-year-old male)

Amphetamines

- “Crystal meth, ‘K’, and ‘E’ are all raver drugs...Raves in Baltimore, with dealers in Baltimore. *Glass* is the purest form of crystal without any cut...If you shoot it, it’s lethal...it damages your heart.” (18-year-old female)
- “Crystal meth...when I used to live in Carroll County, there was a lot of it. Reisterstown and Westminster is where to get crystal meth, the rave scene...party. A lot of kids real desperate and ready to do anything—rob, steal trick.” (19-year-old female)
- “I know a lot of people that do meth...The people I know who use meth been into drugs for a couple of years. Go into mood swings. Be cool, and then an ass.” (17-year-old male)

New drugs mentioned by youth

Special K (animal tranquilizer, *DEWS Alert*, Special Edition, June 1999); Shrooms (psychedelic mushrooms); PTT2 (18-hour high described as similar to ecstasy).

FINDINGS FROM INTERVIEWS

This section presents juvenile offenders' perceptions of drug use by youths in their schools, neighborhoods, and communities. Drugs are listed in order of those most to least frequently discussed by youths.

Marijuana

Marijuana was reported to be the most popular drug in Calvert County. Youths stated that the strongest type is *Kind Bud* and costs \$120 an ounce, and the regular type, called *Schwag*, costs \$100 an ounce. There was little consensus in opinion about marijuana use before or during school. Several youths considered age 12 to be the youngest starting point for regular use, but youths as young as seven may have tried smoking marijuana. Many youths mentioned that marijuana is frequently mixed with drugs such as PCP, cocaine, GHB, and crystal methamphetamine. In discussion of drug mixing, marijuana's popularity was emphasized. One youth stated, "Marijuana is always involved; even when you are doing other drugs, it's there" (17-year-old male).

Ecstasy (MDMA)

Ecstasy was also reported to be available and fairly easy to get, but beyond that information, opinions varied widely. One youth said it was more commonly used by Calvert County youths at rave parties in Washington, D.C. Another youth claimed, "There was a time when it first came out where people were rolling in clubs, and then it changed and came into neighborhood parties." According to information from several interviews, users were most likely to be at least 14 to 17. They were likely to use at dance clubs and parties, but less frequently at school. They were likely to spend \$15-\$25 per pill. Many interviewees believed users were of equally mixed genders and ethnicities. Some youths mentioned that they had heard of an ecstasy pill with the Pokeman character Pikachu pictured that could kill users with one hit. Several youths discussed mixing ecstasy with other drugs. It was believed that ecstasy is cut with heroin, cocaine, rat poison, and mescaline. Also, ecstasy is often taken alongside ketamine, marijuana, or LSD (known as "candy flipping"), or psychedelic mushrooms (known as "hippy flipping"), but not with alcohol (17-year-old male).

Powder and Crack Cocaine

According to one respondent, cocaine use was not as widespread as marijuana and ecstasy use in Calvert County. Others stated that crack is even less popular than powder cocaine among peers. Crack cocaine users were seen in an area of Calvert County called North Beach and were generally thought to be between 20 and 50 years old. Powder cocaine users were described as "the rich kids, ages 17 and older" (17-year-old male). Most respondents were unsure whether it was easily available within the county or if users went to the cities to get it.